



FACING THE FUTURE TOGETHER

DISCUSSING IRELAND'S LIFELONG RESPONSIBILITY
TO THE SURVIVORS OF INSTITUTIONAL ABUSE

CONFERENCE REPORT 2020

IN PARTNERSHIP WITH



”

The organising committee wishes to thank all the Survivors who have come forward to shine a light on these dark corners of Irish history, helping to ensure the atrocities are never repeated. They also thank everyone who contributed their time and expertise to ensure the success of the conference and commemoration events.

”

Those who cannot remember the past are condemned to repeat it.”--George Santayana, *The Life of Reason*, 1905.

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This conference was to mark the 20th anniversary of the State apology to survivors and the 10-year anniversary of the publication of the Report of the Commission to Inquire into Child Abuse (the ‘Ryan’ Report).

The conference organisers agreed to collaborate in the planning of a public event to mark the respective anniversaries of these two key events. They consisted of the Christine Buckley Centre for Education and Support, Barnardos Origins & Tracing, Caranua, One in Four, HSE National Counselling Service, Right of Place Second Chance and Towards Healing.

In addition to the conference acting as a commemoration, the organisers utilised the opportunity to highlight and advocate for action on five key requests from the State, for all survivors. They are:

1 | MEDICAL CARD



ENHANCED MEDICAL CARD FOR SURVIVORS AND SUPPORT WITH HOUSING

2 | FAMILY SERVICES



CONTINUATION OF FREE EASILY ACCESSIBLE COUNSELLING SERVICES FOR SURVIVORS

3 | ADVOCACY SUPPORT



PROVISION OF ADVOCACY SUPPORTS FOR SURVIVORS IN THE LONG-TERM, INCLUDING ACCESSING PUBLIC SERVICES, LINKAGE WITH SUPPORT SERVICES, HOMELESSNESS AND ADDICTION SUPPORTS

4 | TRAUMA INFORMED



ALL MEDICAL, AND PUBLIC SERVICE STAFF WORKING IN A CUSTOMER-FACING ROLE SHOULD RECEIVE TRAUMA INFORMED PRACTICE TRAINING ON HOW TO IDENTIFY SURVIVORS AND THE DIFFERENT APPROACHES TO THE SUPPORT THEY MAY REQUIRE.

5 | GLOBAL SUPPORT



IDENTIFICATION OF SUPPORTS NEEDED BY SURVIVORS BASED OUTSIDE OF IRELAND

Ireland has an uncomfortably long history with institutional abuse. Due to the illicit nature of abuse it is commonly surrounded by guilt, blame, stigma, shame and it is buried, perpetrators and the organisations they represented try to hide the atrocities that took place, cover up facts and turn away from the people who survived them.

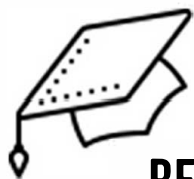
Many individuals and groups did not agree to their truth being erased and spoke out. Their bravery was in some way acknowledged by the State apology given by An Taoiseach, Bertie Ahern, on the 11th of May, 1999. He stated that he was making “a sincere and long overdue apology” to the survivors of childhood abuse in state institutions, and acknowledging he was apologising “for our collective failure to intervene, to detect their pain, to come to their rescue. All children need love and security. Too many of our children were denied this love, care and security. Abuse ruined their childhoods and has been an ever-present part of their adult lives reminding them of a time when they were helpless”.

In 2005 the Chair of the Commission to Inquire into Child Abuse (CICA), Justice Sean Ryan requested research on the psychological impact of institutional abuse on survivors. This research was published in volume five of the Ryan Report and a series of peer-reviewed papers in 2009 and 2010. The research described the psychological adjustment of adult survivors of institutional abuse which occurred in religiously run state-funded Irish industrial schools, reformatories and Mother and Child Institutions.

The report of the Commission to Inquire into Child Abuse known as the ‘Ryan Report’ was published on the 20th May 2009; it provided detailed accounts and shocking examples of the ongoing effects the childhood abuse and trauma experienced by survivors had on them and their families.

Further information about the Commission to Inquire into Child abuse and the Ryan Report can be found **here** or by visiting childabusecommission.ie.

5 KEY REQUESTS



**MANY OF THE SPEAKERS
RECOGNISED EXPERTS IN THEIR OWN
FIELDS, PRESENTED INFORMATION THAT
GAVE ADDITIONAL RATIONALE, SUPPORT
AND EVIDENCE TO THE**

FIVE REQUESTS



BASED ON RESEARCH



COLLECTIVE KNOWLEDGE SHARING



SURVIVOR FEEDBACK



**LEARNINGS FROM SERVICE PROVIDERS
AND YEARS OF HANDS ON EXPERIENCE**

11 MAY 2019

The conference took place in the Edmund Burke Theatre, Trinity College, Dublin and was well attended with survivors from all over the country, and the UK.

There were also representatives among the organisers from other service providers, family and friends of the survivors themselves. Former Taoiseach Bertie Ahern was also in attendance.

The Chairperson for the day was Colm O`Gorman, Executive Director of Amnesty International (Ireland), founder and former Director of One in Four counselling service, and survivor.

The role of rapporteur was carried out by Fergus Finlay, former CEO of Barnardos and columnist for the Irish Examiner.



The conference was opened by Carmel McDonnell Byrne former Chairperson of the Christine Buckley Centre for Education and Support. She gave context to the event, naming the State apology and the publication of the Ryan Report.

She spoke with affection and respect when remembering Christine Buckley, whom she met after seeing her in the seminal documentary “Dear Daughter”, made by Louis Lentin.

Speaking from both her own experiences as a survivor, describing the feelings of isolation, shame and being overwhelmed.

She also recalled stories of the many other survivors she has worked with over the years, both in Christine Buckley Centre and also as an individual visiting other survivors in their homes, hospital settings, and in other services. She spoke of their trauma, loneliness, practical and personal needs and how that being believed and heard is vital for the person’s wellbeing.

Carmel thanked the representatives of the agencies who collaborated on the planning and organisation of the event.



Carmel McDonnell Byrne,
Founder

Christine Buckley Centre for
Education and Support

SERVICES SUPPORTING RECOVERY FROM TRAUMA



PROFESSOR ALAN CARR
KEYNOTE

PROFESSOR OF CLINICAL PSYCHOLOGY,
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- THE RYAN REPORT
- INTERVENTION AND SERVICE PROVISION NEEDED
- TRAUMA INFORMED SERVICES

"I'M HERE TO TELL YOU HOW I SURVIVED EVERYTHING"



DR. GRACE SHERIDAN

CLINICAL PSYCHOLOGIST
AT THE TRAUMA RESEARCH GROUP,
UNIVERSITY COLLEGE DUBLIN



@GRACESHERID

- FINDINGS OF: POST TRAUMATIC OUTCOMES AFTER INSTITUTIONAL CHILDHOOD ABUSE: THE EXPERIENCES OF SURVIVORS

SURVIVORS AND ADDICTION



MS. NICOLA PERRY

MANAGER OF COMMUNITY RESPONSE
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- EXPERIENCES OF ADULT SURVIVORS OF INSTITUTIONAL ABUSE
- POSITIVE IMPACT OF TIC APPROACH WHEN IMPLEMENTED BY SERVICE PROVIDERS

HOW THE VOICES OF SURVIVORS MADE A DIFFERENCE TO CHILDREN IN CARE TODAY



MS ISOLDE BLAU

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PSYCHOLOGIST WITH TUSLA**



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- **INFLUENCE OF SURVIVORS ON
HSE CHILDCARE SERVICES
TODAY**
- **CHILD PROTECTION MODEL
CALLED AFTER “SIGNS OF
SAFETY”**

AFTER THE SPOTLIGHT: SURVIVORS VIEWS ON THEIR FUTURE NEEDS



MR MÍCHÁEL WALSH

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- **AFTER THE SPOTLIGHT (2017)
REPORT**
- **FIVE KEY RECOMMENDATIONS
FOR THE STATE TO SUPPORT
SURVIVORS LONG TERM NEEDS.**

HOME THOUGHTS FROM ABROAD: THE FUTURE NEEDS ABROAD



MS GERALDINE RYAN

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- **FUTURE NEEDS OF ADULT IRISH
SURVIVORS OF INSTITUTIONAL
ABUSE WHO ARE RESIDENT IN
ENGLAND**
- **SERVICE PROVISION & WELFARE:
AGING POPULATIONS**

BREAKING CONSPIRACIES OF SILENCE: THE ROLE OF COUNSELING



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- **DEVELOPMENT OF A DEDICATED COUNSELING SERVICE FOR ADULT SURVIVORS**
- **FAMILY AND INTERGENERATIONAL IMPACT AND SERVICE NEED**

THE IMPORTANCE OF SURVIVOR ORGANISATIONS & THE IMPACT OF SERVICE CLOSURES



FRANCIS TREANOR

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- **HISTORY OF THE FINANCIAL RESPONSES TO THE VICTIMS OF INSTITUTIONAL ABUSE**
- **CARANUA: CLOSURE AND ITS IMPACT ON SURVIVORS**

THE ROLE OF THE STATE IN PROVIDING CONTINUED SUPPORTS TO SURVIVORS



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- **THE STATE'S RESPONSIBILITY TO SURVIVORS**
- **STATE RESPONSES TO THE INJUSTICES EXPERIENCED BY SURVIVORS**

PROFESSOR ALAN CARR, PROFESSOR OF CLINICAL PSYCHOLOGY UNIVERSITY COLLEGE DUBLIN

Professor Carr's presentation addressed the psychological adjustment of adult survivors of institutional abuse which occurred in religiously run Irish industrial schools and reformatories in the second half of the 20th century. Specifically, ***"Services Supporting Recovery from Trauma: Implications of Research of the Psychological Effects of Institutional Abuse"***.

He opened by describing the origins of the Ryan Report, and the work that he and his colleagues did to inform the report. They aimed to investigate "the psychological adjustment of adult survivors of institutional abuse" which occurred in religiously run Irish industrial schools and reformatories in the second half of the 20th century.

He explained that the information was drawn from **247** interviews with survivors, which took place both in Ireland and the UK. He named some of the institutions in Ireland, their operational years, the numbers of children who were resident, the reasons they were sent there, and also the reasons they finally left.

The disturbing figures showed that among those interviewed over 90% had survived physical and emotional abuse and neglect, almost half had survived sexual abuse and over 90% had experienced 4 or more forms of maltreatment in the institution.

One of the impacts in adulthood of this childhood trauma was demonstrated by the fact that

4 OUT OF 5 REPORTED HAVING A PSYCHOLOGICAL
SURVIVORS DISORDER AT SOME POINT IN THEIR
LIFETIME

This is **significantly higher than the 1 in 4 found in a community setting**. He also stated that among survivors, the rate of psychological disorders was more than double that in international community samples.



At some point in their lifetime (but not when interviewed) **approximately a third of survivors had depressive, anxiety or alcohol and drug use disorders**

This finding speaks strongly to the organisers requests for survivors receiving continuing support in terms of

- **MEDICAL CARDS**
- **ACCESS TO COUNSELLING AND SPECIALIST SERVICES SUCH AS HOME-LESSNESS & ADDICTION SERVICES**

One of his summary points from the research was, “Institutional child abuse was correlated with adjustment problems in adulthood”. Survivors have a more difficult time as adults directly because of what happened to them as children in institutions.

Professor Carr moved on from the research overview to name some of the **key recommendations by the Ryan Report**, they were:

- 1 | COUNSELLING AND MENTAL HEALTH SERVICES HAVE A SIGNIFICANT ROLE IN ALLEVIATING THE EFFECTS OF CHILDHOOD ABUSE AND ITS LEGACY ON FOLLOWING GENERATIONS. THESE SERVICES SHOULD CONTINUE TO BE PROVIDED TO EX-RESIDENTS AND THEIR FAMILIES.'
- 2 | EDUCATIONAL SERVICES TO HELP ALLEVIATE THE DISADVANTAGES EXPERIENCED BY CHILDREN IN CARE ARE ALSO ESSENTIAL.'

Professor Carr moved on to a final section which described, based on extensive international research, the types of intervention and service provision that needed to be made available to adult survivors and their families. These were in four domains:

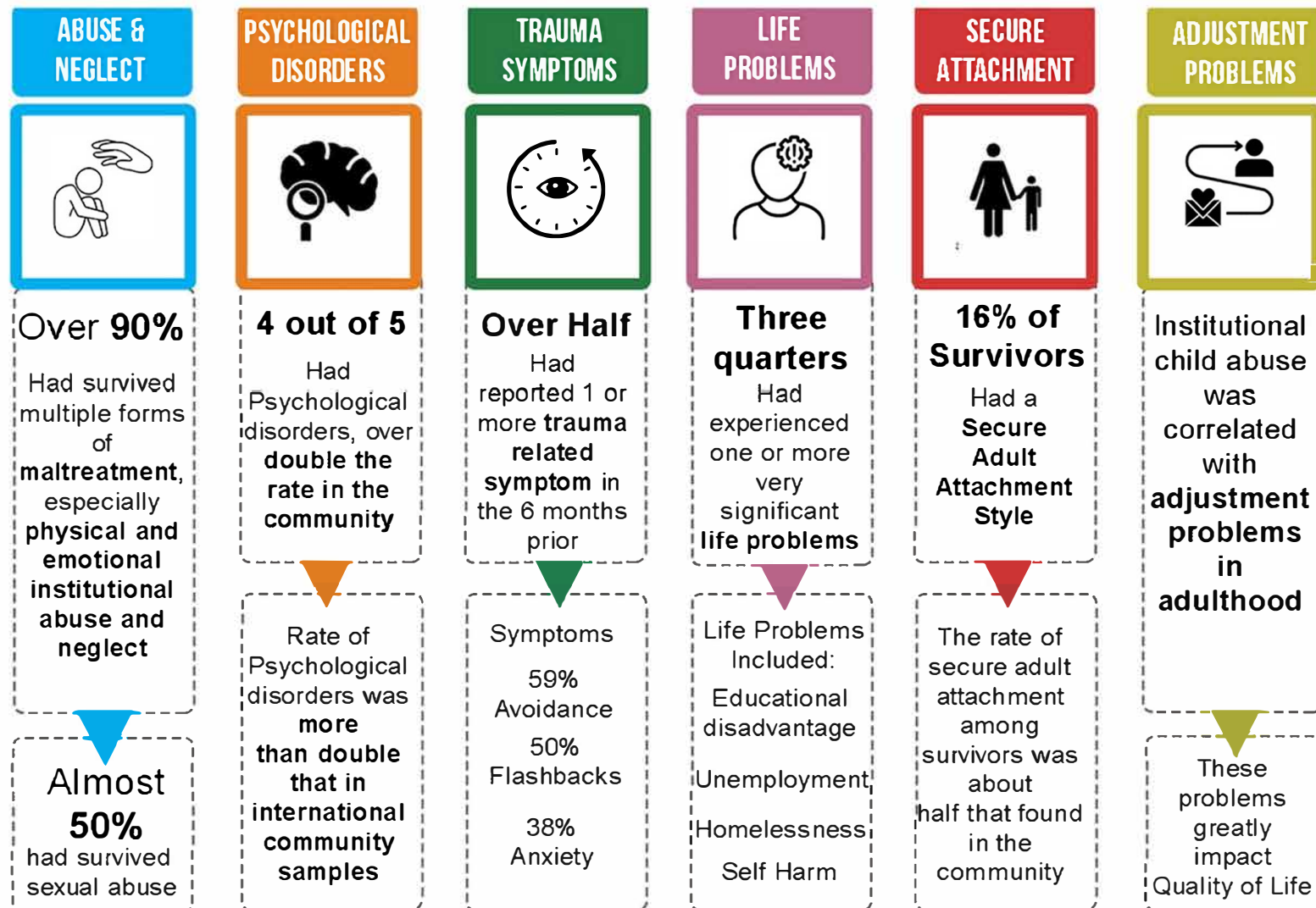


He went on to describe the break down of what these services might look like and highlighted the need for multi-disciplinary service providers to be trauma-informed i.e. have an understanding of the impact on adult behaviours and responses that is created by childhood trauma. This topic was expanded upon by later speakers.

SERVICES SUPPORTING RECOVERY FROM TRAUMA

| 14

CORRELATION BETWEEN INSTITUTIONAL CHILD ABUSE & ADULT ADJUSTMENT



FAMILY HOME + INSTITUTION VS. INSTITUTION

Survivors abused at **home and in an institution** reported more trauma symptoms and fewer had a secure adult attachment style.

Had been maltreated at home and in an institution

46

121

Had lived at home with their families

Had been abused in an institution only

75



240
RESPONDENTS

GENDER VARIANCES

Correlated differences between gender subgroup demonstrated the following:



More females had a lifetime diagnosis of **panic disorder** with **Agoraphobia**



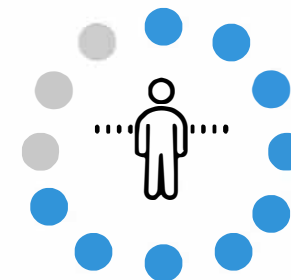
More males had a lifetime diagnosis of **Alcohol Dependence**

13%



vs 2%

37%



vs 14%

WORST TYPE OF ABUSE SURVIVORS OF SEVERE ABUSE

SEXUAL ABUSE

24%

Showed poorest adjustment
Trauma symptoms
Alcohol & substance abuse
& antisocial behaviour

EMOTIONAL ABUSE

34%

were the better adjusted of the 3 groups



PHYSICAL ABUSE

41%

fell between that of the other two groups



NUMBER OF PSYCHOLOGICAL DISORDERS



4+

The group with 4+ disorders (34%)
• Most severely abused
• Most poorly adjusted

1-3

The group with 1-3 disorders (48%) fell between the other two groups

0

The resilient group with no disorders (18%)
• Least abused
• Best adjusted

SURVIVORS HAVE A WIDE RANGE OF PROBLEMS

Survivors present with a wide range of psychological disorders and life problems which services must account for these may include:



- Anxiety
- Depression
- Personality disorders
- Drug and alcohol problems
- Trauma symptoms
- Anger management
- Self-harm
- Sexuality issues
- Relationship issues
- Chronic physical illness
- Educational disadvantage
- Work-related problems
- Homelessness
- Legal problems

SERVICES SHOULD BE



TRAUMA INFORMED

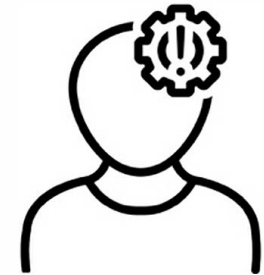
EACH SURVIVOR IS UNIQUE

ONE SIZE DOES NOT FIT ALL

Psychological and support services should take account of the fact that each survivor is unique.



The is the opposite of a
'One size fits all' approach.



SURVIVORS VARY ON MANY DIMENSIONS

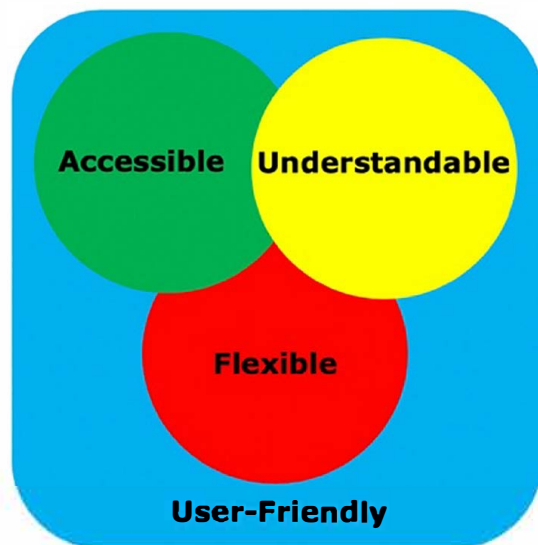
Psychological disorders

- Trauma symptoms
- Relationship difficulties
- Major life problems
- Institutional and intra-familial abusive experiences

Professor Carr moved on from the research overview to name some of the **key recommendations by the Ryan Report**, they were:

THE **4** HALLMARKS OF EFFECTIVE SERVICES

PSYCHOLOGICAL SERVICES FOR SURVIVORS OF INSTITUTIONAL ABUSE
AND THEIR FAMILIES SHOULD BE:



Easily accessible. Its easy to get an appointment, easy to travel to, and welcoming when you arrive there.

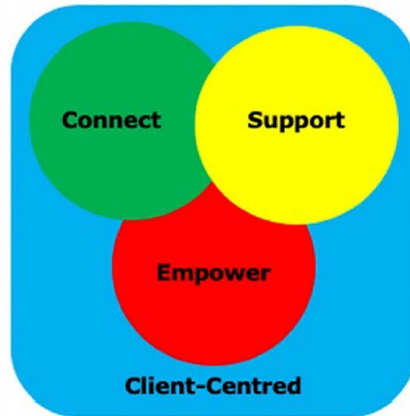
Understandable. The way service providers communicate is easy to understand.

Flexible. The appointments or other arrangements made are not cast in stone. There is room for tweaking them.

THE 4 HALLMARKS OF EFFECTIVE SERVICES

2

CLIENT CENTERED



In client-centred services, providers form good relationships with clients so clients feel **connected** to the service.

Providers make clients feel **supported** so they can rely on the service when they need help.

Providers **empower** clients to clarify their goals and work towards these.

3

EVIDENCE BASED PRACTICE



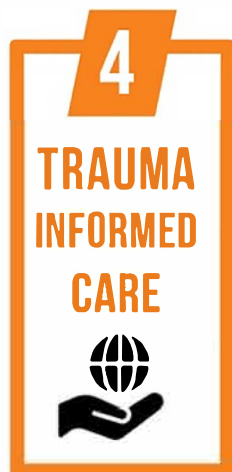
Service providers committed to **evidence-based practice** take account of

Client's needs & preferences

Best research evidence

They, then make **expert clinical judgments** about what approach will best suit the client.

THE 4 HALLMARKS OF EFFECTIVE SERVICES



Create a **safe environment**

Form **trusting relationships**

Help clients acquire **skills and resources** to help them **recover** their lives

SERVICES SHOULD BE COMMITTED TO
TRAUMA INFORMED CARE



SERVICE PROVIDERS SHOULD HELP
SURVIVORS RECOVER BY RECOGNISING
THAT EACH HAS UNIQUE NEEDS



DR. GRACE SHERIDAN, CLINICAL PSYCHOLOGIST AT THE TRAUMA RESEARCH GROUP UNIVERSITY COLLEGE DUBLIN

Dr Grace Sheridan completed her PhD study under the supervision of Professor Alan Carr. Her presentation outlined the findings of her research study as part of the requirements for a PhD in Clinical Psychology which was conducted with nine adult survivors of institutional childhood abuse (ICA) in Ireland between May and October 2018. The findings in the report are based on survivors' descriptions of how they navigated their lives after leaving the institutions they had been placed in.

She described the background to the study, its aims and how it was carried out. There were in-depth descriptions of ten themes that presented from the survivors during the research.

1

Institutionalisation during childhood, which resulted in the fragmentation of survivors' family units, led to a loss of family identity and had significant consequences for survivors' sense of security and connectedness in later relationships.

2

Societal attitudes and cultural messages about institutional childhood abuse have a significant impact on survivors' identities and how they view themselves. During childhood, social prejudice and discrimination were experienced by survivors in response to their disadvantage and deprivation. During adulthood, some survivors reported that an improved self impression was promoted through a compassionate and empathic social response to their disclosures of institutional abuse.

DR. GRACE SHERIDAN, CLINICAL PSYCHOLOGIST AT THE TRAUMA RESEARCH GROUP UNIVERSITY COLLEGE DUBLIN

3

Long-standing beliefs associated with being defective, shameful and unlovable were commonly reported by survivors.

4

Participants described the continuation of trauma-related symptoms, which were indicative of post-traumatic stress disorder. This included: re-experiencing of the trauma through intrusive memories, nightmares or intense mental and physical reactions and acute physiological arousal.

5

Survivor-specific support services helped victims of ICA to recover the capacity to experience safety, relaxation and true reciprocity within social and intimate relationships.

6

Engagement with counselling and therapy services often played a central role in survivors' development of positive psychological change.

7

Acknowledgment of perpetrator culpability was a positive driving force in the development of survivors' personal strength.

DR. GRACE SHERIDAN, CLINICAL PSYCHOLOGIST AT THE TRAUMA RESEARCH GROUP UNIVERSITY COLLEGE DUBLIN

8

Every participant reported chronic educational neglect and disadvantage due to their institutional upbringing. Opportunities to engage in educational and vocational courses during adulthood were of great significance to survivors and were associated with the development of self-worth and self-fulfillment.

9

Survivors were often motivated by their own experiences of marginalisation and social exclusion to help vulnerable others experiencing adversity.

10

Survivors continue to cope with post-traumatic distress, social stigma, complex family relationships, and social and educational disadvantage.

RECOMMENDATIONS

Recommendations (summarised here) to respond to the presenting themes put forward in the paper that would potentially improve the quality of life for survivors, and address some of the practical needs and supports required by survivors in adulthood and later life.

DR. GRACE SHERIDAN, CLINICAL PSYCHOLOGIST AT THE TRAUMA RESEARCH GROUP UNIVERSITY COLLEGE DUBLIN

1

Use a holistic approach to meet survivors' needs throughout adulthood. This should incorporate access to education and provide opportunities for employment (paid and voluntary), engagement with psychological trauma support, access to personal records, housing and social welfare advice, and access to health and wellbeing supports.

2

Many participants reported ongoing trauma-related distress, with several survivors describing experiences of post-traumatic stress disorder. Survivors in Ireland are an ageing population. Relocation to an institutional environment, such as a hospital or nursing home, could intensify existing symptoms of post-traumatic stress or cause new ones. Therefore, the provision of trauma-informed care services to survivors during older adulthood is an important consideration.

3

Survivor-specific support services to the psychological wellbeing of survivors of institutional childhood abuse cannot be overstated. Support services specific to survivors' needs (e.g. The Christine Buckley Centre) may be the only source of support for them. It is crucial that adequate state funding is made available to such services to meet survivors' needs for social support, information and referral.

4

The stigma, prejudice and discrimination that many survivors still report experiencing must continue to be broken down at a public level. Educational campaigns aimed at increasing public knowledge on institutional childhood abuse in Ireland would be vital. Campaigns should also act as a celebration of the talents, resilience and courage of survivors.

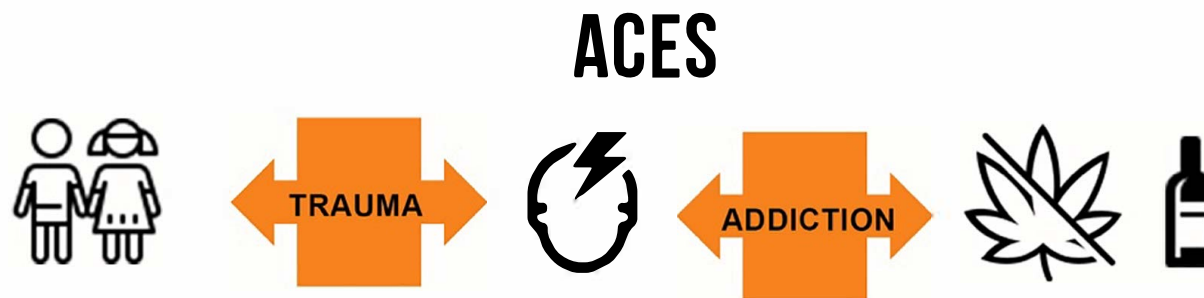
**DR. GRACE SHERIDAN, CLINICAL PSYCHOLOGIST AT THE TRAUMA RESEARCH GROUP
UNIVERSITY COLLEGE DUBLIN**

**“I WOULD LIKE TO EXTEND MY SINCERE GRATITUDE
TO THE SURVIVORS WHO GENEROUSLY GAVE THEIR
TIME TO TAKE PART IN THIS RESEARCH AND TO
TELL THEIR STORIES OF DEVASTATION,
VULNERABILITY, AND HOPE.”**

MS. NICOLA PERRY, SERVICE MANAGER COMMUNITY RESPONSE, PRIMARY ALCOHOL AND LIVER HEALTH SERVICE, LOCATED IN DUBLIN

Nicola's presentation focused on experiences of adult survivors of institutional abuse, specifically the evidence-based **link between Adverse Childhood Events (ACEs) and addiction in later life**. She also discussed the positive impact that the Trauma Informed Care (TIC) model can have for survivors when implemented by service providers.

The presentation began by giving an overview of what trauma is, the types of trauma that have been listed, negative experiences in institutions being one of these and the behavioural impact that childhood trauma can have on adult life. Some **examples of ACEs were given as childhood neglect or abandonment, lack of food, lack of money to meet basic needs, homelessness, death or loss of a parent, divorce, family life that includes drug addiction, alcoholism, parental incarceration, violence and negative experiences in institutions. Each one of these is recognised as one "ACE"**.



MS. NICOLA PERRY, SERVICE MANAGER COMMUNITY RESPONSE, PRIMARY ALCOHOL AND LIVER HEALTH SERVICE, LOCATED IN DUBLIN

The speaker moved on to highlight that research indicates the **higher number of ACEs** experienced in child or adulthood, the greater the potential **negative lifestyle, health or cognitive impacts**. Research from the UK showed that people with four or more ACEs are almost 4 times more likely to smoke, almost 4 times more likely to drink heavily, almost 9 times more likely to experience prison and 3 times more likely to be obese. Discussing the model of Trauma-Informed Care, which had already been referenced by both previous speakers, as a recommended response for service providers to implement when working with adult survivors, she stressed that as a principle of care service providers should consider **“We should not be asking ourselves what is wrong with this person, but rather what had happened to this person?”**

SUMMARY POINTS

HIGH PREVALENCE RATES OF SERVICE USERS WITH MULTIPLE ACES

SERVICE PROVIDERS: TRAUMA-INFORMED CARE AS DIVERGENT FROM STANDARD CARE

ASSESS HISTORIES & SYMPTOMS OF TRAUMA AND LINK TO TREATMENT PLANS

BOARDS & MANAGERS NEED TO PROVIDE SUPPORT & SKILL DEVELOPMENT REGARDING TIC

MS.ISOLDE BLAU, PRINCIPAL CLINICAL PSYCHOLOGIST WITH TUSLA

Isolde's presentation focused on the influence that experiences of survivors have had on the responses and structures within HSE childcare services today. She stated they had learned from the stories of survivors that their **childhood experiences stayed with them in adulthood.**

A lot of this learning was captured in the Ryan report, and its recommendations have shaped the way in which services in Tusla have been developed, and it is believed that whilst there is more work to be done in improving responses, they are on the right pathway. She referenced a child protection model called "**Signs of Safety**" that centres on listening to children in services, and ensuring that they are included in decisions made about them.

Practices now uphold the principle of the connection between children and their parents, if they cannot remain in the home, that regular safe contact is maintained. This came from difficult learnings of the lifelong impacts of childhood separation from family units. In addition to changed policy, practical supportive actions have been implemented such as having an adult who has personal experience of the care system involved in decisions about foster care placements.

The presentation concluded with a ***personal thanks for the bravery and honesty displayed by the survivors who participated in studies and research, which has helped improve childcare systems.***

MR MICHEÁL WALSH, DIRECTOR OF SERVICES FOR RIGHT OF PLACE SECOND CHANCE

Right of Place Second Chance, a charitable organisation that supports survivors of institutional child abuse and their families, headquartered in Cork with a regional office in Waterford. His presentation focused on the **2017** document they produced, “**After the Spotlight**”, a submission to Government on the long-term support for survivors of institutional abuse and their families in Ireland. The document calls on the Irish Government to implement policy change, and to make a genuine commitment to improving the lives of survivors of institutional abuse and their families, through meaningful long term oriented intervention, as a way of ensuring commitment to the State’s response to survivors.

The five recommendations – or calls to action- from the State were outlined and described through the presentation are as follows:

5 AFTER THE SPOTLIGHT POLICY RECOMMENDATIONS



HEALTHCARE

Provide equality of **healthcare** to survivors: The granting of the Health Amendment Act (HAA) Medical card would recognise the on-going medical challenges facing survivors today.



STATE PENSION

Recognise the work performed in Irish institutions by survivors as children: Offering survivors automatic entitlement to the **State Pension** (Contributory) upon reaching pensionable age would provide a demonstration of the Government’s recognition of survivors’ contribution to the Irish economy.

MR MICHEÁL WALSH, DIRECTOR OF SERVICES FOR RIGHT OF PLACE SECOND CHANCE



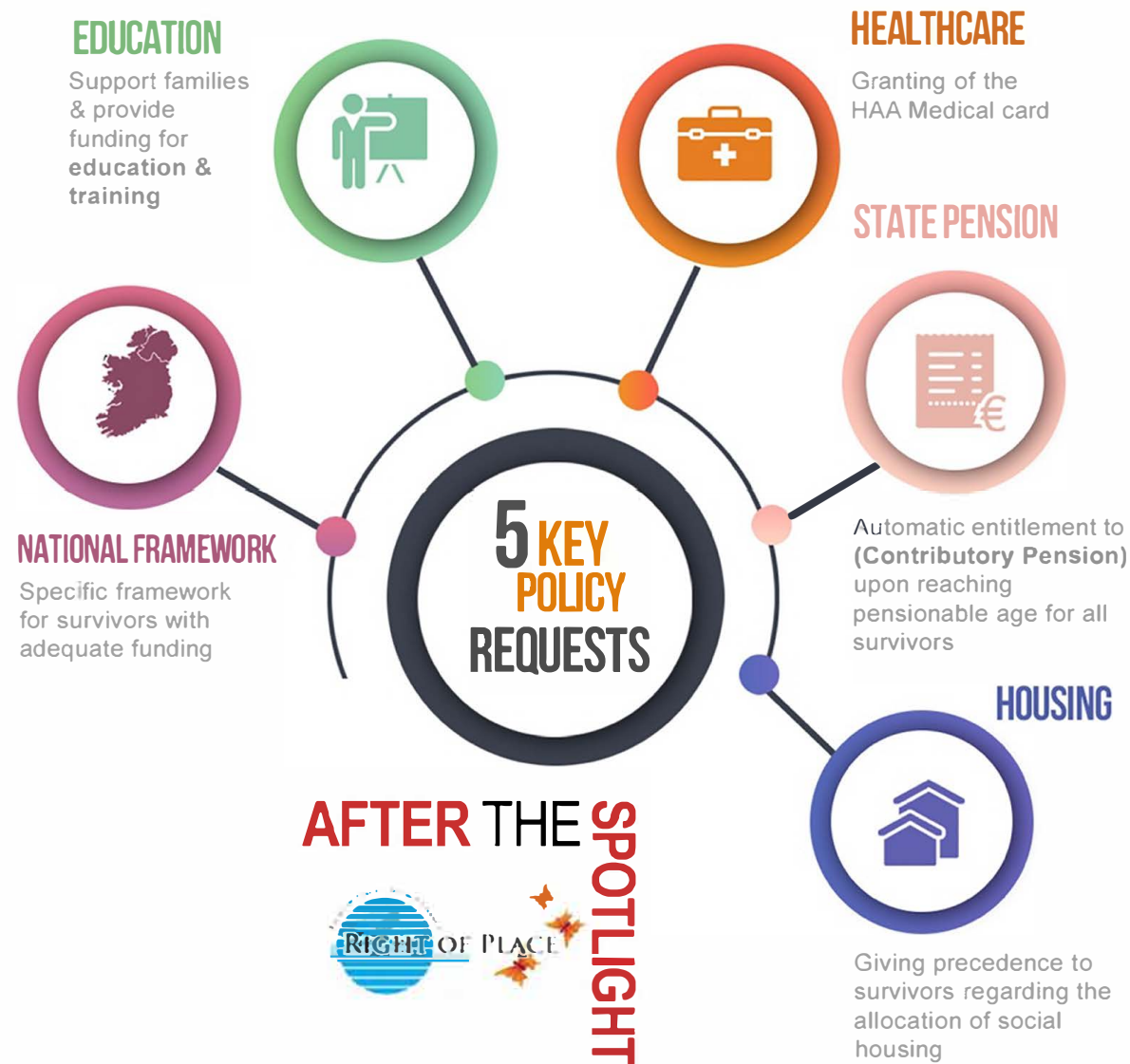
Prioritise survivors for **social housing & resettlement**: Giving precedence to survivors regarding the allocation of social housing and resettlement supports would recognise the adverse effects of their institutionalisation and abuse as children, which has, in many cases, led to emigration, low levels of home ownership or homelessness.



Support survivors' **families**: Providing access to funding for **education, training** and associated supports would enable the families of survivors, many of whom are typically from a lower socioeconomic background, to break the cycle of poverty, which was in part caused by the institutionalisation and physical and emotional abuse experienced by survivors.



Increase capacity for survivor specific support and establish a **national framework** for the future: This must be acted upon and adequately funded, to ensure that all calls to action and recommendations are implemented in an appropriate and effective manner. An **adequately funded framework** for ongoing support is crucial to ensuring a positive future for survivors and their families. It is important to note that both transparency and accountability must also go hand in hand within such a framework.



MR MICHEÁL WALSH, DIRECTOR OF SERVICES FOR RIGHT OF PLACE SECOND CHANCE

135

INDIVIDUAL SURVIVORS GAVE
THEIR DIRECT VIEW

1,800

INDIVIDUAL SURVIVORS GAVE THEIR
INDIRECT VIEW THROUGH
CONTACT WITH THEIR REPRESENTATIVE
ORGANISATION

It gives weight to the requests of the organisers of this meeting that many of the findings generated from the After the Spotlight Report cover similar themes and needs of survivors.



ORGANISATIONS INVOLVED IN THE RESEARCH AND MANDATING THE RESULTING CALLS TO ACTION WERE:



**RIGHT OF PLACE SECOND
CHANCE**



COVENTRY IRISH SOCIETY

**Irish Women
Survivors**
Support Network

**IRISH WOMEN SURVIVORS
SUPPORT NETWORK**

GERALDINE RYAN, CLINICAL DIRECTOR, THE IMMIGRANT COUNSELLING AND PSYCHOTHERAPY SERVICE (ICAP), LONDON

ICAP was established in London in **1996** to provide culturally-specific mental health support for the Irish community and other minority groups.

Geraldine presented a paper co-written with Catherine Hennessy, CEO. It considered the future needs of adult Irish survivors of institutional abuse who are resident in the UK. It was informed by their experiences as a charity providing **psychotherapy for survivors in a UK context** as well as the anecdotal experiences of our clients and our partner agencies working with the Irish community.

Many survivors of Irish institutions made their homes in the UK. The **Commission to Inquire into Child Abuse (CICA)** was established in 1999 and reported in 2009. The commission heard 1,090 witness reports. Higgins (2010) conducted a comprehensive analysis of the socio-economic profile of survivors using data gathered by CICA.

From 2001 to 2013, the Irish government, via the Department of Education & Skills, funded bespoke services for survivors in the UK including the LISOS service at London Irish Centre. Following the establishment of Caranua, this funding ceased.

GERALDINE RYAN, CLINICAL DIRECTOR, THE IMMIGRANT COUNSELLING AND PSYCHOTHERAPY SERVICE (ICAP), LONDON

From its inception some 22 years ago, ICAP's services have been actively advocating and supporting survivors. This work has evolved over the life of the organisation to take account of the changing needs of survivors and in response to contemporaneous events, such as the establishment of the Commission to Inquire into Child Abuse and the subsequent establishment of Caranua. The thoughts on future needs of survivors provided below are shaped by our experience of providing therapy and psychosocial support through which, we have learned that UK based survivors face distinct challenges



SERVICE PROVISION & WELFARE

Public awareness of events such as the historical existence of industrial schools, can be challenging for survivors using social care and housing services. Often as a prerequisite to accessing these services, survivors may have to repeatedly explain to an uncomprehending figure holding a position of power, their particular histories and the trauma they have experienced.

Rising demands for increased evidence of disability or inability to work result in associated fear and distress at the prospect of losing welfare benefits. There are no specialist services for survivors in UK cities meaning that some survivors do not have access to specialist support services for benefits or housing advice.

GERALDINE RYAN, CLINICAL DIRECTOR, THE IMMIGRANT COUNSELLING AND PSYCHOTHERAPY SERVICE (ICAP), LONDON



AGING POPULATION

Survivors are an aging group and the majority of survivors using our service are aged over sixty years. Due to this and their often chronic underlying health needs, survivors report gradually increasing contact with health services. Some survivors have reported that invasive medical procedures can induce flashbacks related to earlier trauma. This can in turn lead to periods of anxiety and depression. Many survivors report a fear of memory loss and dementia. At times, this can be associated with the fear that long held secrets may emerge as the disease progresses.



OTHER NEEDS

Chronic isolation is an issue for many survivors. Ranging from extreme social isolation and living alone, to living in a family environment but having the secret of past trauma as an obstacle preventing close relationships.

Survivors of institutional abuse speak of a wide spectrum of experiences on migrating to Britain. Some speak of finding an emotional and physical home, some of living solitary and socially isolated lives. Others speak of the relief of escape and anonymity as well as the loneliness of disconnection from home.

GERALDINE RYAN, CLINICAL DIRECTOR, THE IMMIGRANT COUNSELLING AND PSYCHOTHERAPY SERVICE (ICAP), LONDON

“ THIS NOTION OF HOME, SUGGESTING A SENSE OF BELONGING, ACCEPTANCE AND SAFETY, IS ONE WHICH SURVIVORS CAN FEEL EXCLUDED FROM, BOTH WITHIN THE HOST CULTURE AND WITHIN THE IRISH COMMUNITY. ”

The presentation ended with the acknowledgment that services which are specifically designed to address the psychological needs of survivors are currently **extremely limited** and those which address the **needs of the following generations are even more so**.

Trauma, as we are aware, is transmitted in many ways to next generations. ICAP recognises this in its work with family members who experience a range of difficulties which are poorly understood by education and welfare services.

FIONA WARD, DIRECTOR OF COUNSELLING FOR THE HSE NATIONAL COUNSELLING SERVICE

This presentation addressed the role of counselling in addressing the Impact of Institutional Abuse on the next Generation(s), providing a clear **history** of the development of the first dedicated counselling service aimed at survivors of institutional abuse. It was established in 2000 one year after the historic May 11th public apology from An Taoiseach Bertie Ahern, on behalf of the state – to those who had been abused as children in institutions.

**“ FOR OUR COLLECTIVE FAILURE TO INTERVENE, TO DETECT THEIR PAIN,
TO COME TO THEIR RESCUE ”**

We heard that as the first national counselling service of its kind in Ireland, the **NCS** was established across the country in consultation with support groups representing those who had been abused in institutional care, all of whom lobbied and informed the service. These groups included:



AISLINN CENTRE [NOW THE CHRISTINE BUCKLEY CENTRE]

**IRISH SURVIVORS OF CHILDHOOD ABUSE IN THE UNITED KINGDOM
(SOCAUK)**

**ALLIANCE ORGANISATION FOR RECOVERY FROM INSTITUTIONAL
ABUSE**

**RIGHT OF PLACE SECOND CHANCE
THE RIGHT OF PEACE / CLONMEL GROUP**

FIONA WARD, DIRECTOR OF COUNSELLING FOR THE HSE NATIONAL COUNSELLING SERVICE

Figures presented displayed that since 2000 more than **40,000** people have been referred to the NCS for counselling in relation to experiences of childhood abuse. **11%** of these clients have identified that this abuse occurred in state-run institutions such as the industrial schools at Artane, Letterfrack, Goldenbridge etc. Between 2000 and 2007 on average **20%** of referrals each year were from adults who had experienced abuse in State run institutions. This figure reduced to an average of **10%** until 2009 when there was a peak in referrals following the publication of the Ryan Report.

Fiona moved on to discuss that increasingly the children of those who grew up in institutions are presenting to the NCS for counselling. Common amongst these clients are feelings of **guilt, fear** and **shame** particularly in relation to talking about their parent(s) history.

This experience reflects findings from studies with children of parents who grew up in institutions in **Canada** who identified that their parents' experiences impacted the bonds they formed with their children and their parenting behaviour (Bombay et al 2013; Allbaugh et al 2014). These studies also found that such children were more vulnerable to abuse and victimisation by others (Elias et al 2012), were more likely to experience additional stressors in their lives and to be more affected by such stressors.

Furthermore, research has shown that the feelings related to the impact of their abuse which are unbearable to the parents/carers may be projected and transmitted to their children who can go on to mirror these feelings in later life (Danieli, 1998). Counselling is a key element in helping to help break this cycle. The damage done by institutional abuse does not only impact the individual, it spreads to families and is intergenerational. Counselling services play an important role in this healing process offering as they do a safe place in which to **'break the silence'**.

FRANCIS TREANOR, BARRISTER AT LAW, SURVIVOR BOARD MEMBER CARANUA & RIGHT OF PLACE SECOND CHANCE

Francis began his input by outlining the history of the **financial responses to the victims of institutional abuse**. Following the media exposure by Mary Raftery, of what was to become the national scandal of institutional abuse of children in State care, a **redress scheme** was funded by the Irish Government and to date, the cost to the State has been estimated at, **€1.25 billion**.

Over 15,000 residents of these industrial/ reformatory schools, run by religious orders, applied for compensation resulting from the sexual and psychological abuse they suffered as children while under the care of the State. In **February 2006**, under the provision of the Commission to Inquire into **Child Abuse Act, 2005** a separate scheme was set up called the “**Educational Finance Board**”.



€1.25 BILLION (COST TO STATE)



+15,000 RESIDENTS APPLIED

FRANCIS TREANOR, BARRISTER AT LAW, SURVIVOR BOARD MEMBER CARANUA & RIGHT OF PLACE SECOND CHANCE

That scheme was funded by several religious orders, and **€12 million** was provided, to be used specifically towards the educational needs of all survivors, and their families. The next scheme, the Residential Institutions Statutory Fund which became known as “**Caranua**”, pursuant to the Residential Institutions Statutory Fund Act 2012. Under this Act, a fund of “up to **€110 million**” was to be provided by the religious orders who ran the various residential institutions and care homes, into which **children were placed by the State, or by our Courts.**



TO DATE

To date, the orders have contributed approximately **€103 million*** of which, **€83 million** has been paid out to **5,977 eligible survivors**. While the compensation paid to Survivors under the Redress Scheme established by the Government was a recognition of the horrific and lifelong damage done to many of the children in care.

“IT CANNOT BE SAID THAT SUCH COMPENSATION, IN AND OF ITSELF, IS ENOUGH TO PURGE THE UNFORESEEN, AND CONSEQUENTIAL SOCIAL, MENTAL AND FINANCIAL CHALLENGES, WHICH CONTINUE TO IMPACT ON THE LIVES OF SURVIVORS, AND THEIR FAMILIES”

*The full €110 million fund was received by the end of December 2019

FRANCIS TREANOR, BARRISTER AT LAW, SURVIVOR BOARD MEMBER CARANUA & RIGHT OF PLACE SECOND CHANCE

Subsequent to the apology offered by the then Taoiseach in the Dáil, several support organisations were established by former residents. In establishing these organisations, they **relied on the support of immediate family and friends**, and their aim was to help other survivors deal with the inevitable consequences arising from **the apology**. For many survivors this was the first time that there was an acknowledgment that they had in fact, **suffered abuse while under the care of the State**. There were many challenges for these individuals and groups as there was significant learning required in an emotive space.



20 YEARS LATER...

These same core values and objectives continue to be **sought by, and advocated for, by the survivor** groups, and the fight for practical help and recognition by those in power and authority for mental and physical health support continues.

The needs of survivors have been identified by survivors themselves, and have been canvassed by the survivor groups. These needs were not identified on a whim but rather following on from protracted contact with individual survivors by the various groups and the collation of the available data over 20 years and these needs have also been recognised by other experts familiar with this field.

FRANCIS TREANOR, BARRISTER AT LAW, SURVIVOR BOARD MEMBER CARANUA & RIGHT OF PLACE SECOND CHANCE

“IT IS NOW TIME TO LISTEN TO, AND ACKNOWLEDGE THE WORK DONE BY SUCH ADVOCATES AND THOSE PROFESSIONALS AND IMPLEMENT A PROPERLY FUNDED AND STRUCTURED PROGRAM TO ADDRESS THE ON-GOING NEEDS WHICH THIS GROUP OF SURVIVORS WILL REQUIRE WHILE STILL LIVING IN OUR COMMUNITY”



The announcement of the **closure** of Caranua while expected for some time now, has disappointed many survivor groups as there is a significant difference in the circa 6,000 survivors, who to date have accessed this fund, when compared to the 15,000 survivors who availed of redress*.

While these figures reflect a marked contrast between those who received redress, and those who accessed support from this fund, it may be somewhat explained by:

(1) the death of survivors and (2) survivors simply trying to rebuild their lives post redress.

The closure will have a negative impact on many survivors, particularly those of an advanced age, who have over the years maintained regular contact with staff of Caranua, and in some cases that contact has been the only community and social contact they have had.

*These figures were accurate at the time of publication, these may have changed retrospectively

FRANCIS TREANOR, BARRISTER AT LAW, SURVIVOR BOARD MEMBER CARANUA & RIGHT OF PLACE SECOND CHANCE

I think it is reasonable to surmise that the groups who have worked with survivors over 20 years would acknowledge that the **priorities as identified by Caranua** below are also priorities for which they would urge those in **authority and power to acknowledge and implement** in addition to other supports which they have been advocating for many years.



ENHANCED MEDICAL CARD FOR SURVIVORS AND SUPPORT WITH HOUSING



CONTINUATION OF ACCESSIBLE FREE COUNSELLING SERVICES FOR SURVIVORS



PROVISION OF ADVOCACY SUPPORTS FOR SURVIVORS IN THE LONG-TERM, INCLUDING ACCESSING PUBLIC SERVICES, LINKAGE WITH SUPPORT SERVICES, HOMELESSNESS AND ADDICTION SUPPORTS



ALL MEDICAL, AND PUBLIC SERVICE STAFF WORKING IN A CUSTOMER FACING ROLE SHOULD RECEIVE TRAUMA INFORMED PRACTICE TRAINING ON HOW TO IDENTIFY A SURVIVOR AND THE DIFFERENT APPROACHES TO THE SUPPORT THEY MAY REQUIRE



IDENTIFICATION OF SUPPORTS NEEDED BY SURVIVORS BASED OUTSIDE OF IRELAND

SENATOR IVANA BACIK, IRISH LABOUR PARTY POLITICIAN, SENATOR FOR THE UNIVERSITY OF DUBLIN AND BARRISTER.

Senator Bacik opened her presentation by expressing her delight at participating in this powerful and important conference. She commended Carmel McDonnell Byrne and the other organisers for their work in making it happen and noted its origins. She also remembered not only the wonderful **Christine Buckley**, but also the tireless investigative **journalist Mary Raftery**, whose work was so important in highlighting injustice; and remembered many more people no longer with us.

Her brief was to acknowledge the **State's responsibility to survivors of institutional abuse and to summarise the responses to date.**

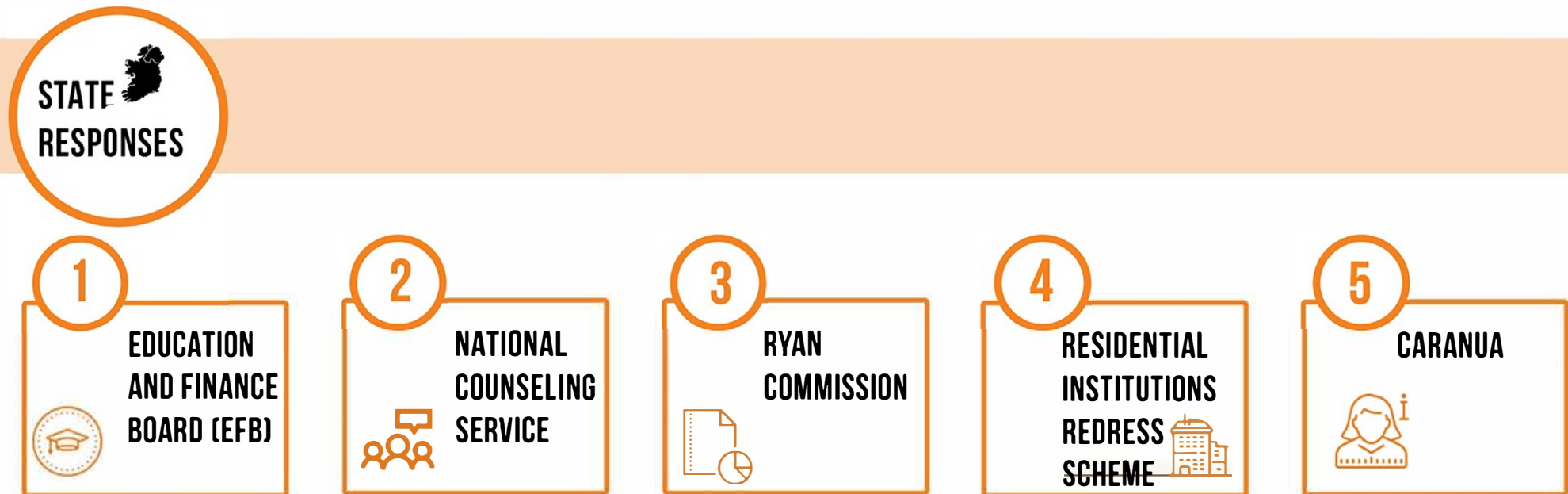
As the event's final speaker, she mentioned her feelings that other speakers spoke much more eloquently than she could about the needs of survivors, and most crucially they articulated their own experiences as survivors. She also spoke of her own experience, in time spent as legal representative of many survivors before the Residential Institutions Redress Board.

Ms Bacik also spoke about representing survivors of abuse in **day schools**; and wished to **acknowledge that to date they have not received enough recognition or support from the State –**

THIS REMAINS A GLARING INJUSTICE.

SENATOR IVANA BACIK, IRISH LABOUR PARTY POLITICIAN, SENATOR FOR THE UNIVERSITY OF DUBLIN AND BARRISTER.

Ivana went on to list some of the **State responses** to the injustices experienced by survivors:



After highlighting some of the issues with these initiatives she went on to describe the **Caranua process** and outcomes in some detail.

SENATOR IVANA BACIK, IRISH LABOUR PARTY POLITICIAN, SENATOR FOR THE UNIVERSITY OF DUBLIN AND BARRISTER.

In the run-up to the establishment of Caranua, the **needs of survivors were identified by the Government** as including:



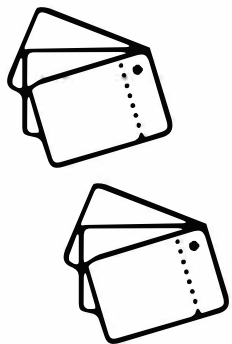
- ☒ COUNSELLING AND PSYCHOLOGICAL SERVICES
- ☒ FAMILY TRACING SERVICES
- ☒ MEDICAL AND HEALTHCARE WELFARE SERVICES
- ☒ HOME SERVICES & EDUCATION SERVICES
- ☒ EMPLOYMENT ADVOCACY SUPPORTS
- ☒ HOUSING AND SUPPORT SERVICES
- ☒ REPATRIATION OF SURVIVORS TO IRELAND IN SOME CASES

Thus **section 8 of the 2012 Act** provides that four classes of services are to be provided; mental health; health and personal social services, educational services; and housing support services.

In **2016**, additional approved services were added, support towards household goods; provision for funeral costs; and costs of reconnecting with family members and home place.

The event was eloquently summarised by the conference rapporteur, Fergus Finlay. He commented on the recurring themes presented by survivors, Service Providers and the extensive body of research detailed that supports and provides evidence of the nature of required services.

He acknowledged key points made by presenters, and commended the bravery of survivors who spoke both formally and contributed from the audience. He thanked the organisers for their work and handed over to main stage for presentations.



KEY THEMES

**ENHANCED MEDICAL CARD & HOUSING
SUPPORT FOR SURVIVORS**

**TRAUMA INFORMED MENTAL HEALTH SERVICES &
SUPPORT SERVICES FOR SURVIVORS & THEIR FAMILIES**

**ADVOCACY SUPPORTS FOR SURVIVORS WITH
LINKAGE TO MULTIPLE SUPPORT SERVICES**

Throughout the conference there were frequent references to **notable events** or **individuals** that have advocated, researched, supported others and given of themselves, to in some way, reveal the **truth** of survivors.

The organisers acknowledged the individuals named below with a **framed copy of the State Apology** by then **Taoiseach Bertie Ahern** to survivors of institutional abuse, made on **May 11th 1999**. They were presented by Senator Davis Norris.



Carmel McDonnell Byrne- Founder and Former Chairperson, Christine Buckley Centre



Christine Buckley – Founder of the Christine Buckley Centre, Advocate, Survivor- accepted by her son Conor Buckley



Louis Lentin- Film maker and maker of 'Dear Daughter' in 1996, documentary about Christine Buckley and survivors of Goldenbridge-accepted by his wife Ronit Lentin



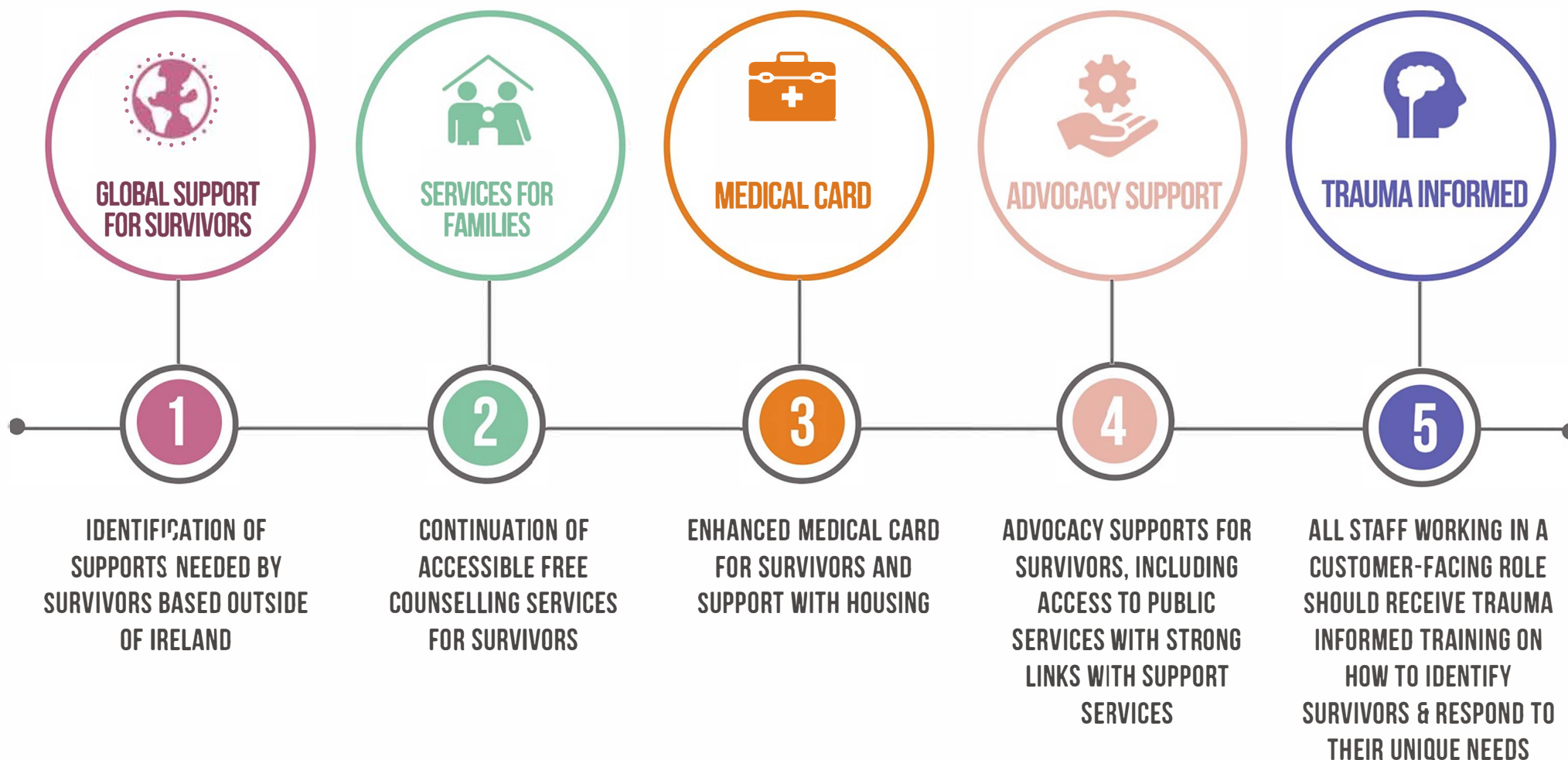
Dr. Eoin O'Sullivan - Professor in Social Policy, Trinity College Dublin



Mary Raftery- Film maker, Journalist, Co-Author of "Suffer the Little Children"

FIVE POLICY REQUESTS

BASED ON FEEDBACK EVIDENCED BY RESEARCH AND SUPPORTED BY EXPERIENCE



FACING THE FUTURE TOGETHER - DISCUSSING IRELAND'S LIFELONG RESPONSIBILITY TO THE SURVIVORS OF INSTITUTIONAL ABUSE

PUBLISHED AUGUST 2020



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service



TOWARDS HEALING
A Catholic Church response to institutional/Clerical/Religious abuse

ONE IN FOUR
Ending the trauma of childhood sexual abuse


Barnardos
Because childhood lasts a lifetime

