Women and Relationships: experiences from the 'victims' sector

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We have to support those people who were very young when their parents, siblings, friends were killed, or they themselves were injured. But we also need to support their children. Their parenting and relational skills have been impacted by those experiences meaning that the next generation has a distorted understanding of what constitutes 'normal' relationships. Participant, *Hearing the Voices* Research

Introduction

It is 2008 and 10 years after the Good Friday/Belfast Agreement. Government statistics indicate a reduction of unemployment, a hyper-growth economy in some urban areas and a variety of regeneration good news stories involving shared education, shared housing and cross border health forums.

Despite much heralded economic prosperity, the number of economically inactive women in Northern Ireland is still dramatically greater than that of their male counterparts (recent statistics have shown that there are 337,000 economically inactive women, compared to 209,000 men[1]) and there are still relatively few women compared to men in Northern Ireland who represent the wider society as politicians, CEOs and whose names are to the fore in any civic leadership forums.

Yet women as activists and peace-makers continue their long-established role in community development initiatives working professionally both as paid employees and as volunteers. In many areas women are found to be playing a significant part in the rebuilding of fractured families, neighbourhoods and communities, just as they have done throughout the conflict. As such their work is consistently recognised (though often under-funded) by government and statutory agents as the foundations on which previously polarised and neighbourhoods prosper, find cohesion and integrate. But, despite their influence in grassroots non-governmental organisations and

in the voluntary and community sector, some consider that the conflict has resulted in women's roles and rights being subordinate to those of men.[2] And there remains a common concern amongst many of those engaged with debates about post-conflict reconstruction, that women 'lack direct influence in the identification of reconstruction priorities that are usually part of a peace agreement'.[3]

Furthermore, the realities of living in poverty, with structural inequalities and caring responsibilities, are that women in many areas and neighbourhoods negotiate segregation and division as a result of sectarianism and inter-community feuds. Echoing earlier studies concerned with the conflict such as Hayes and Campbell (2000), Horgan[4] argues that this combination of circumstances can and does produce social isolation and chronic ill-health, especially mental ill-health, for many women.

There is one sector in particular, one which supports a high number of those vulnerable to social exclusion issues and chronic ill-health, where women have taken a strong lead in the supporting one another. This is in the group that is somewhat disempoweringly referred to as the Victim Sector. In this article we will draw on a number of examples of women who work in this area. We will consider not just the cost to their own physical, emotional and mental well-being, but the similarities of experiences between those from diverse ethno-political backgrounds. We will look at the opportunities which facilitate, as well as the inhibitors which constrain their efforts to represent their individual and sectoral interests within the current policy context. To that end, many of the sections below begin with quotations by women who contributed to our research process. We have chosen not to reveal the organisations to which these women belong as one of the most striking findings of our research was the fact that responses invariably cut across any ethno-political, national or ideological divisions that groups had and were applicable to all women in the sector.

Background and Methodology

During 2007 we carried out research with groups funded through the CRC's Victims' Programme[5], with a view to the findings feeding into the work of the Council as it responds to further policy developments, including the work of the Victims' Commissioner. At the time of publishing the report the work of the Commissioners had not been defined and at the time of writing this article, only three of the four Commissioners designate are in post.

Our research began from the premise that while victims and survivors have specific service delivery needs, some of which are gendered, others generic, they also have concerns linked to other policy-related issues including recognition, remembering, acknowledgement and commemoration.

Our sample of 37 groups was drawn from 98 organisations either core or project-funded by the CRC. We did not include those groups who might be considered 'Parallel Service Providers'. Thirteen of the groups consulted (35%) have a mandate to work with people younger than 18 years. We worked with groups in the first instance in the locations that they chose. Notes were taken at the interviews and where possible, sent to participants for any changes or additions they wished to make. One of the women who contributed to the research from a North Belfast group spoke frankly and with considered emotion when describing the need for an 'open heart' when working in relation to cross community work with those who have been bereaved. The expression stuck with us. Recognising that self-reflection and traumatic loss bring a tremendous vulnerability to otherwise resilient people that can leave its own legacy, it was our intention to carry out the work and present the findings in a spirit of 'open heartedness'.

We began the research work by listening to the diverse voices and concerns and aspirations of the Sector. From those conversations we brought together all of the issues expressed by all the contributors, and attempted to find out if the Sector might yet be able to find collective solutions and responses to their shared concerns. To that end the participants were then invited to attend a presentation of interim findings at a seminar. There, in workshops, they teased out responses to the issues presented in the form of anonymous case studies that had been presented in the individual sessions.

We were taken aback by the openness and generosity shown in response to our approach, as well as the appetite that was displayed by participants to take the opportunity to seek, if not always to find, 'solutions'. Individuals and groups were overwhelmingly willing to share their thoughts, feelings and experiences. Their evaluation responses illustrated that the collaborative process was one which groups welcomed. And challenging though it certainly might be, this open-heart approach both avoided the infantalisation of the sector so often communicated by prescriptive top-down policy development and resisted brushing under the carpet the issues they wanted to see addressed.

Twelve connected themes emerged from the research and we will consider a number of these here with specific reference to women as peace-builders,

namely: health and well-being, the capacity of the sector, dominant voices and silent voices and the trans-generational impact of the conflict. A series of recommendations based on the research findings and the accompanying literature review were collated into three categories and presented as fifteen recommendations for Government, seven for the incoming Victims' Commissioner(s) and seven for the groups themselves.

Health and Well-being

> *Social Services' approach is sometimes inappropriate to the individual's situation: specifically, it is not always appropriate to remove a child from its mother's care. Young mothers who have suffered trauma themselves and who become involved in relationships and behaviour which put their children at risk will oftentimes have their children taken away. This further disempowers and hurts these young women. [The community group] certainly does not advocate that the child should 'hang in there and hope for the best', but we emphasise that it should be acknowledged that the considerable resources poured into taking children away, placing them in foster homes, and sometimes even arranging for their adoption could be used to provide sheltered accommodation and sustained support for the mother and child. These are parents who have grown up with mayhem in their lives: they need support.*

One of the primary inhibitors to women playing an active and transformative role of peace-building in their communities can be found in their need to first address their own health and well-being.

Death and injury are a primary human cost of the conflict[6] and one that women addressed as wives, partners, mothers and children. Two broad schools of thought have emerged from those who write about the conflict. The first is that the majority of people living throughout the conflict feel that it did not have much impact on their lives and that people coped well (often by denial of the existence of its impact).[7] The other is that everyone has been touched in some way by the conflict. Tomlinson[8], citing Hamber[9], suggests that for some this has an impact through politicisation 'whereby a culture of violence seeps into everyday life' and for others it is through 'a legacy of authoritarianism' and that the transition out of conflict presents many psychological challenges.

In a study for Derry Well Woman by the Institute for Public Health in Ireland considering the impact of the border and the conflict specifically on women's health, Boydell *et al*[10] evidence both these perspectives and a variety

of challenges, as well as coping mechanisms that have been employed by women to address these.

Women's experiences in international conflicts[11], indicate that the symptoms women display in relation to trauma tend to be more complex and enduring than those displayed by men. Morgan suggests that women's experiences are 'over simplified' and 'over-generalised'.[12]

Within the Victim Sector, violence, whether physical, emotional or structural, has greatly impacted on women's needs to draw on a variety of services in relation to their health and general well-being. However, accessing services has not always been possible, either because of a lack of resources, or because of a variety of responses to the conflict by those living through it, be they service users, or service providers. Tomlinson suggests that the conflict 'radically altered the nature and quality of relationships between state bodies and those communities and individuals now recognised as most affected by decades of various forms of violence'.[13] And this has particular risks and ramifications for women both in their own right and as carers.

Tomlinson draws on figures compiled from the Annual Report of the Registrar General for Northern Ireland to indicate that registered suicides in NI are on a sharply rising curve.[14] There were 138 in 1997 rising to 291 in 2006. While women are significantly less likely than men to kill themselves, women suicides are much more likely than men to have been diagnosed with depression. Throughout the conflict there have been high figures of women from both Protestant/Unionist/Loyalist and Catholic/Nationalist/Republican backgrounds being diagnosed and prescribed medication for depression and anxiety-related illnesses. While there is no conclusive evidence yet that links conflict-related depression directly to an increase in suicide, there is sufficient concern to warrant a close investigation into the links between conflict-related depression and forms of self-harming.

Coping Mechanisms

> *People generally do cope. We should value that. But we should also check in from time to time to make sure that it is healthy – and community groups are the only ones in a position to do that. (...) Many people are lacking in the skills necessary for building and maintaining relationships and strategies for coping day to day. The 'dry your eyes and get on with it' attitude of the conflict may have a lot to do with the difficulties which people are encountering now, so many years down the line.*

The formation of the Trauma Advisory Panels in 1999, soon after the Sperrin Lakeland Health and Social Services Trust established a Community Trauma and Recovery Team in 1998, was a significant co-ordinated response by social services and one which has helped to empower and develop partnerships with locally-based self-help groups. A variety of directories, programmes, newsletters and reports into the needs of the sector in different areas have been developed by and emanated from these bodies. It is noteworthy that, while no audit has yet been carried out, it would appear that an overwhelming majority of women are working and volunteering on these initiatives.

Prior to these developments, Manktelow[15] suggests that the three principal coping strategies used to preserve emotional and mental well-being in the absence of appropriate services at the height of the conflict were:

- denial,
- distancing and
- habituation.

A variety of mechanisms were called on to assist these processes. For some, habituation meant that life simply continued with the deviant and the irregular becoming normalised.[16] For others there developed a state-supported reliance on prescription medication.[17] And for the purposes of all three, numbing, brought about by a dependency on alcohol, prescribed and non-prescribed medication, were not uncommon. These negative coping mechanisms have in turn have resulted in a variety of community-based drug and alcohol related projects again often led by women.

Trans-generational issues

> *We have left a terrible legacy to our children. Look at all the vandalism, the violence, the young so-called 'scum bags' who throw bottles on to the M1 and at the fire brigades. The dependency on prescription medication, and the increasing suicide rates. People ask why this is going on. Are you blind? We have given the children that legacy by our inability to relate to one another, even within families. For the next 20-30 years Northern Ireland will be dealing with as many issues as it had to deal with over 30 years of conflict, just in a different guise.*

The impact of the Conflict on women and subsequently on their families ripples and spans across the generations. To date, despite the emerging

literature on trans-generational trauma in other contexts[18], very little investigation into the trans-generational impact of the Conflict in and about Northern Ireland has been documented. However, in the emerging literature, links are starting to be drawn between the reception and transmission of inter- and trans-generational trauma and the hardening of sectarian behaviour at interface areas, as well as with the increase in self harm and completed suicides in segregated and polarised areas.[19]

Young people are increasingly seen to be absorbing trauma across generations and it is women who have been principally responsible for a variety of support services to young people at risk and engaged in self-harming behaviours. Summerfield (2000) acknowledges the value of community and family responses as being key to enabling people to rebuild and weave their social fabric back together: *'Anything that is pro-family (including employment opportunities) and pro-community will help children recover a more positive social reality'*. And, within both practice and academic arenas, this work is being addressed in ground-breaking ways in the work of community groups valued in the work of Burrows and Keenan.[20]

Sectoral Capacity

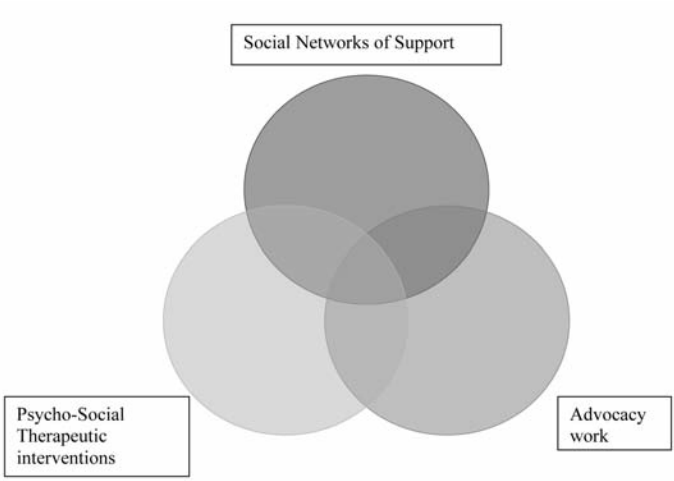
> *The challenge for workers is to be with people in a way that allows you to stay resourced, yourself, while at the same time supporting them. These are themes which should be reflected in the outcomes and goals set by funders. For funding and projects to have best effect, we need to see negotiation of the terms with the people themselves. There needs to be an openness to flexible outcomes, and for a recognition that processes are just as important as measurable 'outcomes'.*

The community-based groups that make up the Victim Sector are as diverse in their size and capabilities as they are in their aims and in the ideology of their client-base. They demonstrate a wide range of capacity in financial and professional terms, in the numbers of members or clients they are able to accommodate and in the geographical area they are able to serve. This breadth can be seen as both a challenge to and a valuable aspect of the sector. It is a challenge insofar as it compels the sector and its funders to devise ways of coordinating shared working without allowing the more articulate, well-resourced and professionally qualified and trained groups to dominate the scene. It is of value in the sense that there is already a wealth of approaches and expertise in the sector to be shared, learned from and improved on. One key challenge for the sector as a whole is that the value of the existence of

smaller groups with seemingly informal processes can sometimes be underestimated. The sector has been under-resourced and under-funded and consequently many small groups, reliant on volunteers have not always been able to adequately develop their capacity in appropriate ways.

Some groups have had the human and material resources to address specific areas of care. However, there is often an overlap displayed in the services that groups are equipped to offer. Irrespective of how broad an organisation's range of work might be, the sector is very reliant on the strength of individual relationships. Consequently, individuals frequently choose to work with more than one group, and in so doing, seek to separate and organise the different forms of support they require into different organisations' portfolios.

Core Functions of Victim/Survivor Groups



In the main, the sector can be divided into three core areas and the boundaries between these are often more porous and permeable than rigid.

- *Advocacy work* – takes the form of governmental lobbying, media and other public awareness-raising programmes. For most this is linked specifically to the criminal justice systems and in particular the advancement of legal action and to the pursuit of compensatory claims in

relation to social welfare needs and increasingly in relation to memorialisation. This is often highly ideologically and politically motivated work.

- *Social networks of support* – is the principal requirement that many women have of the sector, valuing above all else the opportunity to ensure that befriending, fellowship and comradeship are maintained and developed within communities of interest. This work is carried out particularly by small, informal and *ad hoc* single-identity groups. In some cases, however, these activities are closely linked to advocacy work, or to the psycho-social therapeutic work described below.

- *Psycho-Social therapeutic and medical interventions* – professionally mediated social and medical contributions provide for the principal needs of some within the sector. These include clinical and non-clinical therapies.

Many organisations have developed a particular ethos and purpose catering specifically for needs that their membership or users have prioritised. Many have identified the need to limit their work to a portfolio that simply provides opportunities for companionship. This regular and sustained way of connecting is held in particular esteem by the membership and considered just as important and beneficial for some as expert legal advice or psychotherapy is for others.

The value of smaller groups and the informal processes they provide should not be underestimated within the sector. If gaps are identified in service provision, efforts should be made to develop groups' capacity in appropriate ways and to seek partnerships which place relationships at their core.

At the centre of the sector's successes is an ability to build and sustain individual relationships. For many there is security and safety in knowing that their membership and staff have shared experience. In terms of shared working, the challenge for some groups in the sector is how to develop new relationships that recognise the plurality of loss. That said, the well-known reflection that 'every mother's tears are the same' resonated with several of the groups with which we engaged, suggesting the potential – and indeed the very real sympathy which currently exists within the sector – for drawing on frameworks and modes of engagement both within and across communities that prioritise at once the protection and the promotion of resources which already exist within families. As one project worker explained, the counsellors and support staff on her team are "encouraged by the fact that there is always

a ripple effect to the one-to-one work which they do: if they touch one family member, they in fact touch or help a whole network of people", and that this is particularly true for the mothers who seek and benefit from the services offered by the community group.

Dominant Voices and Silent Voices

> *I'm not sure if we will be going to the seminar or not – it's likely that one of the men would go in our place. They are more experienced at talking for the group and so we would just let them get on with it.*

While there are a large number of strong and articulate voices representing some people in the sector, there are also voices that feel themselves to be increasingly silenced. Gender appears to be a significant variable in relation to people's willingness to discuss the conflict. In some instances it is more significant than their ethno- political background. With the exception of organisations working on behalf of ex-prisoners and their families, it is evident that women (particularly those in rural areas) tend to permit and sometimes expect men to speak on their behalf, with the result that their voices seem to be less prominent in the sector as a whole. It is also noticeable that men from both rural and urban areas are less likely than women to discuss events from an emotional perspective and prefer to consider their experiences as part of a wider political narrative. This may or may not be because cultures in both urban and rural, PUL and CNR communities ordinarily privilege the male perspective in terms of public representation. It certainly highlights, however, the need to build confidence among women to value their particular insights, as well as their potential and current contribution to self and community healing.

Amongst other things, the controversial and politicised process surrounding the appointment of the Victims Commissioner(s) and obstacles to accessing adequate welfare support provision and networks have left several groups feeling abandoned by government representatives and former employers and, in some instances, by the communities they originally come from. Some groups who have contributed to discussions, consultations and research into the sector report having had their contributions edited or omitted. Groups feel that this has been in the interests of political expediency rather than as an oversight and has resulted in their particular concerns being absent from key debates. They welcome discussion around finding a way to draw voices together collectively without dishonouring their individual causes and experiences.

It is crucial that adequate time is allowed for all groups to discuss and debate their needs within the sector before policy and practice is set. It appears that all too often groups are steered into decision making on issues that they have not been enabled to adequately, or equally address. This is particularly so in relation to the medicalisation of trauma, commemoration and funding issues. Participants to the research felt that those with 'stronger' voices in the sector can influence and keep pace with the speed of policy developments, whereas those groups who are less well represented in the public arena are sometimes left behind. Despite this imbalance within the sector, all groups indicate a readiness and willingness to discuss and engage.

Some groups consider that they have not had support or encouragement to record their stories. Furthermore, while many needs assessments have been done[21], it seems that a large number of groups have not been captured in those assessments. There is a weighty legacy of suspicion and fear, particularly among victims and survivors from the security force background who, like the families of the 'On the Runs' or those who have been otherwise displaced from their communities, have lived 'in silence' for the past number of years. While many individuals have actively chosen to develop a personal culture of silence (and this is particularly so for security services personnel and those attached to other armed groups), there are also specific categories of people who appeared less likely than others to take the opportunity to discuss their experiences.

An important factor for some is their geographical location. It would appear that some people's expectations of what they are able to access are dictated by their location and in particular where they live in relation to urban areas. A theme that arises frequently is the rural/urban divide and that decision makers and funders are not fully aware of how different peoples' experiences have been. This is particularly true for those living in the country in the border areas.

Conclusion

A telling conclusion to the research report was that it identified and raised more questions than it suggested answers to those challenges. Complex issues ranging from the practical through the psycho-social to the spiritual face the Victim Sector in terms of self-definition, capacity and sustainability, health and well-being, appropriate modes of commemoration and memorialisation, and the impact of all of these challenges on this and new generations.

Importantly, gender consistently emerges as a dimension that is integral to these issues, as it most frequently falls to the lot of women as community workers and carers to respond to such challenges in the absence of statutory solutions. Our engagement with the sector in the course of this research highlighted the pivotal role which is currently – and has been historically – played by women as they rise to these multiple challenges as resourceful and resilient community carers, project co-ordinators, activists, educators, mothers and daughters from all communities, resolute in their commitment to establishing a shared and better future. However it is crucial that, to ensure their capacity to continue this work in good health at the front-line of an under-funded and vulnerable sector, women are appropriately acknowledged in their various roles, and consistently resourced and supported.

Notes

1 Statistics for the period April to June 2007 taken from DETI, 'Women in Northern Ireland', September 2007, p.15.
2 Edgerton, 1986; Belfrage, 1987; Dillenburger, 1992; Ward, 1996; Sales, 1997; Artexaga, 1997; Sharoni, 2001; Ashe, 2007.
3 Sørensen, 1998.
4 Horgan, 2008.
5 Templer and Radford, 2007.
6 Smyth and Hamilton, 2002.
7 Cairns and Wilson, 1989.
8 Tomlinson, 2007, p.12.
9 Hamber, 2004.
10 Boydell *et al*., 2008.
11 Meintjes, 2001; World Health Organisation, 2000.
12 Morgan, 1996.
13 Tomlinson, 2007.
14 Ibid.
15 Manktelow, 2007.
16 Gallagher, 2004.
17 Schlindwein, 1999.
18 Levine, 1997; Bar-on, 1998; Dulmas and Wodarski, 2000.
19 WAVE, 2003; Beattie *et al*, 2006; Tomlinson, 2007.
20 Burrows and Keenan, 2004.
21See Deloitte and Touche, 2001; Capita, 2003.

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