

## *Appendix*

### **Background and Aims of Cúnamh**

#### **Aims: To**

- Provide individuals with space to explore and understand their feelings in relation to past traumatic experiences
- Provide individuals with a supportive and safe environment in which they can maximise and actively negotiate various routes for change in the development of their communities
- Establish a durable community-led support system
- Document the process as a dynamic model of progressive community support for implementation elsewhere

In October 1995 The Bogside and Brandywell Initiative (BBI) initiated a consultation in conjunction with the Bloody Sunday Justice Campaign (BSJC) into how the community itself would respond to the effects upon health deriving from the political conflict.

The consultation involved a representative grouping of individuals who had been bereaved as a result of political violence, political ex-prisoners, individuals who had witnessed various aspects of conflict, and local health professionals. This exercise took the form of eight weekly meetings aimed at examining how the local community dealt with bereavement, in particular, but also issues of support, sensitivity and confidentiality, and methods by which people could come to terms with their experiences.

That BBI became the catalyst for this process was unsurprising. The geographical area within which the partnership is based had experienced more than its fair share of the conflict. Since the late 1960s the name 'Bogside', in particular, has become synonymous with the troubled history of the state. Events like the Battle of the Bogside and Bloody Sunday were given world media prominence, creating an image in the popular imagination that lasts to the present day.

While the area is now enjoying some degree of peace and stability, the local populace has borne witness to, and has suffered a large and disproportionate share of the conflict. Because there had been little research undertaken into the various legacies and effects of violence, it was difficult to assess how any community in the North was coping with its own past and how it would handle the future. The Bogside and Brandywell were no different.

The incident known as Bloody Sunday alone resulted in 14 deaths. It deeply affected the lives of up to several hundred family members. These individuals and their families still

continue to grieve and remain emotionally scarred, not only by the massacre, but also by the manner of its execution and the failure of the state to acknowledge the injustice. The establishment of the Bloody Sunday Inquiry has also revealed a level of trauma within the community by those who witnessed the events of Bloody Sunday, which was previously unacknowledged. One solicitor to the Inquiry has estimated, for example, that as many as 90% of civilian witnesses making statements, have broken down during the process.

The consultation was also informed by the community's general experience:

"Death, imprisonment and permanently disrupted family life have at some stage affected every home in every street. It should be stressed that it is these neighbourhoods, which have witnessed some of the worst events of the troubles. Events such as the Battle of the Bogside, Bloody Sunday and the Hunger Strikes have all left deep psychological scars both at the individual and community level ". ('Making A Start', BBDA 1995)

In a published Foyle Health & Social Services Trust analysis into health and social care ('Needs Assessment Report Project', 1996) in the Brandywell Electoral Ward, the majority of respondents believed people were less healthy today. It recorded that 34% attributed this belief to the impact that the political conflict has had on people over all state of physical and psychological state of well being.

This context and the unanimous outcome of the consultation led directly to the formulation of the Cúnamh proposal, as a community-based and led project designed to address the deficit of support available to survivors of political conflict. It is a specially tailored personal and community development strategy for those emerging from the local experience.

As a local community led mental health project, Cúnamh has functioned within the BBI Partnership. This has ensured its accessibility and accountability to, and participation of, the local community. It has also derived direct support and advice from the Bloody Sunday Trust and Tar Abhaile.

The Cúnamh project began in August 1997 when a project co-ordinator was appointed. As the project was piloted in the Bogside and Brandywell area of Derry City the two targeted areas of work were identified as 'Bloody Sunday' and political imprisonment. Extensive consultations took place with families directly affected by such experiences and support groups were established. The support work was structured upon the Egan model of counseling: reflection, understanding and action.

### **Rationale**

The IRA cessation of 1994 created the conditions and environment for individuals and communities to find space in which to reflect upon their experiences, make sense and give meaning to their experiences and actively shape their future.

**Cúnamh's work to date has involved the following types of services, projects, & programmes:**

- Facilitation of support groups, usually based upon shared experience, such as Bloody Sunday, imprisonment, bereavement.
- Acknowledgment & Oral History. Documentation and publication of personal experiences; documentation and publication of collective experience.
- Creative Remembrance: Remembering Quilt, Annie's Bar quilt. Creative writing.
- Drama
- Listening Ear & Basic counseling skills training.
- Debates & discussions
- Essential Skills training, eg ICT
- Educational and Therapeutic: eg Anger Management, Vital Nutrition, Confidence Building
- Advocacy
- Research
- Counseling
- Cognitive Behavioural Therapy

## **Introduction**

Cúnamh welcomes the opportunity to discuss the issues addressed in Chris Gilligan's article and we would thank TRN for organising this event. All too often organisations providing public services, particularly voluntary and community sector organisations do not prioritise time to reflect and critically evaluate their work, assess its impact, and most importantly find time to discuss and share information and effectively practise with others. Our contribution to this event is derived mainly from our experience and learning during the past ten years and also from a focused discussion involving staff, directors and service users.

As an organisation, which emerged organically from within the community we can relate and subscribe to much of the critique presented by Chris. He has offered a critique which provides an important focus for discussion about how we as a society address the experiences of the past and ensure that we develop a progressive, community led approach in the future, which draws upon the expertise and abilities of local people and communities.

Unfortunately, it would appear that Chris's critique has been trammelled by his overuse of academic literature derived from the study and observation of either state established projects and or large organisations. Had he taken account of the experience and work of community led initiatives, such as the republican community's responses to conflict related issues he may have presented a more enriched, optimistic and accurate critique.

Cúnamh's work in the past ten years has been exploratory, pioneering, responsive, political, challenging and often controversial. We have explored therapeutic interventions; pioneered community support programmes; responded to individual and group needs; challenged the dominant political discourse; and voiced many controversial opinions. At the same time our work has also always adhered to safe and professional social work practices.

## **Dichotomous View of war and peace**

Chris correctly points out that this view of war and peace is too simplistic. He highlights the community bonds, which existed during the conflict and acknowledges the fact that such bonds acted as a form of resilience towards the many horrors of the conflict and also as a tool for coping. Within republican communities bonds were formed to fight the British and bonds emerged to deal with oppression of the state. These ranged from military and political activism, human rights campaigns, prisoner support alliances, and community development initiatives. Of course, it would be too simplistic to emphasize these types of resilience factors and conclude that they offset any consequential mental ill health and well being. For example, such was the level of shock and disbelief within the community in the aftermath of Bloody Sunday that many people were too frightened to become active in any community network, and it wasn't until the mid 1980s that a justice campaign emerged. For many families directly affected by Bloody Sunday religious faith

and practice acted a coping strategy. For others, the impact upon family relationships and 'normal' daily life had been permanently disrupted.

I would therefore caution against what might be a too simplistic analysis of the role of such coping strategies employed by communities during the conflict. Perhaps we need to think in terms of the broader, long term health implications which are still emerging and which it is too early to measure.

Moreover, I would question Chris's assertion that the peace process has led to a growth in alienation and community fragmentation and his analysis that this points to the peace process having a negative impact upon people's well being. There is insufficient evidence to back this up. Within republican areas the community networks which existed prior to 1994 adapted to address the changing needs associated with the transitional period of conflict resolution and peace building. Community Restorative Justice projects were one such example. Cunamh's work was another.

I would also question whether we can claim that there were some positive aspects to war and that there have been some downsides to peace. Again this is too simplistic. Communities throughout the world have been experiencing the types of changes within communities to which Chris has referred. This is not to suggest however, that we ignore the resilience factors prevalent within communities, it simply means that we should adapt a more lateral view of the role of these factors.

### **Assumption That a Traumatic Event is The Cause of Traumatic Symptoms**

As previously alluded to, there were many factors prevalent within communities which acted as inhibitors to traumatic events resulting in mental ill health and more specifically post traumatic stress disorder (PTSD). Several studies which Cúnamh conducted conclude that exposure to a traumatic event or indeed events does not in itself necessarily lead to the development of PTSD.

In our study of the experiences of republican ex-prisoners who took part in the five year No Wash/Blanket Protest (which exposed them to prolonged and systematic abuses), their sense of comradeship and unity of purpose was vital to their survival. (Blocks To The Future, 1995). This was also apparent in a study of young people (aged 16-18) who had been exposed to continuous house raids, harassment from state security forces, long term imprisonment of parents and family exile. None of the young people involved in this study presented with Post Traumatic Symptoms. In fact 90% of those young people had managed to live 'normal' lives and were all about to enter 3<sup>rd</sup> level education. (Deagoiri Le Cheile, 2000)

There is little doubt that expectations and meanings play a significant role in offsetting the development of trauma related ill health. There are also many other significant factors, such as family support, personal social skills, a person's experience of the justice system, and many other pre disposing factors which can have a significant bearing upon a person's ability to deal with exposure to traumatic events. Indeed, many individuals

who lost loved ones on Bloody Sunday and many of those who were injured have stated that they developed trauma related symptoms as a result of the actions of the state in the aftermath of Bloody Sunday; specifically due to the state's attempt to cover up the truth of what happened and blame those attending the march for the massacre. Furthermore, some individuals have stated that they experienced trauma related stress as a result of listening to evidence at the Bloody Sunday Inquiry.

In the case of the republican ex-prisoners all 21 interviewees had been exposed to the same traumatic events yet they all responded and dealt with it differently. That is not to say that they haven't all been affected by it, rather their ability to deal with it was dependent upon various different factors.

### **The 'market' in counseling referrals**

There is no doubt that a trauma industry has emerged as a means of dealing with victims of the conflict. This has been clearly illustrated by Chris in his critique of funding allocation for this type of work. However, the reality across the globe is that all sorts of industries emerge, not necessarily in response to demand, but more likely as a means of enterprise. This can be said of the growth in industries to deal with the illegal drugs trade; and it is also true of the growth in organizations competing for management of autism support interventions, to which I can personally attest. Basically, in the global market economy there will always be economic beneficiaries from poverty, ill health and conflict.

There are many factors involved in determining what has given rise to the 'alleged' growth in referrals for counseling since the peace process commenced. First of all there is no significant evidence to indicate that a swell in demand for trauma counseling emerged since 1994, apart from the claims of service providers. I would argue that the growth in the industry of service providers was due somewhat to availability of funding, which was supported as a strategy by the British government and articulated in reports such as the Bloomfield report. The political timing of this discourse is a factor in this debate. The Good Friday Agreement made a commitment to prioritise the needs of 'Victims'. The Bloomfield report made a series of recommendations which included compensatory redress and trauma counseling services. The report was criticized by many groups from within the nationalist/republican community for ignoring the issue of state violence and injustice, and thereby failing to recommend mechanisms for redress. Apart from reinforcing a 'hierarchy of victims', Bloomfield also defined the experience and needs of victims to one of trauma and compensation. This reinforced the view that victims and trauma were synonymous and that bereavement and injury required a medical as well as a financial response.

This discourse was also articulated via the media in its reporting of conflict related events, since the peace process began. Media reports consistently used the term 'trauma', 'death' and 'injury' when covering conflict specific events.

There are similar experiences from other 'conflict' regions which suggest that it is the deliberate policy of governments to support a medical response in post conflict times as a means of effectively ignoring the causes of the conflict. The same is also true of post

conflict academic research, which relies almost entirely upon medical and psychological approaches. A literature review conducted by the researchers involved in the Deagóiri Le Cheile report stated:

“While much has been written about conflict situations and its effect on young people, much of the work has been based on medical and psychological approaches. The Western Focus on PTSD in particular is criticized in *Rethinking the Trauma of War*(eds) Bracken and Petty (1998) as being individualistic and thus inapplicable to non western societies. Such an approach also ignores the context bound nature of conflict by omitting social, political and historical conditions.”

Chris also highlights the impact brought about as a result of the peace process, such as significant political announcements and the interpretations of these. However, this may still only account for a small growth in referrals. When the Bloody Sunday Inquiry was announced, many of the families directly affected requested Cúnamh to organize the delivery of emotional support services. In conjunction with the WHSSB we recruited volunteers from the community to provide a voluntary listening ear service for the duration of the inquiry. The listening ear service was utilized by many of those who attended the inquiry on a daily basis. A counseling service was also available, but the demand for it was very low and was used by some individuals to explore relationship difficulties and other ‘normal’ everyday stresses.

The environment created by the peace process has undoubtedly made it easier for individuals to access trauma related counseling services. Apart from the services being widely available, the new dispensation has permitted many individuals the space and safety in which to explore past events. Within the republican community security and cultural factors prevented many from doing so. But, in our experience this has only recently began to change and has been influenced by political, social and policy discourses. For example, as demonstrated in our ‘Blocks To The Future’ research, almost everyone who took part mentioned the difficulty involved in ‘Speaking Out’. This was attributed to their past identities as ‘Volunteers’. ‘Someone else was always worse off’ was another common cultural acceptance. Such was the intensity of the conflict in republican communities on an ongoing daily basis, that time and events did not permit personal and community reflections.

The access to diagnostic services and the greater awareness of PTSD may also account for the rise in referrals. But it remains questionable whether this explains the alleged rise in demand for services.

Cúnamh’s work with the Bloody Sunday families would indicate that 25% are suffering Post traumatic symptoms. Similarly the ‘Blocks To The Future’ report concluded that 25% of participants displayed PTSD symptoms. Yet very few of these individuals had ever received a formal diagnosis and would only seek a diagnosis because we encouraged them to do so. Ironically, despite the widespread availability of trauma related services, several of our participants are still waiting for Cognitive Behavioural Therapy via the community mental health teams.

One significant factor which Chris has failed to explore is that the growth in referrals may be also due to the concealment or “cover” of all sorts of other traumatic experiences during the intensity and continuous daily presence of the conflict in some communities. I refer specifically to abuses such as ‘child sexual abuse’ and ‘domestic violence’.

Organisations currently providing services to victims of these abuses have reported significant increases in demand for such services since the peace process began. These reports have been deliberately and mischievously used by some observers and commentators in an attempt to attribute this increase to the release of political prisoners. Yet, as media coverage of the almost weekly legal proceedings surrounding such abuses indicates, most of the abuses were occurring throughout the period prior to 1994. It may well be that the new safe space of the peace process permitted many victims to seek support for the first time.

### **Assumption that the treatment of trauma is necessary and worthwhile**

As outlined in the background information on Cúnamh our organization emerged organically from within the community in which it is currently based. Those involved in the conceptualization and delivery of the project came from within the local community. Those employed by the organization were also from within the local community and hence, could empathise and relate to the experiences of the community. Our work has never attempted to medicalise people’s experience or to reinforce a sense of victimhood.

In fact the contrary can be said in relation to our work. For example, we have consistently challenged the use of the term ‘victimhood’ used by many government agencies and funding bodies throughout the last 10 years. Likewise we have consistently questioned the rationale for the assigned title of the ‘Trauma Advisory Panels’.

The danger, as most advertising strategies prove, is that if someone is continuously being told they are a victim, they actually may well begin to believe it. The use of this term in our opinion is directly linked to the growth in the trauma industry. Victimhood implies a sense of powerlessness and therefore a need for help. The link deliberately fostered between victims of conflict and trauma therefore necessitates that the type of help needed is treatment for trauma.

Whilst it could not be argued that the use of therapeutic interventions such as CBT have been counter productive for many individuals affected by the events of the conflict, there is no doubt that individualistic interventions like CBT cannot provide the type of redress which many individuals and communities are seeking. These include the attainment of truth, justice and acknowledgment. Much of Cúnamh’s work has involved the use of processes to provide acknowledgment of people’s experiences. More recently, as a result of the recommendations outlined in the ‘Blocks To The Future’ report, Cúnamh contracted a CBT practitioner to work with several individuals who were clearly suffering from trauma related stress. Prior to engaging in one to one work with the therapist we asked the therapist to deliver a group training CBT programme. The one to one CBT was the culmination of an 18 month process, which involved a range of

activities with the project participants. The evaluation concluded recently found that the CBT was beneficial, but only as part of the overall range of activities and events which they had taken part in.

The treatment of trauma through individualistic therapies, such as counseling or CBT as an effective response will ultimately depend upon individual circumstances. Our experience has demonstrated that for conflict related trauma a combination of individual therapeutic and collective community development strategies has been more effective. This psychosocial approach has been explored and highlighted by individuals such as Brandon Hamber and David Beck.

### **Conclusion**

In conclusion, I would point out that we have only recently begun to address the impact of the conflict. 10 years is not a very long time. I think that discussions such as this one have a role in contributing to this process. We are still in the process of building peace and resolving many of the outstanding issues that continue to disrupt the lives of many individuals and communities affected by the conflict. There are many other initiatives taking place which are offering creative and alternative methods for addressing conflict related traumatic experiences, such as the Healing Thru Remembering proposals. These initiatives will undoubtedly present many challenges, as will, the impact of the work being undertaken by the Historical Enquiries Team. Collectively, we must embrace all of the creative and therapeutic approaches for dealing with the past.