



15 JUL 1999

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8 July 1999

Dr K F McCoy  
Chief Inspector  
Social Services Inspectorate  
Castle Buildings  
Stormont  
BELFAST

Dear Dr McCoy, *Kayin, 16/7.*

**"LIVING WITH THE TRAUMA OF THE TROUBLES" - CUNAMH**

Mrs Nuala Doherty, Service Planner, and I met with the Management Committee of Cunamh on 7 July 1999. Cunamh is a community based organisation supporting relatives of the victims of Bloody Sunday. As you aware the Saville Inquiry has been established to investigate the background to the events surrounding Bloody Sunday, 1972. You are also no doubt aware that within Derry this is a highly sensitive issue and those involved require a high level of support at this time as they prepare to provide evidence to the Inquiry.

To this end Cunamh has developed a special project which will begin to provide a network of support for people who may face renewed psychological and emotional problems as they re-live or are reminded of what they experienced.

I attach for your information a proposal prepared by Cunamh. In order to facilitate the project I would ask that you put in train the necessary discussions within the Department to secure the funding required.

When we met the Management Committee we indicated that training and staff supervision and support could be provided from within Foyle Trust and the Social Services Training Team. We also undertook to examine the possibility of obtaining appropriate obsolete computer equipment, furniture and fittings. The major requirement is, therefore, to obtain the resources necessary to meet the cost of staffing the project and appropriate associated costs.

Should you wish any further clarification do not hesitate to make contact with either myself or Nuala.

Yours sincerely

*Dominic*

DOMINIC BURKE  
Director Social Care

copy Mrs N Doherty, SP Ms D O'Hara Miss J Ross Mrs E Way T J Frawley

# **Cúnamh**

**PROPOSAL  
for the**

**PROVISION OF SUPPORT  
AND  
COUNSELLING TO VICTIMS/SURVIVORS  
OF  
BLOODY SUNDAY FACING  
THE SAVILLE INQUIRY**

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**PROVISION OF SUPPORT AND COUNSELLING  
TO VICTIMS OF BLOODY SUNDAY  
FACING THE SAVILLE INQUIRY**

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**Introduction**

The events of 30th January 1972 and their aftermath are deeply rooted in the collective psyche of the greater part of the Derry community. A large number of people were traumatised by the events, chiefly the wounded, the relatives of those who were killed and others who were eye witnesses to what happened.

As the preliminary work of the Saville Inquiry begins, it has become clear that a need exists to create a network of support for people who may face renewed psychological and emotional problems as they re-live or are reminded of what they experienced.

It is the hope of the project promoters that this proposal will assist people to transform painful experiences into opportunities for growth, enabling them to play a greater role in healing the wounds of the past and contributing to the creation of a just and healthy society.

The Saville Inquiry presents a unique set of circumstances in that individuals and the community generally, will be asked to revisit the single most traumatic event in the modern history of the city of Derry. Unlike international precedents such as the South African Truth & Reconciliation Commission, the Saville Inquiry does not view the recovery of truth as a means of reconciling the past. The process of acknowledging the past can serve a restorative psychological function but this is not the purpose of the Inquiry. As such it is imperative that the dangers of unearthing trauma are recognised and that appropriate services and support structures are created to deal with the emotional difficulties that may arise. If these services are not forthcoming an enormous amount of trauma will remain exposed and unresolved. Truth does not equate with healing, and the findings of the Saville Inquiry may themselves prove traumatic to the survivors of Bloody Sunday.

The Saville Inquiry was established as the result of a concerted campaign by the relatives, wounded and their supporters in the face of government hostility. The legacy of this campaign, coupled with the role of the state and its agents in the events of 1972 have created a sea of distrust amongst many Derry people, far beyond the relatives and wounded and their family circles, towards all agencies of the state. Cúnamh as an organisation was specifically asked by the relatives of those killed and members of the wounded to assist in addressing the anticipated emotional traumas that the re-living of Bloody Sunday will create.

Throughout the Inquiry the relatives, wounded and wider community involved in this process will need ongoing support. Given the nature of Bloody Sunday, and the hostility that the events of that day engendered amongst a large

that the service providers enjoy the total confidence of the service users. Cúnamh clearly enjoys the confidence of the Bloody Sunday relatives and wounded, and is the ideal vehicle for the provision of support and counselling.

This proposal outlines plans for Cúnamh to provide direct support and facilitate the co-ordination of other services required by those who may need help to cope with the re-awakening of painful memories.

## **Cúnamh**

Cúnamh is a community based/led project established in 1997 designed to address the lack of support available to victims/survivors of political conflict. It is a specially tailored personal and community development strategy for those emerging from the local experience of conflict and is based primarily in the Bogside and Brandywell area of Derry City.

The broad aims of the Cúnamh project are based on the conviction that the troubles have affected people's feelings of "well being". The Cúnamh process will address this condition and aims to revitalise communities. It will:

1. Provide individuals with space to explore and understand the feelings in relation to past traumatic experiences.
2. 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.
3. Establish a durable community-led support system.
4. Document the process as a dynamic model of progressive community support for implementation elsewhere.

Cúnamh is currently providing a community led support programme for the Bloody Sunday relatives and wounded and the families of current and former republican political prisoners.

### Cúnamh Management Committee

Chair- Robin Percival  
Secretary- Bridgeen McCaul  
Treasurer- Kay Duddy

Colm Barton  
Geraldine Lavery  
Catherine McGinty  
Raymond McCartney  
Linda Roddy  
Dr. Anne McCloskey  
Thomas McGowan

## ASSESSING NEEDS

Tens of thousands of people took part in the march on 30<sup>th</sup> January 1972. In the days following the killings, more than 500 people gave witness statements to the Northern Ireland Civil Rights Association. So far, 600 people have made statements to the team of lawyers commissioned by the Saville Inquiry to collect evidence. Further sessions are planned to collect more statements. Anecdotal evidence suggests that as many as 90% of civilian eye-witnesses who have given evidence have experienced distress as a result.

It is probable that as the work of the Saville Inquiry progresses others who have not come forward to make statements could also experience problems as reports of the Inquiry's work evoke memories in them.

An important step will be to IDENTIFY, QUANTIFY AND CLASSIFY needs of the individuals involved. This will be done through:

- Establishment of an advisory group, comprising health professionals, community activists and relatives and wounded.
- Consultation with the relatives of the dead and wounded, and the wounded themselves;
- Consultation with all Solicitors;
- Cunamh staff;
- Consultation with relevant local and regional community based groups and individuals with a particular interest in this field;
- Management Committee of the Bloody Sunday Trust; and
- By circulating information on the existence and work of the project to General Medical Practitioners, as they would be likely to become aware directly – or through the wider primary care team – of people in the need of support and counselling.

## Impact of Trauma

Investigations into the immediate and long-term affects of traumatic events and disasters have disclosed a range of typical and recognisable reactions such as post-traumatic stress disorder, depression, anxiety, substance abuse and, for those bereaved by the traumatic event, pathological grief. (Raphael 1986, Lycad 1988, Keane 1992). Less typical reactions reported are feelings of alienation and sense a of being misunderstood. Freeman (1995)

In examining the impact of trauma the research to date has focused on the prevalence of post-traumatic disorder following exposure to a traumatic event. P.T.S.D is defined as:

*'A specific reaction to an emotional stressor which is characterised by core symptoms.'*

Firstly the individual will have been exposed to a traumatic event with an intensity likely to cause severe distress to most. Following this they may relive the event in the form of intrusive recollections such as thoughts, images and nightmares. They may then avoid external reminders of the event or suppress internal responses to prompts, otherwise known as 'emotional numbness'. They may also experience increased arousal and hypervigilance. (Keane 1992, Freeman 1995)

As methodologies for measuring the effects of exposure to trauma have become more sensitive more has been learnt about the psychological affects of such events.

Following the Piper Alpha oil-rig disaster where 165 men died it was found that almost all of the survivors were seriously affected with post-traumatic stress disorder at some stage and were unable to return to full-time work. (Freeman 1995)

Three years after the Herald of Free Enterprise disaster psychometric studies revealed that 60% of survivors reported feeling guilty about staying alive while others perished. It was also found that any psychopathology that emerged was related to the interaction between the objective level of threat and the way the survivor appraised that threat.

Following the Jupiter shipping disaster two thirds of the surviving children involved met the criteria for post-traumatic stress disorder fifteen months after the event.

In considering the longer term affects of trauma much of the research has focussed on holocaust survivors or on war veterans. Findings have revealed that certain triggers can reawaken old memories and as a result create intense feelings and high levels of psychological stress. Zilberfabin and Eskin (1992) found that physical illness and hospitalisation trigger intense reactions in holocaust survivors.

Christenson (1981) also found that certain life-stresses could reactivate post-traumatic stress disorder for individuals who may have been free of symptoms

for many years. They found that parental loss, children leaving home or medical problems could all reactivate post-traumatic stress. Horowitz (1978) believes also that an anniversary may be a time of heightened intensity.

The associated features of post-traumatic stress disorder have perhaps received less research attention. It is generally recognised that the condition can be accompanied by depression, substance abuse, grief or impulsive behaviour, which are equally debilitating.

A range of other factors which also exacerbate reactions to trauma have been recognised. For example the perceived futility of events and the fact that the trauma has been the result of human actions as opposed to a natural disaster are crucial to the reaction. The level of support available to survivors is also an important determinant of individual responses to trauma.

A review of the literature would suggest that reactions to the immediate and long-term affects of trauma are measured on the basis of the prevalence of post-traumatic stress disorder amongst affected populations. There is also recognition that other reactions to trauma can accompany post-traumatic stress disorder. It is also evident that such reactions can span several decades and can be intensified or reactivated by other life-stressors.

In relation to the impact of trauma in Northern Ireland relatively few studies have been carried out. Curren (1990) however followed up the victims of the Enniskillen bomb and found that 50% developed PTSD symptoms six months after the event.

Hayes and Campbell (1998) examined the psychological impacts of Bloody Sunday and found there were high levels of psychological morbidity amongst family members 25 years after the event. More specifically their study reveals significant levels of PTSD. This was compounded by an inability to grieve the lost family member. This was due to the violent nature of the death and the perception of injustice and victim blaming which followed. One family member reported,

*'One can grieve a natural death, but not a violent one followed by victim blaming'* (Hayes & Campbell – 1998).

## Implications for Interventions

Given the complexity of the responses to traumatic events there is a need to respond in a sensitive and flexible manner. (Keane -1990). The need to take account of safety i.e.: protection from further abuse, providing a support system of people who are aware of the person's situation, providing a 'safe place' and a strong therapeutic alliance are recognised as prerequisites to dealing with reliving experiences. (Keane 1995, Van Der Kolk et al 1990)

The sense of confusion and fear of losing control that are experienced as a result of trauma highlight the need for education on how trauma affects individuals and their families. There is also a recognition that individuals need to tell their stories (often referred to as rehearsal, trauma focus or testimony) in a calm, relaxed settings with no interruptions or time limits. Brief contacts where individuals recall memories, which do more than heighten emotions, are believed to be harmful. Freeman (1982)

Lessons learnt from traumatic events such as the Lockerbie air disaster were that there was a need to initially listen to individuals' accounts, one GP stated that:

' A lot of my time was spent listening and doing nothing else, I often found myself listening to the same story told by the same person again and again.' Mitchell (1997)

Also of note was that social expectations about who should or should not seek help following the Lockerbie air disaster prevented certain individuals (mainly men) from seeking help. This was explained within the cultural context of the Southwest of Scotland, where people suffering might be admired for not seeking help. As a result, coping and resilience it is now believed may have been really confused and embarrassed silence. Similarly Cairns & Wilson (1989) found that people traumatised by the troubles in Northern Ireland used distancing and denial as a defence mechanism.

For this reason Mitchell (1997) recommends that help should not just be available but actively offered.

Hayes & Campbell (1998) provide a review of why those left with traumatic memories of Bloody Sunday were disregarded by statutory services. It is beyond the scope of this proposal to discuss this in detail. It is however important to note that they recommend that the healing process for the survivors of Bloody Sunday will be only be possible if social services and professionals introduce initiatives that people can participate in and feel safe. || \*

## Local Implications

From our experience within Cúnamh we have recognised there has been very little research into the physical and psychological affects of Political Trauma in the North of Ireland. However within our work at the centre our participants have presented with the following symptoms:

1. Fear
2. Anxiety
3. Insomnia
4. Disturbed Sleeping Pattern
5. Somatic disorders – headaches, ulcers, palpitations, etc.
6. Panic Attacks
7. Intrusion – re-occurring nightmare/flashback
8. Irrational Thinking
9. Hyper Vigilant
10. Hyper Arousal – easily startled
11. Constriction – numbing
12. Disassociation – detached state of communication
13. Relationship Problems
14. Irrational Behaviour
15. Intense Emotions
16. Difficulty in Relaxing
17. Agoraphobia
18. Claustrophobia
19. Depression
20. Suicidal thoughts
21. Anger

When we examined the coping mechanisms used the following were discussed-

- Self-medication such as painkillers - high from codeine based tablets such as Solpadiol and Kapaké.
- Sedatives to dull the senses and to invoke a sleeping pattern e.g., Diazepam and Tenaxepam.
- Anti-depressants such as Prozac and Seroxat to combat depression and feelings of not being able to cope.
- Alcohol use and misuse to deaden feelings.
- Social Withdrawal
- Group Therapy

## Developing Network of Care and Support

A key part of the work will be to provide a visible and accessible conduit through which people in need of support and care can receive direct help and assistance, and/or be put in contact with the wider support network. This network may be available from Health & Social Care, and other agencies.

A significant feature of the work will be that it is community led.

To achieve our goal we have secured premises in two locations i.e. Cúnamh's main premises at Sunbeam Terrace and other premises close to the Guildhall where the Saville inquiry will sit. Within these accommodations we will provide:

- A safe space where people can come to tell their stories and talk through their worries and can be given help and advice on a range of issues including procedural aspects of the inquiry.
- Co-ordination of the child care services for those who need it, especially to enable them to attend the inquiry.
- Listening Ear service.
- Information on the related health systems.
- Information on our Home Visit service.

We will seek meetings with representatives of the Western Health & Social Services Board and the Foyle Health & Social Services Trust to;

- Raise awareness of the work we intend to undertake
- Formalise liaison arrangements between the Health & Social Service agencies, especially social services community mental health teams and addiction services.
- Discuss referral protocols, operational guidelines, ground rules for confidentiality and minimum data sets to be retained.
- Discuss ways of evaluating the work undertaken.

## Nature of Help/Support Re-sourcing the Work

**A co-ordinated approach will be taken to implement the work i.e. a co-ordinator will be assigned to:**

- ◆ Plan, co-ordinate and oversee the overall implementation of the service.
- ◆ To help select and organise programme facilitators and volunteers.
- ◆ To provide management directions and training for the facilitators and volunteers.
- ◆ To liaise with and establish working relationships i.e. relevant statutory bodies.
- ◆ Provide information on ways to help cope with any stressful situations occurring.

**Four full-time trained counsellors will be assigned to:**

- ◆ Organise and facilitate programme support groups.
- ◆ Facilitate counselling service on a one-to-one basis.
- ◆ To facilitate the wider needs of the community through an outreach programme that will offer a house visit service, offering support at a practical and emotional level.
- ◆ To organise and help implement a series of de-stressing events aimed at alleviating stress throughout the inquiry

**A group of Volunteers will:**

- ◆ Assist with the setting up and running of a phone line facility i.e. to offer a listening ear service.
- ◆ To visit homes in the community to offer support/help at a practical and emotional level.
- ◆ To help organise and implement de-stressing events for the service users.

The successfully appointed volunteers will have gone through a strict selection procedure and completed a training programme in Listening Ear Techniques.

The intention of the work outlined in this proposal is not to duplicate the work of the Health & Social Care Services, nor to undertake work outside the competence of those involved in the work. The core purpose is to anticipate and assess the emotional support and practical help needed by those affected by the events of Bloody Sunday as the community at large go through the Saville inquiry. A discreet referral system will be put into place where necessary.

## Resource Implications

The resource implications of the proposal are as follows: -

### 1. PREMISES

- i. Rent and Rates
- ii. Telephone installation (including Freephone) and support charges
- iii. Running Costs/Advertising
- iv. Insurance

### 2. STAFFING

- i. One full time Co-ordinator
- ii. Four full time Trained Counsellors
- iii. Eight part-time Volunteers

*who have they got  
what other need*

### 3. TRAINING

The staff employed in the work will require training in areas such as grief and trauma counselling, and in terms of networking with other agencies and the procedures involved. ✱

### 4. SUPPORT FOR STAFF

In view of the nature of the work, it will be important for the staff involved to have access to regular, structured professional support sessions. Relevant bodies would be asked to provide this support. ✱

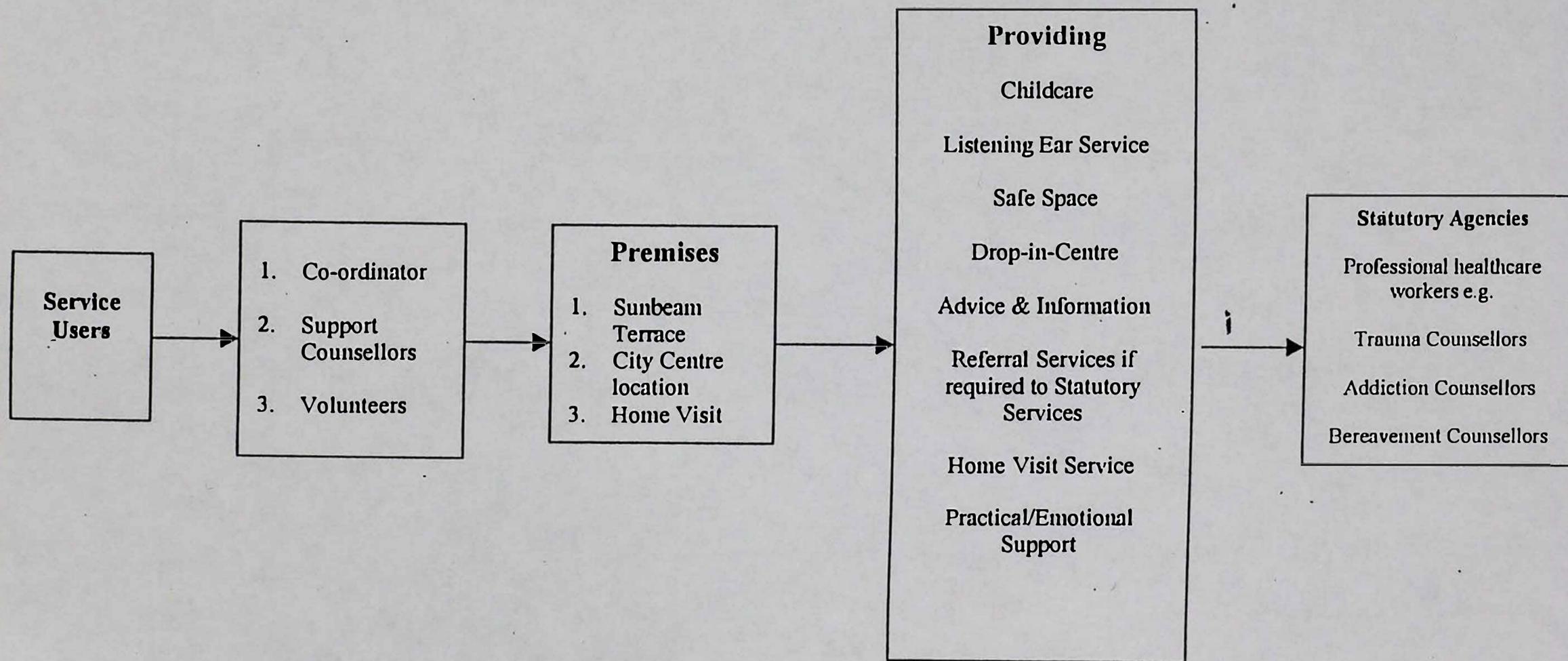
Schedule 1 to this proposal sets out an indicative timetable for the work and Schedule 2 sets out estimated costs for the proposal. The situation would have to be reviewed at the end of the initial timetable to ensure the long-term needs of people are met, and that an 'exit strategy' for the work is planned and managed.

### 5. INFORMATION PACKS

There will be a cost in producing and disseminating information sheets for participant's e.g., in recognising and coping with panic attacks, insomnia, etc.

- i. Fax machine/Photocopying machine
- ii. Personal Computer and Printer ✱
- iii. Consumables (paper, computer discs, etc.)
- iv. Desks/Chairs ✱
- v. Creation of safe, childcare area

Model for the Provision of the Support and Counselling Services to the Victims of Bloody Sunday facing the Saville Inquiry



### Schedule 1 - Timetable

Phase of Work	December	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Setting up Premises						MOVING INTO PREMISES							
Publicise Work (letters to GP's etc.)						CONSTANTLY ONGOING							
Appoint Staff & Volunteers						VOLUNTEERS ASSESSMENT & TRAINING		STAFF RECRUITMENT  IN PLACE					
Carry Out Intensive Needs Assessment					CONSTANTLY REVIEWED								
Train Staff/Volunteers													
Produce and Issue Information Leaflets						ON GOING							
Meetings with Relevant Agencies					ONGOING								
Plan Exit Strategy and Review ongoing needs of people										BEGIN PREPARATION FROM ONSET TO ASSESS IMPACT			

ESTIMATED COSTINGSRef.  
Notes:

	£
1. Rent and Rates	6000.00
2. Equipment	7000.00
3. Consumables	1500.00
4. Staff	107,300.00
5. Training	27489.00
6. Insurance	2000.00
7. Running Costs	1500.00
8. Advertising Costs	2000.00

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**TOTAL £154,789.00**

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Rental			
I.	Reception/Waiting	10m <sup>2</sup>	
II.	Play Area/Childcare	10m <sup>2</sup>	
III.	Consultation Room	12m <sup>2</sup>	
IV.	Toilets/Kitchen Area	7m <sup>2</sup>	
		<u>39m<sup>2</sup> x £100</u>	3900.00
	Rates on accommodation		2100.00
<b>2. Equipment</b>			
	• Tables/Chairs (all rooms)	1000.00	
	• Fax	500.00	
	• Play Area Equipment	1500.00	
	• Desks (x 2)	500.00	
	• PC & Printer	2000.00	
	• Telephones & Lines	500.00	
	• Photocopier	1000.00	7000.00
<b>3. Consumables</b>			
	• Stationary	500.00	
	• Publication of Information Leaflets	1000.00	1500.00
<b>4. Staff</b>			
	• Co-ordinator	18500.00	
	• Trained Counsellors (x 4)	80800.00	
	• Volunteers (incl. Childcare)	8000.00	107300.00
<b>5. Training Costs</b>			
	• Volunteers	1125.00	
	• Support Workers Supervision	26364.00	27489.00
<b>6. Insurance</b>			
	• Public Liability	1000.00	
	• Employer's Liability	1000.00	2000.00
<b>7. Running Costs</b>			
	• Heat/Light/Power	500.00	
	• Telephone/Fax	1000.00	1500.00
<b>8. Advertising</b>			
	Journal, Sentinel, Telegraph		2000.00
<b>TOTALS</b>			<u><u>£154,789.00</u></u>