



DEVELOPING A

PROFILE

OF SURVIVORS OF ABUSE
IN IRISH RELIGIOUS INSTITUTIONS

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FOR ST. STEPHENS GREEN TRUST
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SUPPORT PROMOTE IMPROVE

Based on the information that emerged from
the study the following recommendations are made:
Support interventions for the most marginal and challenging
Promote appropriate nursing care in older life
Improve awareness of the effects of institutional abuse

St. Stephen's Green Trust is a grant giving organisation which supports
organisations working in Ireland to improve the lives of people who are
affected by poverty, disadvantage and social exclusion. The Trust was set
up in 1992 by a Dutch philanthropic family, which operates worldwide. Since
2003, it has had three further sources of funding, all religious orders which
sold property, some of the proceeds being gifted to the Trust to assist it in its
mission. They are the Daughters of the Cross of Liege,
the Discalced Carmelites and the Oblate Fathers.

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Executive Summary

Introduction:

This study was carried out on behalf of the St Stephen's Green Trust and aimed to profile the current circumstances of people who experienced abuse as children in Irish religious institutions in order to identify unmet needs and inform the appropriate allocation of potential funds targeting this group in Ireland and the United Kingdom.

The key source of information for the study was the Report of the Commission to Inquire into Child Abuse (CICA), published in May 2009. While the Commission was primarily concerned with the institutions against which allegations of abuse were made, its report also provides some information on the current circumstances of the people who presented to it and on the impact of abuse on their later lives, through self reports by the witnesses and an in-depth study of a sample of them. Information from this source was complemented by the views of key informants in Ireland and the UK and by relevant research on the effects of institutional abuse.

Key findings:

Findings to emerge from the study are:

Research evidence indicates a clear causal link between institutional abuse and psychological and mental health problems in later life including anxiety, stress and depression, difficulties in maintaining relationships, addiction and anti social or criminal behaviour.

Services have been established to address the needs of survivors in Ireland and the UK and these centre on counselling, education, training and support, advice and information. There is no information or coordination

between these groups and very little published information about the profile or other characteristics of people using the services provided.

Key informants reported high levels of institutional abuse among people who were homeless, in places of detention and in mental health services. Given that this is an underlying rather than a presenting problem it may be unrecognised and either not reported or under reported as an issue.

A recent survey has revealed that the experience of abuse has led to anxiety regarding the possibility of receiving nursing care later in life.

The same survey shows that survivors feel their experiences are not understood by professionals such as GPs.

There is no comprehensive information on the current circumstances of survivors of abuse in Irish religious institutions, or indeed on the size of the population. Such information as is available through the evidence presented to the CICA and survivors groups cannot be taken as representative. The profile of CICA witnesses is summarised here:

The majority live in Ireland (58%) with a sizeable minority (37%) in the UK and the balance in other parts of the world. 80% are aged over 49 and just over half of these are over 60 and 7% over 70.

The level of education in care facilities was very poor and the majority (over 70%) of witnesses spent their lifetime in manual, casual and other low paid work. In addition,

our recommendations will add value to existing activities

the lack of preparation for life outside the institution left survivors vulnerable to exploitation and for some this was a contributory factor to lives of homelessness, substance abuse and anti social behaviour.

Long term emotional and mental health problems were experienced by four out of five. For men these difficulties tend to manifest in risk taking sex, delinquency, crime, violence and alcohol abuse while for women they manifest in anxieties, depression, eating disorders, mood disorders, suicidal tendencies.

In spite of these difficulties, almost 60% were in stable relationships, the majority for extended periods. Just 7% were separated and 27% were single. More women were single than men (35% compared to 19%).

In this last point it is likely that the CICA are not typical and it was the view of the team involved in the in-depth study, that the people who presented to the commission were likely to be better adjusted and personally settled and supported than others in the population who may never have come to terms with their experiences. This is borne out by service providers which point to institutional abuse as an underlying cause of many problems, particularly among men who have complex and challenging needs, have substance abuse issues, lack family and social supports and are known to homeless, mental health and prison services.

Recommendations:

Making recommendations about how to target subsets of a population when so little is known about that population is challenging but based on the information that emerged from the study the following recommendations are made:

Support interventions for the most marginal and challenging

Promote appropriate nursing care in older life

Improve awareness of the effects of institutional abuse

These recommendations are made on the basis that they respond to identified needs, will add value to existing activities and have the potential to impact positively and practically on needs.

REVIEW CONSULT INVESTIGATE

Section 1

Introduction

1.1 Background

The St Stephen's Green Trust (SSGT) is a grant giving philanthropic organisation which supports organisations working to improve the lives of those who are affected by poverty and social exclusion. The Trust commissioned this study to provide a focus on the lives and current unmet needs of individuals who experienced abuse in religious institutions as children in order to inform the allocation of potential funds and other assistance to them.

Victims of abuse have been the subject of a great deal of attention in recent years, most recently in the aftermath of the publication of the report of the Commission to Inquire into Child Abuse (CICA) in May 2009 (also known as the Ryan report). Despite this, there is little by way of reliable data on the children who experienced institutional abuse and even less available on what happened to them in later life.

That is not to say that there is no information - there is a significant amount about some of the survivors, those who gave evidence to CICA for instance, or those involved in survivor groups or who have drawn attention to their individual experiences - but there is no comprehensive picture. Furthermore, existing research and documentation tends to focus on the circumstances of children at the time of their admission to institutions and their experiences in them, rather than on their experiences in later life.

This study aimed to address this deficit, at least to some extent. It was understood at the outset that there would be limitations to the information available and it was not intended to be comprehensive. Rather it aimed to explore what information was available on this group of people and what could be learned from it about their current circumstances. High numbers of survivors are thought to have emigrated from Ireland, in particular to the UK and it was intended that the profile include them.

1.2 Aims and approach

Specific aims of the study were:

To gain an understanding of the current circumstances of people who experienced abuse in Irish religious institutions and their needs.

Based on this understanding, to make recommendations on how potential funds could be targeted to best effect at this group.

There were a number of strands to the approach:

- (1) A review of available research and particularly the Ryan report.**
- (2) Consultation with a small number of key informants in Ireland and the UK working in the areas of mental health and homelessness.**
- (3) A review of websites of services for survivors in Ireland and the UK.**
- (4) A consultative workshop with relevant individuals to present and discuss the findings and recommendations.**
- (5) An investigation into the potential to develop a demographic profile of survivors in terms of size, age and gender.**

The first three strands were included in the initial approach. Once information had been collected and a report with recommendations prepared, it was decided to share the findings in a workshop with a group of individuals with relevant interest and expertise in the area, to test the validity of the findings and the recommendations and to seek suggestions for the improvement of the report and on its dissemination.

A concern expressed at the workshop related to the

absence of information on the size of the population of survivors and the difficulties this posed for planning the scale and scope of any initiatives or interventions targeting them and it was agreed that this should be addressed if possible.

1.3 Limitations

It was known at the outset of the study that there would be limitations to what could be learned, given the nature of available information and these limitations became clearer as it progressed.

While the Ryan report is primarily concerned with investigating the institutions, and the religious orders which managed them, it contains some information about the people who presented evidence to it. This is in the form of self-reported information on their family, health and employment status and a more in-depth study of a sample of the witnesses. While the information collected is helpful and is presented in Section two, there are significant limitations to it:

- The size of the population is unknown. While the report estimates that 170,000 children were placed in institutional care between 1936 and 1970, it is not clear what the estimate is based on since there is no comprehensive data source.
- Just over 1,000 individuals presented evidence to the CICA – less than 1% of the estimated number of children to have been admitted to residential institutions between 1936 and 1970 so it cannot be assumed that the people on whom information is available are representative of the population as a whole.
- In fact, it is likely for a number of reasons that they are not typical. Those who have come to terms with their situation and spoken out about it may be more confident, better connected, more personally supported than their counterparts who have lived and perhaps died without telling their stories or coming to terms with their experiences – but there is no way of knowing for sure.
- There is no estimate of the number who are still alive or at what point they might be in their lives, although given the pattern of admission to care it is likely that most of them are now fifty or over. Following suggestions made at the workshop, the possibility of developing a population estimate was investigated but it was deemed impossible in the absence of comprehensive source data (i.e. gender and age of each child admitted to institutions).
- Service providers, who are usually a reliable source of information on client characteristics and needs, do not collect information systematically on survivors or experience of institutional abuse. The reason for this is that institutional abuse is not a primary presenting problem and its contribution to presenting problems may never be revealed or at least not until a strong relationship has been built between services and survivors.
- While there are a number of organisations, both voluntary and statutory, providing targeted assistance to survivors, usually in the form of counselling and education and training, they seem to work independently of one another and there is no overall information on the people who avail of these services, so it is not possible to know how many collectively are engaged, their characteristics or the benefits to them.

These limitations obviously impact on the profile that follows and while it cannot be taken as reflective of the population as a whole, it does give some insight into the likely circumstances of survivors, the impact of institutional abuse on people's later life and areas which may require further attention or support and these are discussed in Section two. Section three contains a brief summary of findings and a set of recommendations.

Section 2
Findings

EFFECTS PROFILES NEEDS

2.1 Introduction

This section presents the findings from the study in terms of the present circumstances of people who were abused in Irish institutions, drawing on the Ryan report, the views of key informants and other research. By way of context, it begins with a summary of the research evidence on the long-term effects of abuse and the links between abuse and mental health issues.

2.2 Effects of abuse

There is a wealth of international literature on the long-term effects of childhood abuse, although these findings are not specific to institutional settings. Carr presents a summary of the research on abuse and institutional rearing in the introduction to his study in the CICA report (see Chapter 3, Volume 5: 80-84) which demonstrate detrimental effects on relationships, education and health and these are summarised here:

Psychological adjustment - evidenced by anxiety disorders, depression, alcohol and substance misuse.

Personality functioning - evidenced by anti social, borderline and other personality disorders. People with anti social personality disorder are typically involved in criminality.

Self harming - evidenced by self injury and parasuicide behaviour.

Intimate relationships - evidenced by problems with marital and cohabiting relationships, sexuality and domestic violence.

Parenting - evidenced by inability to parent adequately

leading to victimisation of children or children being taken into care.

Educational and occupational functioning - evidenced by low educational attainment and work performance.

Health - evidenced by frequent illness and health service usage and risky health behaviour.

Carr refers to the fact that there is little scientific literature on the effects of institutional living and abuse but does refer to a number of studies which demonstrate the “profound effects on cognitive and social developments” of institutional rearing which are not resolved even when children are adopted. The research evidence indicates that compared to children brought up in families, those reared in institutions were poorly adjusted and this was manifested by:

Personality disorder
Criminality (especially in men)
Marked marital problems
Multiple broken co-habitations
Teenage pregnancy (in women), and
Having one’s children taken into care (for women).

Survivors were identified as an at risk group in the current National Office of Suicide Prevention strategy and a recent study on this group was carried out for the office (2007). The study explored the implications of institutional abuse for individuals, identified the risk and protective factors (i.e. factors which would ameliorate the effects) for them and identified necessary improvements in services to address needs. The study included a literature review, consultation with survivors groups and a qualitative study involving specialist services for survivors.

the long term effects of being in institutional care during childhood have yet to be fully explored and understood

The key findings and recommendations were:

- There is a dearth of studies on the relationship between institutional sexual abuse and suicidal behaviour and related mental health difficulties and future research should focus on the effects of abuse by peers and adults.
- Studies that do exist have revealed consistent evidence of an association between suicidal behaviour and suicide ideation.
- The qualitative study found that alcohol and/or drug abuse and social isolation are major factors in association with suicidal behaviour among survivors. Less commonly reported difficulties include inadequate coping skills, impulsive behaviour, depression and anti climax following attendance at the Redress Board.
- Relationships, children and education were major protective factors and others were employment, support from survivors groups and counselling.
- Given the range of mental health difficulties experienced by survivors a multi disciplinary treatment approach is required within support services, including further collaboration with mental health services.
- The overview of factors arising from the qualitative study should be validated by further research directly involving people with experience of abuse and neglect.
- The consultation revealed anxiety among survivors about the possibility of needing nursing care in older life and this fear must be given appropriate consideration. This also indicates that the long term effects of being in

institutional care during childhood has yet to be fully explored and understood.

- The consultation also revealed that survivors felt their circumstances were not well understood by professionals such as GPs.

2.3 Profile of survivors presenting to CICA

This section presents a profile of the current circumstances of survivors who presented to the CICA, using self reported information by witnesses on socioeconomic status, family relationships and the effects of the abuse on their lives. Where the information is available, broad comparisons have been made between the witness population and national populations in Ireland and the UK. UK references are taken from the website of Mind, the mental health charity, specifically the Mind Fact Sheet – The Mental Health of Irish People in Britain which draws on census and other data.

Most information on the 1,007 witnesses to CICA relates to people who had been in industrial and reformatory schools. A further 259 witnesses were abused in other settings including special needs services, children's homes, foster care, schools, laundries, hospitals and other settings. The numbers in each of these groups is small (averaging 50) and there is less information available on them so they are not analysed. Overall, this group is younger than the other, with somewhat higher rates of education and with fewer of them in manual employment. Their levels of mental health appear to be better, although there are reports of difficulties with relationships and in particular with parenting. As with the other group, the majority was in stable relationships at the time of the hearing.

An additional 493 did not proceed to oral hearing and although their evidence is presented in Chapter 5, Volume IV, this does not contain any information on their current circumstances and so are not included here, although members of this group do form part of the in-depth study.

Chapter 11, Volume 3 of the CICA report presents information on the current circumstances of the 791 witnesses to the commission who were former residents of industrial schools and reformatories. While the name of these institutions suggest that children were admitted because of an offence, this was the case in only 14%, with the remainder admitted for a range of reasons, including being born outside marriage or being an orphan. The majority (72%) was admitted from their family homes and the remainder from County Homes, Mother and Baby Homes, other schools and Children's Homes.

Reflecting changes in the types of institutions provided, 82% of people in this group had been discharged before 1969 and the in-depth study group indicates that the majority left because their "sentence was up". A full description on admissions is available in Chapter 4, Volume 3 of the report.

2.3.1 Socio economic profile

- There were roughly equal numbers of males and females, with males slightly higher at 52%.
- 51% were aged over 60 and 38% between 50 and 60 and this profile is similar to that of the Irish in Britain where they are older than other ethnic minorities and British people.
- 58% were married or cohabiting in stable relationships,

17% were single, 18% divorced or separated and 7% widowed. British census data indicates that older Irish people are more likely to be single than their British counterparts.

- 82% reported having reared their own children and the average number of children was 4.
- 64% reported having spent most of their working lives in paid employment.
- At the time of their attendance at the commission, 33% were employed, 22% retired, 19% on disability payments and 13% unemployed. Just 1% were in the Defence Forces, 1% worked as volunteers and 6% worked in the home.
- For the majority (73%), primary was their highest level of education, 17% had secondary and 10% third level although there is no additional detail on the precise nature of these levels. Data from the Department of Education and Skills shows that in 1970 only a third of children remained in school beyond junior cycle, so completing secondary school was not the norm but this group was probably more poorly educated than average.
- The occupational status of 71% was semi skilled or non skilled, 11% were non manual, 10% skilled manual, 4% professional, 3% managerial/technical and the information was missing in 1% of cases. This profile is in keeping with the educational attainment of the group.
- One in five of the women reported being placed in live-in jobs on discharge and 16% of these reported

for the majority, primary was their highest level of education

sexual and physical abuse by employers, but one third reported good relationships.

- A quarter described their work lives as chaotic, being dependent on casual work and with intermittent periods of unemployment.
- 14% of men had spent time in prison. Compared to the national average, this is an exceptionally high proportion. According to the Irish Penal Reform Trust (2010), the prison committal rate is 93 per 100,000 of the population, or 0.00093%.
- Almost half (44%) reported owning their own homes, lower than the national averages in Ireland and the UK which are above 70%; 36% were local authority tenants, much higher than the national averages and indicative of low income; and 9% private rented tenants which is in keeping with general rates in Ireland. The remaining 20% lived in situations with relatives, friends, in sheltered housing, institutions or hostels, higher than in the general population.

2.3.2 Needs and issues

- 77% described their physical health as good or reasonable and 23% as poor and this was generally seen as related to age. In a recent survey of a representative sample of the Irish population for the Health Service Executive (HSE) 86% reported good or very good health (2007).
- Mental health was reported as good or reasonable for 70% and poor for 30%. 21% reported psychiatric admission, equal across gender; 51 reported suicidal thoughts and attempts, slightly more common for women; 53% reported needing counselling with a

higher number of women. In the HSE survey, 11% of the national population reported having experienced mental health problems. Mind reports rates of mental ill health among Irish people in Britain as much higher than for other migrant groups. Most hospital admissions for this group are in the over 50 age group.

- 39% reported alcohol misuse, over half of men and a quarter of women. There was a lower level of substance misuse at 11% overall reported by 14% of men and 8% of women. According to Alcohol Action Ireland over half of drinkers have a harmful pattern of drinking and Irish people drink 20% more than the European average. Irish people in Britain have high rates of hospital admission for alcohol related disorders.
- One person reported that of 39 co residents in his class, 17 had committed suicide since discharge. Suicide rates in Ireland have increased in recent years and are the fifth highest in Europe at 15.7 per 100,000 (NOSP, 2005). Suicide among Irish men in Britain is twice that of all men and it is 44% higher among Irish women than all women.
- 23% said they had difficulty expressing affection or emotion to their partner and children. 26% described themselves as constantly vigilant, anxious, suffering sleeplessness and nightmares.

2.4 In-depth study

A discrete component of the CICA report is a study on a sample of witnesses to CICA carried out by a team of qualified psychologists, headed by Professor Alan Carr of UCD. This assesses the long-term psychological impact of institutional abuse by comparing their experience of abuse and their current adjustment. The participants in

just over one third of those who remembered living with their families reported family based abuse or neglect

the study were recruited through the commission and were interviewed during 2005 and 2006. In total 247 individuals participated, accounting for roughly 26% of the CICA witnesses.

This study provides important and statistically reliable information on the survivors but the authors are careful to point out its limitations in that the sample is not representative, there was no control group and the study was a point in time snap shot rather than longitudinal. However, they were confident that these weaknesses were compensated for by the reliable interview protocols and other instruments used and the overall robust approach to interviewing and analysis. They were able to conclude a causal relationship between institutional abuse and psychological adjustment.

2.4.1 Socio economic circumstances

The general picture of low education, low skilled employment and mental health difficulties are echoed in the study group, with the addition of verification of endemic mental, physical and sexual abuse.

- The average age of participants was 60.
- There were roughly equal numbers of men and women.
- The majority were currently of lower socioeconomic status, with just 3% being non manual workers, 4% in lower professional and managerial posts and 0.4% in higher professional or managerial posts.
- Half had never passed a state, college or university examination. 25% had a primary cert, 6% an intermediate certificate, 5% a leaving certificate and 3% a university degree.

- In terms of marital status, 11% had never married, 19% were separated or divorced from their first partner and 5% separated or divorced from their second partner and 9% were widowed. 40% were married in their first relationship. For those who were in long term relationships the average duration was 31 years.
- 212 had children, with an average of three each. 77% of parents had brought their children up themselves and 5% reported children having spent some time in care.

2.4.2 Experience of abuse

- 90% were classified as having experienced institutional physical and emotional abuse.
- More than 90% were classified as having experienced physical and emotional neglect in institutions.
- About 50% were classified as having experienced institutional child sex abuse.
- Just over one third of those who remembered living with their families reported family based abuse or neglect.

2.4.3 Needs and issues

- 82% had met the diagnostic criteria for an anxiety, mood, alcohol or substance abuse disorder at some point in their life and 51% met the criteria at the time of the interview.
- All experienced one or more significant life problems of which mental health problems (74%); unemployment (52%) and substance abuse (38%) were most common. Less common problems were frequent illness (30%);

anger control in intimate relationships (26%); non-violent crime (22%); and homelessness (21%).

- Rates of disorders were twice that found in community populations in other studies.
- Four fifths were classified as having an insecure attachment style, indicative of difficulties in making and maintaining satisfying intimate relationships.
- Those with multiple co morbid psychological disorders had experienced more abuse and showed poorer adult adjustment than those with less.
- The most poorly adjusted were not those who had spent longest in institutional care but those who had entered through the courts and who reported abuse in both families and institutions.
- Relationships with partners, work skills, their own optimism were most often cited factors which helped them most in facing life's challenges.
- Those with no diagnosis were best adjusted as adults.
- The chances of a good quality life were improved by having a longer time in a family setting.

2.5 Key Informants

The individuals consulted through telephone, email or face-to-face interviews were active in the areas of emigrant welfare, homelessness and mental health. The scope of this consultation was limited by time and included two people in the UK and ten in Ireland. Each was asked for any information they had on the profile of survivors, any views they had on their needs and any other issues of relevance.

In addition, a workshop was held following preparation of the report and the findings and recommendations were presented and discussed by workshop participants who represented a range of homeless, mental health, religious and services for survivors.

Key findings of the workshop and other consultations were:

- There is no comprehensive profile of survivors here or in the UK or accurate estimate of their number.
- Developing a profile is difficult because institutional abuse is not a presenting problem to services and may only emerge over time, if at all, as an underlying causal factor to presenting problems such as mental ill health, social isolation, poor coping skills, challenging or anti

social or criminal behaviour and alcohol or substance misuse.

- Mental health services in Ireland do not currently collate or publish data about the use of services by survivors, although there is anecdotal evidence of strong cross over between institutional abuse and use of mental health services. It is planned that this will be rectified in the future.
- The issue of institutional abuse and survivors was seen as highly political by some people and concern was expressed that the profile that is projected by survivors groups is not representative and may lead to some misunderstanding of what the real problems are.
- There was general agreement that survivors groups were valuable for some people but that they could also "keep them in the past".
- There was a view that many survivors had done a wonderful job in building a stable life.
- It was felt that those who did not manage to build a stable life could be among the most marginal in society both here and in the UK, a situation exacerbated now by their ageing.
- There was no overall information on the extent to which survivors use homeless services but time in care is generally accepted as a pathway into homelessness. One charity providing accommodation to people with experience of homelessness aged in their 40s and 50s estimated that between 50% and 70% of residents had experienced institutional abuse. These tend to be long-term homeless people with mental health, alcohol abuse and challenging behaviour issues. This population is not typical of homeless people generally but is representative of a proportion of the population.
- In terms of successful interventions, it was felt that multi disciplinary interventions, tailored to individual needs were most likely to be successful. It was also suggested that a learning hub would be useful to facilitate access to information about what works.
- There was some concern at the lack of expertise among psychotherapists and "helping" professions of the effects of abuse and the dangers that their interventions could do more harm than good.
- It was felt that the inter-generational impact of abuse was worthy of attention.

PROMOTE FUND CARE

Section 3

Summary & Recommendations

3.1 Summary of findings

This short study reveals that there is no comprehensive data on the current size or circumstances of the people who experienced abuse in Irish religious institutions. The CICA report provides some socio economic and other information on the current circumstances of the people who presented evidence to it but they are but a tiny proportion of the estimated population and cannot be seen as representative.

The profile of these witnesses shows that they have lived lives of relative poverty and disadvantage and experienced higher than average rates of mental, psychological and related problems, which are directly related to their childhood experiences. Despite this the majority have led “normal” lives of work, relationships and children. It is probable that this group is untypical of survivors in that they have recognised and publicly spoken about their experiences and may be better adjusted than the population as a whole.

A cohort, mostly men, have complex and challenging needs, have substance abuse issues, lack family and social supports and are known to homeless, mental health and prison services. Some survivors report feeling misunderstood by health and other professionals and express fear about their needing institutional care in later life.

3.2 Recommendations

Making recommendations about how to target subsets of a population when so little is known about that population is challenging. The recommendations that follow are made on the basis that they target people and issues that have been identified as requiring attention, that they add

value to existing services and that they have the potential to make the maximum impact with any resources which may be available. These are:

- The situation of the most marginal and challenging of survivors.
- The concerns among survivors about the need for nursing care in older life.
- A lack of awareness and understanding among professionals such as GPs of the situation of survivors of abuse.

1.Support interventions for the most marginal and challenging.

Given that many people placed in institutions came from poor and deprived backgrounds and that their experiences were so damaging it is not surprising that they are part of a cohort who have complex and challenging needs and behaviours. They are likely to be isolated, lacking in social and family supports, probably with alcohol or substance abuse issues.

They are the people who are unlikely to present to services and will come to attention only when they have caused a problem. The way that services are generally organised and arranged can mean that they get passed from one to another or get stuck in one - without any helpful intervention in either case.

Traditional and mainstream social and mental health services may find this group too challenging and

disruptive to deal with and as a consequence they may live alone in poor circumstances, be entrenched in homelessness, be in custody or at least have experience of prison.

Securing improvements to the quality of their lives requires flexible, person centred and intensive responses. Although these are well established components of good practice in theory, they are not routinely translated into practice. Possible investments or interventions in the interests of this group are:

- Find out what works and promote it - identify good practice/demonstration projects in addressing the needs of this group and help to promote them so that learning can be shared and replicated, leading to more improvements in interventions.
- Fund demonstration projects - invite applications for innovation in addressing complex needs and fund a number of projects in a way that allows learning from their experience to be captured and replicated.

2. Promote appropriate nursing care in older life

Concerns in this area appear to relate to the fact that nursing care for older people is usually in an institutional setting, often managed by religious and sometimes in converted convents or other religious institutions and that being placed in such settings would be extremely traumatic for people who have experience of institutional abuse. Possible interventions or investments could be:

- Establish a fund to pay for appropriate older care for individual survivors.

- Explore whether there are existing models of appropriate care and promote these.
- Contribute to existing movements for non institutional care for older people.

3. Improve awareness of the effects of institutional abuse

Survivors themselves have indicated that they do not feel that their situation is well understood by professionals such as GPs. Service providers have also reported that while institutional abuse may be an underlying cause of substance abuse, mental ill health or anti social behaviour, it may go unrecognised because it is not the key presenting problem.

This situation contributes to a generally poor understanding of the consequences of institutional abuse and consequent poor or inappropriate treatment. Possible interventions or investments could be:

- An awareness programme targeting health and counselling professions aimed at improving their awareness of institutional abuse and its effects.
- The development of and implementation of a protocol which would see health and other relevant professions looking for the possibility of institutional abuse as an underlying cause to presenting problems, recording and collating this information and making referrals to appropriate services as necessary.

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Appendices

The following provided important information based on their direct experience or referral to other contacts:

CEO, charity providing accommodation to homeless people in Dublin (who wished to be anonymous)

Daithi Downey, Head of Services,
Homeless Agency, Dublin

Dr Eoin O'Sullivan, Trinity College Dublin

Fiona Ward, Director of Counselling, NCS - Rian
Counselling Service, Navan, Co Meath

Hugh Kane, Director, Mental Health Commission, Dublin

Jane Leek, Porticus UK, London

Kate Sheehan, Social Worker, HSE, Dublin

Martin Rogan, Director, Mental Health Services,
HSE, Dublin

Philomena Cullen, Director, Irish Chaplaincy
in Britain, London

Yvonne Fleming, Director, Centrecare, Dublin

Contact was also made with the following but no information was forthcoming in the time available:

Education Finance Board, Dublin

Survivors of Abuse Project, Irish Community Care Centre,
Manchester

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