

The Impact of the Troubles/Conflict in and around Northern Ireland on Seriously Injured Victims

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Attention to seriously injured victims of the Troubles/conflict in and around Northern Ireland has been notably absent in agreements to deal with the legacy of the past. The Stormont House Agreement makes reference to further work needing to be done to reach an agreement on a pension for seriously injured victims. However, nearly four years on from the agreement there have been no substantive measures to redress the harm of seriously injured victims. The issue of providing for seriously injured victims is not a complex or difficult issue, there is plenty of comparative experience to draw upon and addresses a manageable number of victims (around 1,000).¹

The challenge with the pension for seriously injured victims remains apparently stuck on the politicisation of who is eligible, but this is a poor excuse given there are means and ways to overcome this issue drawing from the experience of other countries facing similar controversies. There is a clear lack of political will to address the issue, aside from sound bites in support of a pension by different political parties, there is no leadership to resolve this issue. The campaign for a pension has been ongoing for six years now, with some of those originally involved having recently died waiting for acknowledgement and measures to allow them a dignified quality of life in their old age. Yet the NIO consultation on mechanisms to address the legacy of the past in Northern Ireland neglects seriously injured victims. Seriously injured victims have had their harm compounded by decades of discrimination and unresponsiveness from the state to meet their needs. Importantly unlike those bereaved, seriously injured victims want a pension to allow them financial security in their old age, rather than truth or justice. Their interests must be prioritised moving forward.

This submission draws upon research conducted in March-April 2017 and March-June 2018, including interviews with 35 individuals in 2017 and 33 in 2018, who are members of victim groups, ex-combatants (including members of state forces and non-state armed groups), the Commission for Victims and Survivors, Victims and Survivors Service, political representatives and other government officials.² We have drawn upon

¹ See Luke Moffett, A Pension for Injured Victims of the Troubles: Reparations or Reifying Victim Hierarchy, *Northern Ireland Legal Quarterly* 66(4) 297–319; and Luke Moffett and Kieran McEvoy, Pensions, Reparations and Reintegration: Parallel Processes for Injured Ex-Combatants and Civilians, *Sluggar O’Toole*, 23 October 2017, available at <https://sluggerotoole.com/2017/10/23/pensions-reparations-and-reintegration-parallel-processes-for-injured-ex-combatants-and-civilians/>

² This research data was originally part of a Northern Ireland Human Rights Commission project on seriously injured victims, but also draws upon research conducted as part of the Arts and Humanities Research Council funded project ‘Reparations, Responsibility and Victimhood in Transitional Societies’ in the School of Law, Queen’s University Belfast (AH/P006965/1).

the voices of victims and carers to highlight the challenges they face and to underline the importance of delivering redress to those seriously injured in the Troubles/conflict in and around Northern Ireland. Members of the HRC have conducted dozens of bilateral meetings with victims, politicians, ex-combatants and civil society in Northern Ireland, Dublin and London on the issue of redress for seriously injured victims. This submission begins by highlighting some of the perspectives of injured victims, before discussing the challenges and barriers they face in obtaining support and access to statutory services. Subsequent sections of the submission outline the limitations and exclusions victims have faced with compensation and mental health care, before underlining the need for reparations

I. In their own words

We spoke to victims who had been seriously physically and psychological injured by bombings and shootings during the Troubles/conflict in and around Northern Ireland, including civilians and ex-combatants from all sides. Here are some of their views on the past and ongoing harm they suffer. One victim of a bombing recounted,

“The day I was hurt, I was in the middle of Lisburn and my leg was blown open...I have a scar and I have to live with that scar, but it doesn't affect me in my day and daily living, as such. You might think it's something trivial, but I have a daughter getting married next year and I'm looking for a stunning mother of the bride outfit. I just can't walk into any shop and lift a dress off the peg. I'm going to have to look for something longer in length to hide this. That's basically what I spend my weekends doing on the internet. It might seem trivial to some people, but for me, this is going to be a big day for her and I want to feel comfortable in what I'm wearing. To do that, I'm going to have to hide my leg.”³

A former police officer paralysed in an explosion said,

“I'm getting to the age now I think, I've been injured for 30 years, 31, heading for 32 and starting now to find the years of just wear and tear on my shoulders. ... My problem is a result of my injury, it's the result of sitting in a wheelchair, I'm not always sitting in the wheelchair but getting to the wheelchair and out of the wheelchair, that's where the damage was done and if I hadn't been injured, that wouldn't be the problem.”⁴

A carer for her sibling told us,

“When [he] was first injured he had no ability to walk at all and so it was through rehabilitation that got him mobile. But it's sort of starting to slip back again as he's getting older like the rest of us. ... as he gets older, his physical disability

³ Interview with IR20, April 2017.

⁴ Interview with IR03, March 2017.

becomes more pronounced as regards to walking and mobility so certain things need to be adjusted and fixed.... His hearing was damaged, very badly damaged, worse than actually we ever considered. He only has 30% in one ear and 50% in the other and that's due to the bomb ... the very idea that he was having to pay for that, himself, £2,000 out of his own pocket was to me, just ridiculous considering the bomb caused, you know, the problem in the first place... the injured victims is very much forgotten about.”⁵

Another victim said,

“I was in in July getting my knee done. I had shrapnel behind my kneecap and I was in Musgrave Park to get it out. To be perfectly honest, I was retraumatized. It was like going through the whole system again and the fear of it. I have to say that I had to go and see my GP to give me a form of capsules to take for PTSD. I've moved on from that again, but there are times I go back into it. I'm not completely clear. Especially that time stands out in my head, because all that comes back to you, especially when you're lying in Musgrave Park and you're going under the knife and you don't know what the outcome is going to be.”⁶

An injured ex-combatant said,

“I couldn't get a career because my injuries were many and varied so you can't just say. My eyesight was damaged, my hearing was damaged, my hand was damaged, motor-skills in my hand – I lost a lot there. And employers won't actually employ you, because what you become then is a possible insurance claim. So, if you were to do something at work and something was to happen to you and you had to suffer a reoccurrence of an injury or an injury was to get worse because as time goes and you get older, eyesight fails, hearing fails, and they don't want to be left open to insurance claims. So, there is no support network for people who have been injured.”⁷

One person who was blinded in a bombing said,

“Even the sound of the kettle boiling affected me. Everything affected me. You were in the hospital and hoping and hoping that somebody would be able to do something for you. Then, when I was told I could go home, I didn't want to go home. I lay in the bed and wouldn't go. My husband said, 'You have to come home' and I said, 'No, I'm not. I'm not going home. I'm staying here until they get my sight back'. He said, 'No, you have to come home'. Well, I was taken out of the Royal crying because I didn't want to go. I thought in the back of my mind that they would be able to fix that. I know it was a very childish thing. ... When I went home, I couldn't find my way up the hall. If you have sight and then you have no sight, you think that you'll be able to go to the places that you know, but you can't. You forget about walls sticking out and all of that sort of thing. ... If I had known that I was going to be like this for 35 years, I would have committed suicide because it is no life. Absolutely none. You have to ask somebody, 'What's that?' if you go into a shop or even stay at home. I should be out. I was

⁵ Interview with IR05, March 2017.

⁶ Interview with IR07, April 2017.

⁷ Interview with IR13, April 2018.

working in a [business] ... To be [left] sitting in the corner. My hands were badly cut with glass, my wrists and my face. ... because it's not a life. Definitely not."⁸

One victim who lost her father spoke of the debilitating effect of psychological trauma on families,

"I had such an extreme level of post-traumatic stress because I had witnessed my father murdered and I sat with him for two hours, covered in blood, at the age of four and I was ten before I was able to even speak about it. My mother had been shot at 13 times as well... my mother falls within old age, plus an extreme level of PTSD. She's never had any counselling ... [her] day-to-day living impairment is equally as severe as someone who has lost a limb, but again we have been victimised. ... PTSD victims are going to be left out in the cold. ... My mother got £9000 for the loss of my father. It's just not adequate. How can you, in any way, try to make a better standard of living for your family? It's just not possible. Put the money on the table and let's get the victims paid off with what they duly deserve for what happened to them. I think that would solve all the problems, really and truly. Get it done and dusted, get the compensation that's due to the victims and that's it."⁹

There are intersecting vulnerabilities that many of those seriously injured face, including serious physical disability, psychological trauma, and poverty, which compound their harm. This is particularly acute as victims become older and are increasingly having additional health problems that are only becoming apparent as a result of their injuries.

As one injured victims described,

"As I got older, forty years on...from the incident in which I was caught up and lost my legs, that has...meant that as I fall now...I don't bounce like I once did. You don't recover the same. A fall can have huge implications. I fell the other week ...I had already fallen that week. I went down on moss and slipped. I suppose anybody could have gone down, but the point is, I went down and went down hard. In trying to protect yourself, you'll throw a hand out, you'll throw whatever. ...When I take my prosthetics off and need to go to the bathroom or turn around in bed or do other things, even driving – I'm reliant on hand controls – that makes life hugely difficult."¹⁰

These are not new issues, in 1998 Kenneth Bloomfield in his report on victims recognised the consequential 'secondary effects' of injury and death including a reduced standard of life.¹¹ Despite this, developments have been slow to mitigate the barriers and lack of joined up statutory response to the harm suffered by seriously injured victims.

⁸ Interview with IR21, April 2017.

⁹ Interview with IR10, April 2017.

¹⁰ Interview with IR21, April 2017.

¹¹ Kenneth Bloomfield, *We Will Remember Them': Report of the Northern Ireland Victims Commissioner* (April 1998), 13.

However, the issue now is that with the passage of time, injured victims have become older, compounding their vulnerability with age, thereby limiting their opportunities and capabilities for helping themselves through education or jobs. As discussed towards the end of this submission, there is a need to address these victims' right to reparation, not only to respond to the initial harm they faced, but the compounding discrimination, social exclusion and barriers they have subsequently faced.

II. Barriers for seriously injured victims

Historically seriously injured victims faced limited life and career opportunities for those who returned to the labour market. They were not able to obtain the type of work and income that they may have reasonably expected prior to injury. Injured victims we interviewed reported that, whilst being able to access educational and retraining services in the aftermath of their injury, their reintegration to work was impossible due to encountering disability discrimination including a lack of accessibility.¹²

“I did that course and got the certificate, but when I came out again, trying to get people to give you a job is where the blockage was. I got retrained, but I couldn't get to use it anywhere.”¹³

One victim said,

“We had no idea about claiming culture....[after the bombing] So now what do I do as a career? How do I earn a living? All the focus was on that. What jobs? What retraining do I need? It was never how somebody give me money, somebody give me help. It wouldn't have even occurred to us that we need help, it was just how do we rebuild. So, this is how me and my family are, it's about self-dependence and building life and self-supportive and self-sufficient. That's how we've always been. So, all these things never even occurred to us.”¹⁴

Other victims who were disabled by the incident felt that society and former colleagues discriminated against them because of their injury,

“I went back and did another qualification, when the internet was just being invented. I did all that. 40 job applications and not one of them gave me a look in. I tried to get into teaching, because I was a teacher. They wouldn't have me, they said, ‘Oh no, we couldn't do all that’. [My former employers] didn't want me back; ‘You're not 6ft 3 anymore, in a good suit and a flash car. What happens if you go to somebody's house to do a pension scheme and there are steps in it?’ 40 job applications and I never got a look in. The whole mantra then was, ‘Just go home and sit in the corner’. It was basically said to me, ‘Just go home’. I was 26! ‘Go home and sit in the corner!’ That's the attitude I was given and it's what I did. I

¹² Marie Breen-Smyth, *The Needs of Individuals and their families injured as a result of the Troubles in Northern Ireland* (2012), p10.

¹³ Interview with IR07, March 2017.

¹⁴ Interview with IR12, April 2018.

just went home. But I felt useless. I wanted to get back into work and doing all the things, but they didn't want you. Society didn't want you. It was, 'Just go home and stay out of the road'. You were an embarrassment."¹⁵

Another victim had a similar experience recalling that doctors would say,

"Try to get on with your life, a pat on the head, as you say. That just tore me asunder. People saying and doing things, they didn't realise how they were destroying you as a person. They were ripping the soul out of you. I remember going outside – what age was I then? 43? – crying my eyes out in the middle of Queen Street because I was useless. I was no good to anybody. I was still suffering from PTSD. I didn't realise all this. I had that hatred and, 'Why me?' and all of that in me. Thank God that I'm out the other side and I'm happy and have a great family and grandkids and life's good. It's still not good enough for me because I'm finding it very hard to live now. I can't depend on my children to keep me and her. That's why it's important that the system helps me."¹⁶

One victim, blinded in a bombing, spoke about the lack of services in helping them cope with their blindness. After the bombing, "I would stay at home quite a bit, really too much listening to the radio or to tapes. I should be out ... there wasn't enough for us in the day. To be sitting in the corner ... it's not a life."¹⁷

As a result of the social barriers and lack of retraining schemes for injured victims meant that many now have quite severe financial needs as they move into old age without being able to build up a work pension. Many injured victims did not just lose their jobs, but it also impacted their business and homes,

"I was buying my house and when I was blown up, I lost everything. Obviously, that was it gone. I wasn't insured. All the insurance I had didn't cover me because it was under the tariffs amount. You had to go through the NI Office, which was pittance. Absolute pittance. My main priority ... was to get my family back together. ... all you wanted to do was get back to normality..... I lost my home. I had a mortgage and couldn't pay it. Lost it. They didn't say to me, 'We'll pay that while you get better'. It was just taken off me. I couldn't pay it, I was lying in a hospital."¹⁸

The lack of adequate support after their conflict-related incident has meant that many seriously injured victims have been left dependent on voluntary and statutory services.

III. Current Service Provision for seriously injured victims

In terms of service provision for seriously injured victims, while it has improved in recent years to be more responsive to victims, the requirement of claimants providing receipts,

¹⁵ Interview with IR07, March 2017.

¹⁶ Interview with IR07, March 2017.

¹⁷ Interview with IR21, April 2017.

¹⁸ Interview with P2 in IR07, March 2017.

limited public awareness of advertising the services available and access mainly through victim groups, narrows the scope for dedicated support. The Victims and Survivors Services (VSS) has been reformed over the past five years and is more responsive to victims' needs. However, with increasing number of applicants and a fixed budget it has struggled to provide sufficient means to address the needs of seriously injured victims. Additional funds provided by the VSS can help victims access a level of service beyond standard NHS provision; however, this is "quite limited, that budget won't do it to the full extent of everybody's needs."¹⁹ Another interviewee described how, with regards the VSS, their provision doesn't really touch:

"the real need that's there ... £500 towards physiotherapy ... a person's seriously, seriously injured, that's just not what they need and what's going to really help them ... live as fulfilled a life as they possibly could."²⁰

One interviewee reported receiving physiotherapy and deep vein massage, which helped increase circulation in their legs. This treatment was however stopped due to a reduction in funding.²¹

The amount of money provided by the VSS to seriously injured victims, while important, is insufficient to enable them to live a dignified quality of life. One seriously injured victim recounted how they used to get deep vein massage to help blood flow in their paralysed legs, but due to the increase in the number of people claiming support from the VSS that money has been cut. As a result with the £1,500 they received, they spend it on 35 physiotherapy sessions a year and £750 on rates, but that meant they had no money to heat their house. As they said,

"In my house, I put the central heating on for one hour a day. I have a coal fire in the room and the central heating comes on for one hour. I have Calor gas out in the country. It's gone up from 56p a litre to 70p a litre since Christmas. My mates come into the house and make a joke, 'It's like a bloody fridge in here' and I say, 'Well, put a coat on you'. It's because I can't afford to fill that tank as often as I would want to. I would love to have it on all the time."²²

There continues to be a perception amongst injured victims that it is not meeting their needs. One seriously injured victim said that the current service provision has been and is inadequate,

¹⁹ Interview with IR01, March 2017.

²⁰ Interview with IR08, March 2017.

²¹ Interview with IR07, March 2017.

²² Interview with IR07, March 2017.

“... we’ve had to fight for too much and access isn’t appropriate. It’s not delivered with the right measure of empathy ... as society moves on, we feel that our needs aren’t being dealt with in an appropriate manner. That’s our legacy of the conflict.”²³

One victim caseworker felt that,

“services for those most severely injured ... are inadequate. And, I think, as a society, we have paid lip service to caring for those group of very vulnerable individuals. Part of the difficulty, in my opinion, around trying to address this is that, first of all, it has become politicised, highly politicised. ... the failure could also be attributed to the fact that these are a group of individuals that are largely invisible, and it’s easier for society to ignore them.”²⁴

Another victim support coordinator in terms of services to injured victims found that,

“it’s pretty fragmented and it’s pretty small scale and it pretty much doesn’t fulfil the needs of individual victims and survivors.”²⁵

There are also questions of the long-term strategy of looking after injured victims, particularly with an aging population and benefit reform. One victim group coordinator raised the issue of the sustainability of funding services, “how long is this going to go on? What’s the future look like, or what’s the exit strategy here?”²⁶ Another victim caseworker suggested a more victim-centred approach emphasising their agency was the best way forward,

“victims should not have to queue up at VSS doors for services. Most victims I know could take care of their own needs. So, something that’s more dignified, the pension is just an example of that ... at the minute you need to be badged as a victim in order to get support, there’s something about helping victims on a path to recovery that they aren’t just stuck in that notion of victimhood. ... [the current victim service provision] funds people to stay sick, because if you recover, well then, you’re no longer eligible for services ... in a way it’s like a perverse cycle where people will maintain a psychological injury, because to give it up they lose that victimhood and access to financial services and means as well.”²⁷

Some victims were annoyed in the lack of transparency and accountability in the way in which money is provided through the VSS. There remains some frustration amongst victims that they could not spend the money they received as they saw fit, in particular that siblings and grandchildren had been excluded from VSS support. In the view of some seriously injured victims, they were too old to start a new job, learn new skills or go

²³ Interview with IR21, April 2017.

²⁴ Interview with IR17, March 2017.

²⁵ Interview with IR08, March 2017.

²⁶ Interview with IR18, March 2017.

²⁷ Interview with IR08, March 2017.

to college or university, but wanted their grandchildren to benefit from such schemes.

One caseworker said,

“I know one of the big issues across the thing is that, for those with siblings... if you’re a brother or a sister of someone who was murdered, you’re not entitled to anything from the VSS. That’s a big issue. You have to be a parent, son or daughter... We had a girl in here the other day whose brother was murdered – he was RUC. He was 19. She’s not entitled to anything. It’s as though she doesn’t exist and she suffers as much – well, probably more so, because she’s left. Her parents have passed on, so she’s left carrying the same, but she’s not entitled to anything. The reason I bring that up is because if education had been in, someone like that would have had more of an interest; the same age group, where they’re still in the system where they could do with some education and want to do something – a younger brother or younger sister.”²⁸

Another caseworker found that for some victims,

“Driving lessons were crucial. I think there has to be acknowledgement for grandchildren who are coming through this process. How much is a driving lesson? £25 an hour or something? Something that they could access. It seemed that when it worked they pulled the plug. It was working so well. And computers as well; at one stage, they were giving out laptops. Again, crucial for anyone setting off. But returning to education, I alluded to the 98 per cent being male and the mother took over the role. The kids just went out and got meaningless jobs. We find people presenting a lot later in life returning to education, but a very, very strong ethos in terms of trying to give their kids what they didn’t have. That’s so important. We see a lot of grandchildren. Our counselling programme supports children who had lost grandfathers, so what does that tell you? In terms of education and training, a lot more could be done, definitely.”²⁹

The VSS also provides support to 26 victim groups across Northern Ireland to provide local services to victims in their community. Although community groups are regarded by many users as more accessible in terms of their location, there remains issues around security and community background,³⁰ the real or perceived political or community loyalties of certain organisations or the locations of their offices may be off-putting to some. For example, some victims groups in rural areas are security-force focused in service provision, which can be off-putting to some civilians.³¹ One interviewee commented, “the nearest one to me is all army and police, which I wouldn’t go to.”³²

Another interviewee remarked of an organisation in Armagh:

²⁸ Interview with IR09, March 2017.

²⁹ Interview with IR14, March 2017.

³⁰ Commission for Victims and Survivors (2015), *Impact of the Victim Support Programme*, February.

³¹ Marie Breen-Smyth (2012), *The needs of individuals and their families injured as a result of the Troubles in Northern Ireland*, report commissioned by WAVE Trauma Centre.

³² Interview with IR07, March 2017.

“they seem to hold their meetings etc., in the Masonic Hall ... that does not portray an all-inclusive victims and survivors service. I wouldn’t be comfortable and I know several others wouldn’t be comfortable going to a Masonic Orange hall to have their group meeting...people like myself and people I know who fall in between [different sections of the community]...where do we go?”³³

While many VSS funded groups provide counselling and physiotherapy one victim said that, “I don’t like to come to a victims’ group for everything. I like to live myself, outside being in a group as well.”³⁴ In recent years the VSS has been conscious to fund more general support services to victims who are not community aligned.³⁵

Yet there remains a lack of widespread awareness of what groups are available remains lacking. Breen-Smyth highlights that those not ‘plugged into’ victims’ groups or social networks have less chance of having their needs met: ‘Interviewees often reported difficulty in getting the help they needed, not knowing what was available or where to get it, or in some cases having needs that services did not cater for.’³⁶ This has historically been the case, with one interviewee reporting that with regards the Northern Ireland Memorial Fund, “nobody knew about it, unless you were connected to groups or anybody who knew what happened.”³⁷ Groups are a “major conduit for people,” so for those not members of groups, knowing what services are available to them can be challenging.³⁸ As one interviewee highlighted,

“there is a major issue in terms of accessibility in that only a certain number of victims and victims’ groups know about the Victims and Survivors Services...ultimately, it’s about if you’re in the system and you’ve been in the system you will continue to avail through groups for the Victims and Survivors Service but it’s never publicly advertised to open the doors fully...[there is a] limited amount of resource there available and to open the doors fully the service wouldn’t be able to cope.”³⁹

While lack of awareness is one issue, identification as a victim is another factor relevant to accessing services:

“do they identify themselves as victims and survivors and feel that they should be accessing this? That’s a big issue for people. People out in the rural

³³ Interview with IR10, March 2017.

³⁴ Interview with IR07, March 2017.

³⁵ See CVS, Minimum Practice Framework for Services being provided within the Non-Statutory Sector, October 2011.

³⁶ Marie Breen-Smyth (2012), *The needs of individuals and their families injured as a result of the Troubles in Northern Ireland*, report commissioned by WAVE Trauma Centre, p36 and p160.

³⁷ Interview with IR07, March 2017.

³⁸ Interview with IR01, March 2017.

³⁹ Interview with IR01, March 2017.

communities are particularly isolated, and maybe don't have the confidence to come forward and avail of services."⁴⁰

Injured victims can avail Individual Needs Payment (INP) schemes (except for Care for Carers, unless they are also a carer) through the VSS. Under the INP injured victims can claim £1,500 per year to spend on counselling, pain relief, physiotherapy, education/training courses and respite breaks provided they can show they are high rate Disability Living Allowance (DLA) claimants. For middle rate DLA claimants this amount is £500. For carers they can also claim £500. Injured victims can also claim payments for chronic pain, which varies up to £750 per year. There was also the disability support programme which assisted injured victims in funding mobility aids, prosthetics or adaptations to their home. In addition, there is the means-tested financial assistance scheme that could be made per household for those bereaved, injured or a carer. Due to increasing number of applicants in this area over the past few years has seen the amount drop for each household from £1,040 in 2013/2014, £1,000 in 2014/2015, £830 in 2015-2016, and £350 in 2016-2017 due to increasing claimants of 1,754 in 2013/2014 to 2,670 in 2015-2016.⁴¹ In the financial year of 2015-2016 of the £4.86 million spent on the INP, £1.11m was spent on support for injured, £26,000 on chronic pain, £85,000 on disability aids, and £248,000 on carers separate from the £2.18m spent on financial assistance and £1.2m for those bereaved.⁴² Most injured victims' claimed for home heating, house improvements and furnishing, respite breaks away and other household items.

On recommendations of the CVS, the VSS introduced Personalised Budget Pilot in July 2015-March 2016 to test the appropriateness of a more flexible approach to delivering the Individual Needs Programme alongside caseworkers to assess the claimant's needs and support in maximising their award. Personalised budgets as a 'means of giving individuals greater choice, flexibility and control over how they use an allocation of funding to meet their personal needs'.⁴³ In the case of injured victims this would allow them to choose which services and goods they wish to spend their INP for themselves, echoing important factors of agency and dignified treatment. Assessment of the Pilot conducted by PACEC on behalf of the CVS found a marked improvement

⁴⁰ Interview with IR01, March 2017.

⁴¹ Data from CVS, VSS Quarterly Review Reports available at <https://www.cvsni.org/resources/victims-and-survivors-service-review-reports/>

⁴² VSS Annual Report and Accounts For the year ended 31 March 2016, December 2016, p37.

⁴³ Personalised Budget Pilot Evaluation Final Report, CVS, February 2016, p5.

amongst victims on their financial situation, quality of life, health and wellbeing, given that it allowed them to be more independent, could choose the service that more suited their needs and there was a greater selection of choice.⁴⁴ As can be seen with the Personalised Budget Programme, while the VSS and CVS are keen to ensure more 'bespoke' and personalised flexibility in financial assistance to victims, there are clear public accounting requirements. This perhaps distinguishes financial assistance from compensation, in that with the latter the victim has complete flexibility and agency to spend the money how they see fit. Nonetheless, a victim support worker welcomed the reform to the Personalised Budget Programme as,

"the severely injured are likely to do better under the new system than they would have done had the old system been left because the payments they were getting would have been sliced thinner every year. The new system is a needs based approach, so the people with the highest level of need will be more protected and those who may do less well are those who are assessed as having a lower level of need."⁴⁵

The more bureaucratic approach to responding to victims' needs has caused some feelings of inconvenience, but understanding amongst victim caseworkers of having to account for expenditure,

"some of the victims and survivors that I've been talking to felt it was very disrespectful; somebody sitting in a wheelchair with no legs, blinded, and they were saying, 'You didn't present a receipt for £2 last week for this thing you bought'. I'm not even sure it was respect or trust; ... That's a bit of an exaggeration, but you know the point. ... it's the trustworthiness of it and saying that we're adults. If you're saying it's our money, why can't we spend it on whatever we want? I don't know today what I might need that money for next month? Why can't you give me the money and trust me and I'll give you the receipts afterwards if you want? I think they've even gone down there without having the receipts. So, it's their money. It's either their money or it's not. If it's our money, give it to us and if it's not, don't give it to us."⁴⁶

Another took a more balanced perspective commenting that,

"I can see the balance that they have to try to account for public money without abuse [but]... It's somebody's human right to spend their money however they want it."⁴⁷

A victim support worker found that

⁴⁴ See PACEC, Personalised Budget Pilot Evaluation, Final Report February 2016.

⁴⁵ Interview with IR01, March 2017.

⁴⁶ Interview with IR09, March 2017.

⁴⁷ Interview with IR09, March 2017.

“to ask the victim for an invoice and receipt back again and to me that, it’s too bureaucratic for the victim, it takes away any sort of dignity that there is for the victim, it makes people feel like beggars ... it’s a pain for victims, it’s a pain for us ... for lots of reasons, lots of numeracy, literacy issues, lots of mental health issues, lots of physical health issues, paperwork is the last thing that they need, so [the VSS INP] letter that tells them how much support they’re entitled to has to be signed and dated and then at a later date the receipts and invoices come in. So, the reality is random invoices and receipts arrive in [to the VSS] and no one has any idea what victim they belong to because they’ve just come in in a random brown envelope and then you know eventually the victim will ring and ...[the VSS staff will be] hoking through what we call unallocated receipts because ... it’s just a home heating bill with no one’s name on it has arrived in an envelope...”⁴⁸

In the past the claims for INP were not responsive to victims evolving needs as they try to develop new interests or careers. One injured victim who had undertaken funded courses through their local college in photography and journalism,

“I want to buy a new laptop and I want to buy a camera, things like that for, things I’ve taken up and didn’t allow that.”⁴⁹

There is now a long list of eligible items that individuals can claim for. This taps into wider frustration amongst victims on wanting to spend the INP as they saw fit,

“they stopped offering weekends away, now I haven’t had a weekend away now for 3 years, they used to pay £500 for a weekend away and I would never have went too far anyway because I can’t sit out in the sun with the skin grafts, so I couldn’t go anywhere too hot. ... I haven’t received anything like that at all, cut back on that as well. But I’d rather have these things just in cash you could go and buy things that you would want yourself.”⁵⁰

In the face of limited and some cases of inadequate specialist services for victims to meet all their needs, the main provision of care for seriously injured victims has come from family members and friends. Carers often make substantial sacrifices to their own careers, education and daily life in the absence of sufficient responsible state support. This has a gender aspect, where many mothers, sisters and daughters took on carer roles and continue to do so to look after both civilians and combatants. As one interviewee said, carers are “unsung heroes who don’t get recognition.”⁵¹

One carer interviewed advised that the only help they received was that their injured loved one attended a day care centre for 6 hours each day; they did however

⁴⁸ Interview with IR08, March 2017.

⁴⁹ Interview with IR04, March 2017.

⁵⁰ Interview with IR04, March 2017.

⁵¹ Interview with IR12, March 2017.

also say that they would not consider “going outside of the family or outside ourselves” to seek care or support and had previous negative experiences of respite breaks. One potential option was a break for a few hours to “teach us to let go a wee bit too. We probably are overprotective.”⁵² Another interviewee involved with a victim organisation spoke highly of the role that family member carers provide, but highlighted a lack of support:

“There are people that have given up a hell of a lot to care for people, which is wonderful ... because our guys do need a lot of help ... but there is nothing out there, very little for them in terms of carers.”⁵³

One interviewee described how:

“I care for my mother. My mother lives with me. There’s no care at all. Again, on the [service provider’s] form, the primary carer is someone who, really and truly, if you were injured in the Troubles, lost a limb etc., then you may benefit from a care programme. But my mother falls within old age, plus an extreme level of PTSD. She’s never had any counselling. She doesn’t fall within that remit. The remit is if you’ve lost a limb.”⁵⁴

The burden of care for injured victims has fallen on family members and friends, with limited, discretionary support from the VSS, with no guarantee that this amount is sustainable each year. This hardship is further compounded by access to statutory services for injured victims, which has lacked a joined up and victim informed process.

IV. Statutory services for injured victims

Statutory services covering housing, benefits, and healthcare, have been a frequent point of contact for victims seeking to cope with their ongoing harm. The difficulty for victims using statutory services is that they are not victim-orientated and sensitive to their particular needs. In terms of healthcare, while victims spoke highly of a number of doctors and nurses who had cared for them during their recovery, there were instances of medical staff and institutions being insensitive to their needs. This was particular acute due to the lack of psychological support and counselling available to victims after their incident. As one victim recounted after being left disabled in a paramilitary shooting,

“The doctor came to me and said, ‘... do you see that wheelchair, son?’ I said, ‘Yes, Doc’. He said, ‘Get used to it. You’ll be in it for the rest of your life’. I was

⁵² Interview with IR05, March 2017.

⁵³ Interview with IR06, March 2017.

⁵⁴ Interview with IR10, March 2017.

like, 'What?' That was it. That was the statement. You were left to either sink or swim and many a man sank."⁵⁵

Since the Good Friday Agreement there has been greater emphasis to provide certain counselling services through victim groups. Access to services, whether to statutory or community-based is limited by geographical location, local provision and awareness. Community or victim groups in a victim's area may not provide the service required by them. One victim interviewed stated that they were "going privately...hoping to get treatment there and pay for that privately...the NHS have a waiting list of 54 weeks just for the consultation so I can't wait any longer."⁵⁶ One victim support worker similarly commented that, "in our local area here ... the waiting list is between 50 to 70 weeks to meet a clinical psychologist, well that's not really acceptable."⁵⁷ One interviewee reported one of their member's experiences of being on an NHS waiting list:

"We have a guy here who turned up and said, 'I'll not be here tomorrow morning ... because I have an appointment'. He's been waiting. He came in yesterday morning and said, 'Turned up. Wrong day. I'm a year too early.'"⁵⁸

Two interviewees from one group interviewed described their NHS wheelchairs as "useless" and "a nightmare."⁵⁹ Another interviewee remarked of Musgrave Limb Fitting Centre that,

"What happened was there was no money for you to get a limb. The Memorial Fund would have paid up to £5000, but it only lasted one year ... from my perspective ... I couldn't use the new limbs anyway ... I'm too old. I couldn't do it ... Only if they would look after me better. It's five years since they sent for me ... I just want a normal limb."⁶⁰

Another interviewee in this same group commented:

"when it comes to the NHS ... when it comes to the likes of a limb fit, all these places are run by NHS. You haven't got a hope in hell. I'm waiting from 2011 to get an operation on my hands ... I'm waiting on another operation on my stump ... because they can't make me a new leg [before I have that operation] ... I need that surgery to make me better and to give me a proper way of life, but unfortunately, I'm caught in the quagmire."⁶¹

⁵⁵ Interview with IR07, March 2017.

⁵⁶ Interview with IR03, March 2017.

⁵⁷ Interview with IR12, March 2017.

⁵⁸ Interview with IR09, March 2017.

⁵⁹ Interview with IR07, March 2017.

⁶⁰ Interview with IR07, March 2017.

⁶¹ Interview with IR07, March 2017.

A third interviewee in this group told the research team that he used to be called to Musgrave annually for a check-up, and it has now been 17 years since his last check-up.⁶² These experiences were shared by other victim groups, with one caseworker commenting that injured victims are “falling to the wayside”, with two of their members being in “really bad financial difficulties because they have to go through private clinics to get their prosthetic limbs, because the health service gives you the basic leg and it’s not what they need for the movement.”⁶³

Others who lost their homes were placed into Housing Executive housing, but these did not meet their needs. One victim recounted that in one of these houses,

“There were 12 steps from the road to the house. I’m a double amputee, there are 12 steps. ... at some point in the day you have to take your legs off and normally at night get into the shower and do all of these things. Or, if you have a sore and can’t wear your prosthetics. I’m a victim of a no-warning UVF bomb explosion. ... I’m being put into the heart of a Loyalist estate. ... Forget the physical inadequacies, the disabled shower was in a downstairs toilet, so when I took my legs off at night in the bedroom and wanted to go to the bathroom, I would have to bum the whole way down the stairs and back up. Is it any wonder my shoulders aren’t what they should be? ...I remember one night just freezing getting out of the car and looking at the steps to go into the house and thinking, ‘I’m such an easy target here’. The sweat nearly broke on me in fear. This is after I’d been left a fake petrol bomb at the house – kids and all that. They made sure I got my own Loyalist flag up on the lamppost outside my house. The band, when it came in, one of the Loyalist bands was at the bottom of the steps. Either the band leader was there and they would stop there and thump a lot and get particularly loud. I think it was just to make a point. My daughter would be coming in in her Fort William uniform, which is a Catholic school uniform. When the snow came down one night, they attacked the house with snowballs, but believe you me, some of them were trying to put the windows in. None came in, but the sound and the loudness of it. I felt a bit exposed there. I did report the car being scraped and things like that to police, but I said, ‘I don’t want to go out of here on the grounds of intimidation. I want to go out of here on the grounds of it being wholly inadequate’.”⁶⁴

Being unable to work and lack of access to long-term rehabilitative services, many injured victims were left entirely dependent or in part on the welfare system as a result of the injuries sustained.⁶⁵ Breen-Smyth’s study into the needs of injured individuals and their families found that for many injured people, economic needs and money worries

⁶² Interview with IR07, March 2017.

⁶³ Interview with IR11, March 2017.

⁶⁴ Interview with IR21, April 2017.

⁶⁵ Marie Breen-Smyth, The needs of individuals and their families injured as a result of the Troubles in Northern Ireland, WAVE p31.

were a major source of stress.⁶⁶ Individuals who were compensated, but were unable to work, were denied benefit entitlement. As a result, many people who had been compensated years ago have now exhausted their compensation and there is almost universal benefit dependency amongst those injured in the Troubles.⁶⁷ Caring was also found to create risks for the carers, who may be out of employment for a long time but who may face being denied caring allowance once the injured person dies. It was also observed that some people are both carers and injured themselves, which is rarely financially acknowledged.⁶⁸

Injured victims also identified the assessment process used for the Disability Living Allowance (DLA) as creating barriers to them accessing welfare and social security to which they may be entitled. Some victims and survivors expressed a belief that they might be eligible for a higher-rate DLA, but did not wish to apply. This disinclination has been linked to the degraded way the assessment process can make injured victims feel, with some describing the process as making them feel like a 'drain on the tax system', or 'a beggar'.⁶⁹ Other criticisms have included the inconvenience caused by repeated reassessments:

"my leg isn't going to grow back, [I'm] not getting any younger, not going to get any better, not going to be able to work, things like that, that you have to keep filling things like that in. And even my blue badge for my car there for example, had to go through the whole rigmarole again for that."⁷⁰

This situation was perceived as a way to discourage them from applying. The potential for victims and survivors to face additional deprivation and hardship due to procedural requirements was illustrated by one respondent's experience,

"I got into a bit of a handling there over my DLA before Christmas, about 2 weeks before Christmas they sent me out a questionnaire, they do it every year now. And I remember doing it last year and I forgot to fill it in, so they sent me a reminder, said I must do that so I got it done straight away and sent it in, you know it took me nearly 3 days to fill it out and it was all exactly the same as I did the year before, I wish I would've just kept the booklet and photocopied it, sent it in to them and then they got back to me, final warning, if we don't receive this. I said look this has been sent in, it's already been sent, now unfortunately I didn't record deliver or anything like that and it's in that letter my DLA had been suspended. A week before Christmas."⁷¹

⁶⁶ Ibid.

⁶⁷ Ibid.

⁶⁸ Ibid, p36-37.

⁶⁹ RSM McClure Watters, p61.

⁷⁰ Interview with IR04, March 2017.

⁷¹ Ibid. Interview with IR19, March 2017.

This stress has been added to by the reform of DLA to Personal Independence Payments (PIPs). Victim service providers spoke of the stress the change was placing on injured victims,

“We get people all the time. At the minute we are accompanying some people now to the PIP interviews in relation to the people who are potentially losing DLA but not going to be put onto Personal Independent Payments and it’s horrible, it really is, people are...it’s their livelihood.”⁷²

It should be noted that in response to fears over the implications of the change for those injured, mitigating measures have been introduced, including the use of a more victim sensitive assessment and additional points for those seriously injured as a result of the Troubles.⁷³ While victim groups are giving advice to members on the reforms and how to apply, as it becomes more difficult to satisfy the criteria for PIP, victim service providers may find themselves under strain, as victims and survivors seek to obtain evidence of their disability.⁷⁴ This dependence on benefits and welfare support stems from the lack of adequate compensation provided to victims, and in a number of cases denied.

V. Psychological Harm and the mental trauma service

While there has been some attention to those physically injured, the issue of psychological harm also needed to be addressed. While physical and psychological harm can appear as distinct, in reality they often overlap, and it can be difficult to disentangle where someone is suffering from chronic pain or witnessed a traumatic experience. As one victim caseworker noted:

“we’ve had other members who have had severe head injuries ... after the bomb they were more like physical problems, but now after this length of time it’s more mental health problems we’re seeing people are living with.”⁷⁵

A caseworker from another victim group placed psychological needs and moving on within the wider framing of needing to deal with the past,

“for victims and survivors many of them are stuck within a psychological circumstance where they’re only existing, they’re not truly living and really until there’s accountability around the particular issue which holds them in that position, they’re not going to live again.”⁷⁶

This was shared by a clinical psychiatrist,

⁷² Interview with IR06, March 2017.

⁷³ Law Centre (NI) Legal Information Briefing - September 2016, Personal Independence Payment, 4. Supplementary payments.

⁷⁴ Interview with IR06 March 2017.

⁷⁵ Interview with IR11, March 2017.

⁷⁶ Interview with IR02, March 2017.

“I have repeated experiences of working with individuals and trying to help them therapeutically who are, in colloquial terms, stuck. They’re stuck in the place that they are and find it difficult to move forward in their lives in terms of dealing with their symptoms or their level of functioning because of the lack – as they perceive it – of acknowledgement of what happened, the lack of truth and the lack of justice. You get that from all sides. Everyone has that, to one extent or another, some people more than others. It’s a huge issue. If we’re to move forward in terms of developing a [mental trauma] service, I think it would be helpful to us if there were other groups, other bodies, other organisations, other structures all moving forward in terms of truth and justice and reconciliation and acknowledgement. That would be helpful in terms of our therapeutic effort. ... All of that together would be helpful for N.I as a society, because as a society we’re stuck, it’s not just the individual.”⁷⁷

A number of interviewee spoke of the difficulty of accessing appropriate psychological services. One interviewee spoke of an individual who approached their organisation as he was unsure of where else to go:

“We had the case of ... the veteran who [mental health charity, name removed] couldn’t see because they took him off their books. This is not a criticism of [mental health charity, name removed], it’s what they say they do; he wasn’t able to get treatment because he threatened suicide. He had PTSD ... They took him off their books and he joined here. They put him in the mental health place...and he did kill himself...[mental health charity, name removed] are the example [of an organisation aimed at providing care specifically for former security forces]. They’re supposed to deal with people with trauma ... If you can’t deal with someone who’s threatening suicide, then what? ... If you can’t help them, who can you help? Where does he go?”⁷⁸

Another interviewee spoke of being unable to access the required level of treatment for her PTSD:

“A few years back, I got an assessment in the [service provider, name removed] building in Dungannon ... [they] did an assessment of me and it came back that because of the level of PTSD that I had, they didn’t have a suitably qualified person to deal with me. I had such an extreme level of post-traumatic stress because I had witnessed my father murdered and I sat with him for two hours, covered in blood, at the age of four...They didn’t have a suitably qualified person to deal with me and that still stands, three or four years later. I just wonder who really is benefitting from these services, because it’s certainly not me.”⁷⁹

A member of the security services recounted his experience,

‘I was thinking the last lot of years that PTSD seems to have come on board, [compared to when] you joined the job, get used to it. Things like that. I was stationed in Waterside years ago, young fella shot himself, 19, shot himself, we

⁷⁷ Interview with IR15, April 2017.

⁷⁸ Interview with IR09, March 2017.

⁷⁹ Interview with IR10, March 2017.

had a colleague mopped his blood and his brain up, I'll never forget the undertakers saying we'll have to unceremoniously drag him by his heels the way he was lying because there was blood everywhere, they'd to drag him out of the pool of blood. I'll never forget that happened, 1989 but there's no counselling given for that there, you just get on with it."⁸⁰

Another recounted how after a colleague in the police was driving a landrover that was fired upon and witnessed two colleagues being killed and another seriously injured was, "brought back to the station, there was a bottle of whiskey opened, he finished the bottle of whiskey, sent him home, said 'take a day off, see you in two days'."⁸¹ Another person had to pay for private treatment,

"I paid a lady privately – it was £40 a session – who I would say really and truly saved my life ... It has left me that I'm quite comfortable to talk about what has happened etc., but that doesn't rule out that fact that when I received that consultation with the [*service provider*] they thought I had such an extreme level of post-traumatic stress. That still stands. The fact that I was able to carry on my day-to-day living with somewhat normality was all due to paying privately to go myself. I received no help with that at all."⁸²

One interviewee highlighted a lack of appropriate services for those affected by more severe psychological trauma, arguing that "just day counselling, that's not enough for a lot of these people":

"we're seeing people that need in-depth psychiatric treatment that needs to be in-house. There's no facility for in-house treatment, it's all like outreach and outpatient departments or whatever but that's not good enough for some people who have really deep rooted psychological [trauma]...we had a lady and she was severely traumatised in [a] bomb and she had a breakdown and there was no beds in the local mental health facility."⁸³

Transgenerational psychological therapy has also been neglected with the CVS finding it is one of the 'key areas of unmet need'.⁸⁴ A 2015 survey found that only one out of eight statutory respondents provided services aimed specifically at addressing trans-generational trauma, along with a small number of non-statutory organisations who provided specific services.⁸⁵ The CVS found that:

'the secondary or trans-generational impact of the Troubles are significant in comparison to other trends in mental health and other societal pressures and that the conflict and its consequences on subsequent generations are a distinctive

⁸⁰ Interview with IR06, March 2018.

⁸¹ Interview with IR06, March 2018.

⁸² Interview with IR10, March 2017.

⁸³ Interview with IR11, March 2017.

⁸⁴ Commission for Victims and Survivors (2015), *Impact of the Victim Support Programme*, p18.

⁸⁵ Commission for Victims and Survivors (2015), *Towards a Better Future?*, p15 and p96.

factor associated with mental illness, substance dependency, and other problems for young people and their families.’⁸⁶

As one victim caseworker found,

“96% of North and West Belfast killings were with the male population, so that left the female to look after the family. In terms of psychological injuries, you’re talking about a mother playing a role, bringing up her children, who maybe didn’t even have educational attainment as to what they could have had. So, all that revolves around when we talk about transgenerational trauma. That emanates through the generations.”⁸⁷

UN Special Rapporteur Pablo de Greiff highlighted that specialised medical services distinct from general health provision should be provided to victims to meet their needs and to engage with them in a sensitive way.⁸⁸ In his 2016 report on Northern Ireland he recommended the need for such services to address transgenerational trauma,

“Those who were children during the Troubles require specialized care, including reintegration programmes, education and employment support. The impact of the Troubles is inherited, and should be addressed in children, many of whom are still exposed to violence and poverty.”⁸⁹

Given the wide scale impact of trauma as a result of the Troubles/conflict in and around Northern Ireland there is a clear need to deliver “trauma-specific psychological interventions”.⁹⁰ Once established and fully funded the Mental Trauma Service would not just be available to victims and survivors of the Troubles/conflict, but will also service individuals with severe psychiatric needs including those who have suffered historical sexual abuse, sexual child abuse, and veterans with PTSD, due to the universal service provision under the NHS. One doctor said that in their deliver of services to victims, whether innocent or not, “People are patients or clients with a need and the cause, from our point of view, is immaterial, irrelevant.”⁹¹ Moreover, the Mental Trauma Service together with other processes to dealing with the past in Northern Ireland would reflect a more “joined up approach” that allowed victims with severe psychological needs from

⁸⁶ Commission for Victims and Survivors (2015), *Towards a Better Future?*, p96.

⁸⁷ Interview with IR12, March 2017.

⁸⁸ Reparations: Report by the Special Rapporteur on the promotion of truth, justice, reparation and guarantees of non-recurrence, Pablo de Greiff, 8 October 2014, A/69/518, para.36.

⁸⁹ Report of the Special Rapporteur on the promotion of truth, justice, reparation and guarantees of non-recurrence on his mission to the United Kingdom of Great Britain and Northern Ireland, A/HRC/34/62/Add.1, 17 November 2016, para.79.

⁹⁰ Interview with IR15, April 2017.

⁹¹ Interview with IR15, April 2017.

trauma brought up by the Historical Investigation Unit, Independent Commission for Information Retrieval, inquests or media coverage to turn to allow them to decompress.⁹²

VI. Compensation

Compensation amounts awarded were also seen as grossly insufficient, with injured victims having to live with inadequate financial support into their old age.⁹³ This was due to compensation being based on income and not long-term harm, victims' life expectancy was underestimated, and as they were unable to work as result of their injuries the compensation awarded prevented their subsequent benefit allowance.⁹⁴ Victims who were injured also faced their compensation being cut after 16 years, despite their health deteriorating and dependency increasing as they become older.⁹⁵ Many of the compensation awards were based on wage earnings and the likelihood that this would only continue for twenty years, which meant that individuals who were young or not in full-time employment received substantially smaller compensation awards. Victims also mentioned to us in interviews that the costs of legal counsel as well as any claimed benefits were deducted from their compensation amount.⁹⁶ Bloomfield in his own report notes the unevenness of the scheme,

'Given that the underlying yardstick is the loss of "maintenance" to a family, the death of Mr A., a successful individual in the prime of life with realistic expectations of continuing high earnings, will be recognised by compensatory payments well in excess of those made available in the case of Mr B., an ailing older man with a long history of unemployment and poor job prospects. ... The distinction is, of course, between compensation for what has been lost in the material sense and any attempt to achieve an essentially social objective.'⁹⁷

These issues were reflected by many of the injured victims we spoke to. One injured victim remarked that,

⁹² Interview with IR15, April 2017.

⁹³ Commission of Victims & Survivors FINAL REPORT Initial Literature Review of The Needs of Victims & Survivors 17th January 2009, p27.

⁹⁴ Consultative Group on the Past, Final Report, 2009 p91; and Marie Breen-Smyth, *The needs of individuals and their families injured as a result of the Troubles in Northern Ireland*, WAVE 2012, p10.

⁹⁵ *Ibid*; and Marie Breen-Smyth, *The needs of individuals and their families injured as a result of the Troubles in Northern Ireland*, WAVE 2012, p9.

⁹⁶ Interview with IR07, March 2017; and IR21, April 2017.

⁹⁷ Kenneth Bloomfield, *We Will Remember Them*, NIO 1998, 5.10.

“originally my compensation was meant to last me a lifetime but people weren’t meant to live so long back then either ... With inflation the way it has gone, the compensation wouldn’t last.”⁹⁸

Another victim said that, “I was compensated in 1973, so all those years ago, it would be long gone”⁹⁹ Many victims who were compensation received a lump sum and used this to buy a house, as one victim recounted,

“The compensation bought a house and that was it. We own our own houses, that’s our asset, but there’s nothing you can do with that apart from borrow more money, which is only going to put you into more trouble.”¹⁰⁰

However, as this victim explains investing their compensation in a house meant that they were left with very little money to live off. The lack of sufficient compensation and financial support to injured victims is a ‘major stressor’ for them.¹⁰¹ As many victims were seriously physical or psychological injured they were unable to return to work or build up an occupational pension to last them into old age, meaning that many are now universally ‘benefit dependen[t]’.¹⁰² Hamilton, Byrne and Jarman review of services in 2004 echoed these sentiments over lack of financial security for individuals.¹⁰³ In 2012 Smyth report on the needs of injured victims highlighted the continuing need for financial support for injured victims and lack of future financial security was a major stressor.¹⁰⁴ The compensation process itself as Bloomfield found was that for,

‘many of those victims to whom I spoke found the procedures complex, baffling, frustrating and on occasion humiliating. Some were very well satisfied by the quality of the legal advice they had received; others thought they could have been better advised. A critical moment comes when an applicant has to decide whether to accept an offer made to him/her. Some felt that they had faced an invidious choice between acceptance of an unsatisfactory award and the consequences of further delay, perhaps leading to a court appearance and the prospect of adversarial cross-examination. A number of victims felt they had endured an unreasonable struggle to secure advances of compensation, in circumstances where their tragically changed condition called for early

⁹⁸ Interview with IR03, March 2017.

⁹⁹ Interview with IR07, March 2017.

¹⁰⁰ Interview with IR07, March 2017.

¹⁰¹ Marie Breen-Smyth, *The needs of individuals and their families injured as a result of the Troubles in Northern Ireland*, WAVE 2012, p10.

¹⁰² Marie Breen-Smyth, *The needs of individuals and their families injured as a result of the Troubles in Northern Ireland*, WAVE 2012, p31.

¹⁰³ J. Hamilton, J. Byrne, and N. Jarman, *A Review of Health and Social Care Needs of Victims and Survivors of the Northern Ireland conflict*. Belfast: EHSS (2004), p10.

¹⁰⁴ Marie Breen-Smyth, *The needs of individuals and their families injured as a result of the Troubles in Northern Ireland*, WAVE 2012, p20-21.

expenditure, for example to adapt a family home in order to cope with physical handicap.¹⁰⁵

Other victims recounted being forced to stand in a room in the underwear as barristers and others looked over their body are argued the amount of appropriate compensation. Some victims also spoke of the trauma in dealing with the legal system in claiming compensation and pressure exerted to get claimants to settle. One victim injured in the 1970s recalled that,

“The very morning before I went into court, my barrister came in. We were living in England so I came back over again for it. I wasn’t going to court, we settled. He said, ‘[victim’s name], they’ve reduced it by £5000’. I said, ‘Why?’ and he said, ‘They’ve just decided they’ve peaked it too high’. I can’t remember the language used. I said, ‘Right, I’m going to court’. I was so angry. It was Crumlin Road Court. I remember going into the courthouse and sitting there and my solicitor came out and said, ‘[victim’s name], I wouldn’t go in there. The judge is in very bad form and he’ll reduce it’ ... there was some guy in a motorbike accident before me and he said, ‘He’s not in good form. He’s reduced his compensation. I would not go in there’ ... I said, ‘Okay, where’s the paper?’ and I signed it. It’s not as if you were happy with what you got. It was ridiculous the amount of money people got.”¹⁰⁶

Another victim interviewed also felt that they wanted to settle the compensation quickly to get their life back due to lack of sufficient support services,

“my criminal injuries claim was 1980. I remember at the time, I was still in hospital. The wife and the kids had moved out of [their home where the attacked happened], back to her mother’s house. I was getting out of hospital and had no house. The social workers were useless. They couldn’t get me somewhere to bring my family together again. I took agreed damages to get money from the court to buy a house quickly, which I shouldn’t have done.”¹⁰⁷

Similar experiences were shared by two victims injured in shootings,

P1: “And they seem to push you, the solicitors, when there’s an offer made, they push you, you know you’re not, they push you to take that offer rather than, you know we’ll try and get you a better offer.”

P2: “I should have listened to the wee secretary in my solicitor’s office, says, see no matter what they offer you, don’t take it, just go to court, but I was on my own. ... It was down in the court at the time but my solicitor and the barrister just seemed to be pressurising me into taking this and I thought obviously, they know what they’re talking about, so, and they didn’t.”¹⁰⁸

¹⁰⁵ Kenneth Bloomfield, *We Will Remember Them*, 1998, para.5.9.

¹⁰⁶ Interview with IR07, March 2017.

¹⁰⁷ Interview with IR07, March 2017.

¹⁰⁸ Interview with IR12, March 2017.

This sort of adversarial and insensitive treatment of victims echoes the findings of Sir Kenneth Bloomfield in his report nearly twenty years ago, which still has not been addressed.¹⁰⁹

For those victimised in paramilitary attacks the compensation and court system caused further victimisation by blaming the victim and in some cases denying or reducing the amount of compensation. In the case of Andrew Peden, who was tortured for 10-12 hours by the UVF and then shot in both legs with a shotgun in 1999, requiring a double amputation,¹¹⁰ his compensation of £475,000 was rejected as he failed to cooperate with the police in identifying those responsible, due to fear of them killing his family.¹¹¹ In the *McCabe* case where the victim was shot in the back of both his kneecaps, Judge MacDermott found that the victim ‘would not have been shot if he had lived a blameless life and in that sense his anti-social behaviour led to him being injured’, with his compensation being reduced by a third from £3,000 to £2,000.¹¹² The criminal injuries compensation scheme engaged in victim blaming, contrary to their right to reparations for unlawfully caused suffering as a violation of their rights. Other victims, including those killed, have been denied compensation where they were viewed to having being members of proscribed organisation, based on security intelligence or past convictions unconnected to the death or injury.¹¹³

One victim group caseworker reported the victims of punishment attacks suffer further humiliation for the compensation they do receive, speaking about an individual who was shot in both legs by a paramilitary group,

“he really struggles even with the whole stigma of who he is as a person, his compensation money that he got was taken off him by paramilitaries because whenever they give out punishment beatings they don’t let you go and collect your compensation and sail off into the sunset, they actually come round and actually take your compensation money as well.”¹¹⁴

The inequality and inadequacy of compensation and financial assistance has been identified by UN Special Rapporteur Pablo de Greiff in his country report on Northern Ireland.

¹⁰⁹ Kenneth Bloomfield, *We Will Remember Them*, NIO 1998, para.5.9.

¹¹⁰ John Mullin, What ceasefire?, *The Guardian*, 19 January 1999.

¹¹¹ Gun victim loses appeal, *BBC News*, 9 November 2001.

¹¹² *McCabe v Secretary of State for Northern Ireland*, Northern Ireland Unreported Judgments 1 March 1985.

¹¹³ *Ann Marie McCallion and Others, Re Application for Judicial Review* [2004] NIQB 54; *Carson’s (Eileen) Application (Leave Stage)* [2016] NIQB 3.

¹¹⁴ Research team interview with IR06, March 2017.

'Even within the limited aims of the compensation and service schemes in Northern Ireland, concerns about the equitable treatment of victims persist beyond a comparison of benefits offered to former service men and their families as opposed to those for civilian victims. Even among civilian victims, significant inequalities exist, since the benefits offered by different schemes have varied over time, while "top off" equalizing benefits have become contentious. ... There is inequity in the kind and quality of services available to people in different areas of the jurisdiction; for example, some services, such as counselling and some forms of specialized health treatment, are concentrated in urban areas.'¹¹⁵

There has been a range of funds established by the British government to compensate ex-security force personnel, without similar support for civilians who suffered similar injuries.¹¹⁶ Some argue that this amount is justifiable based on these individuals service to their community and the harm, injury or death they suffered as a result of paramilitary violence.¹¹⁷ The Patten Report into policing in Northern Ireland found that,

'During the course of our work we met many police officers who had been disabled as a result of terrorist attacks. We do not believe that these officers have been treated as well as they should have been by the police service or by the welfare services. Criminal injury claims in the early years of the present Troubles were settled for derisory sums of money. Inadequate attention has been given to the physical pain that many of the injured continue to suffer for years afterwards. We were also dismayed to see the low quality of the prostheses supplied to amputees, some of whom have gone to considerable personal expense to buy more advanced and better finished prostheses. We welcome the fact that consideration is at last being given to the establishment of a pain clinic and we hope that this will soon come into being. We also recommend that a substantial fund be set up to help injured police officers, injured retired officers and their families, as well as police widows (see below). The fund could supplement the income of those on very low pensions, help finance the procurement of better prostheses or household equipment for the disabled, and make grants to universities for research or for bursaries for disabled officers who wish to study.'¹¹⁸

For some injured ex-security force members there is a mixed picture on those who continue to receive support.

"the actual UDR groups themselves were useless, the benevolent fund, the UDR benevolent fund, useless and the stories I could tell you about them, fighting for

¹¹⁵ Report of the Special Rapporteur on the promotion of truth, justice, reparation and guarantees of non-recurrence on his mission to the United Kingdom of Great Britain and Northern Ireland, A/HRC/34/62/Add.1, 17 November 2016, para.64-65.

¹¹⁶ See Patricia MacBride, *Reparations in Northern Ireland – A duty to victims?* CVS 2011, p4-6. Such as the UDR/Royal Irish Regiment Special Payments, RUC Hearing Loss Claim Fund, NI Police Fund, RUC Reserve Gratuity Payment Scheme, RUC Pre-1982 Widows package, and the RUC bereaved/seriously injured fund.

¹¹⁷ Kenneth Bloomfield, *We Will Remember Them*, NIO 1998, para.5.18.

¹¹⁸ Patten report, *A New Beginning: Policing in Northern Ireland*, 1999, para.10.20.

everything. You know, and even at the moment, I was even applied for stuff way back there before Christmas and I was turned round, I'm probably one of the worst injured, one of the, you know, over the 100 per cent mark, I never met the criteria, so I was told. And it was for heating oil, coal and stuff like that, bit of financial support, didn't meet the criteria and they wouldn't tell me why.... there's a group from the south of Ireland and they have funding for, they're based in the south of Ireland and there's funding for all troops, both British forces and Irish forces and they're fantastic, I got a cash payment from them, I think it was about £60 a month, 4 months, it was about £300.”¹¹⁹

Financial support through the Northern Ireland Memorial Fund was provided up until 2012, before being taken over by the VSS. One victim found this process as humiliating as,

“although it was a charity, you felt like a beggar ... ‘Please can I have some more?’ You had to fill in forms every time. It was a different scheme or a different thing and you had to do it through the same process of saying, ‘Yes, I was shot in 1979 and here's the newspaper cutting and what happened’.”¹²⁰

This was shared by another physically injured victim,

“The other thing is that we don't have control over our own destiny. We have to keep going back to them with cap in hand, asking for this and asking for that. If we won the pension, we would have control of our own lives and our own destiny.”¹²¹

In terms of the means-tested financial assistance which has reduced year-on-year, there was frustration amongst physically injured victims that psychologically injured victims have flooded the system, reducing the total pot of money. As one victim said “What's the point, for £200, of going through all this? It's hardly worth it.”¹²²

There was a common refrain of being “made to feel like a beggar”¹²³ and going “cap in hand”¹²⁴ that the financial support was inadequate. One victim group case worker reflected that

“£1,000 if you're disabled and needing various things, really isn't a lot of money so I would suggest to you that whilst it's an improvement picture, there's still a lot more could be done ... my criticism would be why didn't you just give the person £1,500 to spend as they wish? Now, part of that is this sort of nanny [state], well how can we be accountable for that money then, they could spend it on anything and they could drink it, so there is a wee bit of looking after them, I suppose in a sense. Which I suppose is true enough but I just don't know why people aren't trusted to kind of just spend their own money the way they want to spend it

¹¹⁹ Interview with IR04, March 2017.

¹²⁰ Interview with IR07, March 2017.

¹²¹ Interview with IR07, March 2017.

¹²² Interview with IR09, March 2017.

¹²³ Interview with IR06, March 2017.

¹²⁴ Interview with IR21, April 2017.

instead of having to go through this. Now, what they've done is they are listening in part. So, out of that £1,500 now they've given them £500 that they can spend as they wish and the other £1,000 obviously has to go on certain things that they can get with it. So, I do get a sense that they are listening and that things are, it's an improving picture"¹²⁵

There were perceptions that injured victims have no political clout or were politically marginalised in seeking redress. As one injured victim suggested,

"I supported the Good Friday Agreement. Prisoners got out; okay, that's a great reward for them, but we can never get out of these wheelchairs... We're condemned for the rest of our lives. They got a break."¹²⁶

Another victim in the same interview group put the issue in these terms,

"We come bottom of the pile. What annoys me ... you take a Social Investment Fund, you take all that. That's very, very hurtful to victims. I'm all up for peace, reconciliation and moving on, without a shadow of a doubt. The last thing I want is anything to happen. I just want everybody to be happy and move on together. What annoys me is, I look round this room and I meet people I know every day. They are the people who are getting walked over, tramped over. People are lying in graveyards because of these people who are now community workers and this, that and the other. I sometimes wonder, why do the politicians do this? They can offend us, keep offending us. ... Acknowledging that the whole way down the line, from 1998, we have been lost. We have been at the bottom of the pile."¹²⁷

There was frustration of the time it has taken to provide reparations to injured victims, as one commented,

"Those things are all great, what we talked about with the services, but they all have the element of us going and asking and going through a process of interrogation and examination. ... We've already lost four members of [our] injured group in the last clatter of years. We will die off as it comes. To me, I would be happy with that as an acknowledgement and as a reparation. That would be my bottom line. It just looks so far away at the minute. It's so distant."¹²⁸

An acknowledgement of injured victims could help to ensure better awareness in Northern Ireland society of the ongoing consequences of the Troubles. One seriously injured victim felt that an apology for them was unnecessary and that reparations had to go beyond symbolic gestures to recognise victims' rights,

"[An apology] might be nice for society as a whole, but for me as an individual, I don't feel the need for it. ... a human rights approach is essential in ensuring that people feel empowered through the process and don't feel cap-in-hand. I think that's the key. That doesn't mean 'Yes, we have a chequebook and you can have

¹²⁵ Interview with IR06, March 2017.

¹²⁶ Interview with IR07, March 2017.

¹²⁷ Interview with IR07, March 2017.

¹²⁸ Interview with IR07, March 2017.

whatever you want'. It means that people feel the process is appropriate, it's something that has been of benefit."¹²⁹

UN Special Rapporteur Pablo de Greiff in his report on Northern Ireland finds that services to victims in Northern Ireland do not amount to reparations as they do not affirm victims' human rights and acknowledge responsibility.¹³⁰ In addition he identified memorials that 'would foster mutual understanding, or at least prevent the instrumentalization of memory; complement and stimulate other forms of truth-telling; and guarantee the involvement of and participation by victims in all memorialization activities'.¹³¹ For injured victims this could take the form of a travelling museum exhibition around the country, an abstract memorial for all the suffering caused, or a letter to accompany any pension acknowledging the violation of the individual's rights and the commitment by the state to take responsibility in remedying their harm. Importantly injured victims should be consulted on what shape this should take to that it can more adequately measure up to their needs.

Financial needs of injured victims, in particular those severely injured, is considered a priority for many injured victims we spoke to. This was reflected in our discussions with statutory organisations, victim groups and injured victims as well as in other research.¹³² Seriously injured victims were unable to return to work, build up a pension, or seek education, left dependent on benefits or remains of compensation awards and have a range of physical and psychological needs, including chronic pain. As they get older their health is deteriorating, and the lack of financial security and certainty is causing additional stress.¹³³ A pension for injured victims of the Troubles was raised by Marie Breen-Smyth in her research on injured victims,¹³⁴ this was then developed by Stuart Magee in his research on how a pension would operate on behalf of WAVE,¹³⁵ and this has been supported by the CVS.¹³⁶ This is needs to be framed in terms of victims' rights to reparation moving forward.

¹²⁹ Interview with IR10, March 2017.

¹³⁰ A/HRC/34/62/Add.1, para.75-80.

¹³¹ A/HRC/34/62/Add.1, para.134.

¹³² See Smyth; and CVS, Comprehensive Needs Assessment, February 2012, p60-61.

¹³³ See RSM McClure Watters Spence, *Pension for the Severely Injured Project Final Report*, April 2014.

¹³⁴ Smyth 2012, p13.

¹³⁵ Exploring models for the proposal of special pension provision for those injured in the Northern Ireland "Troubles", WAVE

¹³⁶ CVS, A Pension for people severely injured in the Troubles Commission Advice Paper 11 June 2014.

VII. The need for reparations in dealing with the past in Northern Ireland

Reparations are intended to remedy victims' harm through measures to acknowledge and alleviate their ongoing suffering. The 2005 United Nations Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law states that reparations are intended to 'promote justice by redressing' violations and include: restitution; compensation; rehabilitation; satisfaction; and guarantees of non-repetition.¹³⁷ The right to remedy is recognised in many human rights conventions and affirmed as reparations in regional human rights courts and international criminal courts.¹³⁸ The United Nations underlines the importance of a comprehensive approach to transitional justice that includes a range of measures, including truth, justice, guarantees of non-repetition and reparations, this includes states making efforts 'to memorialize victims, educate society and preserve historical memory.'¹³⁹ Reparations are victim-centred, in that they are involved in the design and implementation of such measures, but also provide individually them with tangible (e.g. compensation) and symbolic (e.g. memorials and apologies) means to rebuild their lives.

There has been a notable absence of a discussion on the right to reparations in dealing with the past in Northern Ireland, despite the prevalence of truth and justice. While this can be partly explained by the furore over the recognition payment proposed by the Consultative Group on the Past, there is a more general reluctance for the state to be responsible for remedying all the harm caused during the Troubles/conflict in and around Northern Ireland. However, this is contrary to international obligations that the

¹³⁷ Principles 15 and 18, A/RES/60/147 of 16 December 2005.

¹³⁸ Article 8, Universal Declaration of Human Rights (UDHR), 217 A (III), 10 December 1948; Article 13, European Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR), CETS No. 5; Article 2(3), International Convention of Civil and Political Rights, UNTS Vol. 999, p. 171, 16 December 1966; Article 25, American Convention of Human Rights, 22 November 1969. See also General Comment 31 on The Nature of the General Legal Obligation Imposed on States Parties to the Covenant, UN Human Rights Committee, CCPR/C/21/Rev.1/Add. 13, 24 May 2004, paras 15–20; *Velásquez Rodríguez v Honduras*, Judgment, Series C No. 7 (IACtHR, 29 July 1988), paras 174–175; *Aksoy v Turkey*, App. no. 21987/93 (ECtHR, 18 December 1996), para. 98; *Prosecutor v Thomas Lubanga*, Judgment on the appeals against the "Decision establishing the principles and procedures to be applied to reparations" of 7 August 2012 with AMENDED order for reparations, ICC-01/04-01/06-3129, 3 March 2015; and *Prosecutor v Germain Katanga*, Ordonnance de réparation en vertu de l'article 75 du Statut, ICC-01/04-01/07-3728, 24 March 2017.

¹³⁹ See Guidance Note of the Secretary-General, United Nations Approach to Transitional Justice, March 2010, p9; and Principle 1, Impunity Principles, E/CN.4/2005/102/Add.1.

United Kingdom government is bound to. Both the United Kingdom and the Republic of Ireland sponsored and voted for the 2005 UN Basic Principles on Reparations.¹⁴⁰

In relation to those seriously injured some of them have since 2012 campaign for a pension to enable them to have some financial security in their old age. The pension which would go beyond the £1,500 currently provided by the VSS, is intended to allow seriously injured victims to have a dignified quality, rather being made to feel like 'beggars' not knowing how they are going to pay the next bill. As one victim caseworker argued,

"...having a quality of life is way more important to these people than the whole truth and justice thing, which is why, I'm sorry I keep bringing this back to the pension, it's not the only issue that we fight on but it really for them is about saying look, we want to be able to live independently, we're getting older, we don't want to be dependent on State handouts forever, you know, we just want a wee bit of....to be able to live out our lives with a bit of dignity."¹⁴¹

An injured victim put the case for the pension in these terms,

"if we had the pension, we wouldn't be relying on that wee bit of help. We would be independent. It would increase our independence, being able to live on our own. This is why it's so important...This is my nightmare and this is why I really want the pension. I am a widower now and my children are all over the world. As you get older, you're on your own and I the last thing I want to do is be stuck into some home. I want to be independent, but I know it's going to take finances."¹⁴²

The pension would need to be a meaningful amount that would support individual injured victims' needs, as one victim outlined,

"It would be helpful, certainly depending on how much it was going to be. I remember talking to one of the commissioners, Bertha McDougal away back ages ago whenever she first mentioned this pension, and then I was with another, there was a few others of us in wheelchairs and she was talking to us about this and one of the girls asked how much would they expect this pension to be, well, it should be at least £10 a week and she just burst into tears like. So, it would need to be a reasonable, a compensation, if it's going to be a pension it would want to be something that would mean something to people, not £10 a week like."¹⁴³

Another victim identified the need to ensure financial security into their old age and for carers,

"if I was to die in the morning she would have nothing. I phoned up about it way back there a month or two ago, [my police pension is] worth £11 a week to her if I were to die so that's what she would have, there's no other income then ... she

¹⁴⁰ Economic and Social Council 61st Session, 19 April 2005, E/CN.4/2005/L.10/Add.11, p16-17.

¹⁴¹ Interview with IR06, March 2017.

¹⁴² Interview with IR07, March 2017.

¹⁴³ Interview with IR03, March 2017.

had to give up her career for me, she's a full-time carer and she would have nothing ... I'd really be concerned for that, we've a nine-year-old son like so there's a lot of spending been going on in the house. ¹⁴⁴

Another victim support coordinator believed that,

"in terms of the injured in particular, the pension would go a long way in terms of reparation, what we're doing is just nibbling around the edges of reparation, it's not reparation, it's just services within VSS or community." ¹⁴⁵

Another victim support worker distinguished the pension as a form of reparations in comparison to services currently offered,

"It's an entitlement then based on the level of harm that you have suffered, which is different from getting a discretionary small grant on a year by year basis. In terms of its impact, in terms of the entitlement, in terms of what it can do for people's lives I think it would be very significantly different. But it does feel to me ... that part of the issue is there have been different schemes to address different things at different times in a very inconsistent way really. So, we've all met people who, in the very early days of the Troubles got tiny amounts of money to pay for a funeral or to supposedly pay them for the financial loss caused by the loss of their father or a child or whatever, which I think is still painful to people in terms of what it said about the value or not value of somebody they had lost.

And I think at other times the schemes are somewhat better. So, there isn't an even playing field, depending on when you suffered injury or loss. And also, obviously, there isn't an even playing field in terms of you know, some people who suffered if they were employed by the State might have got a pension from their employer as a consequence of their loss, other people who weren't employed by the State didn't. So, the fact that it's patchy, the fact that it depends a lot of it on the type of harm you suffered and when you suffered it and other things like your circumstances, I think leaves that unevenness which doesn't feel fair or like a real systematic reparations process, even though a fair bit of money and effort has gone into it in different ways." ¹⁴⁶

UN Special Rapporteur Pablo de Greiff's country report on Northern Ireland highlights in his conclusion that,

'there seems to be a lack of clarity about the preconditions of reparation, which cannot be reduced to mere compensation or provision of a service, but call for an acknowledgement of responsibility.' ¹⁴⁷

He recommends that,

¹⁴⁴ Interview with IR03, March 2017.

¹⁴⁵ Interview with IR08, March 2017.

¹⁴⁶ Interview with IR01, March 2017.

¹⁴⁷ A/HRC/34/62/Add.1, para.109

'Reparations for victims should be tackled seriously and systematically. It is unclear whether the conflation of eligibility criteria and the ends of reparations, demobilization and a general safety net have delivered an ideal outcome. Reparation involves an acknowledgment of responsibility (which is not the same as criminal guilt). Beneficiaries qualify for programmes solely on the basis of a violation of their rights. Regardless, the issue concerning pensions for almost 500 seriously injured victims urgently needs resolution.'¹⁴⁸

If reparative measures are to be made to seriously injured victims they would have to be based on harm, not on an individual's worth or social security contributions. The bombings or shootings that individuals found themselves caught up during the Troubles/conflict in and around Northern Ireland where abrupt, unexpected ruptures in individuals lives that fundamental changed them and affecting them at different ages. Compensation that was paid assumed lower life expectancies that they would only live 16-20 years from the time of the incident, yet some forty years on they are struggling to support themselves. As one victim said, "I've also heard people saying, which is ridiculous that if you're not contributing towards a pension then you shouldn't get one, but how can you if you've a broken body?"¹⁴⁹ Instead reparations are intended to be victim-focused measures that acknowledge the wrongfulness of the harm caused to them and involve the obligation on the state and society to alleviate their ongoing suffering.

VIII. Conclusion

In an instance of violence, the lives of seriously injured victims were changed forever; however their harm continues and is made more difficult by the lack of responsive services and redress to these victims. For too long seriously injured victims of the Troubles/conflict in and around Northern Ireland have been neglected from processes aimed at dealing with the past. A reparation programme can be feasibly set up that addressed the needs of seriously injured victims alongside similar measures for ex-combatants who were injured. International experience and guidance emphasises the need for a comprehensive and inclusive approach to addressing past violence in order to ensure its non-recurrence, sustainable peace and to minimise marginalisation and vulnerability caused by such conflicts. For seriously injured victims reparations are their key priority in addressing the legacy of the past and cannot continue to be neglected in responses to comprehensively deal with the legacy of the Troubles/conflict in and

¹⁴⁸ A/HRC/34/62/Add.1, para.130.

¹⁴⁹ Interview with IR08, April 2018.

around Northern Ireland. Measures need to be implemented sooner rather than later to address the harm suffered by seriously injured victims.



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