In Their Own Words

A Research Report into the Victims Sector in Northern Ireland

Michael Potter
Training for Women Network
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INTRODUCTION

The Belfast Agreement 1998 stated the following with regard to those who have suffered as a result of the conflict in Northern Ireland:

It is recognised that victims have a right to remember as well as to contribute to a changed society. The achievement of a peaceful and just society would be the true memorial to the victims of violence...The provision of services that are supportive and sensitive to the needs of victims will also be a critical element and that support will need to be channelled through both statutory and community-based voluntary organisations facilitating locally-based self-help and support networks. This will require the allocation of sufficient resources, including statutory funding as necessary, to meet the needs of victims and to provide for community-based support programmes.

Training for Women Network (TWN) was approached by groups dealing with the needs of victims to carry out research into the sector. Research to date has been top-down and government-led. The aim of the research to be carried out by TWN was to give victims themselves a chance to be heard in their own way.

As a women's organisation, TWN intended to look at the role of women in the victims sector, as well as to address attitudes towards statutory services and those provided by other organisations. In particular, the needs of individuals and groups were to be examined in conjunction with resources available to those helping people who have suffered.

The research was to consist of questionnaires for groups and individuals to facilitate the presentation of views of victims. In addition, a conference was to be convened to discuss the themes of the research, but it was felt more appropriate to arrange smaller focus groups in a setting with which participants would feel comfortable. Key individuals were also approached to give their views on the sector as a whole and the role of women within it.

The objectives of the research were to assess how far the promises of the Belfast Agreement have been achieved in providing the necessary resources to meet the needs of victims and to support community-based programmes, and to place women within the context of the victims sector to indicate the level of their participation at all levels.

At the conclusion of the research carried out by TWN, a clearer view of the needs of victims from the perspective of the victims themselves would be gained. Recommendations could then be made for future action and further research needs identified. In addition, a clearer picture of the role of women in the victims sector would be able to be placed in the general context of post-conflict reconstruction in Northern Ireland.

CONTEXT OF THE RESEARCH

Northern Ireland has been described as the most studied and analysed piece of ground in the world. The literature of the conflict is certainly vast, yet relatively little has been written specifically about victims. Rock's analysis of the treatment of victims in criminology is that not much notice has been taken of them beyond using them to define concepts of crime[1]. As Cairns laments, apart from those who become a *cause célèbre*, victims are often forgotten by most but their immediate family[2]. As Northern Ireland is beginning to move beyond conflict, however, there has been new interest in those who have suffered.

The findings of the *Cost of the Troubles Study* in 1999 revealed a wide range of effects of the conflict in Northern Ireland, from the actual loss of a person close to them to psychological legacies, such as painful memories or nightmares. Experiences of the effects varied greatly according to area and group, reflecting the uneven distribution of the intensity of the conflict. Some 30% of the respondents of the survey exhibited the criteria for post-traumatic stress disorder (PTSD)[3].

PTSD was officially recognised in 1980 and in 1993 was defined by the World Health Organisation as a disease that affected people worldwide[4]. There could be different reactions from different people to the same events, but generally, PTSD is triggered by events which are *'generally outside of individual control, are unpredictable, involve potential physical injury or death and possess the capacity to elicit effect-laden visual imagery'*[5]. Almost a third of the population, therefore, is judged as having experienced trauma due to the conflict in Northern Ireland. This trauma has the effect of causing a disjointing of individuals from their surroundings, because the events in question *'overwhelm the ordinary systems of care that give people a sense of control, connection and meaning'*[6].

In terms of fatalities, Bew and Gillespie list 3304 deaths 1969-1998[7], Sutton records 3523 killed between July 1969 and 31 December 2001[8], Bloomfield quotes 3585 to 3 December 1997[9], Smyth counts 3601 1969-1998[10] and the victims' group Families Against Crime by Terrorism (FACT) – now Families Achieving Change Together – has claimed 4243 conflict-related deaths[11]. Such numbers may not be seen as

[1] Rock, P (1994), *Victimology*, Aldershot: Dartmouth, p.xi.

[2] Cairns, E (1987), *Caught in Crossfire: Children and the Northern Ireland Conflict*, Belfast: Appletree, p.45.

[3] Fay, M, Morrissey, M, Smyth, M and Wong, T (1999), *The Cost of the Troubles Study*, Derry/Londonderry: INCORE.

[4] Joseph, S, Williams, R and Yule, W (1997), *Understanding Post-Traumatic Stress: A Psychological Perspective on PTSD and Treatment*, Chichester: JohnWiley and Sons, pp.5, 15.

[5] Ibid, p.51.

[6] Herman, J (2001), *Trauma and Recovery: From Domestic Abuse to Political Terror*, London: Pandora, p.33.

[7] Bew, P and Gillespie, G (1999), *Northern Ireland: A Chronology of the Troubles 1968-1999*, Dublin: Gill and MacMillan.

[8] Sutton, M (2001), *An Index of Deaths from the Conflict in Ireland 1969-1993*, Belfast: Beyond the Pale, revised for the CAIN website (cain.ulst.ac.uk/sutton/book/index).

[9] Bloomfield, K (1998), *We Will Remember Them*, Bloomfield Commission on victims of the conflict.

[10] Smyth, M (2000a), 'The human consequences of armed conflict: constructing 'victimhood' in the context of Northern Ireland's troubles' in Cox, M, Guelke, A and Stephen, F, *A Farewell to Arms? From 'long war' to long peace in Northern Ireland*, Manchester: University Press, p.1 19.

calamitous on the scale of other conflicts, but seen in the context of a small population (1.6 million) and the concentration of deaths in specific areas or groups, a large percentage of people have been touched by loss of some kind. When the numbers of injured are added to the list of deaths and the psychological impact of sudden loss or injury associated with conflict, the sense of damage is considerable. There are no reliable figures of how many people have been injured during the conflict, nor a reliable measure of effects[12]. When one adds trauma suffered by eyewitnesses to events who were not otherwise affected, the scope grows wider[13]. Indeed, Cairns' analysis of the effects of the conflict on children adds that the constant exposure to security checks, for example, bag searches, have been sufficient to have accumulative effects of trauma[14].

The use of the term 'victim' has been a subject of considerable debate. In some senses, 'victim' may be seen as a negative term. It defines the person in terms of what has been done to them, rather than by the actions of the individual concerned. In some contexts, the word 'survivor' has been used, which emphasises a more positive sense of process beyond what has happened to them. Walklate explains that feminists prefer the term 'survivor' to 'victim' because the latter emphasises passivity and powerlessness[15]. While powerlessness is one of the reactions to trauma, individuals may develop through stages beyond those feelings and so different labels may be appropriate for different people at different times.

There is also political capital in defining who may be a victim. Smyth writes that the political cultures of loyalism and republicanism have cultivated identities of victimhood to gain political advantage or dispensation, sometimes to justify violent acts[16]. Gerry Adams has explained this process to counteract the defining of acts as criminal that he considers as political in an effort to undermine the 'struggle'[17]. In a broader sense, seeing the conflict in terms of objective causes and influences implies that all involved are in some way victims. When David Trimble stated that '*none of us are entirely innocent*' in contributing to the conflict[18], there is an implication that if that were so, all must also be victims.

The Belfast Agreement is suitably vague and declines to define what a victim is, simply referring to 'victims of violence'[19], which could be equally interpreted as a child killed in a bomb blast or a paramilitary killed while on 'active service'. Criteria for an application to the victims' Education Bursary Scheme define potential applicants as '*individuals who have lost a parent or immediate family member, or who*

[11] FACT website www.factni.co.uk.

[12] Morrissey, M and Smyth, M (2002), *Northern Ireland after the Good Friday Agreement: Victims, Grievance and Blame*, London: Pluto, p.89.

[13] Smyth, S (2000b), 'Working with the Aftermath of Violent Political Division' in Kenshall, K and Pritchard, J, *Good Practice in Working with Victims of Violence*, London: Jessica Kingsley, p.197.

[14] Cairns, E (1987), p.23.

[15] Walklate, S (2000), 'From the Politicisation to the Politics of the Crime Victim' in Kenshall, K and Pritchard, J, *Good Practice in Working with Victims of Violence*, London: Jessica Kingsley, p.13.

[16] Smyth, 2000a, p.132.

[17] Adams, G (1997), *Before the Dawn: An Autobiography*, London: Mandarin, p.284.

[18] Speech by David Trimble on receipt of the Nobel Peace Prize, 10 December 1998.

[19] *An Agreement Reached at the Multi-Party Talks on Northern Ireland*, Stationery Office, April 1998.

have lost a significant other person as a result of the troubles[20]. Here again, there is clearly no restriction regarding the circumstances of the loss.

Broad definitions have been challenged by some victims' organisations, such as Families Acting for Innocent Relatives (FAIR), which rejects '*the inclusive definition of a victim on the basis that it excludes real victims from their rightful status by degrading them to the same level as the perpetrators*'[21]. The argument is that someone who uses violence against another has a choice whether to commit an act, whereas the recipient of violent action often makes no conscious decision to be involved in situations where they may come to harm. Indeed, an analysis of deaths shows that 54% of those killed are classed as 'civilians'[22]. While this would include individuals engaged in violent acts such as rioting, a considerable proportion would be people wholly unconnected with the activities associated with the conflict, such as casualties of bombings.

There is clearly a sliding scale of victimhood within paramilitary organisations. The Combined Loyalist Military Command statement of 1994 declared: '*In all sincerity, we offer to the loved ones of all innocent victims over the past twenty five years, abject and true remorse*'[23], suggesting that there are victims who are not 'innocent'. In a similar vein, an IRA statement of 2002 offered 'sincere apologies and condolences' to the families of non-combatants, and acknowledged the 'grief and pain' of 'combatants on all sides'[24]. Again, there is a division between 'combatants', and 'non-combatants'.

Hierarchies of victimhood are not new. Early victimologists classified victims according to their innocence, such as Mendelssohn's six-point typology of 'completely innocent victim', 'victim with minor guilt' (e.g. resulting from ignorance), 'victim as guilty as offender' (e.g. assisted suicide), 'victim more guilty than offender' (e.g. where provocation is involved), 'most guilty victim' (e.g. one killed while attacking another) and 'simulating victim'[25]. Morrissey and Smyth have noted three approaches to defining victimhood, those of universalism, which acknowledges that all have suffered, inclusivism, which encompasses all who experience human suffering, and exclusivism, which differentiates between 'guilty' and 'innocent' victims[26].

The literature of peacebuilding and reconciliation is extensive, but it is usually acknowledged that those who have suffered in a conflict have an important role to play in bringing it to an end. Indeed, acts committed during conflicts are often justified in terms of being on behalf of the victims of one side. Victims become 'icons of grievance'[27]. Conflicts escalate and are maintained in terms of vengeance or justice for those hurt by the 'other side'. Consequently, victims are associated with the process of reconciliation in the Belfast Agreement: '*The participants believe that it is*

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[20] *Victims Liaison Unit Newsletter*, Issue 1, January 1999.
[21] FAIR website, www.victims.org.uk/whoisvictim.
[22] Smyth, 2000a, p. 121.
[23] www.pup-ni.org.uk.
[24] *An Phoblacht/Republican News*, 16 July 2002.
[25] Shafer, S (1974), 'The Founders of Victimology' in Drapkin, I and Viano, E (eds), *Victimology*, Lexington: Lexington Books, p.19.
[26] Morrissey and Smyth, pp.5-9.
[27] Smyth, 2000b, p.209.

essential to acknowledge and address the suffering of the victims of violence as a necessary element of reconciliation[28].

Certainly, a sense of injustice may perpetuate conflict, particularly when there are many victims who have not seen perpetrators brought to book. In this sense, the results of conflict become caught up in the causes of conflict, particularly where individuals and communities have made significant sacrifices or have endured significant pain. Indeed, Morrissey and Smyth go as far as to state: *'an acute sense of injustice felt by many may prove to be the most serious obstacle to peace in the long run'*[29].

Following the mixed responses of the South African Truth and Reconciliation Commission, suggestions have been put forward for such a process in Northern Ireland. Again, the applicability of a Truth and Reconciliation Commission would be the subject of a study in itself, but suggestions have been put forward in terms of providing some sort of closure for victims, especially where convictions may not be forthcoming for perpetrators, as recently indicated by Chief Constable Hugh Orde[30]. In common with criticisms of other Truth and Reconciliation processes, such a suggestion has caused concern that justice will not be served by that means, as recently stated by the umbrella group Northern Ireland Terrorist Victims Together (NITVT)[31].

Groups representing the victims of the conflict in Northern Ireland are diverse. Groups have emerged due to specific events, such as the Bloody Sunday Trust, or events in a geographical area, such as FAIR in South Armagh. Most are based in Northern Ireland, but others can be elsewhere, such as Justice for the Forgotten in the Irish Republic. Groups vary in being seen as representing one or other 'side' in the conflict or being cross-community, some being more or less political than others. Most provide certain levels of support to those who have suffered and services range from personal help to financial support or advocacy. As a measure of the scale of such groups, 53 were awarded grants under the pilot Victim Support Grant Scheme[32].

Different groups will have different levels of support, resourcing and funding. For example, groups with experience in the community sector or with political backing may be in a more advantageous position than groups or individuals to whom some stigma may be attached, such as relatives of the disappeared. Also, individuals grieve and suffer loss in different ways, some preferring to keep their emotions private, while others may deal with the situation by campaigning for justice, information or changes in legislation. The level of support or publicity, therefore, is not necessarily representative of the level of need.

Another area of contention is the role of ex-prisoners. It has long been recognised that members of paramilitary organisations have a role to play in the transition from conflict beyond ceasing violent activities. Indeed, paramilitary prisoners have played

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[28] An Agreement Reached at the Multi-Party Talks on Northern Ireland, Stationery Office, April 1998.
[29] Morrissey and Smyth, p.184.
[30] BBC News, 10-06-03 (bbc.co.uk).
[31] 'Orde is depriving victims of justice'. *Newsletter*, 12-06-03.
[32] Quiery, N (2000), *Evaluation of the Victim Support Grant Scheme*, Belfast: Community Relations Council, p. 11.

a major role in the formulation of peace agreements in Northern Ireland[33]. Consequently, such groups remain active in the peacebuilding process and consider their members as victims also. There is therefore a tension between many groups representing victims of paramilitary violence and ex-prisoner groups who are deemed to have perpetrated that violence. Likewise, groups representing members of the security forces who have suffered in the conflict may be regarded in a negative light by those who feel aggrieved by the actions of those representing the state.

The dimension of gender in the conflict in Northern Ireland has largely been hidden. Although studies have been made of the participation of women in the conflict and of their role in peace movements, notions of women as victims have been seldom explored. Without resorting to essentialist stereotypes of 'bellicose men' and 'peace-loving women', it can be said that men and women experience conflict differently. Women are said to suffer more in armed conflict, either directly or through the loss of sons, husbands, lovers, brothers and fathers[34]. In addition, Moser and McIlwaine assert that women and girls are more likely to suffer trauma during and after conflict[35]. This is borne out by the fact that twice as many women as men have been reported to use tranquilisers in Northern Ireland[36].

Besides experiencing physical and psychological victimhood differently to men, women have suffered in other ways. Conflict is generally reported to sideline other social issues, such as gender equality, and masculine values are deemed to predominate in such circumstances, stifling women's participation in politics, society and the economy. Women have been marginalised due to the extremes of politics in Northern Ireland, leading to what Monica McWilliams has been quoted as describing as an 'armed patriarchy'[37].

The needs of victims may be as diverse as the number of victims themselves. Since the Belfast Agreement, there have been a number of developments to ascertain them. Sir Kenneth Bloomfield was tasked with investigating the issue of victims, reporting in May 1998 with *We Will Remember Them*. To support the implementation of Bloomfield's recommendations, the then Minister for Victims, Adam Ingram, set up the Victims Liaison Unit at the Northern Ireland Office. This Unit has funded the Victim Support Grant Scheme, administered by the Community Relations Council, which aids victims' groups, but it was over three times over- subscribed[38]. As Des Browne, Minister for Victims and Community Relations, pointed out such funding cannot compensate for a person's loss, but it helps support people recovering from trauma[39].

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[33] See, for example, Montague, M (2001), *Relationship to Reconciliation*, Belfast: Corrymeela, p. 1.

[34] Alonso, H (1993), *Peace as a Women's Issue: A History of the US Movement for World Peace and Women's Rights*, New York: Syracuse University Press, p.57.

[35] Moser, C and McIlwaine, C (2001), 'Gender and social capital in contexts of political violence' in Moser, C and Clark, F (eds), *Victims, Perpetrators or Actors? Gender, Armed Conflict and Political Violence*, London: Zed, p.181.

[36] McWilliams, M (1991), 'Women in Northern Ireland: An Overview' in Hughes, E (ed), *Culture and Politics in Northern Ireland 1960-90*, Milton Keynes: Oxford University Press, p.99.

[37] Miller, R, Wilford, R and Donoghue, F (1996), *Women and Political Participation in Northern Ireland*, Aldershot: Avebury, pp.12, 217.

[38] £3 million allocated for 2003, over £9 million applied for, *CRC News*, Issue 40, March 2003.

[39] Ibid.

A further consultation regarding a victims strategy took place in August-November 2001, with a summary of responses published in January 2002. This has a large variety of opinions and suggestions on twelve key questions. In addition to this consultation process, other agencies have been required to consider the impact of their policies on victims as a group, for example, the consultation by the Department of Health, Social Security and Public Safety evaluating service provision for victims.

The needs of victims can only be adequately expressed by the victims themselves. Some of these may be in conflict with each other, such as the demand for justice from some and the desire for forgiveness from others. There is a general wish for more funding for the many projects that attempt to deal with the effects of conflict. To a large extent, however, those who have suffered often simply want to tell their stories. There is an increasing need for this after the conflict, but, writes Ruth Patterson, there also needs to be a safe place for these often emotionally raw experiences to be told[40]. As the report of the Irish Victims Commission put it, *'most consistently from victims and survivors is their strong wish that their stories and those of their loved ones should not be forgotten'*[41]. Whether this happens as part of a Truth and Reconciliation Commission or in a more discreet setting is for the victims themselves to decide. More difficult is gauging the needs of the silent victims or those who do not affiliate to groups.

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[40] Patterson, R (2000), *A Farther Shore*, Dublin: Veritas, p.41.

[41] Wilson, J (1999), *A Place and a Name: Report of the Irish Victims Commission*, Dublin: Stationery Office, p.45.

SUMMARY OF REPORTS AND RESEARCH INTO THE SECTOR

In 1998, the report by the Social Services Inspectorate, *Living with the Trauma of the Troubles* identified the expanding extent of affects on those who have suffered due to the conflict in Northern Ireland: '*The ripples are endless and no-one knows the total number of people affected* [42]. The report also noted that most individuals disliked the term 'victim'.

In conclusion, standards were proposed for work with individuals affected by the conflict, including:

- services to be accessible, acceptable and freely available
- people treated with respect and dignity
- the right to confidentiality
- good access to information
- adequate training for those providing support
- the establishment of a network of service providers
- the avoidance of dependency
- the early recognition of symptoms associated with people affected by the conflict.

The scene was more comprehensively set, however, by the report by Sir Kenneth Bloomfield, *We Will Remember Them* in 1998. This included an extensive introduction to many of the issues relating to the conflict, including timescales, numbers of dead and injured, victimhood, blame and guilt, compensation, justice and reconciliation. The assertion that no-one in Northern Ireland would have escaped damage[43] indicates the scale of the task of providing for peoples' needs.

Bloomfield's recommendations were extensive, including:

- a review of the 'fitness for purpose' of criminal injuries compensation
- employers to be sensitive towards victims
- social security and other systems to be sensitive when dealing with victims
- the targeting of needs of victims as a Targeting Social Need (TSN) category
- the appointment of a senior official to take responsibility for co-ordination in government
- the implementation of the recommendations of the *Living with the Trauma of the Troubles* report
- the best advice to be given for support to victims
- victims to be served at least as well as ex-prisoners in rehabilitation and other initiatives
- existing groups to receive more funding and an umbrella group formed;
- a Standing Commission or Ombudsman for victims
- chronic physical pain to be given a higher priority and a Trauma Centre established

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[42] *Living with the Trauma of the Troubles*, Social Services Inspectorate, 1998, p.4.
[43] Bloomfield, K (1998), *We Will Remember Them*, p.14.

- the Code of Practice for Victims of Crime to be closely monitored
- the possibility of a Truth and Reconciliation Commission should not be overlooked
- efforts to be made to persuade those holding information on the 'disappeared' to disclose it
- those uprooted from homes or farms should not be overlooked by the government
- consideration for a fund for children and young people
- support to be given to efforts towards peace and reconciliation in Britain
- consideration for the designation of a Memorial and Reconciliation Day
- consideration for a Northern Ireland Memorial
- a project to be called 'The Northern Ireland Memorial'.

A *Cost of the Troubles Study* survey of 107 groups serving the needs of those bereaved and injured received 51 responses. It was concluded that the distribution of groups coincided with the distribution of deaths on the conflict, 69% being in the Belfast area[44]. Problems encountered by people seeking help included emotional issues, feelings of unjust treatment, social isolation, anger at authorities, anger at non-recognition, mental health concerns, family problems and financial difficulties.

A further report in 1999 by the *Cost of the Troubles Study* looked at the experiences of the wider population in relation to the conflict and found that 20% had Troubles-related health problems and 30% exhibited symptoms of post-traumatic stress disorder (PTSD). There was a relationship between the areas of most intense conflict and people who sought help, but there was no straightforward relationship between experiences and effects. It was also noted that the people living in areas where the conflict has been most intense felt insecure outside their own areas and it was these people who would tend not to seek help from official sources[45].

The Republic of Ireland established a Victims Commission after the Belfast Agreement and a report was issued in July 1999. This included the following conclusions and recommendations:

- integrated plan for victims
- establishment of a trauma team
- education and awareness among professionals, including sensitivity
- information for victims in the form of a pack
- a role for voluntary groups
- outreach, counselling and a review of long term care
- financial support, including a victim's pension
- a scheme for future victims
- provisions for the 'disappeared', exiles, 'punishment' victims and those displaced by the conflict
- acknowledgement of Garda victims

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[44] Kelly, G, and Smyth, M (1999), *Survey of Groups Serving the Needs of Those Bereaved and Injured in the Troubles*, Cost of the Troubles Study, INCORE, pp.2-3.
[45] Fay, M, Morrissey, M, Smyth, M and Wong, T (1999), *Report on the Northern Ireland Survey: The Experience and Impact of the Troubles*, Cost of the Troubles Study, INCORE.

- no Truth Commission, but a possible future role
- publication of reports on disputed killings
- no physical memorial, but a building with educational and cultural resources.
- A Day of Remembrance.[46]

An evaluation of the Victim Support Grant Scheme concentrated on funding issues. Conclusions were mainly positive, but found that grants were considered too small, consultation mechanisms were not adequate and that competition for funding was high. Recommendations included a continuation or extension of the work the Community Relations Council was already doing, a proposed umbrella group to be kept separate from funding, greater information dissemination and liaison and a need for truth process, but acknowledged that this was an issue for some victims. Alternatives suggested included commissions of inquiries, public hearings into human rights abuses and local community reconciliation processes[47].

Deloitte and Touche's evaluation of services to victims and survivors in 2001 identified a number of issues for groups. For emerging groups, they included recognition, isolation in rural communities, anger at not receiving funding when other groups do and lack of support. For umbrella groups, issues such as justice, equality, truth, the definition of 'victim', human rights and recognition were highlighted. Non-political parallel providers saw funding, recognition of the voluntary and community sector, gaps in mental health provision and gaps in the treatment of PTSD as problems. The issues that individuals have regarding groups were also listed, including a wish to deal with trauma privately, the political alignment of groups, pressures to join, lack of information, services not being where people need them, pride, fear, trust issues and the stigma attached to 'victimhood'[48].

A consultation by the Victims Unit of the Office of the First Minister and Deputy First Minister (OFMDFM) took place August to November 2001 and was summarised in January 2002. The findings were published as *Reshape, Rebuild, Achieve* in April 2002. The consultation asked twelve specific questions regarding the Victims Unit's future strategy, prompting a range of responses. Under 'other comments', issues were expressed, such as definitions ('innocent victim', 'survivor', 'casualty', etc), recognition at having overcome odds, a victims' pension scheme, the fact that groups do not represent individuals, a role for churches, single identity and cross-community work, the concept of communal victimhood and the hurt caused by the report by Sir Kenneth Bloomfield, *We Will Remember Them*[49].

The eventual findings of the consultation after 121 responses included the following key messages:

- victims want recognition of their situation
- more and better information on services was needed

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[46] Wilson, J (1999), *A Place and a Name: Report of the Victims Commission*, Dublin: Stationery Office.
[47] Quiery, N (2000), *Evaluation of the Victim Support Grant Scheme*, Belfast: Community Relations Council, pp.36-8.
[48] *Summary of the Report on the Evaluation of Services to Victims and Survivors of the Troubles*, Deloitte and Touche, October 2001, pp.14-15.
[49] Victims Unit Consultation Paper on a Victims' Strategy: Summary of Responses, Office of the First Minister and Deputy First Minister, January 2002.

- more practical help and services were required
- Trauma Advisory Panels need to be set up
- partnerships were required to deliver the strategy[50].

The report recommended the following measures:

- victims' needs to be included in all planning, consultation, civil service training and outreach programmes
- the use of the arts and sports as therapeutic tools
- improved access and information, including a helpline, contact list, models for structures, updated website, collaboration with the Northern Ireland Office (NIO) and publications
- more provision and awareness in health service providers and a review of the *Living with the Trauma of the Troubles* report
- young people's projects and awareness among teachers
- a review of emergency re-housing and more information and support with reference to housing
- the inclusion of victims' groups in strategies and programmes for business start-ups
- improved contacts in rural areas
- the Inter-Departmental Working Group to work more closely with victims
- work with the voluntary and community sector for capacity-building
- funding for a support worker for each Trauma and Advisory Panel
- improved liaison between the Victims Liaison Unit in the NIO and the Victims Unit in the OFMDFM
- work with the churches
- Research Branch of the Equality Directorate of OFMDFM to determine standards in working with groups
- improve links outside Northern Ireland
- examine ways to celebrate achievements
- a Victims' Commissioner is not to be appointed
- it is not appropriate to comment on a Truth and Reconciliation Commission at this stage
- assistance to be provided for funding processes
- £6.67 million to be allocated to victims under Peace II to 2004 via the Northern Ireland Voluntary Trust
- the Community Relations Council to administer small grants
- a task force to be formed to look into the sustainability of the voluntary and community sector
- compensation is not part of the Victims Unit strategy because it is not a devolved function
- monitoring to continue, with annual summaries of activity.

The Clio evaluation of the Core Funding Programme for Victims' and Survivors' Groups in March 2002 summarised the purpose and impact of funding for groups in the victims sector. Recommendations included the continuation of funding for the

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[50] *Reshape, Rebuild, Achieve*, Victims Unit, Office of the First Minister and Deputy First Minister, April 2002, p.5.

development of victim-related work and the Core Funding Programme, although a more strategic, long-term, reflective approach should be adopted and should be more targeted to that effect. Consequently, it was recommended that new criteria be drawn up to facilitate this longer-term strategy. Further recommendations referred to the bodies administering funding.[51] The report also produced a model for future partnerships and sustainability relationships in the sector, highlighting the intersections of local government, the voluntary and community sector, parallel service providers, self-help groups, volunteer groups and the statutory sector.[52]

An Equality Impact Assessment of the Core Funding Scheme acknowledged that those bereaved are primarily women and the majority of carers for those injured or traumatised are female, but that there is no available data on the gender of those who have been physically injured or psychologically traumatised as a result of the Troubles.[53]

The Conflict Trauma Resource Centre (CTRC) explored attitudes to victimhood and found that most people surveyed had differing opinions about definitions. Terms such as 'victim', 'survivor' and 'casualty' were offered, but most felt the term 'victim' was overused. Although 20% considered that perpetrators should not be considered victims, the majority concluded that they were. Most acknowledged a differentiation in attitudes to the term 'victim', but felt that a hierarchy of victims had been created by political or funding motivations. The research was generally felt to be valuable and verbatim responses were included.[54]

The Northern Ireland Statistics and Research Agency published another report on victimhood in June 2003. 12% of respondents considered themselves victims often or very often. 16% had been direct victims on the Troubles and 30% affected indirectly. 70% agreed that all victims should be recognised in some way and the majority were in favour of a memorial and a truth commission. Inter-group forgiveness was mainly met with positively.[55]

The Northern Ireland Human Rights Commission published a report at the same time, examining the human rights perspective. Rights highlighted by the Victims' Rights Project were for information about the incident, adequate compensation, to have someone held to account, equal treatment with other victims of violence and consultation with victims on the relevance of human rights standards to victims in Northern Ireland. Rights examined included recognition, truth, justice, information, compensation, restitution, protection, freedom from discrimination and privacy.

Conclusions drawn from the study were:

- the most fundamental right is to have pain acknowledged

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[51] *Evaluation of the core funding programme for victims'/survivors' groups*, Clio Evaluation Consortium, 1 March 2002, pp.52-71.

[52] Ibid, p.62.

[53] Victims Liaison Unit Equality Impact Assessment of Core Funding for Victims and Survivors Groups, 2002, p.15.

[54] Thurson, R (2002), *Perceptions of Victimhood: Perception and Opinions Regarding Victims, Survivors and Casualties in and about Northern Ireland*, Belfast: Conflict Trauma Resource Centre.

[55] Cairns, E and Mallett, J (2003), *Who are the Victims? Self-assessed Victimhood and the Northern Irish Conflict*, NIO Research and Statistical Series Report No 7, NISRA.

- in definitions of 'vicitmhood', perpetrators have a choice, whereas 'real' victims do not
- most victims feel unable to forgive
- each experience is different
- not all wrongs can be righted in law, so other forms of redress are needed
- the current situation in Northern Ireland is causing some victims to re-live their pain
- in due course, a truth recovery system may be necessary
- extra protection for human rights is needed for Northern Ireland
- the interests of victims need to be included in a code of practice for criminal justice
- better structures are needed in the police and judiciary
- an independent ear, such as a Victims' Ombudsman, is needed
- the state has to account for victims of state violence
- funding has to be a long-term strategy
- the majority of victims do not join a victims' support group.

The Department of Health, Social Services and Public Safety (DHSSPS) commissioned a review of its services to victims in 2002, the report of which went out to consultation in 2003. This report analysed the structures and specialist service provision associated with the care of those who have suffered in the conflict. Recommendations were mainly structural and procedural, relating to the Trauma Advisory Panels (TAPs), the Family Trauma Centre, establishment of outreach centres, training, resources and service standards[56].

An assessment of the Victims Strategy of the Office of the First Minister and Deputy First Minister was carried out in 2003, but responses to the research were insufficient to provide adequate conclusions. Points for discussion were instead indicated.[57]

At the time the research was being carried out, Angela Smith, the Minister for Victims and Reconciliation, began a public consultation process around the themes of needs, acknowledgement and recognition, truth, justice, reconciliation and healing, and the needs of the community as a whole. This invited personal contact and participation in public workshops.

It is clear that the reports listed above have not sufficiently dealt with the subject of women in the victims sector. There is therefore a need to investigate women's representation as victims and survivors and their role in groups and services providing for people who have suffered in the conflict in Northern Ireland.

There is also a range of recommendations relating to the provision of services in the sector, and a form of independent assessment is needed to ascertain how far needs are being met. An inquiry involving those working directly with victims and survivors would therefore inform the process of gauging the capacity of the sector.

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[56] DHSSPS *Evaluation of Health and Social Services for Victims of the Conflict*, 15 April 2003.
[57] *Assessment of Services to Victims and Survivors and Research to Support the Development of a New Strategy*, Office of the First Minister and Deputy First Minister, 2003, p.2.

It has become apparent through the research that there is much suspicion of statutory agencies from some quarters of the sector and this suspicion is strongest where the need is greatest, i.e. where the conflict has had its most intense manifestation. It is hoped that research initiated and carried out by an independent organisation with roots in the voluntary and community sector, such as Training for Women Network, would go some way towards reducing this suspicion.

RESEARCH DESIGN AND METHODOLOGY

A working group was formed consisting of Training for Women Network (TWN), the Conflict Trauma Resource Centre (CTRC), Homes United against Recurring Terror (HURT), West Tyrone Voice and Families Achieving Change Together (FACT). TWN was to direct the research project and CTRC, HURT, West Tyrone Voice and FACT were to provide advice, gather data from individuals and participate in a conference.

The research was to consist of three main phases:

1 Gathering data via questionnaire on groups and organisations which provide assistance to those who have suffered in the conflict.
2 Gathering of attitudinal data from individuals via questionnaire.
3 Convening of a conference for groups and individuals with a view to gathering data through workshop participation.

The aims of the research were to provide people in the victims sector with a medium to express themselves outside the framework of research and consultation that has taken place in the past. This research would therefore be subjective with data collected by qualitative methods. While the research design may be described as subjective in so far as it is led and influenced by groups operating within the sector, objective analysis and quantitative interpretation of the data was to be carried out by TWN to enhance the wider validity of the research. Besides, to provide people who have suffered a sufficient vehicle to express their views, an interpretative or hermeneutic approach was deemed appropriate.

The research design was therefore to take the following form:

1 Literature review.
2 Review of previous research and consultation in the victims sector.
3 Group and individual questionnaire design in partnership with the working group.
4 Group and individual questionnaire distribution.
5 Conference workshop design and planning in partnership with the working group.
6 Data collation from returned questionnaires.
7 Convening of a conference with facilitated workshops.
8 Collation of data from conference findings.
9 Data analysis and interpretation.
10 Final report.

It was also intended to contact key individuals and organisations that have had an impact in the sector for attitudinal and statistical input. This would give insights into the victims sector from a more general perspective and place some of the research data into context.

From a methodological perspective, it is acknowledged that social research of this kind has limits in its scientific exactness, as has been frequently noted, human

experience cannot be tested in a laboratory[58]. This is particularly true of the victims sector, where human sensitivities have to be taken into account. Indeed, as the subjective aims of the research are to give those who have suffered during the conflict a suitable voice, causing emotional distress for the sake of methodological exactness would be counter-productive. At the same time efforts have been made to ensure a sufficient balance of social, geographical and political factors.

With acknowledgement to Popper's assertions that no social research can be without subjective bias[59], the collection of empirical data was to be undertaken with a degree of methodological stringency. In the case of questionnaires and interviews, for example, this would involve the convention of asking all respondents the same questions in the same way[60]. Population sampling would be a more difficult issue, however, largely due to the difficulties involved in contacting individuals, sensitivities in the sector itself and the variable nature of reactions to trauma and bereavement.

The bulk of the data collected would be qualitative due to the very nature of the research in investigating attitudes and perceptions, for, as Patton writes, the qualitative '*captures the richness of people's experiences*'[61]. It is these very human experiences that are being investigated. Statistical data, such as the percentages of women active in the sector, are collected and assessed quantitatively to give an impression of the role of women in this area.

There are further safeguards to be borne in mind when considering the focus on women's participation. Carole Pateman asserts that theory and research have been constructed from a male perspective[62], resulting in social research either excluding women or being inadequate from the perspective of gender[63]. Though generalisations may not be made about 'male' and 'female' characteristics, writers such as Carol Gilligan insist that there are contrasts that are important[64]. There is debate about what constitutes a 'feminist' methodology for research – as indeed there is much debate over the term 'feminism' – but an awareness of these themes is important and appropriate practices in research are to be adhered to.

Designing research to be 'feminist', 'gender-aware' or 'women friendly' is a task that is also under debate. Harding, for example, notes that the features of feminist research should be a focus on women's experiences, the purpose of the research for women's needs not those of men, and the researcher on the same critical plane as the subjects[65]. Wylie outlines two models, the 'collectivist' research into women's

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[58] Holt, R and Turner, J (eds) (1970), *The Methodology of Comparative Research*, New York: Free Press, p.6.

[59] Quoted in Hessler, R (1992), *Social Research Methods*, St Paul: West Publishing, p.14.

[60] Bell, J (1995), *Doing Your Research Project*, Buckingham: Oxford University Press, p.10.

[61] Patton, M (1987), *How to use qualitative methods in evaluation*, Newbury Park: Sage, p.10.

[62] Pateman, C (1989), *The Disorder of Women: Democracy, Feminism and Political Theory*, Cambridge: Polity, pp.1-2.

[63] See, for example, Carroll, S (1993), 'Feminist challenges to political science' in Finister, A (ed), *Political Science: The State of the Discipline II*, Washington: American Political Science Association, p.55; or Jones, K and Jonasdottir, A (1988), *The Political Interests of Gender: Developing Theory and Research with a Feminist Face*, London: Sage, pp.1-2.

[64] Gilligan, C (1993), *In A Different Voice: Psychological Theory and Women's Development*, Cambridge: Harvard University Press, p.1-2.

[65] Harding, S (1987), *Feminism and Methodology*, Bloomington: Indiana University Press, pp.6, 181.

experiences, asking rather than telling what is being experienced, and 'self-study', revaluing the experience of women and not treating them as a 'resource' for use to other ends[66]. Furthermore, a 'feminist empiricism' is achieved by the strict adherence to methodological norms of inquiry to eliminate the inherent biases of wider society and interpretations are to be made from a woman-centred standpoint[67]. To address some of these methodological concerns, the research has been undertaken by a women's organisation rooted in the ethos of the women's sector in Northern Ireland, the research focuses on women's experience in the victims sector and questions are deliberately open and flexible to allow individuals to relate their experiences in their own way, treating those experiences as ends in themselves, not means to a different end.

While accepting that there are significant divisions of a political, geographical and attitudinal nature within the sector, it is assessed that a sufficient balance has been achieved to provide an accurate basis for data collection and interpretation to inform coherent research findings. Indeed, part of the research is to clarify some of these very divisions that may threaten its objectivity. It is concluded that the methodological processes used in the research are sufficient to achieve the aims and objectives of the project, which are to give members of the sector an opportunity to express themselves in the manner of their choosing in sufficient variety to be approximately representative of the sector as a whole.

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[66] Wylie, A (1994), 'Reasoning about ourselves: Feminist methodology in the social sciences' in Martin, M and McIntyre, L (eds), *Readings in the Philosophy of Social Science*, Cambridge: MIT, pp.612-4.
[67] Harding, pp.182-5.

GROUP QUESTIONNAIRES

Groups providing help to victims and survivors were identified through the websites of the Community Relations Council and the Victims Liaison Unit, contacts of members of the research working group, networking contacts of TWN, through publicity in TWN publications and website, and by being approached by organisations which had heard of the research and wanted to contribute. Throughout, it was intended to send questionnaires to all groups, regardless of political, community or religious background, whether from the statutory, private or voluntary and community sectors. The sole provision for the questionnaires was to contact those who provide services to people who have suffered due to the conflict.

No list can be exhaustive and it is acknowledged that there are many more organisations that have helped people, whether from the statutory sector, such as the Ambulance Service, health professionals, police, armed services, civil service personnel, etc, or elsewhere in society, such as the Samaritans, Red Cross or St John Ambulance, community-based groups, churches, political parties and professional counselling services. Aid has also been provided on an individual basis from friends, family, teachers, youth workers, ministers or priests and a range of other people. The role of these other sources of help cannot be underestimated. The current research, however, encompasses those organisations signposted as sources of help for those who have suffered in the conflict.

The design of the questionnaire was intended to establish general details about the organisation, aims and services provided, information about women as service users and providers, needs and resources, and general attitudes within the sector, particularly regarding statutory provision and relations between groups. To encourage maximum freedom to comment, confidentiality was to be ensured if requested.

The questions were deliberately open to enable the widest possible range of comment from a highly divergent group of organisations. More specific questions might have been more scientific and produced more quantifiable data, but a large proportion of the qualitative results might have been lost, especially considering the diverse nature of groups identified. The notion of separate questionnaires for 'types' of groups was considered and rejected on the grounds that it pre-determines an identity for groups, rather than allowing groups to define themselves.

Initial contact with each group was attempted by telephone where possible. This was to confirm the existence and location of the group and to explain the nature of the research. Telephone contact produced useful comment from some of the groups and this was noted. E-mail addresses and a contact name were sought from the groups concerned and a questionnaire sent by that medium. Where contact by telephone was not possible or where e-mail was not available, questionnaires were sent by post with a stamped, addressed envelope to the address available.

The geographical spread of those groups approached revealed a marked concentration of groups and organisations based in the Belfast area and very few 'west of the Bann'. This can mainly be explained by the basing of organisations that provide services throughout Northern Ireland in the Belfast area, population distribution and the concentration of Troubles-related incidents in Greater Belfast.

Questions asked were as follows:

<u>Basic details of the organisation</u>:

       Name of organisation:
       Address:
       Telephone Number:
       E-mail:
       Website:
       Contact Name:
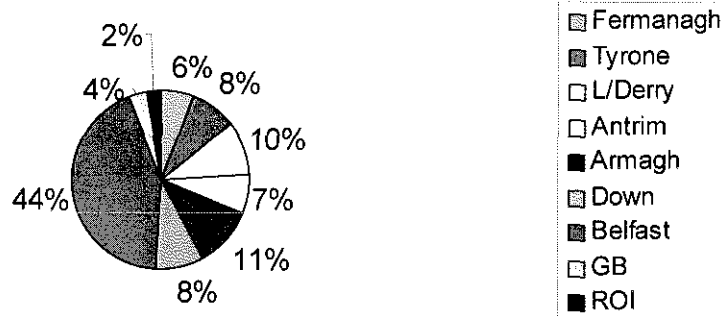   Area covered:
       Rural or urban area:

<u>Questionnaire</u>:

1. How would you define the aims of your organisation?
2. How does your organisation define the term 'victim' (or if you prefer another term, please explain)?
3. What services does your organisation provide?
4. How many people use the services provided by your organisation?
5. How many of these are women?
6. How many women are involved in leadership in your organisation (for example management committee, staff with leadership role, etc)?
7. What barriers are there to women being involved in your organisation, if any?
8. What support or assistance have you received (e.g. from government, funders, donations, etc).
9. How useful has this been?
10. What has been your experience of dealing with statutory services?
11. To what extent do you feel your organisation is achieving its aims?
12. What additional needs does your organisation have?
13. How do you think your organisation is perceived (e.g. by government, media, other groups, etc)?
14. How do you think victims affiliated to your organisation are perceived?
15. How would you like to see that perception change?
16. Any other comments

Respondents were then asked whether the report could mention their organisation, use comments made on the questionnaire and list their services. This way, contributions were encouraged, even if they were to remain confidential.

After eliminating groups no longer in existence, 82 questionnaires were distributed by e-mail, post or by hand. The geographical distribution of these organisations is given at Fig.1.
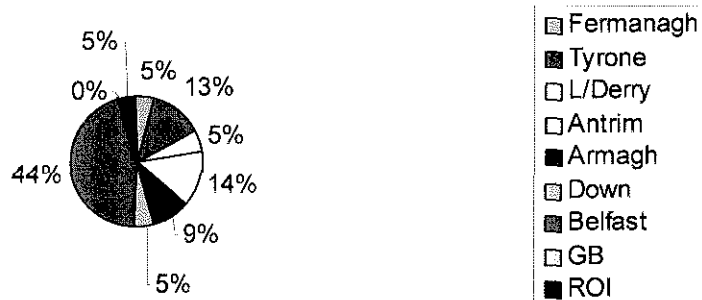
Fig.1: Geographical Distribution of Questionnaires Sent

Legend:
- Fermanagh
- Tyrone
- L/Derry
- Antrim
- Armagh
- Down
- Belfast
- GB
- ROI

(2%, 4%, 6%, 8%, 10%, 7%, 11%, 8%, 44%)

Reminders were sent to those groups that had not returned questionnaires by the deadline, but had made a positive response to the research. Returns were not pursued vigorously due to the understanding that the organisations being dealt with are acknowledged to be largely under-resourced and due to the sensitivities associated with the sector in general, although personal representations were made by working group members where they had influence.

22 organisations returned questionnaires, a response rate of 27%. While this was a lower response than hoped, findings were considered valid if the 25% threshold were exceeded. The geographical distribution is given at Fig.2. As can be seen, there is an approximate correlation with the distribution pattern of those sent.

Fig.2: Geographical Distribution of Questionnaires Returned

Legend:
- Fermanagh
- Tyrone
- L/Derry
- Antrim
- Armagh
- Down
- Belfast
- GB
- ROI

(5%, 0%, 5%, 13%, 5%, 14%, 9%, 5%, 44%)

Organisation Details

Of the 22 respondents, the main point of contact was a male in seven examples and a female in 15. Of the 21 who indicated a geographical coverage, 11 had a specific area in Northern Ireland, six Northern Ireland wide, one Republic of Ireland and three Northern Ireland and beyond. This distribution is shown at Fig.3. Of the 20 who indicated whether they worked in a rural or urban setting, one was urban, two rural and 17 both.

Fig.3: Area Covered by Organisations

14%

5%

52%

29%

- Specific
- NI
- R o I
- NI and beyond
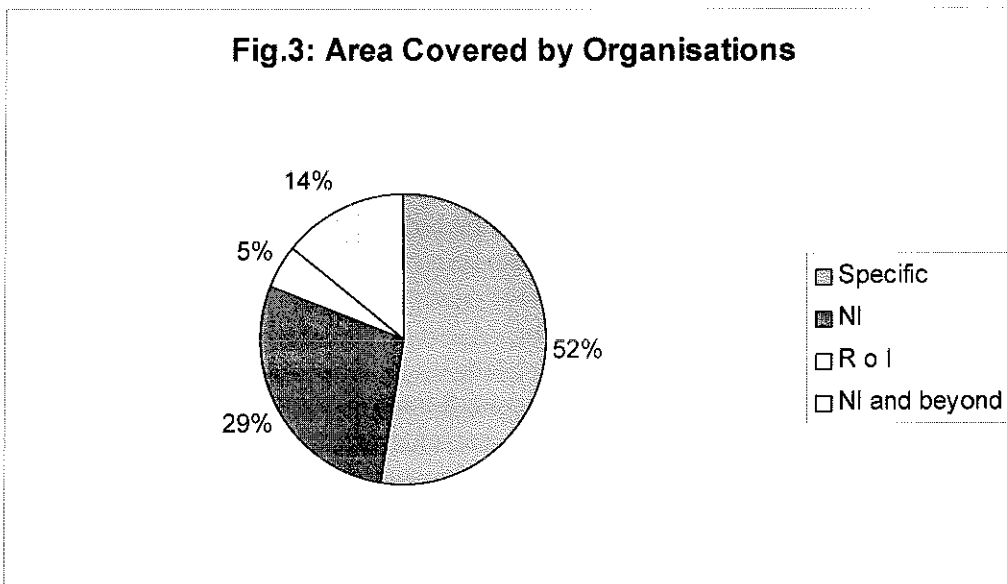
Organisation Aims

Not all organisations that responded would deal exclusively with victims of the conflict. However, those providing care or support for people in society inevitably provide for the needs of individuals who have suffered in the conflict, whether this is overtly acknowledged or not. In addition, each of the organisations has been signposted in some way, so would be considered a possible port of call for individuals affected by the conflict.

Of the 21 who answered the question, 17 organisations described their aims as being primarily in the area of support, therapy or counselling for individuals (including three defined as caring for security forces and their families), two as campaigning for a particular issue (although a support role is included in the aims), one as a research organisation and one as a co-ordinating body, shown at Fig.4.

**Fig.4: Stated Primary Aims of Organisations**
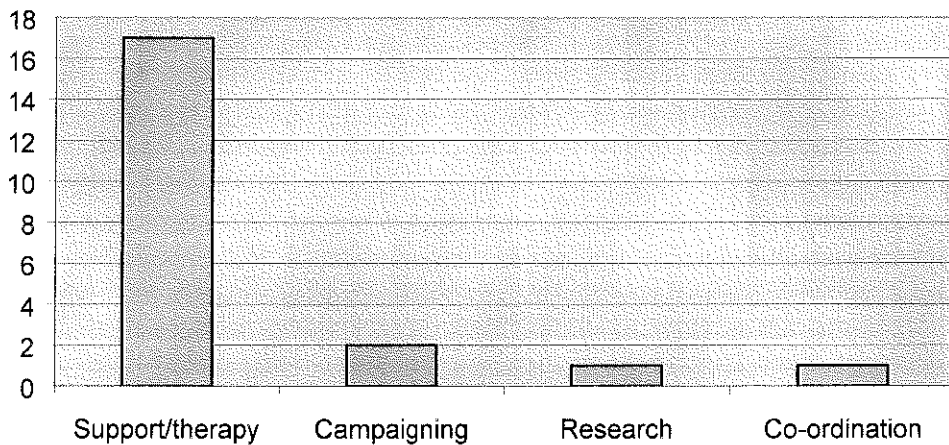
More detailed aims included a wide range of assistance and advocacy for those who have suffered. These include furthering notions of peace and reconciliation, empowerment (community and individual), music therapy, research, working with conflict, healing, mutual support, campaigning (for truth, justice, etc.), care provision, advocacy, re-integration into society, faith-based support, treatment for psychological trauma, training, education, humanitarian relief, lobbying, outreach, policy development, counselling, mediation, art therapy, recognition, financial support, medical needs provision, holistic therapy, welfare, pastoral care, befriending and story telling. This extensive list of aims illustrates the diversity of the sector, responding to a variety of specific needs through a broad spectrum of approaches.

Definition of 'Victim'

The definition of 'victim' has been a contentious issue in all preceding research and the findings of this project are no different. Of the 21 organisations that answered the question, nine used a broad, inclusive definition, including two referring to the definitions in the reports *We Will Remember Them* and *Reshape, Rebuild, Achieve*[68], six used definitions specific to the client group of the organisation in question (police, victims of domestic violence, victims of a specific incident), two excluded those involved in paramilitary activity, two used alternative terms ('witness' and 'patient') and two stated they do not use the term. A breakdown of these responses is given at Fig.5.

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[68] '*The surviving injured and those who care for them, together with those close relatives who mourn their dead*' in Bloomfield, K (1998), *We Will Remember Them*, Bloomfield Commission on victims of the conflict, p.14; and '*The surviving physically and psychologically injured of violent, conflict related incidents and those close relatives or partners who care for them, along with those relatives or partners who mourn their dead*' in *Reshape, Rebuild, Achieve*, Victims Unit, Office of the First Minister and Deputy First Minister, April 2002, p.1.

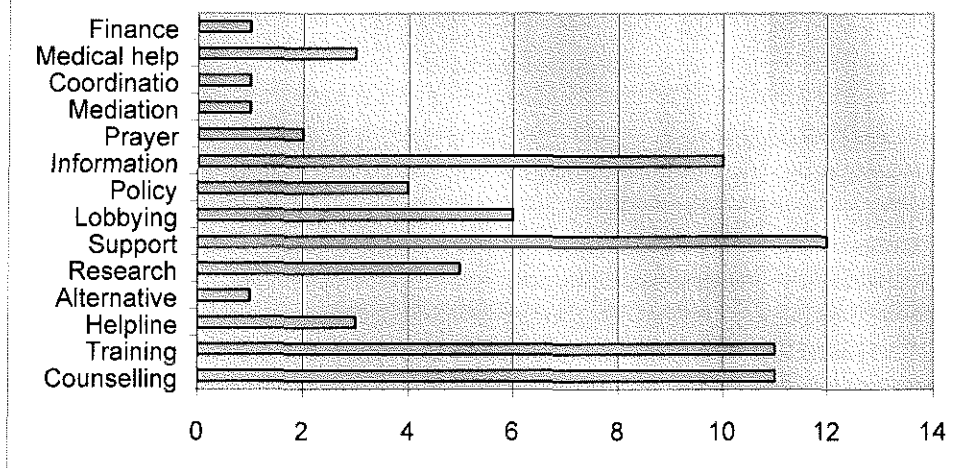## Fig.5: Definitions of the Term 'Victim'
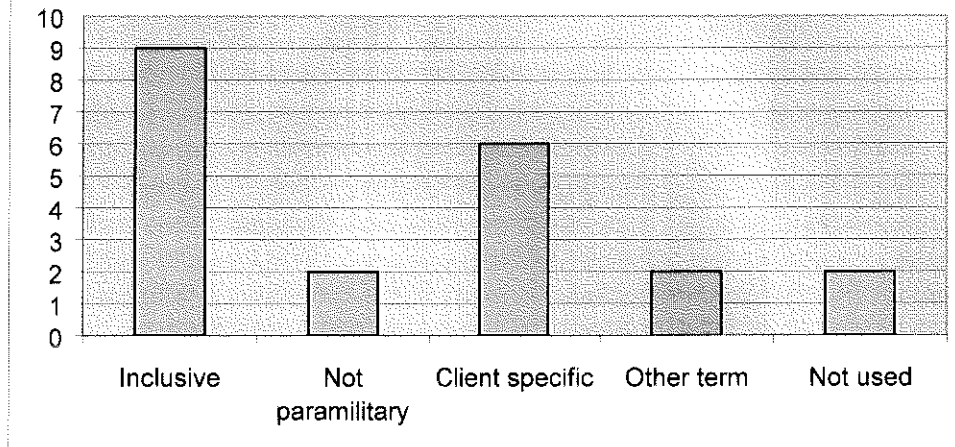
Most organisations surveyed use a broad definition of 'victim' or avoid having to define victims by having a specific focus. The numbers of people included also vary. *'All people whose lives have been affected by violence and sectarian unrest'* refers to those directly affected by the conflict, whereas *'all of those who have lived here over the past 30 years'* or *'the whole community of Northern Ireland'* clearly runs to millions. One respondent added that the term 'victim' is *'a label used to access funding'*. Another raised the point that there are 'innocent' and 'guilty' victims, where the victimhood of the guilty is of their own making. The idea that the dead are the victims and the living are 'survivors' added another dimension to the responses.

Services

Services provided by the organisations surveyed varied widely. Most organisations provide multiple services, although the level of provision was not measured. Services were grouped under counselling/listening, training/education, helpline, alternative therapy, research, support/social activities, lobbying/campaigning, information/advice, prayer, policy development, mediation, co-ordination of services, access to medical services, financial help. Fig.6 shows the provision of these services.

Fig.6: Services Provided by Organisations

Service	Value
Finance	1
Medical help	3
Coordinatio	1
Mediation	1
Prayer	2
Information	10
Policy	4
Lobbying	6
Support	12
Research	5
Alternative	1
Helpline	3
Training	11
Counselling	11

(Horizontal bar chart; x-axis scale 0 to 14, marked at 0, 2, 4, 6, 8, 10, 12, 14)

Of the 21 organisations listing their services, training/education and counselling/listening services are provided by over half of them, but the most common activity of groups in the sector is that of general support, social activities or befriending. This indicates the role of social reintegration and personal support for those who have been affected by the conflict. The provision of information is also high on the list of priorities for groups, indicating that many may not find the information they need through other sources.

As with the aims of organisations, services are provided to specific client groups, either as a sub-group of those who have been affected by the conflict or as a general group in society, some of whom will seek help for conflict-related afflictions. These groups include general counselling services (including trauma counselling), general therapy services (such as music therapy, etc), help for bereaved children and families, general prayer support, support for victims of domestic violence, alcohol dependency support, youth work and empowerment activities.
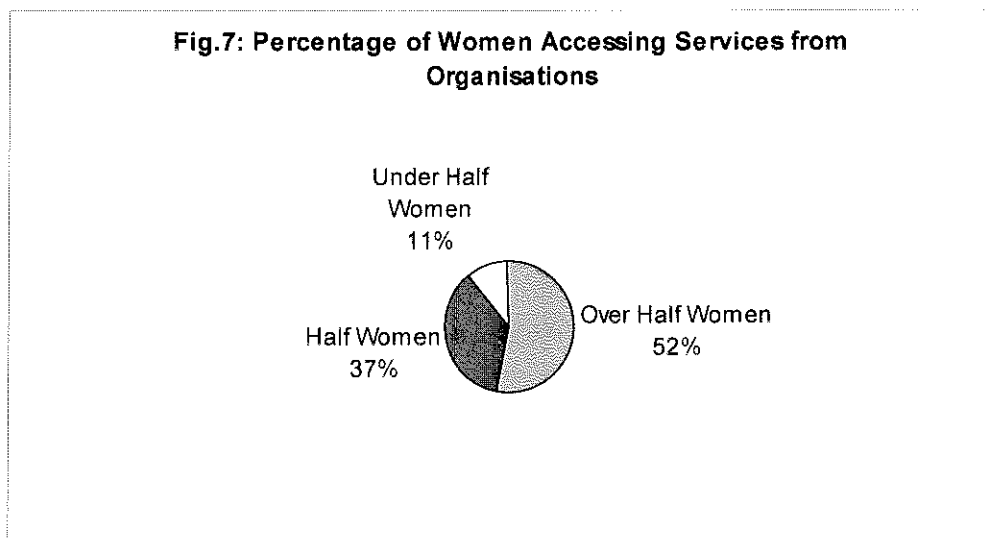
Numbers Involved

16 respondents felt able to answer the question in quantifiable terms, although there were differing approaches to defining how many people use the services provided, for example, some have a regular membership, some are services providers that provided statistics for weekly or monthly attendance. Group membership or attendance for help is often loosely based, some groups having regular attendees and a wider catchment of individuals who occasionally access services or benefit through occasional outreach. In addition, the services of organisations have direct and indirect effects. For example, a group that works with families may count those individuals who seek support as direct beneficiaries and the rest of the family as indirect beneficiaries. Attendance for support may include single incidences or regular attendance, so multiplying a weekly figure by the number of working weeks may be appropriate for some organisations but not for others, likewise with monthly figures.

The range of people affected extended from 45 individuals in a group to 1523 seeking help from a group. For organisations that deal with individuals from a broad spectrum of society, however, the number of those they handle due to the effects of conflict cannot be ascertained. At a bare minimum, 5843 individuals are given direct support by the 16 organisations with effective responses on this question. Indirect beneficiaries and multiple beneficiaries over time make the impacts of these groups far wider. An accurate figure is not possible and is not in the remit of this research.

Percentage of Women

Nineteen of the respondents gave a gender breakdown of those they support. The majority supported more women than men (9), seven estimated 50% and two indicated fewer women than men, averaging 61% across the 19 respondents. Factors affecting the calculations included organisations dealing with women only and the predominance of males using services provided for security forces. The gender breakdown is given at Fig.7.

Fig.7: Percentage of Women Accessing Services from Organisations

Under Half Women 11%

Half Women 37%

Over Half Women 52%

The findings have shown that women are more likely to seek help than men, with over half of the organisations responding to this question dealing with more women than men. On average, these organisations deal with 61% women. While it is acknowledged that the respondents represent just over a quarter of the research sample and include organisations that would not consider themselves part of a 'victims sector', it is considered that it is not unreasonable to conclude that women make up the majority of those who seek support due to the effects of the conflict.

Women in Leadership

Different organisational structures indicate variations in leadership patterns. There are boards of directors, management committees, executive committees, management staff and strategy committees. Generally, the primary decision-making bodies are taken as leadership roles, an average taken where there is management representation at multiple sites or where there is more than one important group responsible for the direction of activities.

Of the 15 respondents from which a reliable gender breakdown could be derived, the lowest participation was 10% and the highest 100% women. An average across the responses was 51% women in leadership roles. Of the 15, the leadership of organisations was over 50% for six, 50% for three and under 50% for six. This is shown at Fig.8.

Fig.8: Percentage of Women in Leadership Roles

Half Women
20%

Under Half
Women
40%

Over Half
Women
40%
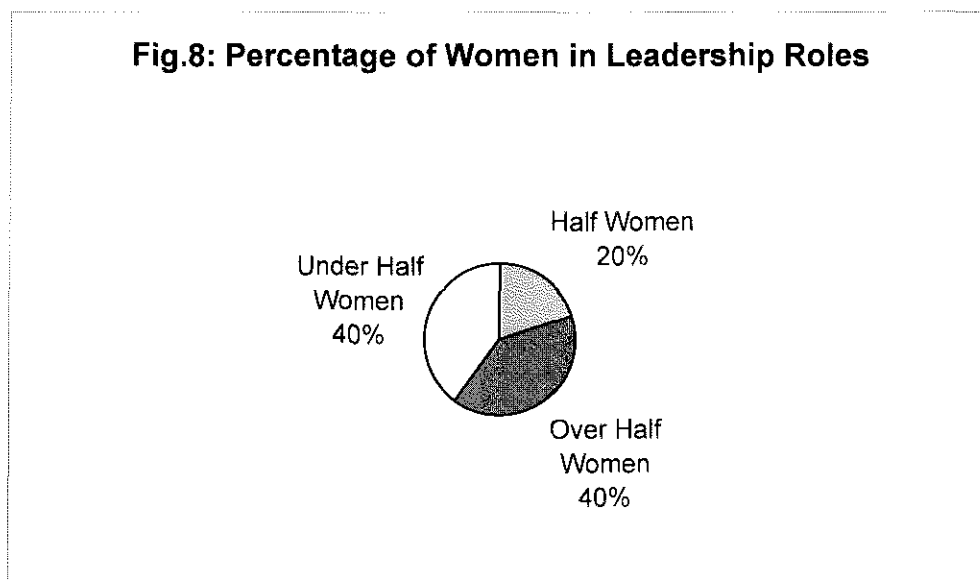
The data suggest that, in the organisations surveyed, women and men make up roughly equal numbers on decision-making bodies, although the level of representation can differ significantly from organisation to organisation. However, primary points of contact for organisations are predominantly female, outnumbering males two to one (see above).

Barriers to Women's Participation

20 organisations answered the question on barriers to women. One stated simply that there were no barriers. Three organisations did not feel there were impediments within their groups, but highlighted a number of factors that hinder the participation of women. These included transport difficulties, domestic responsibilities (including childcare commitments), time constraints, lack of necessary skills, low self-confidence and fear or distrust. One respondent indicated there was a male environment with a macho culture in that organisation. Four organisations indicated a specific policy for either encouraging equality or facilitating access for women. One group felt aggrieved at a perceived gender imbalance indicated by a funding body and reallocated committee members accordingly.

Support

Organisations surveyed are funded from a variety of sources. Of the 21 organisations that answered the question, two did not state the source of their funding and five stated that they were funded by the 'government', although the funding stream was not indicated. Eight were in receipt of donations, though none survived exclusively by these means. Most organisations benefited from multiple funding sources. These included Health Trusts (4), the Peace Programme (5), Community Relations Council

27

(5), Belfast Regeneration Office (2), Northern Ireland Office (2), Office of the First Minister and Deputy First Minister (3), Health Boards in the Republic of Ireland (1), District Partnerships (1), Community Foundation/NIVT (1), Housing Executive (1), Community Fund (2), private sector (1), Dept of Justice (RoI) (1) and Dept of the Taoiseach (RoI) (1). These results are shown at Fig.9.

Fig.9: Funding Sources for Organisations
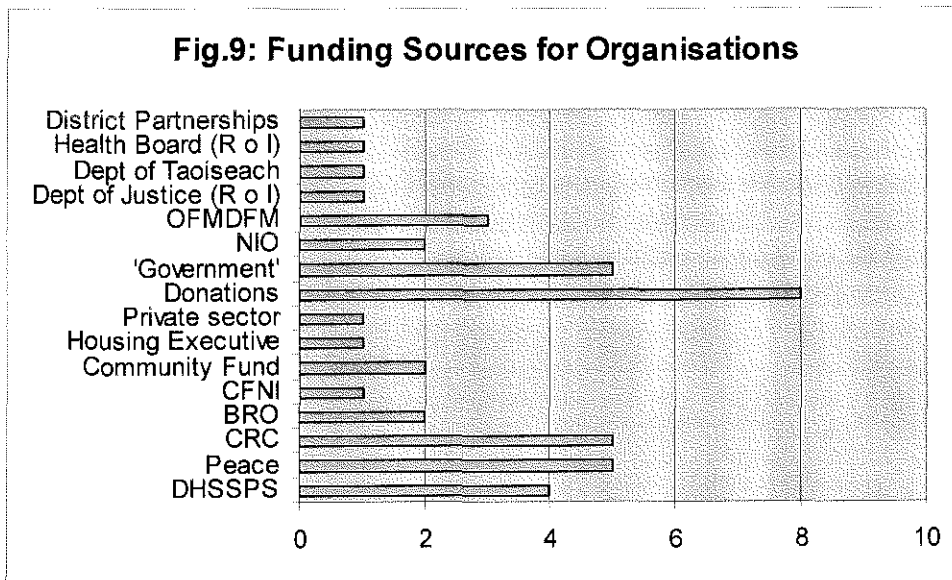
Clearly, the range of funding sources is reflective of the range of alternative roles of the organisations surveyed. Funding from a wide diversity of sources therefore has both direct and indirect impacts on the victims sector. While many organisations receive donations, the most common source of funding is from the UK government, often via various channels and intermediaries.

Usefulness of Sources of Support

Of the 19 organisations that answered the question satisfactorily, 15 stated the support was 'essential' or that they could not exist without it. Two organisations had very negative experiences and two felt the support was welcome, but insufficient. These responses are given at Fig.10.

**Fig.10: Usefulness of Sources of Support**
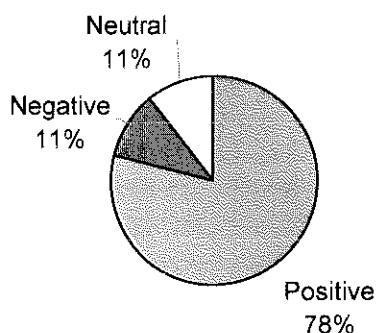
Comments made about the nature of support included the need for core funding, that funding was project-related, which is a useful add-on, but not the central part of the organisation's work, and was short-term, which presented problems of staff retention and experience. Comments were also made by one respondent about attitudes towards the groups seeking support, including a statement that government personalities had been 'abusive and insensitive' and reinforced a 'hierarchy of victims' and by another that *'government and funders have opposed group development and have tried to discredit our leaders and the work'*.

Experience of Statutory Services

Of the 19 organisations that answered the question, six gave positive responses, five fairly positive, three fairly negative and five negative. This is shown at Fig.11.

Fig.11: Experience of Statutory Services

Negative 26%

Positive 32%

Fairly negative 16%

Fairly positive 26%
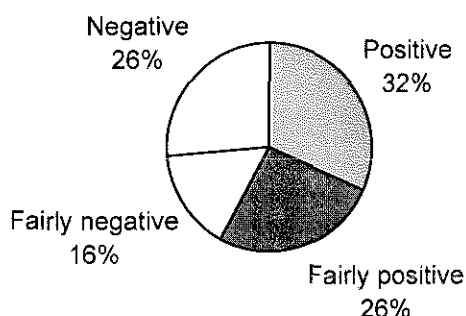
On balance, most organisations surveyed dealing with those who have suffered due to the conflict that were surveyed have a positive rather than negative experience of statutory services (58%), although in only 32% of cases was this relationship entirely positive. Comments were made regarding short timescales expected of funders for applications, long waiting lists, lack of trust, security issues[69], encroachment on the role of groups, lack of understanding or sensitivity, lack of recognition of the contribution of non-statutory services, time demands by funders regarding verification, lack of accountability, detachment from those working 'hands on', frequent personnel changes, poor resources and a reluctance to form meaningful partnerships. One group stated: *'they are out of touch and out of their depth in dealing with traumatised victims of terrorism'* and another that they had a *'terrible feeling of being victimised'* by a government department.

On the whole, many respondents had good relationships with individuals working in the statutory sector, even if their experience of the sector as a whole was negative or neutral. One stated that *'the statutory sector could learn something from the voluntary sector'* and another that, generally speaking, *'people in the statutory sector work very hard and are very committed to patients and clients'.* Most had mixed experiences, however.

Achievement of Aims

Of the 20 who answered the question, ten felt they were achieving their aims, five were achieving aims, but were restricted by funding, and five were either unclear whether aims were being achieved or had difficulty achieving them. These results are shown at Fig.12. One respondent commented that the aims of the organisation had been altered by the criteria for funding, having a training and education focus instead of the main aims of the group as a victim support organisation.

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[69] The respondent referred to security breaches at the Royal Victoria Hospital in Belfast (in 2003, Dissident Republicans were believed to be accessing records from the hospital for targeting purposes, *BBC News*, 2 July 2003) and the Inland Revenue (in 2002, an individual's personal details were downloaded from the Inland Revenue online service, *BBC News*, 29 August 2002).

Fig.12: Achievement of Aims

Difficulty
achieving aims
25%

Achieving aims
50%

Achieving aims
but constrained
by funding
25%
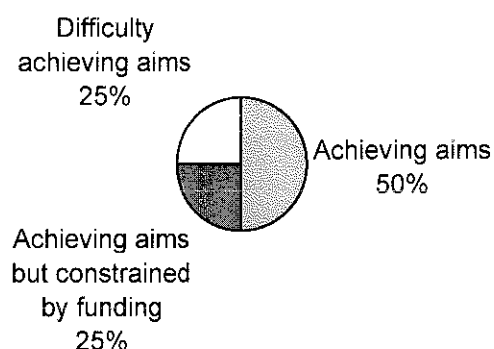
Additional Needs

Most of the 20 organisations that responded to this question listed funding as an additional need (16). Other needs included more staff (7), new premises (7) and training (3). Two wanted policy issues to be addressed, namely the making of trauma a priority in the statutory sector and a local focus to explore the diversity of the legacy of conflict. One identified community facilities as a need and another required help with campaigning on a justice issue. These results are shown at Fig.13.

Fig.13: Additional Needs

| Category	Value
Advocacy	1
Community facilities	1
Policy focus	1
Training	3
Premises	7
Staff	7
Funding	16
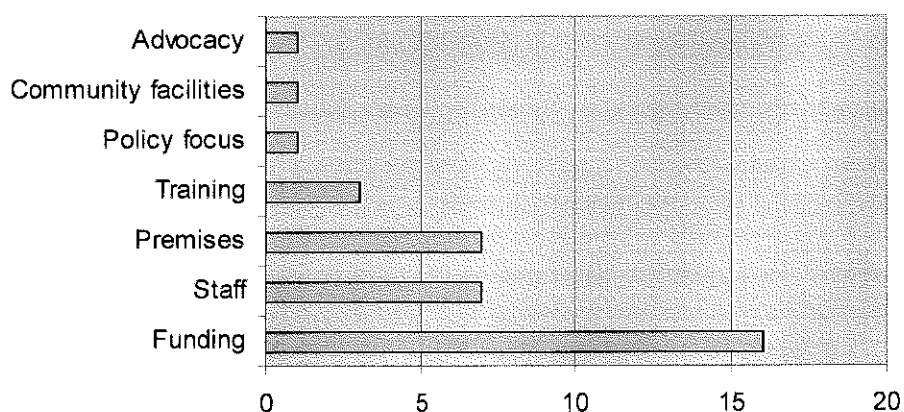
Stability and sustainability represented an issue for many organisations, including the need for core funding, rather than project-specific support, and new or expanded accommodation for activities. Groups felt that, with a degree of stability, they could better assert themselves in the work they undertake with those in need.

Perceptions of the Group

This question sought to draw out how groups and organisations felt they were perceived. 21 respondents answered the question, ten perceiving a positive image,

three negative, five did not know or were ambiguous and three gave instances of positive and negative perceptions. These are shown at Fig.14.

Fig.14: How Groups are Perceived by Others
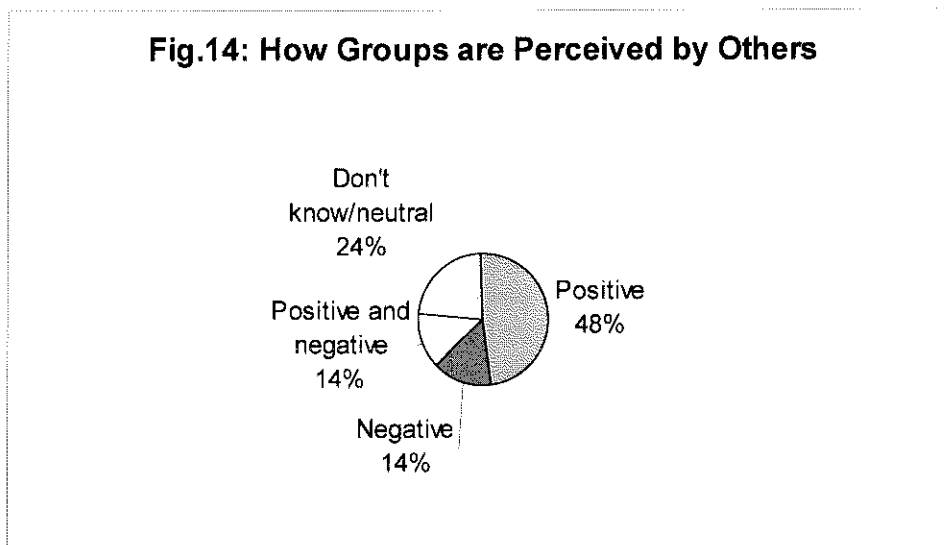
Although nearly half had a positive image of themselves, some groups felt that they were seen in a negative light by many, particularly government. Examples included:

We are perceived as terrorists

As an extremist, anti-agreement organisation that is jeopardising the peace process

Something to be tolerated, used, perhaps humoured

A thorn in their side

Troublemakers unwilling to leave the past behind

An embarrassment, a nuisance, too outspoken

These perceptions indicate that these groups, comprising over a quarter of those surveyed, feel they are being judged, particularly by the government.

Perceptions of Individuals

There was a range of responses to this question, which 14 respondents answered. Some comments were positive, some negative and some neutral or a mixture. Positive images included:

A resource that is being used by local communities as they strive to make their lives relevant

Interested in moving from victim to survivor

Individuals who have given and now need some help to take their place in society

People in need...regarded with respect

Deserving of support

Less positive images included: *'terrorists and people who do not have a right to grieve or find out the truth about what happened'* and *'forgotten victims'* who *'feel undervalued'.*

There were also issues of misconception regarding the level of compensation certain groups, such as security forces, received due to their injuries. While it is acknowledged that some received a considerable amount of compensation, this is not the case for many who have been injured. Other comments regarding individuals included: *'Death is acknowledged, but not the walk the bereaved take'* and *'Some people find their comments uncomfortable to hear'.*

Again, the negative comments are derived from concerns of being judged. Generally, however, responses indicated that those associated with organisations were thought to be perceived as people who have been suffering and require support.

Changing Perceptions

Sixteen organisations responded to this question, of whom five would not seek to change the perceptions of their organisation or the individuals within it. Many, however, indicated they wanted acknowledgement of the people they deal with as victims or people genuinely deserving of support. Sometimes this is expressed to the exclusion of some groups, which is in conflict with the perception aspirations of other groups in the survey. Comments included:

I would like to ensure that victims are given a pro-active role and voice in decisions that affect them rather than being used as part of the 'victim industry'

Acknowledgement that personal counselling is accompanied by community development

Would like everybody to see those who have been affected as victims

Would like to see victims end up as survivors

As an organisation working with people affected by the troubles and for other people to see past the uniform

To be seen as people who should be recognised as the innocent victims of the conflict and to be better compensated

I would like it to be recognised that some of these men and women made sacrifices as a result of the unique situation in NI that were above and beyond the call of duty

I would like to see perceptions change so that the victims of terrorism are not put into the same category as those who carried out terrorist acts

We would like to see government accept and appreciate the peace building/reconciliation work and the personal development achieved by the [group]

Clearly some of the aspirations listed reflect the definition of 'victims' supported by the organisation concerned, whether exclusive, inclusive or universal.

Comments

Eight respondents offered additional comment. Some was specific to the group itself, whereas other comments expanded themes of wider consequence. Some commentary was about the research itself:

It is useless to produce another report into the feelings, perceptions, situations of "victims" when it is not used to campaign for government to tell the truth.

Another comment referred to the need for a long-term strategy regarding those who have suffered:

The exposure to fear, anger hurt and pain suffered by all sections of the community make it essential that this is addressed with a long term strategy which is respectful, humble and helpful.

Then there was a reference to the role of women:

We believe that women in general have borne the brunt of conflict in the past all over the world and their true potential has not been realised although their contribution to society has been massive. We would like to work to allow women to develop their role and thus play a positive and even more constructive part in all aspects of society.

Summary

The questionnaire was intended to draw out attitudinal data regarding the work of organisations with those who have suffered. A number of themes have emerged from the findings, which are drawn from just over a quarter of organisations that have been signposted as sources of help for those affected by the conflict.

The main service provided by groups is personal and emotional support, although training and information provision is also important. Definitions of 'victim' are mainly inclusive or universal, but there is some fundamental disagreement as to whether those committing terrorist acts should be regarded as victims.

More women than men access services in these organisations. Although leadership posts are roughly equal regarding gender, women are the main points of contact for the organisations that responded to the research. Groups generally do not perceive there to be barriers to women's participation, although some external factors are cited as impediments, such as caring roles and accessibility.

Organisations are supported from a wide range of sources, mainly with funding originating from the UK government. Support intended for a variety of roles not connected with the victims sector may impact on those who have suffered. Support is mainly well received, although funding limits the achievement of aims within groups, and there is some criticism of the effects on organisations accessing funding. There are also problems regarding the access of statutory services, although relationships on an individual basis are on whole positive. Organisations still feel they need more funding, more appropriate premises and training.

Organisations see themselves as generally being regarded well in the population at large and by the government. However, there is concern at the lack of acknowledgement of the genuine nature of victimhood or suffering. Many organisations feel their members or clients are misunderstood or are being judged unfairly, although some of these comments are balanced by the exclusion of other groups from their definition of victimhood. The general hope of most groups, however, is for more acceptance, acknowledgement and understanding.

INDIVIDUAL QUESTIONNAIRES

The sending of questionnaires to individuals who had experienced bereavement and/or trauma was acknowledged as being fraught with difficulty. In view of the sensitivities of the task, consultation was undertaken with members of the sector before embarking on the planning and design of questionnaires.

From the outset, TWN was committed to adherence to the ethical principles for conducting research into vulnerable groups laid down by Paul Connolly in his work commissioned by the Office of the First Minister and Deputy First Minister[70]. A member of the victims group HURT was also engaged to provide trauma awareness training to all members of TWN staff. The questionnaire itself was designed in partnership with the working group to ensure that the sensitivities of individuals were not adversely affected by the research.

Distribution to individuals was a particular concern from the point of view of the sensitivities of individuals and the efficacy of the research itself. Contacting individuals is a difficult task as Morrissey and Smyth have noted of the *Cost of the Troubles Survey*, having written to 3000 people and received only 57 replies, around half of which were unproductive from a research perspective[71]. It was decided, therefore, to reach individuals primarily through groups that work with people who have suffered, although contributions were also invited through the TWN website and publications *Newsbites* and *Outlook*.

Population sampling would be difficult in view of the restrictions of working with a small number of specific groups and the cost of wider media advertising and distribution would have been prohibitive. The members of the working group would distribute questionnaires (i.e. CTRC, HURT, West Tyrone Voice and FACT). In addition, the Short Strand Partnership and Corrymeela were approached to deliver questionnaires. In all 100 questionnaires were distributed.

Questions were deliberately open to permit the experiences and opinions of respondents to be expressed and additional comments were encouraged. Questions asked were as follows:

1   What help do you feel you need as a result of your experience of the conflict in Northern Ireland?
2   What effect has your experience had on members of your family?
3   Do you access services from any victims' groups or other organisations and if so, which one(s)? If not, why not?
4   What kind of help do you get (for example, practical help, advice, emotional support, medical treatment, money, training, etc)?
5   How useful is it?
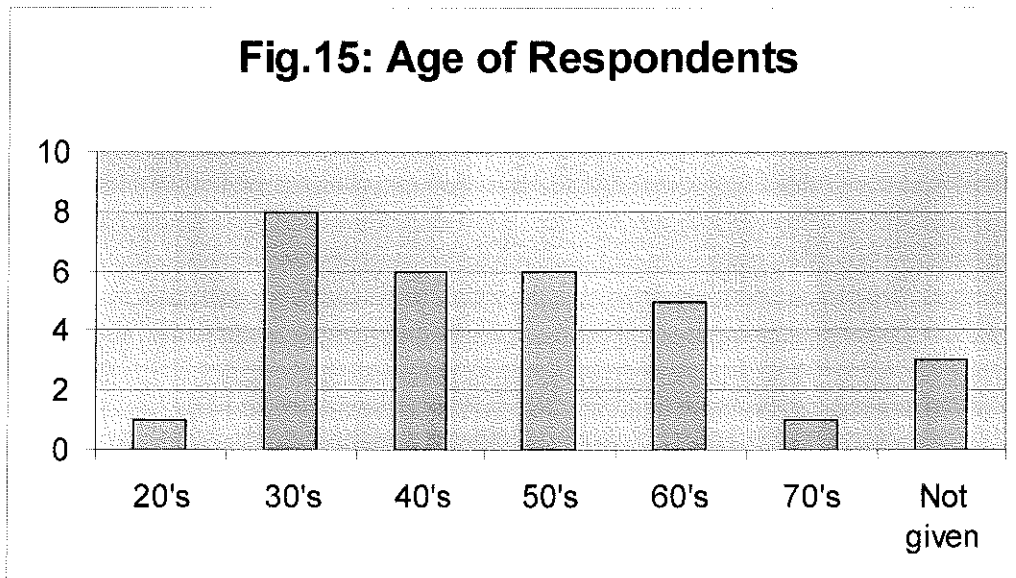6   What can be done to make this service more beneficial?

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[70] Connolly, P (2003), *Ethical Principles for Researching Vulnerable Groups*, Belfast: OFMDFM.
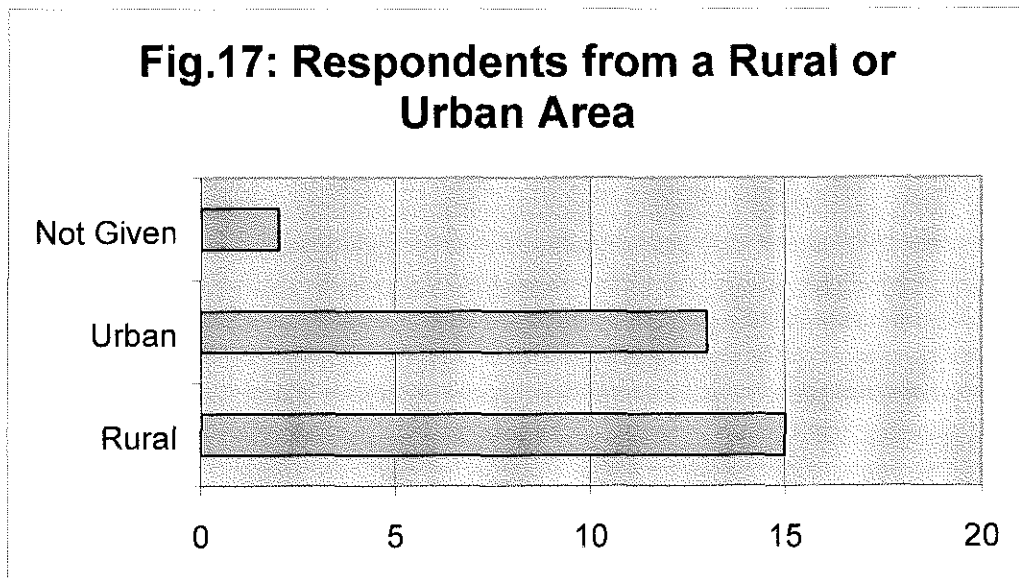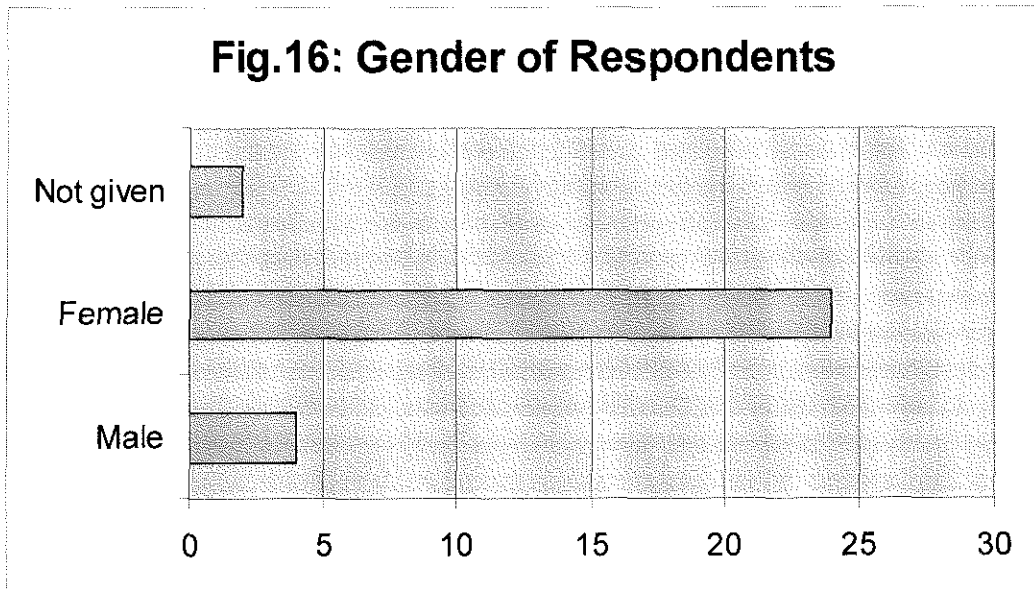[71] Morrissey, M and Smyth, M (2002), *Northern Ireland after the Good Friday Agreement: Victims, Grievance and Blame*, London: Pluto, p.92.

7	What has been your experience of using services provided by the government?
8	How do you think people see you?
9	How would you like to see that view changed?
10	Is there anything else you want to say?

Questionnaires were provided with stamped addressed envelopes marked 'Private and Confidential' to encourage openness in responses. In the area of confidentiality, any personal information given was optional and would not be included in the report. Respondents were also asked whether comments made by them could be used in the report. For general statistical purposes, respondents were asked their age, gender and whether they lived in a rural or urban area. It was not proposed to define people in terms of religious or political affiliation.

Thirty completed questionnaires were returned (30%). The findings were considered valid if a quarter were returned. Twenty-seven entered their age on the form, which provided an even spread of individuals in their 30s to 60s and one each of those in their 20s and 70s. This breakdown is shown at Fig.15. Twenty-eight entered their gender, showing 24 respondents to be female and four male (Fig.16). The findings would therefore be representative for women who have been affected by the conflict, but not for men. Twenty-three entered whether they were from an urban or rural area and an additional five were perceived to be from an urban area from other data on the questionnaire. Fifteen were from a rural area and 13 from an urban area (Fig.17).

Fig.15: Age of Respondents

Fig.16: Gender of Respondents

Gender	Value
Not given	(bar to ~2)
Female	(bar to ~24)
Male	(bar to ~4)

Scale: 0 5 10 15 20 25 30

Fig.17: Respondents from a Rural or Urban Area

Area	Value
Not Given	(bar to ~2)
Urban	(bar to ~13)
Rural	(bar to ~15)

Scale: 0 5 10 15 20

Needs of Individuals

Respondents were asked what needs they felt they had as a result of their experiences. Twenty-nine answered the question. In most cases, there were multiple needs, which are shown at Fig.18.

Fig.18: Needs
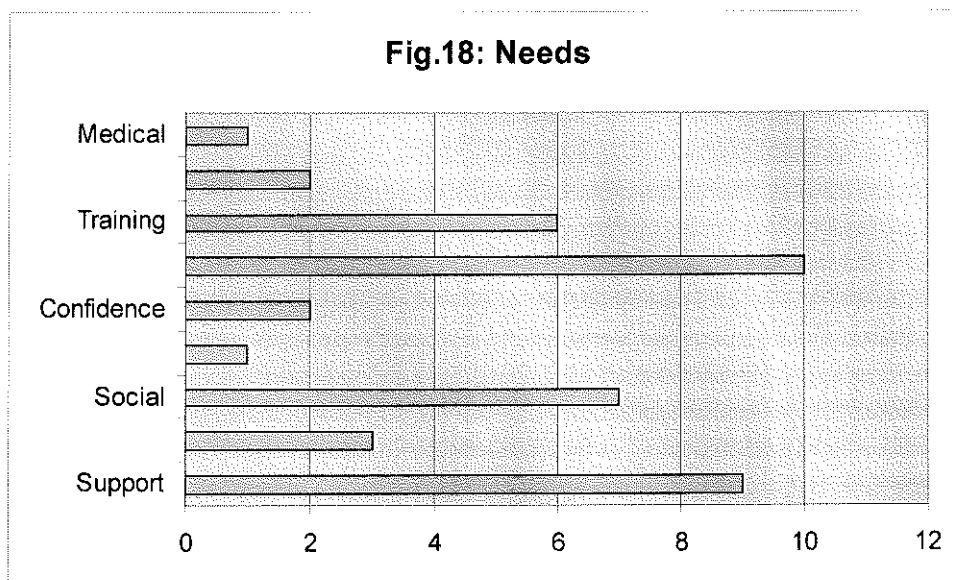
Three respondents did not express any needs, one of whom was 'quite content' but knew where to access help if needed, the other two indicating that help was needed in the past but was not available at the time. Counselling was the greatest need expressed (10) and three respondents included their family as needing this help also. One specified that counselling should take place within a group.

General support was the second most common need (9), typified by the following: *'General support to try to get life back to normality'*, expressed by others as a place to access such support: *'Somewhere to go to get support when needed'*. The need to relax was included in this general support category, mentioned by two respondents.

Linked with this perceived need for support are the references to social activities (7), for example: *'It is helpful to mix with other people who have had similar experiences and be able to talk about emotions and how it has left me feeling'*. Three of these referred to 'outings' or 'respite breaks', indicating a need to come out of a specific context. This was expressed by one as a need to get *'help from services to take us places when we can't get out of the area with the trouble'*. Confidence-building was a need of two respondents, which can be linked to general needs of personal support and social belonging. One needed *'to have confidence to go for interviews, to walk with my head held high, to stop feeling nervous and inadequate'*.

Training (6) and education (2) indicate practical aspirations, both on a personal level and to increase understanding of the general situation. One respondent commented: *'I need to understand the conflict and the parallels between all sides of the conflict'*. Training was indicated as a way out of the situation respondents were in, for example, for securing employment, or just 'for a better future'. Also related to practical issues are the single response indicating a medical need and one with a re-housing need.

Some expressed their individual needs in direct relationship to an ongoing situation of conflict, such as harassment, intimidation, fear of attack and confinement to a certain area. The needs of all respondents are related to the effects of conflict, but for many the conflict is continuing, meaning the addressing of issues is not related to past events but concerning effects that are still accumulating.

The responses indicate that the needs of people surveyed who were affected by the troubles are overwhelmingly emotional and psychological. Indeed, many of the practical needs indicated, such as training or education, contribute directly to the emotional well-being of the respondents. This is unsurprising, considering trauma tends to influence the social integration and self-confidence of those affected.

Effects on the Family

All those who returned questionnaires indicated effects on their family. These were overwhelmingly negative, although one mentioned the positive effect of 'closeness of family'. Generally, however, the feelings of how families have been affected is indicated as *'a shattering experience'*, *'devastation'*, *'completely wrecked the family unit'*, *'the family has been broken'* and *'broke family up'*.

While most made general references to the family, seven specifically mentioned the effects on children, including one respondent who commented that, due to her injuries received in a bombing, *'I have not been the mother I should have been'*. Effects on children include, fear, trauma, affected schoolwork, withdrawal, problems making friends, nightmares and one case of suicide. These responses reflect the transgenerational nature of the effects of conflict on families, both directly as a result of experiencing conflict and indirectly from the experiences of others within the family.

Other effects on the family mentioned were separation, upheaval, loss, sadness, intimidation, fear, security concerns, withdrawal, stress, panic attacks, nightmares, trauma, marriage break-up, family rifts, mental ill-health, emigration, alcoholism, sleeplessness, arguments and resentment. The primary effects from each respondent are shown at Fig.19. Fear and security are the main concerns of family members, while separation and upheaval are common effects of experiences.

Fig.19: Primary Effects on the Family
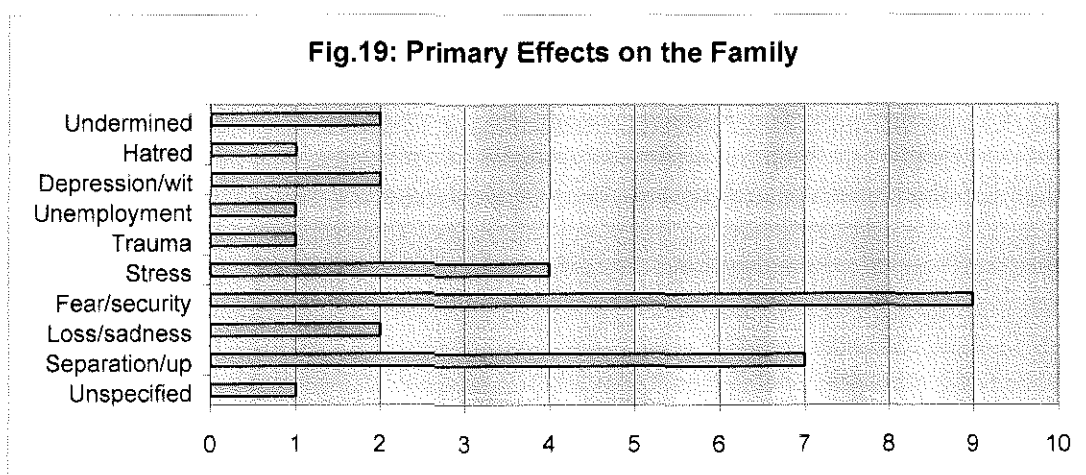
Two respondents mentioned the general effects of the conflict in relation to gender. These stated:

> *As a result of the conflict we have been undermined by the government as women*

> *The conflict has led to a very male dominated society*

This indicates a sense that the effects of the conflict have been unevenly distributed, impacting on the status of women.

Support from Groups or Organisations

All respondents answered the question, seven indicating they did not access help from groups or organisations, 23 indicating they did. Reasons given for not accessing groups are as follows:

> *Don't know where to go*

> *I have had no inclination to approach any organisation for help*

> *Have managed to work through troubles*

> *Too little, too late*

> *We never feel that other people care enough to understand*

> *Not available*

Sources of support mentioned were diverse. These were:

> Ex-prisoners group
> Cruse
> RUC welfare
> FACT
> Help the Aged
> NOVA
> Women's Institute
> Mothers' Union
> West Tyrone Voice
> Family Trauma Unit
> Youth support worker
> Community Psychiatric Nurse
> Community centre

While many of these would be acknowledged as being service providers for those affected by the conflict, others would not. This indicates that many organisations impact on the victims sector in a variety of ways, providing help and support to those in need.

Help Received

Four respondents indicated that no services were accessed to help them, whereas 26 indicated some form of support. Most mentioned help they received from groups and some from other sources. Forms of assistance were practical help, emotional support, training, sleeping tablets, alternative therapy, counselling, advice, social activities, trips, drop-in facility, companionship, counselling for children, reflexology, home visits, help with form filling, historical and political awareness classes, computer skills training, craft classes and medical treatment.

These forms of help can be grouped into direct intervention methods to address conflict-related problems, such as medical treatment, counselling and therapies, and social/economic integration measures, such as emotional support, training and activities. Of the 26 in receipt of support, five received direct intervention, 15 social/economic help and six received both. This breakdown is shown at Fig.20.

Fig.20: Help Accessed by Individuals
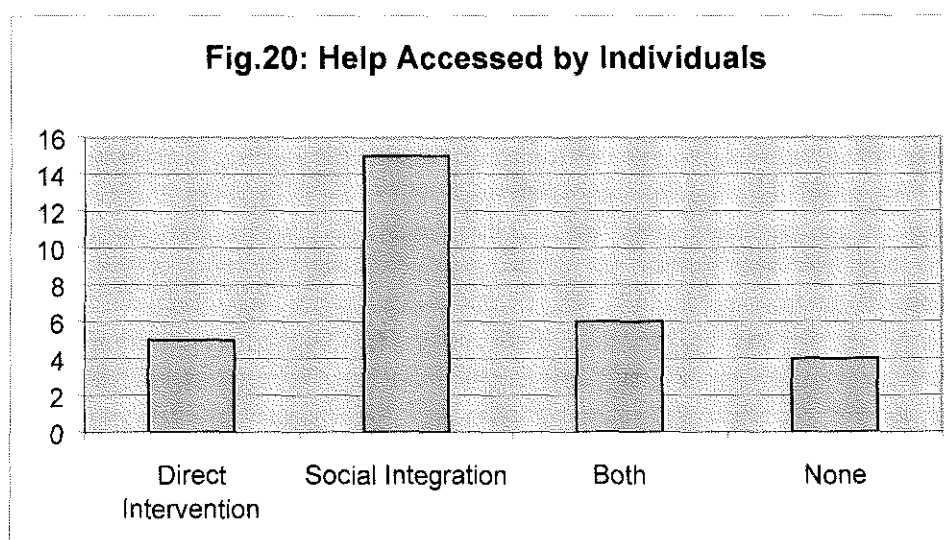
In line with the needs expressed above, most help being received by the individuals surveyed is of a social nature, rather than treatment for specific conflict-related problems.

Usefulness of Help

Twenty-five respondents indicated an opinion on help they received. Twenty-three stated the help was useful or very useful and two gave ambiguous or non-committed answers. Help accessed was therefore generally well received. Comments included:

> *Very helpful with trying getting lives back to normality*

> *Feels that it gives hope to be able to change the situation*

> *Could not cope without this type of help and support*

> *I find this very useful in helping me socialise and also accepting help at different times*

Improvement

Twenty-seven respondents offered opinions on how services could be improved. Suggestions included funding for outreach workers, IT training, advice, alternative therapies, networking opportunities, handicrafts, legal advice, human rights, general funding, funding for training, access to services closer to home, more public awareness/publicity, more volunteers and more resources generally. Four respondents were happy with the services provided at present.

Statutory Services

All respondents answered the question, half stating that they had not accessed services provided by the government. Of those who had, ten had bad experiences, one a positive experience and four neither positive nor negative. These results are given at Fig.21.

Fig.21: Experience of Statutory Services

13%

3%

51%

33%

- ☐ None
- ☐ Negative
- ☐ Positive
- ☐ Neither Positive nor Negative
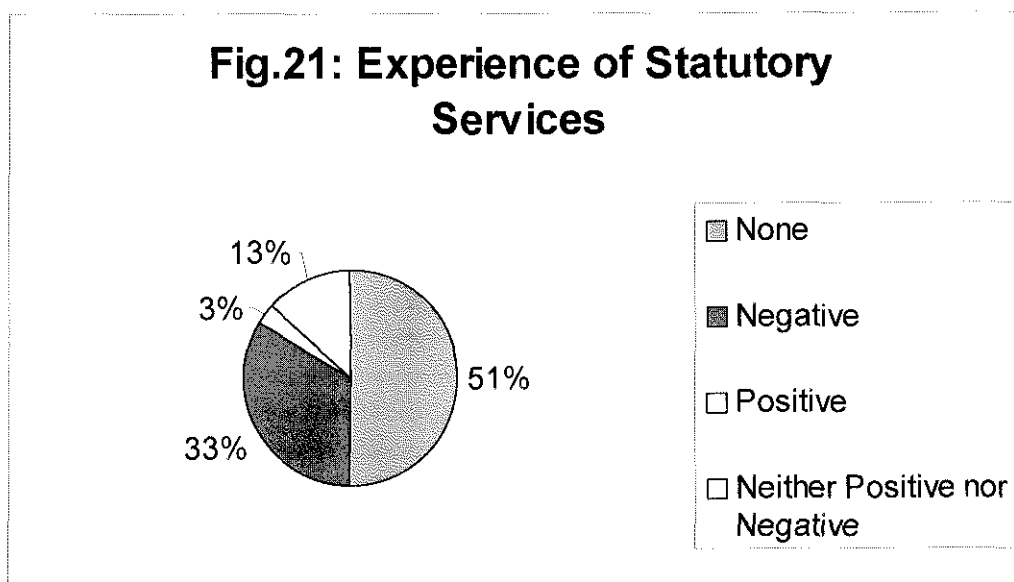
Comments about statutory services included the following:

Very bureaucratic and off-putting

Feel very let down about the lack of support from any government organisation

You get one grant and then dropped. No follow-up support. You are re-victimised again as it can take a long time to receive the support and you constantly have to remind them

Feel let down despite constant requests for help

Feel discriminated against by being refused a grant

It is only recently that I have discovered these services are available. If I had these services earlier, then my health may not have suffered so much

Have never been offered any. Didn't know about any

Little or no help has been provided by the government up until 1999

*They don't really do anything for us*

Very little help or support was available for the innocent victims

Bad experiences, hard to access and not too understanding

Comments regarding statutory services in the questionnaires were predominantly negative where there was experience in accessing them. There was much discontent at the perceived lack of help given to victims of the conflict by the government.

Perceptions

All respondents answered the question regarding how they were viewed by others, although four stated they did not know how they were perceived. Ten expressed the opinion that they present a positive image. Two stated that they had improved in relation to others since their experiences. 14 described themselves in terms of their experiences of the troubles, either displaying the symptoms of trauma or carrying a specific identity related to the conflict. These responses are shown at Fig.22.

Fig.22: How Individual Are Perceived

Don't Know
13%

Conflict-related
47%

Positive
33%

Improved
7%
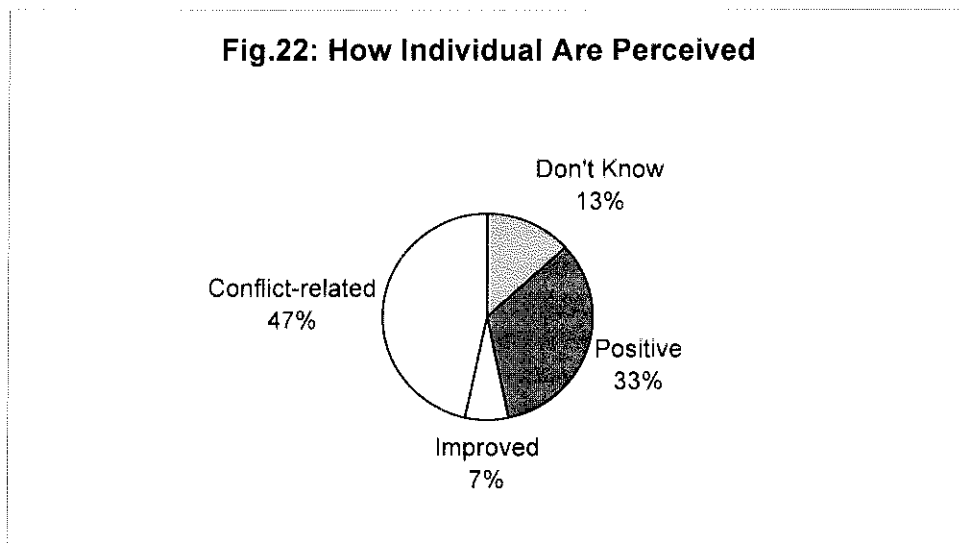
Responses in relation a conflict-related identity included:

Some people have views that because you're an ex-prisoner that you're in the wrong

People don't see me because they avoid me because of my loss

I think that only my family understand the stress that I have been through

44

They see me as a victim, as a mouse, someone to be walked over, passed over when it comes to promotion

People not affected by the Troubles don't seem to care

Local people would see us a innocent victims of the Troubles

People assume that we gained financially

A victim of the Troubles

A victim because of the area I live in

Respondents who saw their external image in terms of the symptoms they display described themselves as nervous, agitated, bitter, depressed, withdrawn, grumpy, reclusive, tired, wary of people, defensive, blunt or finding it hard to trust. All of these are identifiable as symptoms of stress, trauma or post-traumatic stress disorder (PTSD).

Changing Perceptions

Twenty-seven respondents expressed an opinion on how they would like perceptions of them to change, although two of those comments were not personal perception related and are dealt with elsewhere in the research. Four were content with others' perceptions of them and two did not know how they wanted to be perceived.

Thirteen respondents indicated how they would like to be seen by others personally, these included aspirations to be more outgoing, able to communicate better, lose the 'reserved' image, enjoy life, be calm, be positive and friendly, be more confident, be seen as a survivor, be more relaxed and be more assertive. Three of these indicated a wish to return to a personality image that existed before an experience and two used terms such as 'not possible under the circumstances' and 'until the anger is gone this cannot happen', suggesting a lack of hope that things will change. All these are personal, social aspirations, only one respondent indicating a wish for a return to physical health.

General wishes for perceptions to change, by six respondents, included an acceptance of coping mechanisms used by those who have suffered and for victims to have a voice. Other comments were:

I would like all to accept that there are none without responsibility

To have some respect from people who are a different religion and with different political views

Train people to understand what it's like living and working in Northern Ireland

More training for both sides of the community

Aspirations for changes in perception were therefore related to issues of acceptance and understanding.

Additional Comments

Twenty-three respondents availed of the opportunity to make general comments or to raise issues that have not been included in the research that they considered important. Some of these comments were personal expressions of experiences, others general statements about the situation in Northern Ireland or government policy. Three were statements of appreciation regarding the groups from which they access services.

Personal feelings expressed included feeling alone, becoming reclusive, let down by specific statutory agencies, frustration and a feeling of being 'misused'. There were also expressions of fear of ongoing intimidation or violence in areas where individuals live, including the difficulty in accessing services such as post offices and doctor's surgeries for fear of harassment. One was a rejection of the 'victims' label: *'I do not like to be called a victim'.*

General statements included the lack of support for victims, especially earlier in the conflict: *'The government failed to honour its responsibility and treat with sensitivity those who became victims in the first ten years of the Troubles'.* However, some acknowledgement is given of services provided now. In particular, help at the time of incidents is needed. Families are also mentioned in terms of victimhood:

> *Most of the families need support as well as they are not seen as first hand victims. The government needs to recognise the ripple effect of incidents of the Troubles.*

There are differing opinions in the debate regarding 'real' victims, for example, *'It is time for the innocent people of the Troubles to get help and about time money is put to use to help the REAL victims of the Troubles',* contrasting with *'It is my belief that a victim coming from a Nationalist community does not afford the same response from government sectors'.* There were a number of comments, however, urging victims to be treated equally and wishes to see more work in communities and between communities were expressed, such as *'I would like to see cross-community excursions and socials become the norm'.* Others were general statements about the wish for peace.

Summary

The respondents, mainly women in their 30s to 60s, roughly evenly split between rural and urban areas, expressed a range of personal opinions regarding their situation as people affected by the conflict and regarding their interaction with agencies that offer services to them. The perceived needs of individuals are on the personal and emotional level, such as social interaction and peer support, and also on the psychological level, for example needing counselling. These affects are not just on the individual level, but there are wide-ranging effects on the family, particularly wives/partners and children.

More respondents access services related to social integration than direct intervention for conflict-related ailments. Those who have used groups and other organisations in the community have had a positive experience, whereas experiences of statutory services have been overwhelmingly negative. Many respondents see themselves projecting an image relating to their experiences in the conflict and aspirations for improvement involve greater social integration and interaction.

Generally, comments were made about the lack of acknowledgement and understanding of those who have suffered in wider society and in statutory agencies. There are also 'hidden' victim categories, such as the families of those who have been involved in incidents or those experiencing ongoing situations of tension or violence. There was also division in the debate regarding 'real' or 'innocent' victims and treating all who have suffered equally.

CONTACT WITH KEY INDIVIDUALS

To give the research a strategic context, it was decided to approach a number of key individuals and organisations that work with the victims sector. Semi-structured interviews were carried out, addressing the same questions as were to be discussed at the seminar. Each subject was asked the same questions and asked for comment. These questions were:

> What is your experience of the participation of women in the sector:
> > as victims/survivors?
> > as service providers?
> > in leadership roles?
> To what extent do individuals access statutory services and why/why not?
> To what extent do individuals use groups and why/why not?
> To what extent are the needs of people who have suffered in the conflict being met and what extra resources may be needed?
> Any other comments?

Seven interviews were conducted, comprising ten individuals (two men, eight women) who have played key roles in the sector through the provision of funding, policy development or in other important ways. The Victims Unit, Victims Liaison Unit, Community Relations Council, Community Foundation, the Northern Ireland Memorial Fund and a Trauma Advisory Panel were all represented, providing an oversight of how the sector is viewed by those with the power and resources to shape and influence it.

Women in the Victims Sector

If there is an area of society that could be described as a 'victims sector', the impression is that women are disproportionately represented in it. One interviewee stated of those who have been affected by the conflict in Northern Ireland:

> *The vast majority of bereaved are women, because those killed were virtually all men[72]. This has left a large number of widows and children who have grown up without fathers.*

Indeed, most agreed that widows, sisters, mothers and partners make up the bulk of the sector, although it is generally acknowledged that this is a diverse and complex area to define. The boundaries of what can be described as a victim/survivor makes any estimate of numbers problematic and therefore any accurate assessment of gender participation difficult.

As individuals, women have borne the brunt of the conflict in terms of holding family structures together. While men have done most of the actual fighting, women were tasked with maintaining as much stability for the children as possible, bearing a disproportionate degree of the consequences:

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[72] 91.1% of those killed were male, recorded in Smyth, M (2000), 'The human consequences of armed conflict: constructing 'victimhood' in the context of Northern Ireland's troubles' in Cox, M, Guelke, A and Stephen, F, *A Farewell to Arms? From 'long war' to long peace in Northern Ireland,* Manchester: University Press, p.122.

They become 'bearers' over a long period of time, because they have no choice. Individuals have lived as bearers and survivors because they have to.

Women are certainly well represented at all levels of the visible victims sector, that is, groups, service providers and those charged with administering the sector on the statutory side. But this representation is generally regarded to be stronger at the lower levels, as volunteers and service providers, perceptions of leadership being male. However, a cursory glance at a list of victims groups reveals a roughly equal split between male and female leaders, depending on how 'victims group' is defined.

The main gender division appears more in the role of groups, those being 'self-help' groups in nature largely being led by women (examples being given were WAVE, SAVER/NAVER, Cross, Lifeline and Shankill Stress) and those having a more political role being male-led. This was expressed by one interviewee as *'the more political it gets, the more masculine it gets'*, expanded by another to include economic development, as economics and political parties are dominated by men. A distinction indicated by some was the prevalence of male leadership in ex-security forces groups and in rural areas. Another interviewee observed that unionist groups tend to be led by men and nationalist groups by women.

However, it was noted that a window of opportunity has been created. Women have taken the lead in many areas of victim care and have developed a sector that is largely populated and shaped by women. As one interviewee put it: *'There are strong women with a different kind of leadership at odds with the militarism of the conflict'*. There has been some concern that (male) prisoner releases due to the Good Friday Agreement may change the dynamics of the sector, as they seek to become involved in its development.

Women are seen to be receivers of services as well as providers. Men are regarded as being less able to express their feelings in therapeutic settings. On interviewee said:

Men can be more compartmentalised and keep things in. Women find it easier to tell their story. This is part of the healing process, letting it out.

As well as being more prepared to undergo the necessary therapeutic processes, women are also regarded as being better at providing them: *'The befriending fu nction is priceless. Women are better at the openness required'.*

The sector is therefore viewed as one where women predominate as victims and service providers, but men often take on the political leadership roles. Women are also considered by nature to be better at the caring roles needed and better at responding to the processes of healing, making the uptake of services more likely among women.

Statutory Services

Most people who have suffered in the conflict do not generally access statutory services for help or treatment, the main exception being those who have been

physically injured. However, there are many people who are unknown to the statutory sector and suffer alone without accessing treatment.

There are many opinions as to why many do not access services. Fear for personal safety was mentioned by most interviewees, either due to fear of the 'state' on the one hand, or fear of others accessing information for targeting purposes on the other. Security and confidentiality are therefore major issues for those in need. In many circumstances, the fear is derived from a combination of the effects of trauma and the real risk of personal harm or targeting by paramilitaries: *'Fear and the threat of attack is very rational and real. Trauma emphasises this, but it is derived from reality'*. There is also fear of meeting the 'wrong' people in waiting rooms, etc, although one interviewee added that current and ex-paramilitaries tend not to present for counselling or other treatment. Another interviewee stated: *'Problems with confidentiality are often more perceived than real. But it is the perceptions that are most enduring'*.

Linked with this is the general issue of distrust in the interpersonal sense. Many do not want to entrust personal information or reveal aspects of their lives to strangers and this is amplified by the effects of trauma: *'Trauma leads to distrust, which is difficult for outsiders to understand. There is often a fundamental loss of confidence and trust'*. Where an incident has had the effect of de-coupling individuals from their social surroundings, they are less likely to go to an institution for help.

A lack of understanding among healthcare professionals was also cited as a reason for deterring people seeking help, some having had bad experiences of unsympathetic treatment. Some may have complex needs for which the health system is insufficiently flexible to cope, and quality of care, while there are examples of excellent provision, is unevenly distributed. One interviewee maintained that many in the statutory sector were trying hard to overcome these shortcomings, but the problems are very large.

Other reasons were mentioned for individuals not accessing services. There are those who for historical or political reasons do not access services provided by the state, seeking help from elsewhere. Access can be a problem, particularly in rural areas or for disabled people. Alternative treatments may be sought or waiting lists too long for treatment to be effective. Pain clinics in particular are said to be underfunded. There are social stigmas attached to seeking treatment for 'mental problems', there are legal implications associated with the diagnosis of post-traumatic stress disorder (PTSD) and many do not realise that they need help due to the nature of the disorder. Indeed, it is often those who do not seek help who need it the most.

In general, it was stated that for the reasons of accountability, resources, quality control and co-ordination that most services to those who have suffered in the conflict need to be provided by the statutory services. Although it is acknowledged that much excellent work is undertaken in other settings, regulation of services has to be done on a statutory basis. As one interviewee illustrated, *'Undertaking trauma counselling on a daily basis is a heavy task and requires daily supervision'*. Quality assurance and accreditation in non-statutory provision are important issues.

A range of reasons has been perceived as deterring individuals from accessing statutory services to receive help dealing with the legacy of conflict. Those most commonly cited are fear (perceived and real), lack of confidentiality, lack of understanding or sensitivity and accessibility. While defects in the system are recognised as significant, statutory control over the provision of services is to be maintained.

Groups

All interviewees agreed that the idea of 'victims groups' is a very diverse concept. Claimed membership of funded groups ranges from 10 to 1000 individuals. Some are formed by a group of individuals for self-help purposes, some by institutions such as the police or armed forces and others around a political cause or issue. *'There can be no generalisations'* stated one interviewee. *'Each group is different, the only uniting factor being funding'.* None of the interviewees attempted to define what a 'victims group' is, highlighting the variation in the sector.

The problem of defining a 'victim' was also raised. There are 'levels' of victimhood – a hierarchy – for some groups, while others believe all to be equally victims. The use of the term 'victims' may also be advantageous to receive funding, it was suggested. Representation of victims is also disputed, with some more prominent voices being viewed as less representative of the sector than others. Individual conflicts were noted as significant and these are exacerbated by the feelings of anger or bitterness associated with reactions to trauma.

Originally there was a small number of groups, mainly on the nationalist side, which one interviewee stated had a mainly political focus, but doing some work with victims. With the advent of subsidised groups in 1999, the sector has expanded, more groups in the unionist community have appeared, groups have settled down more and much good work is being done, although some groups remain quite political. Forty-six groups now receive core funding through the Community Relations Council and more are emerging, although political activity is ineligible for funding.

One interviewee stated that some groups are unrealistic in their outlook, in the funding they ask for and the assumption of eligibility. This raises the questions of responsibility and compensation. In situations of communal conflict, there is a sense of shared responsibility and to assume the government to be responsible for all reparations is unreasonable. Besides, stated the interviewee, such expenditure will have to be justified to taxpayers as acceptable, which may be difficult. While government funding can go some way to help those who have suffered, an unlimited supply of money to victims groups may not be justified.

Membership of groups is difficult to quantify. Some have an official membership system, some have individuals loosely associated with them, others still have people who access services only. There is also crossover in the membership or use of groups, with individuals accessing services in more than one. It can be ascertained, however, that most people do not use groups. There are estimated to be some 50,000 individuals who have been physically affected by the conflict (killed and injured), but estimates for those further affected range dramatically, one recent figure being 500,000.

Factors suggested that affect the decision to join groups vary considerably. Many do not access the services of groups because they receive help from elsewhere, such as statutory services or from small grants. Others may find practical impediments, such as there not being a local group of which they are aware, or conversely, the proximity of a group may encourage membership, particularly where other services may be difficult to access.

Some join groups with a political identity to be associated with a cause, while a political identity may also deter others. In this respect, many may be excluded from a group if they are of the wrong political leaning, and there are individuals who may be stigmatised, such as those associated with families of the 'disappeared', and those who have lost loved ones accused of being 'informers' or have been subject to 'punishment' attacks, for whom there are few places to go. Others have their options severely limited by their role in the conflict, such as ex-security forces or ex-paramilitaries. Sometimes, however, individuals are inadvertently excluded if they are not of like mind to the group, the dominant issues taking precedence over the uniform care for those who have suffered.

Many groups remain single identity or, as one interviewee put it, people join for 'tribal' reasons. Security is also an issue, where a group may be considered the only 'safe' setting to meet, or a group may be avoided because it is not considered so. Others may not wish to be labelled as 'victims', preferring to move on or deny the situation altogether. Indeed, one interviewee suggested that, while groups have an important role to play, they also may hold some people back in 'victimhood'. For many, though, they prefer to cope alone, particularly those who have done to for so long, over 20 years in some cases. As one stated, *'There are different reactions to trauma. Many prefer to be alone and it is not for others to tell them otherwise'.*

A significant unifying factor of people in groups was said to be the association with people who had been through similar experiences. This is particularly important where other social bonds had been severed by the effects of trauma. This is particularly the case with self-help groups that have been brought together through shared suffering or grief.

All interviewees acknowledged a role for groups. Mostly, this has been in the befriending role: *'Groups are better at befriending work, which can lead to counselling when people are ready, where trust is built up'.* But there was also caution expressed regarding the extent of the group role in the recovery of individuals: *'Dealing with trauma on a daily basis can be damaging for carers and damaging for those they care for also if not handled correctly'.* There was a general consensus that groups are vital for the initial first steps and for fellowship, but individuals need to be encouraged to use ordinary services.

The role of other organisations in the community has also been mentioned as complementing or being an alternative to the work of groups. The churches, for example, have a potential role to play, but it was noted that the Christian emphasis on reconciliation might put off some who are not ready for that step. A more holistic community response was offered, including the churches and other organisations, as an important resource to help those who have suffered.

The interviews revealed an impression that local groups have a vital role to play in helping those who have suffered in the conflict, particularly in the initial contact and befriending roles. While much good work is undertaken in many groups, there are concerns around the quality and effectiveness of the treatment some people may be receiving and giving. Factors affecting the membership of groups or accessing their services – for or against attendance – include politics, the 'victim' label or identity, access, community solidarity, shared experience, security, the nature of trauma and privacy or coping issues.

Needs

The needs of all of those who have suffered – and still suffer - in the conflict cannot be met, nor are they quantifiable. Ultimately, notes one interviewee, *'The needs of those who have suffered cannot be met. We cannot bring back their loved one'.* Perceived needs vary enormously, from claims of compensation to notions of justice, revenge or retribution. These needs are also not known or understood by those who are expected to provide them or even by those who have suffered. There is also a sense of much more to come, exemplified by comments such as *'the need is potentially huge'*, *'we are only at the beginning'* and *'the enormity of what has to be dealt with is not recognised – there is a tidal wave of need expected'.* This is partly due to the coming to light of needs generated by the appearance of help, and partly due to the post-conflict atmosphere, where people begin to relax and move out of 'coping mode', given *'permission to feel'.*

While it was acknowledged that little had been done in this field before, the achievements of the past five years were highlighted. Some £20 million has been provided by the Northern Ireland Office (NIO) and Office of the First Minister and Deputy First Minister (OFMDFM) since 1998. Funding has become available for groups and individuals through the Community Foundation, Community Relations Council and the Northern Ireland Memorial Fund. Policy innovations have led towards mainstreaming of victims' issues, raising awareness of needs in government departments and the inclusion of victimhood as a cross-cutting theme in range of strategies, such as health and children. The Victims Unit Victims Strategy is being implemented, as have the recommendations of the Bloomfield Report. The establishment of the four Trauma Advisory Panels and the opening of trauma centres have moved towards addressing needs and awareness is being raised through local and regional initiatives to provide information on services and the running of conferences, including the current series of leaflets and workshops asking about the needs of victims. It is, noted one interviewee, *'the most sophisticated victim support system anywhere, ever'*, and another reminded that people in Northern Ireland are far better off than those in other conflict situations.

Most acknowledged that there was much more that could be done. There needs to be a longer term outlook and proceedings, such as funding access, could be simplified. Provision is not systematic and there is little quality control outside the statutory sector. As one respondent stated: *'Many of the groups are victims themselves and there is a danger that activities may not be carried out appropriately, leading to the potential for causing more harm'.* Also, there is the political dimension, where *'victims are being used as political fodder, not being seen as people'.* There is also

still perceived to be a gap in the provision of trauma counselling and the treatment of PTSD. Victims generally do not want to be treated differently, but do expect to get the help they need and be treated with sensitivity, which is not always the case at the moment.

The situation is also developing. An interviewee commented that *'the first priority is not to deal with the victims themselves, it is not to make more of them'*. Indeed, the current funding approach is to include community relations criteria, helping to shape a society moving on. The next stage is to address acknowledgement, recognition, truth and justice, although it is stressed that many are opposed to the idea of a 'truth and reconciliation commission'. A review and evaluation of current provision is also under way. Future provision needs to be multi-faceted to provide for the whole range of needs. Awareness and co-ordination could also be improved. In addition, some form of quality control will be required within formal provision and that provided in other settings.

The development of groups themselves is another priority, as an interviewee stated: *'Groups need to mature and become more aware of their surroundings and come to an understanding of the issues'*. Workers in groups need to be developed and their capacity built. This is also the case elsewhere in the community. As one interviewee put it, an *'army of listeners'* is required to cope with the needs to come:

> *Every community has listeners, so great resources are not needed, just a rethinking. The resources are in the community. People need to tell and hear the stories and there is a need to be alerted to this.*

Generally, those interviewed believed the provision for those who have suffered in the conflict to be good, although there is still more to be done. For some, there was a sense of maintaining those in need at the moment until the 'conflict generation' has moved on, for others the work will increase, not diminish. Perceived outstanding needs included improving on what is already being done, raising awareness, improving co-ordination and interface with victims, a move towards wider issues such as recognition and justice and capacity building in groups and the community.

Comments

The open nature of the research encourages additional comment not covered in the themes of the questions. The uncertainty of the situation was noted by one interviewee, expressing the impossibility of answering the questions accurately: *'It is early days and we are unsure of what we are dealing with'*. The variety of forms of PTSD increases this uncertainty and requires different forms of diagnosis and treatment.

Another commented on the issue of truth and reconciliation. People move at different rates, so a general process may not be appropriate, but *'individual acts of reconciliation may be possible, but for some, it may never come'*. Opportunities for individual acts need to be provided, but not enforced on a general body of those who have suffered. Mention was also made by an interviewee of the positive work being done by groups in the area of alternative therapies, such as the arts and literature.

Indeed, two interviewees stressed the importance of recording stories as part of the healing process.

CONFERENCE AND WORKSHOPS

A conference was to be organised to gather group members and individuals to discuss the main points of the research. The four key themes were those equating to the questions to be posed in interviews with key individuals:

> What is the level of women's participation in the victims sector?
> To what extent do individuals use statutory services and why/why not?
> To what extent do individuals use victims groups and why/why not?
> What additional resources do organisations providing services for the victims sector need?

A target of 120 participants was set, including individuals provided by members of the working group and through other contacts during the course of the research. A minimum of 50 confirmed participants was set as acceptable to go ahead. Individual workshops were to be offered to groups for whom attending such a conference would produce difficulties.

The conference was cancelled because the number of confirmed participants fell below the acceptable level for viability. There were considered to be a number of reasons for this. Following the advice of the working group, invitation was on the strict understanding that 'victim' and 'perpetrator' were not to meet unexpectedly at the conference. While it was not intended to impose a definition of 'victimhood' for the purpose of the research, such a measure was considered essential to prevent any chance of re-traumatisation of an individual through confrontation with a former assailant. For this reason the base number of groups that could be approached was reduced. While the conduct of the research may fall prey to criticism of being over-sensitive or excluding those regarding themselves as victims who had harmed others, it was considered that the research findings were not worth the re-traumatisation of a single individual.

Other factors impacting on potential attendance included the prevalence of other research and consultation processes being carried out in the sector at the same time, including the wide-ranging consultation process being conducted by Angela Smith MP. It was also pointed out by the working group that there had been confrontations at recent events of a similar nature and some would be reluctant to attend such events for this reason. Furthermore, incidents were cited such as a conference for victims where a high profile paramilitary was brought to speak on the platform. Trust in such events, therefore, was considered to be low.

A further reason may be attributed to the nature of the sector itself. The term 'sector' is as such somewhat of a misnomer. It is a term of convenience that groups together a vast array of individuals and organisations with diverse aims, experiences and modes of operating. As such, the sector lacks cohesion. While the organisation of events and activities within sections of the sector is relatively unproblematic, communications are often difficult between sections, if not non-existent or even hostile. This situation impacts on the organisation of a broad-based event that does not have the resources to be advertised in a manner easily accessible to the general public.

Individual workshops using the same themes of the conference were organised, so that individuals could contribute to the research in local settings. These workshops were arranged by the working group, one each at Lisburn (8 women), Newtownstewart (3 women, 5 men) near Banbridge (10 women) and Short Strand in Belfast (5 women, 2 men). An additional focus group for individuals who could not attend the Newtownstewart event was arranged there (3 women). One individual took up the opportunity to be interviewed individually, which was offered for those who felt that a focus group was not the appropriate setting for them. A total of 37 participants contributed to the research.

Focus groups were intended to comprise six to 12 individuals, each of whom was to be given a workbook with space to write comments relating to the themes of the research. The themes were then discussed in the group. Opinions were therefore collected from a group context, by recording the discussions, and from an individual context from the workbooks. Individuals were also offered the opportunity to submit further information out of the group context, if desired.

Women

In the discussions regarding women in the sector a number of themes emerged. These were women as victims, women as partners of those directly affected by the conflict, women's roles in groups and women as direct participants in conflict.

While women were generally not those being killed in the conflict, it was women and children who were often caught in bombing campaigns, because they were out shopping or worked as shop assistants. Women were therefore more likely to have been represented among the injured during such campaigns and to live in fear of incidents occurring.

Women make up the majority of those bereaved, as wives and mothers. Mothers have had to cope with bringing up children without the main breadwinner and children have grown up without fathers. But women are better at coping and often suffer in silence, whereas men have other outlets. Living with a husband who is suffering due to trauma, such as security forces personnel, leads to secondary trauma, where the symptoms of post-traumatic stress disorder (PTSD) are transferred onto the wife and family.

On the other hand, women whose partners had been imprisoned had taken on all the role of the household. Women's roles had been restricted by the male dominance of the conflict, but when men were released from prison, they often found their places filled by the woman of the house[73]. Women had always been the mainstay of communities, providing services to other women. Now, women have been more prominent as service providers.

Women are better at talking and cope together, so fare well in groups, sharing experiences. Men are not so good at talking, although more are starting to come forward. Women are often involved in the decision-making levels of groups and are

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[73] The point that women, while suffering, have taken advantage and improved their position during conflict has been noted, for example, in Karam, A (2001), 'Women in War and Peace-building' in *International Feminist Journal of Politics*, Vol 3 No 1, April 2001, p.22.

more active as volunteers than men, but, although many groups are led by women, it tends to be men who speak for the sector. This is because men are more likely to make a career out of running groups, the patterns of a traditional society that keep women in the home – particularly in rural areas – being transferred to the sector, and because there is a perception that it is easier for government departments to deal with a man, because they are seen as less emotional than women, who deal with their trauma by crying.

Women have not just been passive victims, however. They have been actively involved in the conflict, but less obviously, being used as couriers and in support roles. Indeed, many women have become more assertive where men could not, such as in protest or lobbying. One remarked that women could break the Falls Curfew[74] where men would have been shot.

Individual responses reflected the discussions in general. Regarding women as victims:

> *Through the Troubles I think women would be mostly the living victims*

> *Twenty-five years ago there were bombs going off every day when you were out shopping with your children.*

One participant pointed out that constant fear and stress can lead to prolonged duress stress disorder (PDSD), or Complex PTSD, which goes unnoticed and undiagnosed[75]. In addition, stress is increased because women bear the burden without sharing their worries with a partner who is already under stress or in prison.

Participants in all focus groups emphasised the degree to which women are the main sustainers of family life, for example:

> *Women have to be the ones to hold the family together and support all the kids*

> *Women would have to try and keep their families together due to their husbands or sons being murdered*

> *Women have to be strong and cope in silence*

> *Women were left at home with the children not knowing if the husband or child will return home*

> *I spent many lonely and frightening nights when my husband was out on security force duties*

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[74] The curfew on the Falls area of Belfast lasted from 3rd – 5th July 1970, where movement was severely restricted during intensive searches by the security forces for weapons, Chronology of Events, www.cain.ac.uk.

[75] The symptoms of PTSD and PDSD can often be the same, the only difference being the precipitating event(s), the former being a dramatic stressor, the latter, prolonged tension, Marsh, M (2003), 'A Psycho-physiological Comparison of Post-traumatic and Prolonged Duress Stress Disorders' in *Behavioural and Cognitive Psychotherapy*, 31, pp.109, 111.

Women who have partners in jail as a result of the conflict are left to run their households and look after the kids

[Women] are the ones who are usually left to cope with children's questions

[Women] have been left to pick up the pieces of their family life regarding finances and keeping their family together

Comments about women in groups revealed opinions that women are more involved because they are better at dealing with emotional issues than men and are more involved:

Women who have been victims can usually respond to other women better than men. Because they are mothers, wives, daughters and victims and know what pain losing a loved one means

As I was in the police for 12 years I saw and helped a lot of victims and I found as a woman I was always asked for help

I think women feel more about the victims

Women can talk better and state things and not hide them

Women always helped each other. They can have a wee cry, but men do not. Women also get more sympathy

Volunteers are mainly women, as they have more time during the day

There were perceptions that, although women were more involved in the groups themselves, men were more likely to represent the victims sector. Reasons for this were not attributed to the groups themselves, but traditions in wider society:

I feel women are not represented in a full capacity on the [group] Committee

Men do the speaking. Women speak in a different way...Men tend to want something – like money – but women come over as coping

Women's voices [are] not heard – who speaks for victims groups [?] Mostly men

Government bodies seem to think that women are too emotional

Could this be due to the downtrodden role that women have played all the years throughout NI [?]

Women should be seen and not heard, stuck in a kitchen attached to a sink

Groups

Discussions about group membership covered what individuals gain from group membership and reasons why others do not join groups. The advantages of groups

included accessibility, provision of services not available elsewhere, trust and security issues, confidentiality (*'What is said in the group stays in the group'*), some join for political reasons, shared experiences, companionship and understanding, advice, perception of others as not caring, activities to occupy the mind and networking opportunities with other groups. Reasons given for not being involved in groups were a lack of information about them, that some are considered too political, personal reasons, the time lapse since an incident, dealing with issues alone (*'Who were their counsellors? Themselves'*) and not wanting a name on a list.

Community groups are also seen as a means of organising for a purpose. Where individuals feel they cannot challenge decisions about them or their family, groups empower them or act on their behalf. Local groups can also identify the need and design services around that need, rather than there being established services catering for an assumed need.

Opinions were expressed on a number of issues regarding groups. There was a policy recommendation that there need to be more agencies coming together to discuss how to deal with victims. There were also opinions expressed by some regarding the funding for 'innocent' victims in comparison to that given to ex-prisoners' groups, suggesting the latter are better resourced. In the same context security issues were raised, questioning the notion that peace had come to Northern Ireland, when many still considered themselves under threat - in the local context, this was emphasised, because individuals, for example ex-security forces or ex-prisoners, are known by those whom they see as a threat.

The role of churches was mentioned by some. There are more initiatives in some churches now, but clergy tend to change and do not necessarily know the background of those who have suffered in the congregation. The notion of recovery was also raised. For many, time has not healed them since experiences early in the conflict and the trauma of events remains present in the mind. Such people are looked after in group contexts, because the experiences are shared and there is more understanding and friendship. There is also the issue of access to those who do not access services and need help, such as the 'shut-ins', with whom group outreach workers can have at least some contact when other agencies do not know of them.

The comments of individuals revealed what they get out of being in a group, which covers a broad spectrum of services and activities, depending on the group. These include drop-in services, telephone access, being able to talk to people, access to other services, personal contact, learning new skills, shared experiences, companionship/fellowship, secure environment, training, networking and access through outreach:

> *They can drop in for a cup of tea and talk and have someone listen to [them]*
> *Telephone for a chat*

> *To talk to someone and tell them about your bad times you are going through and you need help*

> *Individuals use groups as a support and to open the door to services they are entitled to as a victim*

It means that you can have the personal contact instead of lifting the phone and talking to a stranger

It's nice to be involved and learn new skills in a relaxed and friendly and safe environment

I meet other people with the same problems and fears and I have opportunities to talk with complete trust

As most people in our area have known someone who has been in prison or has been killed, we know how a person may be feeling or what help they may need

The fellowship and friendship given and received is just indispensable

We use groups regularly because we feel they are a safe haven where we can relax our guard and express our views without feeling that there is a risk of comeback from terrorists

Everyone in our area I would say are 'victims' of the conflict and so can relate to how you are feeling or whatever the problem may be

They find love and non-judgemental acceptance from other victims

The group activities help provide a focus for victims, and create the atmosphere where disclosure of personal details takes place

We also have many training programmes which we enjoy and find uplifting We are all victims and know each others' <u>heartaches</u>

I have met with other groups and we have shared our views. I don't believe the troubles are over

It helps to bring women out of the house and communicate with each other, but unfortunately there are still a lot of people stuck in their houses and don't come out

Some individuals indicated other sources of support they had received. These included organisational support, such as in the police, from organisations such as churches or the Women's Institute, and from personal sources, such as family or social activity, or a craft group unconnected with a victims' group. Some participants, however, were reluctant to access help from non-governmental service-providers due to the background of individuals on management boards. Comment was also made that young people are not represented on decision-making bodies of service providers, so understanding of young people is minimal.

Statutory Services

Most of the discussions highlighted why individuals do not access statutory services or negative experiences when they have attempted to do so. These included security concerns, pride, being put off by the clinical nature of services, time limits, for example with the doctor, lack of information about what is available, people cope or do not realise they need help, insufficient provision, location in 'out of bounds' areas for security forces, lack of privacy, lack of understanding and difficulty in obtaining help.

Some made general comments to sum up many of these points, for example:

> *The government never gave me anything. There is no trust in the system. They don't care. They don't understand. They don't want to know*

> *When it happens, no-one comes to say what is available. The doctors see death every day. They give anti-depressants – tablets. They didn't really understand trauma. They have no time to deal with you. There is no trust – no security*

Other experiences include individuals who need services lying in order to be discharged from treatment after finding themselves in an insecure situation and people doing without necessary services for the same reason, as well as an individual needing care for a family member placed under severe stress when personalities change at short notice and strangers are sent to provide services. One participant reported having to sit in the same waiting room as an individual who had killed a family member. At the same time, families of paramilitaries feel there are security issues in accessing services, as well as being treated with contempt.

Comments were also made regarding the impression that nothing was done for the first 25 years of the conflict and there are gaps in provision now, for example, help for the young, but not for older people, who would have been the children being traumatised at the height of the conflict. One said: *'The victims sector is playing catch-up. It was never given any emphasis during the conflict'.*

Some of those who had served in the security forces complained of the lack of help they received at the time of an incident. The feeling among some was that the government did not care about those who had served (*'People died fighting for their country, but the country doesn't want to know'*). There was also the impression from some that 'real' victims were being treated less favourably by the government than ex-prisoners:

> *It's a life sentence for us, but not for the murderers. We can't forgive. There is much talk of equality, but we are not being treated equally. We are the forgotten victims. The difference is, they had the choice*

On the other hand, the same criticisms of bias have come from those who feel families of paramilitaries are not dealt with fairly, or those who have been victims of 'punishment' attacks in the community. One participant stated: *'Statutory services are for me a brick wall – as it is for the Nationalist community'.*

When asked, participants for the most part did not see any difference in statutory provision since the introduction of new initiatives for victims, although some recognised a change, but said that service provision has been 'forced to change'. A number of suggestions were made, including statutory services referring people on to groups, extra allowances for victims and other financial measures, such as more beneficial tax arrangements for those struggling to bring up a family after the main wage earner (for second jobs, etc) and the dropping of means testing for victims claiming assistance. The disparity between claiming compensation for physical injury and psychological injury was also noted.

Specific comments were directed towards coroners, where reports have been outstanding for many years and there is difficulty accessing information about loved ones. The Police Ombudsman was welcomed, but it was noted that powers are limited, investigations can be vetoed and information can be withheld.

Individuals indicated similar barriers to accessing services as emerged in the discussions, such as trust and safety issues, time limitations, pride, long lists, limitations of services available and the fact that treatment is geared towards mental disorders. Some individual experiences of accessing services were:

> *When I went to the doctors they gave me pills at the time ands told me to rest and take a holiday*

> *We don't feel safe going to these places. You are always looking over your shoulder to see who is around you. Where the social security are you feel very vulnerable and unsafe*

> *From personal experience after being wounded in an assassination attempt, when requesting counselling support, I was told by the doctor to get out of their way and not annoy them. What impression did that make? I am sure I was not the only person that this happened to*

> *When I applied to adopt a child, social services said I had 'suffered enough' I found that the government services were not equipped to deal with trauma.*

> *Doctors nearly 30 years ago didn't give any help and never talked to victims about how they really feel. Same with teachers, they didn't know how to treat children after trauma, and asfor counselling, there wasn't any of any kind*
> *I have never received anything from the government. No-one ever came to say did I need any help and doctors don't understand. They think a course of anti-depressants are the answer for everything*

> *We do not want to open up as it may cost us our lives*

> *The only services I would use would be the ones that are provided within my own community*

Some of the individual contributions were less critical than the discussions. While accessing services is not problematic for some, concerns about information security existed. Doctors were also felt by some to be sympathetic. Appreciation was also made of the fact that there are limitations to what can be provided due to a lack of resources.

Needs

Outstanding needs for the victims sector were mentioned in the discussions as long term sustainable funding for groups, housing provision for those under threat or intimidation, a single source of advice for help, outreach for those who cannot be accessed normally and recognition of what victims have been through. There was also mention of an ombudsman for victims and the investigation of outstanding unsolved murders. The Bloody Sunday inquiry, it was suggested by one group, has taken up too much money that could have gone to help victims[76]. A review was suggested to establish who the victims are. In addition, a single source of information should be established so those who have suffered know where to go for help. Victims should be asked what is needed, because they are the only ones who know. Indeed, the lack of community representation on boards and panels dealing with victims was highlighted.

In terms of funding, there was some concern that money, jobs and infrastructure for those affected were derived from European sources, such as Peace I and II[77]. This is set to run out and there were worries over what would replace it, there being a need for core funding instead. Also, communities need to be consulted about how this money is best spent.

The methods of dealing with individuals who have been affected by the conflict were also in need of revision, suggested some participants. Assistance needs to be innovative and creative, coming into the community and working with people in their own homes, with personnel who are known and trusted in the community (*'dealing with people of your own like'*).

The responsibility for caring for victims, it was felt by most, lies with the government. It was pointed out in one discussion that the Good Friday Agreement stated that sufficient resources were to be made available for victims, which had not been the case so far[78]. The question of whether taxpayers would be prepared to pay for such expenditure as necessary received the response that victims are taxpayers too and are entitled to help. An end to the conflict was also expressed as a vital need.

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[76] The Bloody Sunday Inquiry was established under Lord Saville of Newdigate on 20 July 1998 to investigate the events of 30 January 1972 in Londonderry (www. bloody-sunday-inquiry.org.uk, Press Notice 20 June 1998). Costs are expected to reach £155 million (*UTV news*, 12 January 2004).
[77] This is a reference to the Special Support Programme for Peace and Reconciliation in Northern Ireland and the Border Counties of Ireland, drawn from European Structural Funds since 1995.
[78] The key text is: '*The provision of services that are supportive and sensitive to the needs of victims will also be a critical element and that support will need to be channelled through both statutory and community-based voluntary organisations facilitating locally-based self-help and support networks. This will require the allocation of sufficient resources, including statutory funding as necessary, to meet the needs of victims and to provide for community-based support programmes*, Belfast Agreement, 1998, 'Reconciliation and Victims of Violence', Paragraph 12.

Individuals listed similar needs to those discussed: Funding, premises, information, more communication, outreach to those who could not access services, investigation of unsolved murders, community facilities so that people can meet, training to help people deal with victims and, while some wanted an exclusion of perpetrators from the definition of 'victim', others wanted equality among victims groups. Some key statements were:

> *They [the government] owe the victims 30 years' money*

> *Everyone since the 'Troubles' began is entitled to ongoing help*

> *Communications between political bodies in NI and victim groups*

> *There are still a lot of victims out there who require home visits*

> *Outreach workers who visit elderly victims, who maintain meaningful contact with them and who are there to listen to them; people who are known to them and trusted by them are essential*

> *More community-based groups or individuals should be involved in trauma or counselling facilities that are government-run to give a more down-to-earth approach and a more 'real' input into how they are run, instead of people who have suffered sitting on panels who really don't understand how people are feeling*

> *The government needs to know the difference between innocent victims and prisoners or those who make us victims*

> *Accurate definition of 'victim' needed, not a highly politicised one*

> *I think the government should try to convict the murderers who murdered my loved ones*

One participant was more philosophical about what is needed, however:

> *You have to get on with what you have and be content. You can't keep saying 'why?' and 'I want this and that and more money'*

Additional Comments

A number of points were raised in discussions and by individuals that do not fit neatly into the themes of the research, but they are important in the wider understanding of the victims sector. One of these issues relates to reconciliation and guilt. While a number of participants had expressed a wish for equal treatment, the idea of equal status with those who had been involved in paramilitary activity is rejected by many. One participant had positive suggestions regarding a Truth and Reconciliation Commission along the lines of South Africa (*'people should say sorry for hurting others'*), but others have rejected such suggestions. It is clear than many who have contributed to the research are not ready for reconciliation processes as there are many outstanding issues unresolved regarding the conflict and the loss of loved ones. For

many, the conflict continues. In addition, there is resentment that some high profile cases receive preferential treatment regarding claims for justice, yet there are many less known cases that are not being investigated.

The release and support of paramilitary prisoners has been a particularly difficult issue for those who still grieve for loved ones to accept. One commented: *'All our talking has got us nowhere. There is no closure – we can't move on. There is no justice. What did they die for? Children ask whether you should be punished if you do something wrong, but the murderers of our loved ones did not go to jail.* In contexts where former members of the security forces still consider themselves under threat, this exacerbates issues and elevates the levels of stress, suspicion and fear: *You still wait for the knock on the door. It doesn't feel like the troubles are over – they say there is peace? There are nightmares – fear – because the brain is active.*

Another issue raised in one focus group regarded the nature of loss in conflict compared with other loss. It has been argued that those who had lost loved ones during the conflict are no different from those who have lost people due to accidents or illness. It was suggested, however, that losing someone in a conflict is worse, because of the personal nature of the act and the intention to kill. One participant who had lost loved ones in both a killing during the conflict and in an accident stated that the one killed in the conflict was much worse. This has relevance for dealing with the sector, because those who have suffered consider themselves to be a unique group. In a similar way, it was expressed in one group that, unless one had lived in Northern Ireland during the conflict, the position of victims cannot be understood. This adds to the perceived exclusiveness of conflict-related victimhood, which contributes to the solidarity of the group experience[79].

The transgenerational nature of the effects of conflict have been raised in several ways. Firstly, there is the fact that those who had suffered as children are now adults, so while the trauma had been experienced as a child and processed as a child, at a time when appropriate interventions were not available, the repercussions for individuals are as an adult. Secondly, children have been both primary and secondary recipients of stressors, whereas often only those on whom primary impacts have been identified. This means that children are having to cope with varying levels of trauma without help. Thirdly, succeeding generations are perpetuating the conflict due to family experiences of loss and trauma. One respondent reported a family member not directly involved in an incident who had joined a paramilitary organisation due to the bitterness felt in the family after the incident.

Summary

The planned conference was considered inappropriate, so local focus groups were organised. These groups discussed the themes of the research: The role of women, the role of groups, use of statutory services and further needs. Experiences of women as victims included direct victimhood of being in bombings or fear of bombings, secondary trauma as a partner or family member and as the primary maintainer of

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[79] A study of individuals held at gunpoint, but apparently otherwise unhurt, at the Derryhirk Inn near Lurgan in 1997, found that a greater percentage suffered the effects of post-traumatic stress disorder (PTSD) than in similar studies of those involved in the Oklahoma bombing in 1995 and the Enniskillen bombing in 1987 (*The Sunday Times*, 24-01-04).

family life during the turbulence of conflict. Women are more represented in groups and respond better to discussing emotional issues than men. Women are represented in leadership roles, although some felt that access to decision-making levels was difficult. It was believed that men were the main spokespersons for the sector, however, due to traditional male roles in society and the fact that men are more readily accepted as representatives.

The experience of group participation was mainly positive. Members sought personal support, activities, security and companionship. Experience of statutory services was mainly negative, however, due to the lack of provision for a long time, a perceived lack of understanding and sensitivity, security issues and the poor provision of services. The main perceived needs of the sector are sustainable funding, premises and recognition. Additional issues emerged, such as the debate regarding 'innocent' victims and perpetrators, which many felt needed to be addressed, the unique nature of loss due to conflict and the transgenerational nature of the effects of trauma.

ANALYSIS

The Research

The general research methodology was effective in producing qualitative data relevant to the themes of the research sufficient for a valid assessment of views of and within the victims sector in Northern Ireland. However, a number of factors impacted on the conduct of the research.

Validity
Working with a busy sector led to the missing of several deadlines in the collection of data, particularly with regard to the return of questionnaires. Although a 27% return for organisations and 30% return for individuals is relatively poor for a social science research project, the data returned is regarded as valid for the purposes of the research. The organisation questionnaires returned were roughly representative of the sectors, geographical locations and communities to which they were sent. The individual questionnaires contained sufficient diversity in content and opinion to provide a valuable qualitative resource. While it is accepted that there is an opportunity for bias towards the aims of the distributing groups themselves to be reflected in the questionnaires, there was sufficient divergence of views from those of the groups concerned and sufficient confidentiality to ensure that undue influence was at a minimum. Indeed, some of the individual respondents either claimed not to belong to groups or were critical of them.

Sampling
It is acknowledged that, given the methodology, access and sensitivity issues associated with the research, minimal scientific method could be applied to establishing a representative sample. Sampling for the organisations was from website lists and other publications indicating sources of help for victims of the conflict. This resulted in a significant cross-section of groups, service providers and other bodies associated with the sector. Sampling for individuals was not attempted, effecting distribution through those represented on the working group. The subjective qualitative data thereby derived is not claimed to be statistically representative of individuals of the sector, access to current opinions and sensitivities being deemed more important in this instance.

Objectivity
From the outset there was no attempt to define individuals or organisations except by gender. This was based on the principle that participants in the research have a right to self-definition, and affiliations to community, identity or political group are more complex than broad categorisation would allow for. It was not the purpose of this research to impose labels on people, and the extent to which participants did not define themselves according to labels common in prevailing literature on Northern Ireland is significant. This has left the research and the findings of the research open to criticism of not being representative of the sector and all groups within it. This has particularly been the case regarding comments referring to the profile of the research working group, which is acknowledged. The research was derived from the relationship with the working group, not the working group formed for the purpose of the research. This imbalance was acknowledged by the working group and steps taken to ensure there was balance in the research itself. The identification of

organisations for the distribution of questionnaires was carried out from external sources, as described above. While most individual questionnaires were distributed by the working group, other organisations were approached to distribute additional questionnaires to offset any imbalance that might be perceived in the research design, and likewise with the conducting of focus groups. In the event, there were remarkable similarities in many of the comments made from individuals regardless of perceived community background. Despite this, if the objectivity of the research is still challenged, the findings still remain significant from an interpretative hermeneutic perspective.

Sensitivity
The research team and working group were in agreement that making sensitivity paramount in the process was the correct decision, even if the research itself was affected adversely. The relationship between the researcher and subject was an equally important part of the process, not extracting data merely for the purposes of research, but attempting to approach an understanding of the position participants find themselves in and presenting experiences to a wider audience to foster greater understanding of the sector. Background research into the sector and the effects of trauma, trauma awareness training, counselling experience and the following of guidelines regarding research into vulnerable groups proved to be valuable tools in the conduct of the research, which at times was an emotional experience for researcher and participant alike. Indeed, responding to the research, particularly in the focus groups, was likely to re-open old wounds, which underlines the preparedness for individuals to contribute to the research. The value of access to individuals via trusted intermediaries was of fundamental importance and it was vital that these delicate bonds were not compromised. One particular criticism of approaches to the sector regarding sensitivity was with reference to the holding of events with a cross-section of participants. While the vetting of participants could not take place for an open event, a disclaimer or warning that there may be individuals present whose presence may cause distress or even re-traumatisation may be appropriate, and a list of intended speakers or panel members should be a pre-requisite. In the course of this research, the holding of localised focus groups was particularly productive while minimising the dangers of potentially distressing factors in other settings. The extent of the findings was also reduced due to the decision not to vigorously pursue those who had not responded to questionnaires, the follow-ups being delegated to the working group where this was deemed appropriate.

Findings – Women

Notions that women predominate in the victims sector are confirmed by the research. However, the opinion that men tend to hold leadership roles appears to be at least partly false, as group or organisation leaders tend to be roughly mixed and primary sources of contact for the research have been overwhelmingly women. Nevertheless, the research confirms an opinion that those who speak publicly for the victims sector tend to be male[80], particularly in the political arena. The decision not to impose categories on groups has meant that gender as a variable cannot be applied to political/non-political or unionist/nationalist identities of groups. Responses produced

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[80] For example, Willie Frazer, representative of the victims group FAIR, stood as an independent candidate representing victims in the 2003 Northern Ireland Assembly elections in the constituency Newry and Armagh.

insufficient results to ascertain whether rural or urban groups had more female representation.

Open discussions with groups tended to suggest that there were objective reasons for less involvement of women in leadership roles in the sector, indicating that societal patterns are replicated in group dynamics and structure. Some individuals, however, have indicated that barriers to leadership exist in groups themselves. Furthermore, some suggest that statutory bodies are more accepting of men as representatives than women. However, it is worthy of note that the heads of the Victims Unit and Victims Liaison Unit and of the four Trauma Advisory Panels (TAPs) are all women, suggesting that victims' issues are regarded as a woman's domain or that those putting themselves forward for these posts are women. Indeed, the research confirms the notion that women are the main service providers in the sector.

Respondents in the research seem to indicate a belief that there are innate qualities that women have that make them more accepting of group situations and therapeutic processes, being more open and ready to share emotional experiences. Men are regarded as being less ready to do so, but are beginning to come forward more now. Gender essentialism has also been indicated in the research as a reason for women's support activities in the sector. However, more evidence from the findings suggested that the circumstances women have found themselves in as sustainers of family life through adversity have made them better equipped to take on support roles in the sector, and the gravitation towards collective support has been necessitated by the need for mutual assistance in shared circumstances of difficulty.

A predominance of women in the victims sector suggests that victims' issues are to a certain extent gender issues. Negating the needs of victims primarily affects women. Indeed, women as victims and supporters of victims have largely been neglected throughout the conflict, but, with the advent of funding and political recognition, dominant voices in the sector have tended to be male. However, the research suggests that this gender division is not as acute as previously thought. The shape of the sector has largely been formed by women and some women have maintained significant leadership positions. The conflict has produced both the necessity for women's co-operation and ingenuity in this respect and the opportunity spaces to assume a prominent role.

The idea of women having the primary roles in the 'victims sector' is mirrored by wider informal areas of care in which women are primarily active. This may take place in the family, friendships, church settings, women's groups, community organisations, women's organisations or other associations where women predominate. The research has indicated a diverse variety of sources from which those who have suffered in the conflict have found support. The recognition and acknowledgement of women's roles in the victims sector and in these other settings is overdue. Indeed, violence receives most of the media attention and is prominent in the written histories of the conflict and commemoration. Considering the most dominant methods of dispatching individuals, such as through bombings, group action or killings of unarmed or lone individuals, notions of heroism are far more applicable to those who have struggled to maintain social structures through it all.

Findings – Groups

It is not within the scope of this research to estimate how many individuals access the services of groups or what percentage of those affected by the conflict seek help from service providers. Most individuals appear to prefer to deal with their grief privately or through a range of other agencies and social settings. However, those who use groups are extremely appreciative of the services provided. While it is acknowledged that the results may be skewed by the involvement of groups in the research process, sufficient input has been received by non-group members and sufficient criticism of groups by group members in the confidential methods of data collection that a reasonably accurate picture may be ascertained.

The majority of needs expressed by individuals are in the area of social and emotional support, rather than physical intervention, although the latter needs should in no way be underestimated. The decoupling of traumatised individuals from their social surroundings and secure worldview makes social re-integration a vital component in the process of recovery. Work carried out in settings where the bonds of fellowship, companionship and social cohesion are developed is therefore of extreme importance. The services that groups in the research provide are to a large part those that individuals in the research say they need.

The role of groups in the lives of many of those who have suffered in the conflict cannot be underestimated. Many of the individuals accessed by groups would be unreachable by statutory services for a range of reasons, including issues of trust, security, access, sensitivity and resources. The isolation of individuals from formal and informal societal structures for these reasons is exacerbated by the effects of trauma. In some settings, therefore, groups are vital for the social wellbeing of some individuals.

Many groups have also taken on the form of a club, whether of people who have had the same experiences in an area, people of a common political disposition, ex-services personnel or ex-paramilitaries. While the mutual support and sense of security in such settings is valuable, some criticism has been levelled that these organisations exclude those who do not share the values of the group but who may be just as much in need of the services provided, often without the groups themselves acknowledging or realising this exclusivity. This provides a dilemma in terms of supporting exclusive organisations, where valuable work can be done precisely due to the secure situations brought about by exclusivity.

Another issue regarding groups is the extent to which therapeutic care is geared towards recovery. Some have seen groups as mechanisms for accessing individuals, befriending them and preparing them for further care by statutory or intermediary service providers. While this may be relevant for some individuals, the majority progress at different rates and some do not do so at all. Groups need to be able to cater for these differing circumstances, but those who criticise groups need to understand this also. Some have also suggested that some groups retain individuals in a state of victimhood, holding them back from progressing, whether one terms this process as 'victim' to 'survivor' or 'moving on', or other terminology. The concern is that the member has a 'victim' identity reinforced by the group setting and atmosphere. Indeed, a significant proportion of respondents felt they were perceived

in terms of their experiences of the conflict, but aspired to an identity that existed before the experience or that was envisaged beyond victimhood.

A harsher interpretation is one of clientelism. This is where group leadership gains status by reinforcing individuals' fears, of which some are real, but others, although plausible, do not merit the importance given them in the wider context, perpetuating a conflict stance[81]. Some authors have referred to the mediating effect on information that experience of conflict has on a community or individual, where concepts that reinforce fears are accepted and those that refute them are rejected, making the clientelist relationship one where individuals are restrained in a psychology of conflict or victimhood[82]. While such situations have not been explicit in the research, and it is not the purpose of this project to identify such relationships, these concepts add some theoretical weight to the concerns of those outside the victims sector regarding the psychological wellbeing of some group members and the possibilities of moving beyond the conflict in Northern Ireland.

The work of many non-statutory organisations in the support and treatment of those who have experienced conflict is regarded as effective and of high quality. However, to ensure that psychological or physical support is of an even standard throughout the sector, some form of accreditation or monitoring may be necessary. This is particularly the case where individuals may require referral or more specialised treatment but this is not recognised. Clearly, trust issues may prevent statutory agency intervention, but capacity building within groups themselves and some form of assessment by a specialised third party, perhaps as a condition of funding, would be of benefit.

Co-operation and intervention need to be two-way. While many organisations are acknowledged as providing excellent services, others are not recognised for the important role that they play. Groups could be consulted more than they are at present and information could be made available to individuals regarding the services provided by groups as part of a referral arrangement. In return, groups may be given more resources to deal with those for whom they may give qualified help and those qualifications could be attained through a service accreditation procedure. This would raise the capacity and reputation of the informal victims sector and provide contact points for co-operation between community and state. In addition, where the competence of some groups is called into question, but the services they provide are valuable, support and training can build capacity to enable competition with more astute funding seekers.

The primary needs of groups are in the area of stable funding and premises. As with a range of voluntary and community organisations, sustainable funding is an important issue. Funding application processes take up valuable time and resources that detract

[81] Voutat, B (2000), 'Territorial identity in Europe: the political processes of the construction of identities in Corsica, the Basque Country, Italy, Macedonia and the Swiss Jura' in *Contemporary European History*, Volume 9 Issue 2, p.286.

[82] In the Northern Ireland context, Hunter refers to 'mediated reality' or 'subjective social reality', Hunter, J (1983), 'An Analysis of the Conflict in Northern Ireland' in Rea, D (ed), *Political Co-operation in Divided Societies*, Dublin: Gill and MacMillan, p.10; and in the context of Corsica, Briquet uses the term 'insular reality', Briquet, J-L (1997), *Tradition en Mouvement: Clientelisme et Politique en Corse*, Paris: Belin, p.5.

from the work of such organisations and staff retention is difficult with short-term, uncertain funding. Meanwhile, vital services such as outreach to isolated individuals and befriending activities are compromised in favour of funding-specific activities, such as training. Groups need long-term funds to achieve long-term strategic objectives, which in return can be tied to levels of competence and service provision. Given that women are largely instrumental in the provision of care, but are less likely to be heard as representatives of the sector, capacity-building training should include programmes for women, for example in building confidence and leadership skills.

At the same time, there needs to be acknowledgement that groups are not the only service providers for people who have been affected by the conflict. Indeed, the vast majority receive help from other sources, many of which are not signposted as providers of support for those affected by the conflict. These sources of help include family, friends, social clubs/groups, churches and church-based groups or organisations, Help the Aged, Women's Institute, British Legion, Mothers' Union, community centre-based groups and activities, craft groups and other social activities. Clearly, with the number of people affected and the potential for the support that may be received, understanding and recognition of trauma need to be more widespread in society in Northern Ireland, information for referral and basic skills for working with the bereaved need to be more accessible and the potential for community support and healing expanded. With a wide choice of sources of help and multiple channels of access to match the many varied manifestations of trauma, individuals may be able to seek help as and when they feel able to the level that they feel comfortable with, provided there is sufficient information available to know where help can be accessed. Any organisation where people interact may have the capacity to have a group for the support of those who have been affected by the conflict. With a wider dissemination of information and expansion of awareness, for example in places of employment, the base of potential support and depth of understanding and sensitivity can be broadened with very little additional expenditure. However, in view of the role played by women in the sector and the abundance of need for alternative and informal support networks, the argument for a considerable increase in funding women's groups and networks in the community is powerful.

The political role of victims' groups is a subject of disagreement. Many feel that those who have been affected by the conflict have been neglected and deserve better and more effective help. Others, likewise, are in pursuit of information or legal redress for the actions of individuals, organisations or security forces. These two issues – a voice for victims and truth and justice campaigns – give a political edge to many of those who organise around victimhood. This is a legacy of a society in conflict in which the norms of a liberal democratic society are still expected to be upheld. The act of supporting the needs of those who have suffered through political action is justified by those who undertake such activities as bringing 'closure'. Yet, the political nature of a group is one of the features that individuals have named as a major reason for avoiding group membership. It is also one of the reasons given for forming a group in the first place. The political focus of a group has been a difficult issue for funders, who also recognise the support being provided to members of those groups. In some cases, conditions of funding have shaped the way groups operate.

It has also been noted that the 'victims issue' now carries much political weight and political parties have become more interested in promoting these issues. While the

raising of the profile of those who have suffered is positive and the needs of individuals are more highlighted than has been the case in the past, there is a danger that the genuine needs of those who have suffered may become subsumed in wider political priorities.

Hierarchies of victimhood and levels of suffering have been difficult issues to resolve in the sector. Some group identities formulate a definition of victimhood that excludes those who have entered into violent actions, whereas others include ex-paramilitaries and their families as victims[83]. Indeed, the anger and hurt expressed regarding the suggestion that those in paramilitary organisations are entitled to equal – even better – treatment is considerable. However, while some have cited the Good Friday Agreement as the basis for providing for the needs of victims, the document likewise seeks the reintegration of prisoners into society, which clearly requires support and funding[84]. Most organisations in the research have adopted a broad definition that encompasses all those who are in need of help regardless of their origins, politics or past activities. But paramilitaries need to hear the views of those who have been affected by their actions. Also, those describing themselves as 'innocent' victims need to hear the views of those who have committed violent acts, or at least their families or individuals within their community who have been affected by the conflict.

Many in the research have highlighted the extent to which members of the security forces and their families have suffered, yet it is assumed that they are 'looked after' by the state. It needs to be understood that this is seldom the case and that unmet needs remain in this group, even extending to feelings of betrayal that this is so. While organisations such as the British Legion, ex-services clubs and police and prison officers' welfare organisations have been engaged in valuable work, there remains a considerable shortfall in care for those who have suffered in the service of the state.

Findings – Statutory Services

Northern Ireland currently has the most wide-ranging and resourced conflict victim support programme of any currently or formerly in operation. The UK government provides funds, resources, support structures and information for those affected by the conflict and, unlike in most conflict regions, a welfare state to a certain degree absorbs the most severe consequences of conflict, such as treatment for injury, re-housing after homelessness and compensation for damage to property. In addition, there has been a range of reports, research, consultations, departmental restructuring and strategic planning to investigate the needs of and address the deficiencies in victim support provision. In general, a willingness to understand and cater for the

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[83] This debate is illustrated by Richard English in the preface to his history of the IRA, where he compares the funerals of hunger striker Thomas McIlwee in 1981 and that of Yvonne Dunlop, who died in the shop he was involved in bombing in 1976: *'This book does not argue that these two deaths neatly mirrored one another. Ultimately, Thomas McIlwee had responsibility for both of them, in a way that Yvonne Dunlop had for neither. But both deaths were tragic...'*, English, R (2003), *Armed Struggle: The History of the IRA*, Dublin: MacMillan, p.xxii.

[84] The key text is: *'The Governments continue to recognise the importance of measures to facilitate the reintegration of prisoners into the community by providing support both prior to and after release, including assistance directed towards availing of employment opportunities, re-training and/or re-skilling, and further education'*, Belfast Agreement, 1998, 'Prisoners', Paragraph 5.

needs of victims was displayed by those representing government agencies and funders, and interest was expressed in the findings of this research.

Opinions of statutory provision are mixed. About half of the organisations contributing to the research felt that they had a positive or reasonably positive relationship with statutory agencies, but individuals overwhelmingly have had a negative experience. Criticisms are varied, but most revolve around lack of provision, lack of sensitivity, lack of understanding and lack of security. There have also been incidences of negative encounters with people representing government departments. Whatever the organisational changes and improvements in provision taking place at governmental level, it is the impact on those needing services that creates a lasting impression.

The structural recommendations of reports and consultations in the past have been relatively easy to implement, such as the establishment of the Victims Unit, Victims Liaison Unit, Northern Ireland Memorial Fund, Trauma Advisory Panels and trauma centres. The establishment of a victims' commissioner or ombudsman has not been implemented, which was suggested again by one of the participants in the current research. Less tangible recommendations are more difficult to measure, yet these affect those attempting to access services more, and progress on these issues needs to be better stated. The same feelings of frustration and isolation have been expressed in the current research as have been a common thread in all the attitudinal surveys carried out to date. Attempts to present statutory services in a more favourable light have not been successful in the opinion of a larger part of the participants in this research and they do not see an improvement in the situation as having taken place.

There is a sense among many of the participants that the government has a responsibility to provide for their needs, mainly financially, but also by the provision of services. Partly this is because the government is seen as not having provided support throughout the conflict, so there is a considerable sum of 'back payment' outstanding, and partly this is because the government is seen as being the primary provider in times of need, a pool of substantial funds waiting to be distributed. In particular, parity of demands are seen from 'opposite' ends of the conflict spectrum, namely families of security forces who feel they have not been sufficiently compensated for years of service, loyalty and loss in the conflict and those who feel aggrieved by the actions of the state against their loved ones or community. This raises questions of culpability and public finance allocation priorities. The needs of those who have suffered in the conflict are potentially huge and the number in need of help as yet beyond calculation. Questions have been raised in the research whether the government is responsible for or indeed capable of the substantial outlay that is being demanded. In part, the conclusions reached are dependent on how individuals see the role of the UK government in the conflict, relating culpability to responsibility for compensation for loss. There is clearly disagreement regarding the degree to which government intervention is required. Policy, support structures and key funding initiatives are more obviously government roles in the support and treatment of victims. Self-help, community involvement, private charity and informal support structures are less easy to identify, yet form the largest part of the wider 'victims sector' in Northern Ireland at present. What is clear from the research is that there are people who have been affected by the conflict who are desperate for help, but while many do not necessarily know what precise form this help should take, the

government is seen as a holding vast resources that are not being used to alleviate their situation.

The major issues for many are still outstanding, namely security, confidentiality, sensitivity and understanding. The latter two are cultural changes that have been identified in previous research and consultations and will take a considerable amount of time to be universal. Still, among those who have participated in the research, there has been little or no sign of even the beginnings of a change in the way most statutory services deal with victims. Exceptions appear to have been some doctors and the work of those in the area of counselling. Awareness and understanding of the position of those who have suffered in the conflict needs to be more widespread.

Security and confidentiality are procedural issues that would normally be taken as standard, but this is not regarded as being the case with statutory services. Those who have lived under threat or have lost loved ones need to feel secure, but the recent revelations of intelligence gathering by paramilitaries by accessing personal details via a number of sources means that the institutions of the state are not considered safe by many individuals[85]. Security reviews have most probably taken place at the locations where unauthorised access to information has taken place, but a substantial security review needs to be carried out across a range of institutions and services to prevent security breaches elsewhere. Confidence in the ability of statutory services to protect personal information has been severely compromised and many of those who have been most affected by the conflict will not seek the help they need and deserve as a result. For those who require help at home, the position of having people they often do not know and who may be a threat coming to their homes adds to the stress already prevalent in their lives.

Finally, there are serious questions as to whether the National Health Service can physically cope with the level of need. One of the services of a number of organisations is to find alternatives to those provided by the state, either because the service is not provided, treatment is inadequate or, more frequently, waiting lists are too long for those in need to wait. The number of individuals who have been physically or psychologically damaged in Northern Ireland as a result of the conflict must surely justify an increased allocation of resources in comparison to other regions that have not experienced such conflict. The state of the National Health Service generally is not within the scope of this research, but it clearly impacts adversely on the victims sector. There is a strong argument, therefore, that Northern Ireland requires a higher input of medical resources relevant to the needs of those affected than other regions of the UK.

There is a belief among some in the sector that the government just wants victims to 'go away', that they are a difficult group to deal with and that they are treated as an embarrassment. This is a relationship issue that needs to be addressed, as the sector

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[85] Apart from the Royal Victoria Hospital incident mentioned earlier in the report, the security of information has been seriously questioned following the theft of files from Castlereagh Police Station on St Patrick's Day, 2002 (*The Times*, 04-04-02), the apparent presence of an IRA spy operation in the Northern Ireland Office (*BBC News*, 11-11-02) the recovery of IRA intelligence files in Operation Torsion, including a database of prison officers' personal details (*BBC News*, 22-11-02), and the apparent accessing of information from the Northern Ireland Police Fund in 2003 (*The Times*, 06-12-03).

has much to offer in the way of advice and dealing with individuals at the point of contact and the government has the resources and power to initiate policy change. Efforts have been made to establish the structures for co-operation, but more work needs to be done on the personal and organisational level by both government departments and groups to address some of the communication barriers that still exist.

Findings – Needs

Despite the expectations of the Belfast Agreement in 1998, the conflict has not ended for many people in Northern Ireland. While some of this perception can be attributed to the effects of trauma, which accentuates and heightens fear, many people still live under the threat of death, serious injury or intimidation. The first need is therefore to end the circumstances by which victims are made and deal with the conflict itself. It is not within the scope of this research to expand issues to methods of peacemaking, but those who have suffered are a central part of that process. Notions of forgiveness or reconciliation are personal issues and people are at different places at different times, some never being able to enter into these processes. Forgiveness and reconciliation cannot and should not be imposed on individuals. However, some respondents to the research expressed a wish to understand the conflict and find ways to engage with the other. Mechanisms therefore need to be available whereby these meetings can take place in a safe and neutral environment. While there are many settings where such engagement can take place, the importance of facilitating this process among those who have suffered most in the conflict cannot be underestimated. Indeed, some of the most poignant examples of reconciliation have been amongst those who have suffered considerable loss. When the participants are willing, therefore, the opportunity for mutual engagement across divisions needs to be available, but is can never be mandatory.

Groups and organisations overwhelmingly see funding as a primary need, often in relation to specific needs, such as staff and premises. Clearly, unlimited funding to the sector on the scale being requested is not possible. The perceived needs of groups, however, can be matched to the perceived needs of individuals and funding allocated accordingly. The strength of local groups is the ability to access isolated individuals and form relationships with people in a secure setting. Premises need to be available to do this and outreach workers are a priority. While access to suitable premises would require considerable capital outlay, alternatives should be considered, in particular, facilities already in the community, such as community centres, leisure facilities, local government property or church halls. Keeping groups at arm's length exacerbates the isolation and separation from the community experienced by many group members. Local arrangements will differ considerably, incorporating security concerns, demographic and geographic dispositions and the availability of premises, but co-ordination by those on local councils with a remit for victims' issues and the ability to draw funds for the development of new or existing premises for this purpose in local areas would be justified.

The considerable counselling needs of individuals vary in the degree of expertise required, the setting where this would be appropriate and the nature of care. The current and emerging need for trauma counselling outstrips provision, which will need to be expanded. There is a degree to which the community at large can deal with many of the counselling needs of individuals. There are gifted individuals in every

community who can provide for this need. Friends and family can provide valuable emotional support. A more general understanding and awareness of the nature and effects of trauma, coupled with a wider availability of varying levels of counselling training and qualifications would empower communities to deal with the majority of individuals who would not require more specialised care. Victims groups would be one setting where this could take place, although churches, community organisations and a variety of other local settings may be appropriate, given the access to training and signposting as a source of help. However, the recognition of the need for more advanced treatment will be key to this training and awareness, and statutory or alternative provision will need to be expanded to meet the demand.

The provision for the needs of those affected by the conflict is diverse, complex and often short-term. While it is acknowledged that longer-term strategies are being introduced by government departments, funding and planning at the community level remain short-term. The successful acquisition of funding is as much dependent on knowledge of funding sources, organisation and persistence as need. The mechanisms for funding allocation and policy planning need to be more strategic, with victimhood as a major cross-cutting theme at all levels, to reflect the ubiquitous and enduring nature of the phenomenon in Northern Ireland. More co-operation in project development by funders will help unsuccessful but needy projects, but a simplification of funding application processes and increased availability of information on funding opportunities would be most useful.

CONCLUSIONS AND RECOMMENDATIONS

A wide range of opinions has been expressed during the research process, many of which would be difficult to draw together into specific conclusions for which recommendations can be made. It is acknowledged that a range of programmes is under way to address the issues raised and also that possible interventions and solutions may not be welcome to many. The views of participants have to a large part been presented verbatim and, above all, it is these individual views that need to be taken into account. The following, however, represent a number of conclusions that may be drawn from the findings of the research.

Research into the victims sector is a delicate business that should be undertaken with sensitivity. It is recommended that planning and execution of the research process be carried out with the co-operation of people working within the sector, with guidelines for researching vulnerable groups and with the emphasis on the wellbeing of the researched rather than the priorities of the researcher.

People who have had traumatic experiences can be re-traumatised by the unwitting actions of those running events in the victims sector. It is recommended that the maximum amount of information be made available before an event, with a warning if necessary, to allow individuals to be fully informed before they made a decision about whether to attend.

Women make up the majority of those working in and accessing the services of the victims sector, hold roughly half of the decision-making posts, but are a minority of those who speak for the sector. It is recommended that, as part of the general process of capacity building of groups in the sector, training for the empowerment of women is given priority, including management, confidence-building, assertiveness and leadership training[86].

There are barriers to participation in leadership in groups, most of which are perceived to be external. It is recommended that the constitutions of groups are equality proofed as a condition of funding and that features such as childcare and transport provision are clearly admissible expenditure.

Women have been the mainstay of care to victims throughout the conflict in a variety of contexts. It is recommended that funding, support and recognition of women's groups and centres in the community are increased and sustained.

Victims groups perform a unique role in the initial contact and befriending of individuals who have suffered in the conflict. It is recommended that, in accordance with the Belfast Agreement, adequate provision, including funding, be made for the work of groups, particularly in the funding of outreach workers.

Concerns exist regarding the quality of care available in some victims groups. It is recommended that greater appropriately accredited counselling training be made available for groups and organisations within communities that deal with or have

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[86] Section 48 of the Sex Discrimination Order 1976 permits women-only training for areas where a significant shortfall can be shown.

contact with victims, and that greater involvement with funders, be instigated, in co-operation with health professionals, to facilitate accurate supervision of the care being provided and identification of further need.

The majority of individuals receive help and support from a range of organisations not usually associated with the victims sector. It is recommended that the awareness of trauma be raised within communities and in Northern Ireland generally to facilitate recognition and understanding and that appropriate training be made more available for individuals from a wide range of organisations and backgrounds who could come into contact with victims.

Groups working with victims do not always have the necessary organisational or resource capacity to deal effectively with the task in hand. It is recommended that capacity-building through training take place in groups according to need in order to facilitate the work of the group and to assist the group in attracting funding from a variety of sources necessary for the work being undertaken.

Many groups and individuals in the victims sector feel their expertise and experience in working with victims is overlooked by other agencies. It is recommended that communication and co-operation between groups in the community and statutory and other agencies be expanded to avail further of the knowledge and skills of those working with victims.

There are fears that some individuals who require more specialised treatment are not receiving the help they need in groups and that there are individuals accessing help in the statutory sector who would benefit from support located in the community. It is recommended that greater state-community co-operation take place in group settings so that effective care can be administered in secure environments and more information be made available to those seeking help from statutory services or organisations in the community capable of providing further support.

There is enduring hurt caused by outstanding justice issues, such as the many hundreds of crimes, especially murders, for which no-one has been brought to trial, and incidents involving security forces where similar action is being demanded. While it is accepted that the Police Service for Northern Ireland (PSNI) does not have sufficient resources to investigate all of these claims, it is recommended that sufficient external resources be made available for a neutral body to sift outstanding cases to ascertain whether there is sufficient evidence to proceed.

Many in the victims sector feel that they are not being heard, resulting in multiple channels of attempted redress, such as political action, legal action, the Police Ombudsman or, more frequently, no help being sought at all. It is recommended that a single, non-state source of help and advice, such as an ombudsman for victims or victims commissioner be given due consideration.

There has been considerable distress concerning hierarchies of victims, including issues of 'innocent' victims and perpetrators, concerns of imbalances between support for victims and ex-prisoners, and the exclusion of certain groups from communal notions of victimhood, such as families of the disappeared or those exiled by paramilitaries. There are no easy recommendations to alleviate this issue, but it is

hoped that mechanisms can be extended by which consenting individuals or groups may be brought together in neutral settings to tell their stories and explain their feelings to foster greater understanding of the degrees of suffering due to the conflict in Northern Ireland.

There are many ex-members of the security forces and their families who have endured suffering over many years out of a sense of duty and loyalty to the state, but feel their needs have not been provided for or even that they have been abandoned. It is recommended that a review take place within the police service, prison service and armed forces, in co-operation with relevant victims groups, to identify how greater provision for the needs of these individuals can be catered for.

Many victims feel that statutory services, such as health and social security, lack sensitivity and understanding regarding their position. While it is acknowledged that much has been done to implement the *Living with the Trauma of the Troubles* report, this has not been sufficient to impact on many of the respondents of the research, so it is recommended that progress on its implementation be reviewed and publicised to increase confidence that changes are being made.

Many victims feel that security of information and vetting of personnel in statutory services is inadequate to ensure the safety of those who feel under threat. In light of the several recent publicised security breaches, it is recommended that statutory agencies across the board undertake a fundamental review of how information is handled and stored, how individuals are processed through the system (such as waiting arrangements) and how workers are allocated to service users who feel under threat, to increase confidence to access the services that are needed.

The standard and extent of service provision by the health services is considered inadequate to meet the need of those suffering the effects of the conflict of the last three decades. It is recommended that a case be put forward for a greater allocation of resources to the health services in Northern Ireland in view of the special circumstances of the region compared with others in the UK.

For many, the conflict in Northern Ireland is continuing and its effects are being transferred to succeeding generations. It is recommended that the momentum of measures to bring about peace in Northern Ireland be maintained, with creative mechanisms for including those most affected, and an expansion of initiatives to integrate young people into the process.

Premises and resources are considered insufficient to provide for the needs and activities of those caring for victims of the conflict. It is recommended that creative integrated local support mechanisms be designed, perhaps through Local Strategy Partnerships (LSPs), to audit and utilise more effectively public, private and voluntary facilities located in the community and consider the development of new facilities where they are lacking.

Funding is distributed unevenly and there is some perceived unfairness in the system. It is recommended that the funding application processes be more open and simplified, that information be readily available and distributed, and funders become more involved in building the capacity of groups to make successful applications.

CONCLUDING REMARKS

The research process, while relatively small in scope, has encompassed a wide range of complex issues raised by the participants. While the labels associated with the conflict have been deliberately excluded, individuals representing the categories of female, male, rural, urban, west of the Bann, east of the Bann, nationalist, unionist, republican, loyalist, old, young, police officer, prison officer, soldier, paramilitary, civilian, family member, physically injured, psychologically affected, group member, non-group member, service provider, funder, government representative and politician, among others, have all been included. Any of the issues raised or groups represented could constitute a research study in themselves, so this report can only scratch the surface at best.

The enduring message which has emerged is that the aspirations of individuals, regardless of category, label or uniform, have more in common than that which may divide them. Participants want to be seen as people who have been affected by the conflict, but want to be as they were before their experiences. They want recognition that, regardless of how they are perceived by other groups, the degree of suffering is the same. There is also a wish to see an end to the conflict that has created such suffering. These aspirations are not just common to the communities in Northern Ireland, but the same themes emerge in conflict zones throughout the world[87].

The act of talking about one's experiences is for many an integral part of the healing process. It is also part of the act of explaining experiences to another that, while not enabling others to fully understand the position the person is in, fosters some degree of understanding in the wider society of the issues that concern people affected by the conflict. The report of the Victims Commission in the Republic of Ireland stated that the message coming '*most consistently from victims and survivors is their strong wish that their stories and those of their loved ones should not be forgotten*' and recommended the establishment of an educational and cultural resource in a building[88]. While the book *Lost Lives* records the stories of those killed in the conflict[89], some consideration might be given to the creation of a facility that may enable the collection of experiences which can act as a testimony of the conflict and resource for future generations. The act of telling of experiences can also be therapeutic, with the acknowledgement that suffering at all levels has taken place.

Great effort has made to record the words of individuals as accurately as possible and present them in this report. Some analysis of responses has been offered, but if this analysis is rejected, it is urged that the words of the participants be read to enable an alternative analysis to be made. Some conclusions and recommendations have been offered, but if these are challenged, likewise it is urged that the words of the participants are read and new conclusions drawn from them. It is, after all, for the voices of the participants in this research to be heard that the research was carried out.

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[87] For example, Ibuka ('remember'), an organisation dealing with the needs of victims of the Rwandan genocide, works in the areas of the promotion of justice, preservation of memories, practical assistance and the promotion of a culture of peace, www.ibuka.com.
[88] Wilson, J (1999), *A Place and a Name: Report of the Victims Commission*, Dublin: Stationery Office, p.45.
[89] McKittrick, D, Kelters, S, Feeney, B and Thorton, C (1999), *Lost Lives: The stories of the men, women and children who died as a result of the Northern Ireland troubles*, Edinburgh: Mainstream.

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Training for Women Network
Unit 10b Weavers Court
Linfield Road
Belfast BT12 5GH

Tel: 028 9031 9888
Fax: 028 9021 1166

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