

THE COMMISSION FOR VICTIMS AND SURVIVORS NORTHERN IRELAND'S RESPONSE TO THE GOVERNMENT'S STRATEGY FOR OUR VETERANS

1. Background

1.1 The Commission for Victims and Survivors for Northern Ireland (the Commission) was established in June 2008 under the Victims and Survivors (Northern Ireland) Order 2006, as amended by the Commission for Victims and Survivors Act (2008).

1.2 The Commission is a Non-Departmental Public Body of the Executive Office (TEO). The principal aim of the Commission is to promote awareness of the interests of victims and survivors of the Northern Ireland conflict. It has a number of statutory duties that include:

- Promoting an awareness of matters relating to the interests of victims and survivors and of the need to safeguard those interests;
- Keeping under review the adequacy and effectiveness of law and practice affecting the interests of victims and survivors;
- Keeping under review the adequacy and effectiveness of services provided for the victims and survivors by bodies or persons;
- Advising the Secretary of State, the Executive Committee of the Assembly and any Body or person providing services for victims and survivors on matters concerning the interests of victims and survivors;
- Ensuring that the views of victims and survivors are sought concerning the exercise of the Commission's functions; and
- Making arrangements for a forum for consultation and discussion with victims and survivors.¹

1.3 In November 2009, the Office of First and deputy First Minister (now TEO) introduced a ten-year strategy for victims and survivors. This strategy provides a comprehensive approach for taking forward work on a range of issues relating to victims and survivors.

¹ The functions of the Commission relate to those set out in the Victims and Survivors (Northern Ireland) Order 2006 as amended by the Commission for Victims and Survivors Act (Northern Ireland) 2008.

1.4 The strategy acknowledges the uniqueness of our circumstances and need for a victim and survivor-centred approach:

- *The pain and suffering which has occurred;*
- *The long-term impact of violence on victims and survivors;*
- *That victims and survivors are individuals and therefore there is no single approach which will suit everyone; and*
- *The need for victims and survivors to be invited to play a part in building a more peaceful future, but that as people who have suffered most they should feel safe, should be treated with dignity and should move at their own pace.²*

1.5 The strategy's aim to put in place comprehensive arrangements to ensure that the voice of victims and survivors is represented and acted upon at a governmental and policy level continues to shape the landscape for service delivery.

1.6 The Commission welcomes the opportunity to provide a consultation response to the Government's consultation on how *The Strategy for Our Veterans* could be implemented across the United Kingdom. Our response will provide general commentary and concentrate on the Government's identified cross-cutting factors and key themes applicable to our work.

2. Contextual Understanding

2.1 The Commission believes that the strategic direction for Government, nationally and regionally, needs to acknowledge the ongoing impact of the Troubles upon society, including those who live outside Northern Ireland.

2.2 It is recognised that many years of violence has created a society which requires much work to be done in order to address legacy-related matters. This is no more clearly manifest than in meeting the needs of victims and survivors; those whose lives have been disproportionately affected by conflict-related incidents.

² Office of the First Minister and deputy First Minister (2009) *Victims and Survivors Strategy*, Belfast: The Stationery Office, p.2.

2.3 The impact of the Troubles on Northern Ireland society cannot be underestimated:

- 26% of the Northern Ireland population have been affected or a family member continues to be affected by a conflict-related incident³;
- 3,720 conflict-related deaths between 1966 and 2006⁴;
- 40,000 injured⁵;
- 213,000 experiencing significant mental health problems⁶.

2.4 The interpretation of a “victim and survivor” is set out in the Victims and Survivors (Northern Ireland) Order 2006 as:

3.—(1) *In this Order references to “victim and survivor” are references to an individual appearing to the Commissioner to be any of the following—*
(a) someone who is or has been physically or psychologically injured as a result of or in consequence of a conflict-related incident;
(b) someone who provides a substantial amount of care on a regular basis for an individual mentioned in paragraph (a); or
(c) someone who has been bereaved as a result of or in consequence of a conflict-related incident.

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

2.5 The interpretation of victim and survivor, as detailed in the Order, is applicable to former service personnel. The Commission would take this opportunity to highlight that the Order contains no legal impediment to engaging with and supporting victims and survivors outside of Northern Ireland.

³ NISRA (2017) *Commission for Victims and Survivors Module of the September 2017 Northern Ireland Omnibus Survey*, Belfast: NISRA.

⁴ McKitterick et al (2007) *Lost Lives*, Edinburgh: Mainstream Publishing.

⁵ Smyth et al (1999) *The Cost of the Troubles Study – Final Report*, L/Derry: INCORE, p.37.

⁶ CVSNI (2015) *Towards a Better Future: The Trans-generational Impact of the Troubles on Mental Health*, Belfast: CVSNI.

2.6 It is estimated more than 300,000 regular and reserve personnel served in Northern Ireland as part of Operation BANNER, with numbers peaking to 30,000 in 1972, but declining to 13,000 in 2001 after the Belfast/Good Friday Agreement in 1998.⁷

2.7 Data available from the Ministry of Defence indicates that a total of 722 service personnel were killed during Operation BANNER. This figure includes 692 Army (including Regular Army, Ulster Defence Regiment, Royal Irish Regiment and Territorial Army), 26 Royal Navy (including Royal Marines) and 4 members of the Royal Air Force.⁸

2.8 Whilst there is now a relatively small number of military personnel in Northern Ireland, compared to the numbers stationed during the Troubles, and with a markedly different mandate, there is still a significant number of veterans and their families living in Northern Ireland. It is estimated the number of veterans living in Northern Ireland to be around 56,700, roughly 3% of the population; including the wider veteran community (e.g. veterans, spouses, divorcees, widow(ers), children) the number rises to around 8%.⁹ However, it is pertinent to note that many veterans residing in Northern Ireland are cautious of disclosing their military affiliations and so may not appear in these figures. Security issues for current and former military personnel remain. Indeed, veterans taking part in focus groups conducted for the Northern Ireland Veterans' Health and Wellbeing Study expressed concerns for their personal safety, claiming they were still vigilant about to whom they disclosed their military past. Such trust issues were reported as barriers to accessing support services for key issues such as housing and mental health.¹⁰

⁷ Armour et al (2018) *Public Attitudes to the UK Armed Forces in Northern Ireland*, Belfast: Ulster University, p.22.

⁸ Ministry of Defence (2018) *UK Armed Forces Deaths: Operational Deaths Post World War II*, London: MoD.

⁹ Armour et al (2018), p.23.

¹⁰ Armour et al (2017a) *Current and Future Needs of Veterans in Northern Ireland*, Belfast: Ulster University.

2.9 Behind statistics are individuals; many impacted through bereavement, physical and/or psychological injury or by providing care for a loved one. This applies to all veterans, regardless of geographical location.

2.10 The Commission acknowledges that the process of transition from service to civilian life does not necessarily result in challenges for all service leavers; there has been an increasing amount of support in place to navigate any complications with adjusting to civilian life with regard to housing, employment, training, and health and wellbeing. However, there are some veterans for whom the transition process can be a challenge. This can be due to complex needs or events that trigger mental health-related issues in the years following transition.

2.11 In 2017 the Northern Ireland Veterans Health and Wellbeing Study detailed how the delivery of health and social services to veterans in Northern Ireland is impacted by a number of socio-political and practical reasons:

- *Due to years of violent conflict, which included the longest British military operation to date, the integration and social cohesion between ex-service personnel and the civilian population can be strained. Due to the historical conflict known as the Troubles, the act of military service is more politicised in Northern Ireland than in other regions of the UK, making the implementation of legislation and policy which protects this group more contentious;*
- *There is a cohort of veterans in Northern Ireland who live in their former operational theatre, which introduces complex and unique challenges;*
- *In practical terms, the transference of approaches to implementation in Great Britain to Northern Ireland is problematic due to the difference in the remit of local authorities in Northern Ireland versus Great Britain. In Great Britain, the Covenant is delivered on a local level through an infrastructure of Armed Forces and Veterans' Champions with a variety of links to local authority officers and service providers. In Northern Ireland, the responsibility of the majority of health and social services is held by arms-length bodies who are accountable to the devolved assembly, rather than local councils. As such, local authorities – and the Veterans' champions based within them – are not in a position to take the required actions to implement the Covenant.¹¹*

¹¹ Armour et al (2017b) *Supporting & Serving Military Veterans in Northern Ireland*, Belfast: Ulster University, p.14-15.

- 2.12 The Commission welcomed the Northern Ireland-specific study, the range of strategic and operational recommendations, and the understanding of the unique circumstances of veterans living in Northern Ireland.
- 2.13 It is the Commission's view that the specific circumstances for Operation BANNER veterans needs to be noted by the Government in the delivery of the strategy.
- 2.14 The Commission welcomes the inclusion of three key principles to underpin the strategy's vision. Whilst it is noted that the principles, where appropriate, do apply to families and the bereaved, the Commission would recommend that a fourth principle should be included to acknowledge families and the bereaved. This would recognise the effect that service life can have upon those impacted as a result of the veteran's service.

3. Accessing Support

- 3.1 The Commission acknowledges that no recognition or practical support can ever compensate for the loss of a loved-one or the devastation of the past. However, an equitable approach to dealing with victims and survivors in need of health and wellbeing and social support, regardless of where they reside, should be of primary importance.
- 3.2 Support services for individual victims and survivors are primarily delivered or funded by the Victims and Survivors Service (VSS). The VSS provides direct assistance to over 6,000 individual victims and survivors. They also fund 56 community-based organisations to deliver a range of support services to more than 12,000 individuals.

3.3 Due to the nature of devolved arrangements, there is difference for individuals accessing support.¹² In February 2014, the Commission submitted advice to Ministers on accessing funding and services for victims and survivors of the Troubles outside of Northern Ireland. This advice made a number of recommendations, including that groups should be able to apply and be considered under the criteria and competition that applies to all other groups in the application and assessment process and that geographical location is not considered a barrier to applying.¹³ This position was echoed in August 2016, when the Commission recommended to TEO that organisations from outside the jurisdiction should be eligible to apply to both the Victim Support Programme and PEACE IV Programmes simultaneously.¹⁴ The Commission is pleased that PEACE IV-funded support has provided additional capacity to address advocacy support alongside the proposed legacy institutions and also provides care and support to protect the health and wellbeing of victims and survivors engaged in these processes.¹⁵ This is particularly welcome for individuals residing in Great Britain and the Republic of Ireland, who continue to experience a different level of service provision to victims and survivors in Northern Ireland. It does, however, remain Government policy that applications from outside Northern Ireland cannot be accepted for the Victims Support Programme.

3.4 It needs to be acknowledged that many individual victims and survivors access support outside of VSS arrangements. These would include accessing support through charities or directly through the statutory services. The use of the third sector, or charities that also receive Government funding to deliver services, would be particularly evident regarding service provision to veterans.¹⁶

¹² Individuals registered with the VSS's Individual Needs Programme can avail of services regardless of where they reside. Individuals in Northern Ireland may also access help and support from organisations funded by the VSS's Victims Support Programme. Currently, organisations outside of Northern Ireland are ineligible to apply under Victim Support Programme.

¹³ CVSNI (2014) *Accessing Funding and Services for Victims and Survivors Outside of Northern Ireland*. Belfast: CVSNI.

¹⁴ CVSNI (2016) *Victims and Survivors Delivery Model for 2017-2020*. Belfast: CVSNI.

¹⁵ This additional support has enabled a small number of organisations, based in Northern Ireland and Great Britain, to deliver support to individuals outside of Northern Ireland. It needs to be noted that this support is limited and only guaranteed to 2021.

¹⁶ Some of these organisations include the Royal British Legion, Combat Stress and SSAFA. These organisations operate nationwide and also deliver support to former personnel living in the Republic of Ireland.

3.5 Despite this, the Commission remains concerned that victims and survivors outside of Northern Ireland continue to experience a different level of service provision. The Commission's engagement with individual victims and survivors, and their representatives, outside Northern Ireland has consistently indicated that there is a sense of isolation and inequality with awareness levels being very low regarding entitlement, access to support and general assistance. Recent engagement has highlighted particular concern regarding appropriate mental health support and the perceived impact of legacy-related judicial processes.

3.6 The Stormont House Agreement contained a commitment to taking steps to ensure that victims and survivors have access to high quality services, with a specific reference to those who do not live in Northern Ireland. The Commission welcomed this commitment, as it echoed the Commission's policy position. In January 2019 the Commission submitted policy advice to the Secretary of State for Northern Ireland, which included recommendations for ensuring individuals outside Northern Ireland receive appropriate and adequate support. It is the Commission's view that this needs to be addressed as a matter of urgency.

4. Cross-cutting Factor 1: Collaboration Between Organisations & Cross-cutting Factor 2: Coordination of Veterans' Services

4.1 The Commission believes that service delivery works best when delivered in partnership and welcomes the Government's intention to strengthen the integration of services and enhance multidisciplinary and intersectional working. The Commission also welcomes the Government's request to learn more about current approaches.

- 4.2 At a service delivery level, partnership and collaborative working within the victims sector in Northern Ireland continues to be encouraged. However, in doing so partners must remain mindful and respectful of the individual's right to receive support and services of their choice.
- 4.3 An evaluation of service provision recommended embedding partnership working within the sector to enable organisations to deliver services to their client group in a more efficient and joined up way.¹⁷ The Commission is pleased to report that there has been significant progress in relation to collaborative working within the victims sector. Further, the Commission is aware that good working relationships exist between VSS-funded organisations working with veterans and UDR and Royal Irish (Home Service) Aftercare Service and service-focused charities.
- 4.4 The Commission would highlight the current approach employed by TEO regarding the shaping of the future service delivery. Since April 2015, TEO, in conjunction with the Commission and the VSS, has engaged in a Collaborative Design process in order to improve the way services and support are delivered. This process has sought to learn from the experiences and insight of everyone who is involved in this area, from service providers to service users, their families, and support networks.
- 4.5 An evaluation of the Collaborative Design process indicates that this approach has contributed to the development of number aspects including: better relationships with and within the sector, improvements in service delivery (for example, improved standards, enhanced flexibility of support, improved communication) and advancements in relation to monitoring and evaluation. This collaborative working process has occurred over the last two years and has led to improvements in partnership and collaborative working across the sector, contributing to fundamental change in how the sector

¹⁷ CVSNI (2014) *Impact of the Victim Support Programme Research Project*, Belfast: CVSNI, p.11.

functions. The review highlighted that there is more co-operation with the funded organisations and decisions are taken on a more collective basis leading to greater cohesion within the sector as a whole. Strategic and operational stakeholders acknowledged the importance of these recent developments and the fact that they have been achieved as a result of increased trust and better working relationships. Furthermore, effective partnership working through the Collaborative Design process has contributed to the delivery of highly significant developments that have the potential to impact positively on future service delivery. These include addressing the issue of sustainability, not just in terms of growing demand, but also in terms of improvements in service delivery.¹⁸

4.6 The Commission would also highlight the Health and Wellbeing Caseworker Network as a further example of integration and coordination of the community, voluntary and statutory sector to assist individuals to develop and build positive relationships, and independence. This PEACE IV-funded service has provided a network to assist individuals to discuss needs and to access services and support to meet those needs.¹⁹ These include; befriending, welfare advice, education and training support, disability aids, and psychological therapies. This support is delivered by Regional Health and Wellbeing Case Managers. They are responsible for key aspects of the assessment, co-ordination, implementation and effective delivery of the Health and Wellbeing Programme which includes providing a personalised approach to reviewing and improving the health and wellbeing of victims and survivors, by facilitating support and interventions tailored to meet their needs and circumstances. At a community level, this is complemented by Health and Wellbeing Caseworkers, who are based in funded organisations.

¹⁸ PACEC (2017) *Victims and Survivors Mid-Term Review Project Final Summary Report*, Belfast: PACEC, p. 8-9.

¹⁹ This additional funding has facilitated support to individuals outside of Northern Ireland, with a number of organisations delivering services in the border region of Ireland and Great Britain.

4.7 The Commission would also highlight the role of Victims and Survivors Practitioners Working Groups. This is a vital vehicle in facilitating key stakeholders in the victims sector in coming together to play a role in overseeing the provision of effective support services and sharing best practice. The Victims and Survivors Practitioners Working Groups aim to provide community/voluntary/statutory perspectives on working with victims and survivors of the Troubles; share/improve good practice to benefit service users; support collaborative working; provide the VSS with evidence of needs of victims/survivors; and assist with understanding barriers to participation. In order to encourage an open and inclusive forum for the sharing of good practice, Victims and Survivors Practitioners Working Groups include representatives of organisations who have a responsibility to the enhancement of service provision; organisations working in a specialist capacity with people experiencing conflict-related trauma; and agencies with statutory responsibilities.

4.8 The Department for Health's (Northern Ireland) announcement in September 2015 to establish a world-leading mental health service to provide high quality effective treatment for people experiencing trauma-related mental health problems was a recognition of the value of partnership approaches to service delivery and collaborative working. This commitment was also an acknowledgement of significant mental health problems as a result of the Troubles.²⁰ The Regional Trauma Network provides an opportunity to create a high quality service for victims and survivors and the wider population. At the heart of this proposed model is the partnership between statutory mental health services and VSS-funded organisations. This collaborative, cross sectoral partnership arrangement presents the opportunity to provide the

²⁰ Referring to the Commission's research, Minister Simon Hamilton MLA said: "The 2015 report, 'Towards A Better Future: The Trans-generational Impact of the Troubles on Mental Health' found that over 213,000 people in Northern Ireland are experiencing significant mental health problems as a result of the Troubles... I want to comprehensively address the legacy of the Troubles and address unmet mental health needs. This new service will improve individual, family and community experience of mental health trauma care; it will improve the psychological and social outcomes for individuals, their families and communities who have been traumatised as a result of the violence; and improve governance and accountability." Source: <https://bit.ly/2s5vQ34>

required resources, expertise and capacity to effectively address the mental health legacy of the conflict.

4.9 The Regional Trauma Network is currently in development with work commenced between Department of Health, the five Health and Social Care Trusts, TEO, representatives from academia, the VSS and the Commission. Forming a new trauma-focussed network of statutory and non-statutory based services should represent an important resource supporting post-traumatic recovery and growth. Drawing on the support and experience of community-based service providers, the service can provide access to a range of health and wellbeing services that can improve outcomes for individuals and families throughout Northern Ireland. This experience will be vital to the delivery of the network's Stepped Care Model approach. Whilst the Regional Trauma Network is in development stages, the Commission recommends that it this approach to service delivery is noted by Government.

5. Cross-cutting Factor 3: Data on the Veteran Community

5.1 The Commission welcomes the intention to collect, use and analyse data across the public, private and charitable sectors to build an evidence base to effectively identify and address the needs of veterans.

5.2 It is widely acknowledged that robust monitoring and evaluation processes are necessary to measure the impact and effectiveness of support for victims and survivors. The Commission recognises the importance attached to the ongoing monitoring and evaluation of practice and sharing of data to support effective service provision. Having access to anonymised service user data utilising validated measurement tools, including awareness of community-based service provision, should be used to enhance future service planning and development.

5.3 The Commission receives data from the VSS in relation health and wellbeing and social support services delivered to victims and survivors. Available data relates to Talking Therapies through Clinical Outcomes in Routine Evaluation, Measure Yourself Medical Outcome Profile for Complementary Therapies and the Work and Social Adjustment Scale and qualitative case studies for a range of other funded services.

5.4 This reporting data is reviewed against an agreed collective set of strategic outcomes: Improved health and wellbeing of victims and survivors; Victims and survivors, and those most in need, are helped and cared for; Victims and survivors, and their families, are supported to engage in legacy issues; and Improved access to opportunities for learning and development.

5.5 The Commission would highlight that any data collection, in relation to services for the veteran community, should ensure that it is representative of service provision across the country.

6. Cross-cutting Factor 5: Recognition of Veterans

6.1 The Commission notes that in the consultation the Government specifically asks if the families of deceased service personnel, whose deaths are attributable to service, receive appropriate support and recognition. The Commission would take this opportunity to highlight the issue of reinstatement of the War Widows' Pension upon remarriage or cohabitation.

6.2 The Prime Minister's announcement on 8 November 2014 that the Government would end the practice of withdrawing on remarriage or cohabitation 'non-attributable' widow's pensions from the Armed Forces Pension Scheme 1975 was welcomed by those who advocated on the issue. The decision has nonetheless left a small number of war widows disenfranchised. In Northern Ireland, laws were amended to facilitate Police and Prison Officer Widows; the one outstanding grouping yet to be resolved is military widows. This is not a merely an issue of finance, although

providing some financial assurance for their future is important, rather this is about the State acknowledging the loss sustained by this group who presently feel that the sacrifices borne by them and their family have been diminished. They feel like a second class category of war widows. They have had to cope with the injustice of losing a loved one and then have been subject to the further injustice of having their pension removed because they chose to remarry. Nothing conclusive can ever be done to rectify the first injustice but it is within the Government's power to rectify the latter.

6.3 The Commission understands that there is political will to address this issue and would urge decision makers, particularly in the Treasury, to progress this as a matter of urgency. It is the Commission's view that the law, as written, is not correct and that to reinstate pensions for this small number of war widows is not a retrospective step. This position is echoed by the War Widows' Association of Great Britain and many other representative organisations across the country.

6.4 In response to the consultation's question whether there should be recognition for those suffering life-changing injury, the Commission would highlight the commitment the Stormont House Agreement's made the following commitment to victims and survivors: "Seeking an acceptable way forward on the proposal for a pension for the severely physically injured victims in Northern Ireland."²¹

6.5 The need to make provision for a pension payment to the severely injured is of paramount importance. Not least because this group of victims and survivors are an ageing population with increasing financial and welfare needs. The Commission submitted policy advice for the First and deputy

²¹ It needs to be highlighted that the Stormont House Agreement referred to a pension for "severely physical injured" victims. The Commission's position is that any pension arrangement should apply to physical and/or psychological injury as detailed in our advice to Government in June 2014.

First Minister in 2014 which, due to issues surrounding eligibility, did not receive sufficient political consensus to progress.²²

6.6 The Secretary of State for Northern Ireland asked the Commissioner to update this policy advice in May 2018; agreeing the scope of this update in August 2018. This update is underway with advice to be submitted in two phases; the severely physically injured element having been completed in December 2018 and the severely psychologically injured element to be submitted by March 2019. The Commission would therefore take this opportunity to highlight that consultation and legislation should be progressed at Westminster (in the absence of the Northern Ireland Assembly) to address this as a matter of priority.

7. Key Theme 1: Community and Relationships & Key Theme 2: Employment, Education and Skills

7.1 The Commission welcomes the strategy's intention to explore how existing loneliness initiatives can be inclusive of veterans and encourage integration into a veteran's chosen community.

7.2 The Commission would take this opportunity to highlight social support services delivered by organisations based Northern Ireland. Organisations funded by the VSS deliver a range of services in order to improve the health and wellbeing of victims and survivors and to improve access to opportunities for learning and development.

7.3 Befriending, a professional support service delivered by volunteers, offers support to vulnerable, isolated individuals by visiting them in their own home, providing transport to medical appointments or accompanying befriendees to social activities. Respite activities include day trips/social outings and overnight stays, allowing individuals to connect with others who have had

²² CVSNI (2014) *A Pension for people severely injured in the Troubles, Commission Advice Paper, 11th June 2014*, Belfast: CVSNI.

similar experiences. Other funded activities include coffee mornings, drop-in services, cultural events, arts/crafts and memorial/remembrance activities as well as events that provide a safe space to consider issues relating to truth, justice and acknowledgement.

7.4 The VSS currently funds organisations to deliver a broad range of personal and professional development activities. Activities can include accredited courses leading to increased employment opportunities or courses such as arts and crafts or yoga that provide opportunities to develop hobbies and interests. Other support includes access to one-to-one numeracy and literacy tuition for individuals whose educational attainment has been significantly impacted by conflict-related trauma or events.

7.5 Effective service delivery can only be achieved through appropriately trained staff with the required skill-sets, capacity and empathy to deal effectively with service users at both organisational and individual levels. The Commission would highlight the VSS's Workforce Training and Development Plan as a good example of aiming to deliver high quality, relevant and up-to-date training/development in order to ensure victims and survivors are receiving safe, qualified care by appropriately qualified practitioners.

8. Key Theme 4: Health and Wellbeing

8.1 The Commission acknowledges the Government's assertion that veterans' health and wellbeing is generally aligned with that of the general population.

8.2 As referred to previously, the Commission's *Towards a Better Future* research revealed that around 15%, or 213,000 adults in Northern Ireland, have developed mental health difficulties linked to their conflict-related experiences.²³ The findings from the research established that the social, political and economic legacy of the conflict were complex, wide ranging and multidimensional. The report noted that traumatic experiences and exposure

²³ CVSNI (2015), p.8.

to violence can lead to adverse mental health and other consequences not only for the person themselves, but also for their children and potentially, their grandchildren, resulting in a trans-generational cycle impacting upon the well-being of subsequent generations.

8.3 Specifically, the effects of violence, traumatic experiences and social segregation can impact upon parenting practices which affect early attachment and the capacity of the child to self-regulate. Self-regulation difficulties increase the person's risk of mental disorders, behavioural problems and suicide. They also affect how that person engages with their own children when they become a parent. The accumulation of childhood toxic stress, resulting from negative parenting behaviours, exposure to violence and the use of harsh punishment, is associated with adverse mental health outcomes.

8.4 The research also highlighted that children of survivors of the conflict have been found to have poorer psychological functioning which may be a direct result of the trauma experienced but other indirect factors also play a role. This can mean a parent who has been physically or mentally injured during the Troubles may be unable to care for their child due to poor mental health. There are also examples of where the child may become the carer for their parent. Injury also places a large burden on the family in terms of relationship and economic problems. Additionally, trauma may contribute to maladaptive parental behaviour, such as intrafamily violence or neglect subsequently impacting negatively on the child.²⁴

8.5 In addition, earlier Commission research estimated that approximately 18,000 individuals met the criteria for Troubles-related Posttraumatic Stress Disorder and associated with a high prevalence of related conditions including clinical depression, self-harm and substance dependency.²⁵

²⁴ CVSNI (2015).

²⁵ CVSNI (2011) *Troubled Consequences: A report on the mental health impact of the civil conflict in Northern Ireland*, Belfast: CVSNI.

8.6 Another enduring conflict legacy issue is the ongoing paramilitary activity that continues to cause many families throughout Northern Ireland significant harm and distress. Therefore, paramilitarism can be viewed as a significant factor perpetuating the trans-generational impact of the Troubles, with serious consequences on mental and physical health. In addition to the routine orchestration of paramilitary style attacks, including on children and young people, attacks on security force personnel, coupled with ongoing gun and bomb attacks, reinforces a sense of insecurity and anxiety among many victims and survivors.

8.7 With society still being impacted by the legacy of the past, whether as a result of trauma, periods of violence or through political processes, many individuals require service provisions that are nuanced to victims and survivors of conflict-related incidents. It is therefore essential that all departments, and service delivery partners, are mindful of the impact of violence inflicted upon society. The Commission would therefore recommend that the Government acknowledges the unique circumstances attached to those impacted by conflict-related incidents, which apply to veterans and their families, and that it is reflected in the strategy accordingly.

8.8 The Commission welcomes the Government's intention of providing treatment for veterans who have bespoke needs because of their service. It is the Commission's view that organisations delivering services to individuals affected by conflict-related incidents ensure that support is victim-centred and mindful of the unique nature of violence inflicted upon society in Northern Ireland. Service deliverers have been at the forefront of developing a model of support that is victim-centred, victim-led and holistic. This approach has enabled an empathy and understanding of the impact of the Troubles on victims and survivors.

8.9 With society still being impacted by the legacy of the past many individuals require service provision that is nuanced to victims and survivors of conflict-related incidents. In October 2011 the Commission published a Minimum Practice Framework as a guide to organisations providing services in the victims sector. This was in line with the Commission's statutory duty to keep under review the adequacy and effectiveness of services provided for victims and survivors. In November 2016 the Commission published a refreshed set of standards in order to reflect changes to service delivery within the sector.²⁶

9. Key Theme 6: Veterans and the Law

9.1 The Commission notes the consultation's desire to find out more regarding supporting veterans engaged with the criminal justice system.

9.2 The Commission acknowledges that the strategy's focus is on assisting the transitioning of veterans, lowering the risk of veterans committing offences and providing support.

9.3 The Commission's advice to Government has consistently recommended the provision of advocacy to provide logistical guidance and emotional support to victims and survivors. The provision of advocacy support in the victims sector in Northern Ireland encompasses issues of truth, justice and acknowledgement as well as welfare and mental health.

9.4 A small number of groups are currently funded to provide advocacy services to victims and survivors in Northern Ireland.²⁷ Through experience, these organisations have developed a sophisticated and highly professional practice of providing advocacy services to victims and survivors and have developed unique expertise in the areas of information retrieval, transitional justice and human rights. These organisations have been to the fore in developing a model of support that is victim-centred and holistic.

²⁶ CVSNI (2016) *Standards for Services Provided to Victims and Survivors*, Belfast: CVSNI.

²⁷ Whilst organisations funded to deliver advocacy services are based in Northern Ireland, a number offer support to individuals outside of the jurisdiction, and specifically to former service personnel and their families.

9.5 It is expected that over the next few years the demand for advocacy services will increase if there is agreement on addressing legacy issues.²⁸ It is expected that advocates will be central in engagements with historical investigations and information recovery processes, for example, in terms of navigating complex legal situations and a changing landscape. Accessing these services for all victims and survivors, including veterans, will be central to ensuring that processes are effective.

9.6 The Commission would therefore highlight that Government needs to acknowledge this element of support that is available to veterans who may require assistance with current and ongoing processes or future legacy-related mechanisms.

10. Conclusions

10.1 In conclusion, the Commission welcomes the opportunity to submit this response to the Government's consultation on *The Strategy for Our Veterans*. Our response has been informed by our policy positions and engagement with former service personnel and those who support them.

10.2 In our response we have sought to highlight a number of points to ensure that the framework recognises the needs of veterans, in the context of identification as victims and survivors of the Troubles.

10.3 The Commission hopes that the commentary set out in this response is of assistance and we look forward to working with the Government regarding the needs of those impacted by conflict-related incidents.

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²⁸ The Stormont House Agreement contained a commitment to establish new and independent legacy bodies. These proposals were consulted upon by Government between May and October 2018. The Commission responded to the Government's public consultation and issued separate policy advice, commenting specifically on the proposed legacy mechanisms, to the Secretary of State for Northern Ireland in January 2019.