

THE VICTIMS AND SURVIVORS FORUM

BUILDING FOR THE FUTURE WORKING GROUP

ADVICE PAPER TO THE COMMISSION ON BUILDING FOR THE FUTURE

APRIL 2013

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Building for the Future Working Group

Advice Paper

What cannot be talked about can also not be put to rest; and if it is not, the wounds continue to fester from generation to generation.¹

Introduction

1. The central aim of this paper is to reflect the business of the Building for the Future Working Group over the previous six months. It will highlight key issues and observations that emerged during consideration of the content of presentations and literature received relating to the impact of the conflict's enduring legacy. The paper provides advice and a number of recommendations for the consideration of the Commissioner for Victims and Survivors.

Background

2. During initial discussions with Members, the Group agreed that a significant focus of their work should be on the impact of trans-generational trauma on individuals and families affected by the conflict. Given the Working Group's limited timeframe, Members acquainted themselves with the main issues emerging from a number of identified sources including the Comprehensive Needs Assessment (CNA) Reports and the *Young People's Transgenerational Issues in Northern Ireland* Report. This report was commissioned by CVSNI as part of the CNA process and was completed by Queens University Belfast on behalf of the Commission in April 2012. Further, to complement the literature provided a number of key stakeholders representing academia, clinical practice, and community-based work were invited to present to the Group.
3. Over the past six months, Working Group members received oral presentations from a number of individuals whose work directly and indirectly addresses the complex issues related to the trans-generational impact of the conflict.

¹ Quote by Bruno Bettelheim, an Austrian-born educational psychologist who was sent to a Nazi concentration camp for a number of months before his release in 1939. Reference to Bettelheim's quote can be accessed here: <http://www.primal-page.com/mann.htm>

- Arlene Healey, Consultant Family Therapist, Family Trauma Centre (Belfast Health and Social Care Trust);
- Professor Mike Tomlinson, Professor of Social Policy, Queens University, Belfast;
- Martin McMullan and Michael McKenna , Youth Action NI;
- Alex Bunting and Jayne Armstrong, Forum for Action on Substance Abuse (FASA);
- Dr Alastair Black, Consultant Psychotherapist, Police Retraining and Rehabilitation Trust (PRRT), Belfast.

4. The main aims and objectives of the Building for the Future Working Group were as follows:

- Discuss the impact of conflict-related trauma across the generations in Northern Ireland who lived throughout ‘the Troubles.’ These discussions should occur through a consideration of the Commission’s Report entitled ‘*Young People’s Trans-generational Issues in Northern Ireland*’;
- In addition to the impact of trans-generational trauma, the Working Group should examine the continuing impact of the conflict’s enduring legacy on the lives of children and young people growing up in post-conflict Northern Ireland;
- Examine the current treatments and services available to victims and survivors that seek to address issues relating to trans-generational trauma emerging from the conflict;
- Examine the current education and community-based programmes that are seeking to address the impact of the conflict’s legacy on the lives of children and young people across Northern Ireland;
- Produce a briefing paper to inform the Commissioner of the findings of the Working Group [...] and report to the Forum Plenary;
- Make a series of recommendations on how services can be improved through informing the Commissioner with a final paper.

Discussion

Intergenerational Impact of Conflict-related Trauma

5. A key focus of the Group's work has been on exploring the intergenerational impact of conflict-related trauma on individuals and families. In developing their knowledge and understanding of the concept and psychological impact of 'trans-generational trauma', Members received a number of important pieces of literature. These included the Trans-generational Issues and Young People chapters from the two CNA Reports and notably the commissioned study entitled *Young People's Trans-generational Issues in Northern Ireland*. During initial briefing at the Working Group's first meeting, Members heard how there is surprisingly few research studies into the trans-generational impact of the conflict in Northern Ireland. Nevertheless, in considering the literature provided, presentation content and reflections of Members from their own lived experiences, a number of pervasive issues emerged.
6. A central aim of the Commission's Report was to undertake a conceptual analysis of 'trans-generational trauma' through a wide-ranging investigation of existing local, national and international literature. In supporting an understanding of the concept, the Report defined trans-generational trauma as,

...the poor psychological health of children that appears to result (at least partially) from the 'consequences' of the trauma experienced by parents, resulting in detrimental effects on the interaction of parents and children.²

7. This particular definition of trans-generational trauma was particularly useful in stimulating discussion among Working Group Members. In focusing on the 'poor psychological health of children', the definition emphasized how a parents particular reaction to conflict-related trauma can negatively impact on the mental health of their children. The potential for trauma transmission because of parental behaviour resonated strongly with several Working Group Members.
8. A key mechanism highlighted within the Commission's study that can contribute to the transmission of conflict-related trauma is the 'context of silence' that often characterised the lives of many family members throughout the Troubles. The deliberate decision not to communicate with family Members or friends about exposure to conflict-related incidents was justified

² CVSNI (2012) *Comprehensive Needs Assessment – Final Report*. 118.

for a number of reasons. These included a real fear that in talking about conflict-related incidents it may cause personal danger to relatives and friends. Equally, silence was employed as an 'avoidance tactic' or coping strategy designed to push traumatic experiences into the past to avoid dealing with them. Furthermore, the decision by parents to maintain silence about the conflict was regarded as an effective strategy to 'protect and shield' their children.

9. The pervasive culture of silence throughout the Troubles is a theme Arlene Healey highlighted in her presentation to the Working Group and in her commentary elsewhere. In an article written in the Guardian in 2007, Healey stated that, "*It's difficult to overstate how deep and how damaging the silence has been...It's only since the situation here started to improve that people have had the confidence to speak about the things that they've been through.*"³
10. The Commission's Report noted that this inability of parents to speak out during the conflict engendered a culture of silence that negatively influenced parenting style. Further, the detrimental impact on parenting style not only pervades the lives of the survivor generation but can be 'learned' by their children.
11. Dekel and Goldblatt asserted that families often avoid talking about the traumatic event in order to save the survivor any distress from reliving the experience. However, children in the family still recognise that something traumatic happened as they overhear conversations or notice the survivor parent's emotional reactions to the event such as unexplained crying, emotional distress and a failure to function effectively.⁴
12. The Commission's Report highlighted how the lack of communication between parents and their children relating to conflict-related incidents can negatively impact normal family interaction. According to the study the disruption to family interaction can be due to either a disruption of parenting due to a parent having died or due to a change in the parenting style or ability of the victim due to a traumatic event. The report highlighted that, '*whether a child physically loses a parent due to bereavement or loses a parent figure due to*

³ Hill, D. (2007) 'Breaking the Silence', *The Guardian*, 24th March – article can be accessed electronically at:
<http://www.guardian.co.uk/lifeandstyle/2007/mar/24/familyandrelationships.family3>

⁴ Dekel, R and Goldblatt, H (2008) 'Is there transgenerational transmission of Trauma? The Case of Combat Veteran's Children', *American Journal of Orthopsychiatry*, 78, No. 3: 281-289 cited in CVSNI (2012) *Young People's Transgenerational Issues in Northern Ireland*, QUB: 15.

the trauma victim no longer being able to function effectively as a parent, responses can be strikingly similar.' In illustrating this point the Commission's Report highlighted a comment made by a 'second generation trauma victim' who was a brother of an individual killed on Bloody Sunday: "*when it affected my mother, it affected me deeply*".⁵

13. Reflecting on the potential negative impact of conflict-related trauma on family interaction and communication, Working Group Members made a number of interesting comments. Firstly, Members affirmed the difficulties involved in deciding if and when to discuss the details of the traumatic event(s) with other family members. This can be particularly difficult when communicating with younger children who may not have been alive during the conflict. Secondly, Members discussed the emotional difficulties for relatives in the wider family circle to talk about conflict-related incidents. For some families, traumatic incidents that occurred in the past have not been spoken about for many years or indeed at all, for example where family members have moved away. Further, Members indicated that family members who experienced the impact of the traumatic incident deal with it in their own personal ways. Some decide not to talk about it while others believe that in talking about the emotional burden with others it can be a cathartic process.
14. Working Group Members agreed that in addressing the issues around the culture of silence through improving communication within families, access to practical evidence-based advice would be helpful. Also, raising awareness of the impact of conflict-related trauma on the family is required to support a more understanding context for victims to freely and openly talk about the traumatic experiences without judgement or impediment is critical.
15. Throughout the course of the Working Group's consideration of the literature and hearing from the guest speakers, a number of clinical therapy-based treatment models were identified and explained. Members also talked about personal experience of accessing a range of psychological therapy treatments.
16. The *Young People's Transgenerational Issues in Northern Ireland* Report indicated that the most common psychological therapy-based methods in working with transgenerational trauma are individual psychotherapy and family therapy. A number of evaluative pieces of research have been undertaken in recent years in the broad area of treating trauma in children.

⁵ Hayes and Campbell (2005) *Bloody Sunday: Trauma, Pain and Politics*, London, Pluto – cited in CVSNI (2012) *Comprehensive Needs Assessment – Final Report*, CVSNI: 120.

NICE⁶ guidance issued in 2005 in the treatment of PTSD recommends the employment of trauma-focused CBT and EMDR.⁷ However, it has been argued that alongside these therapists, a child specialist grounded in their own therapy of expertise (e.g. play therapy, behavior therapy or family work) should be considered to appropriately prepare the child or young person for the trauma-focused intervention.⁸

17. An important part of the Commission's planned research project exploring the enduring impact of the conflict on mental health is examination of current treatments for family-based trauma. During the presentations from Arlene Healey, Alastair Black and Alex Bunting, a number of therapy-based models were presented. Furthermore, in sharing their experiences of accessing counselling and psychotherapy treatment, Members introduced the merits of a number of therapy-based approaches. The research project that the Commission plans to initiate later in 2013 will undertake a systematic literature review. This will include an examination of the current redevelopment of psychological therapies in the provision of CAMH services within the health and social care system. The content of the Working Group discussions emerging from the presentations and the literature considered will inform the drafting of the Commission's project plan for these important research studies.

Conflict and Suicide

18. An important public health issue situated within the wider debate relating to the enduring psychological legacy of the conflict is suicide and self-harm. The prospect of the conflict representing a serious risk factor contributing to individuals dying by suicide has been the subject of investigation in recent years. This debate had occurred against the background of a significant rise in suicide in the past decade. The suicide rate in Northern Ireland is higher than the current national rates in England, Scotland and Wales.⁹ In 2011, there were 289 such deaths registered in Northern Ireland, of which 216 were of males and 73 were of females. This is a decrease from the 313 registrations in 2010 (240 males and 73 females)¹⁰ which represented the highest figure ever recorded in Northern Ireland.

⁶ NICE is the abbreviation of the National Institute for Health and Clinical Excellence. Established in 1999 NICE is a agency based within the English National Health Service that develops evidence-based guidance in the treatment of a range of medical conditions.

⁷ CBT stands for Cognitive Behavioural Therapy and EMDR stands for Eye Movement Desensitisation and Reprocessing.

⁸ Dutton, P. (2009) 'Trauma in Children and Young People', *Counselling Children and Young People*: 10.

⁹ DHSSPS (2012) Evaluation of the Implementation of the NI Protect Life Suicide Prevention Strategy and Action Plan 2006-2011, Moore Stephens: 12

¹⁰ NISRA (2012) Registrar General Annual Report 2011, NISRA: 24.

19. At the initial meeting of the Working Group, the high rate of suicide in Northern Ireland was raised as an issue for further consideration. One of the difficulties identified during this discussion was establishing the extent to which the legacy of the conflict has contributed toward the rise in suicide over the past decade.
20. During his presentation Mike Tomlinson highlighted that the conflict's legacy is having a pervasive and damaging impact on the population in Northern Ireland. According to Tomlinson, an interpretation supporting a 'trauma narrative' related to the conflict's impact suicide rates can be explained as follows:

The whole society has been traumatized, brutalization is common, resistance to change engrained, and depression and anxiety are widespread. It is only in recent years that the full effects are coming to light through the work of victim's groups, new demands on services and evidence of mass medication with anti-depressants, alcohol and prescription and non-prescription drugs.¹¹

21. A key finding to emerge from a recent study conducted by Tomlinson revealed that 'the cohort of children and young people who grew up in the worst years of the violence, during the 1970s have the highest and most rapidly increasing suicide rates, and account for the steep upward trend in suicide following the 1998 Agreement.'¹² This finding indicates that for a significant number of individuals in their thirties and forties their early child and adolescent years predisposed them to often very traumatic experiences linked to the conflict. For many they have carried a considerable psychological burden for years which has not been effectively treated. Moreover, in not appropriately addressing this level of unmet need, there is a potential for the psychological health of their children to be affected. Part of the scope of the Commission's proposed research in the year ahead is to examine the wider relationship between the transgenerational impact of the conflict and rise in suicide rates since 1998.

Enduring impact of the Conflict on Children and Young People

21. A recurring theme to emerge during Working Group meetings relates to the continuing impact of the conflict on the lives of children and young people including their mental health and well-being. In presentations delivered by

¹¹ Information extracted from Professor Mike Tomlinson's presentation.

¹² Tomlinson, M. (2012) 'War, peace and suicide: The case of Northern Ireland', *International Sociology*: 464.

community-based organisations FASA (Forum for Action on Substance Abuse) and Youth Action it was stated that many young people living in areas worst affected by the conflict feel marginalized and disconnected from the progressive view of society in Northern Ireland emerging from conflict. The discussions held with Working Group members reflected the contemporary experiences and activities of many young people currently getting involved in civil disturbances including those related to the flag dispute.

Concluding Summary

The essence of the Building for the Future Working Group in recent months has been capturing the lived experiences of members in exploring the conflict's enduring impact through its focus on trans-generational trauma. In discussing the potential impact of intergenerational trauma on families affected by the conflict, there was a strong resonance among Members with many of the issues emerging from the literature and presentations received. In particular, there was a strong identification with the issue of 'culture of silence' and lack of communication about conflict-related experience as a characteristic feature or coping strategy employed within many families during the Troubles. In discussion around the continuing impact of the legacy of the conflict, Members voiced concern at the potential contribution of the conflict to rising suicide rates in Northern Ireland in the past decade.

Advice and future work

In considering the content of relevant literature and presentations related to the trans-generational impact of the conflict in recent months, the Building for the Future Working Group would like to put forward the following pieces of advice/recommendations. Members would also make the suggestion that:

- In progressing the collective business of the Forum in general and the Working Groups in particular, Members advise greater integration and sharing of the issues, observations and lived experiences between the Working Groups in the months ahead.
- Following completion of the current period of business, the Building for the Future and Dealing with the Past Working Group should consider the issues emerging from their Reports to identify areas of shared thinking that could inform the forward work planning of both Groups.

- One specific area of work for the BFF Group to focus on in the months ahead is an examination of the forthcoming Executive's response to the Cohesion, Sharing and Integration consultation exercise. In awaiting the Executive's response, the BFF Working Group may wish to explore and comment on the content of the document entitled *For Everyone* published by the Alliance Party in January 2013.
- Following advice contained in *Young People's Transgenerational Issues in Northern Ireland Report*, Members advise that the Commissioner undertake a review of existing best practice in relation to the psychological care of young people impacted by conflict-related trauma in Northern Ireland.
- Given the very concerning rise in suicide in Northern Ireland in recent years and the findings emerging from Tomlinson's latest research, Members would advise the Commission to consider a further bespoke study exploring the link between the conflict and suicide.
- Communication and a culture of silence represent key mechanisms that potentially cause the transmission of trauma across generations impacted by the conflict. Members recommend the development of practical guidance for victims and survivors to assist them in managing their conversation about the traumatic impact of the conflict with young members of their immediate family.
- Arising from work already completed, the BFF working group proposes education at primary and secondary levels as a second area for exploration and comment. It will attempt to identify existing good practice in formal and non-formal education for dealing with the enduring legacy of the conflict. It will consider ways to:
 - raise awareness in relation to the nature, consequences and ways to address trans-generational conflict related trauma;
 - promote better representation of the voice of victims in educational resources and activities;
 - connect young people with the tangible progress of transition away from violent conflict in Northern Ireland.

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