



Submission by One in Four

to the

**Statutory Fund Consultation, Department of Education
and Skills**

August 26th, 2010

1. Introduction

One in Four provides psychotherapy and advocacy support to men and women who have experienced sexual violence. While the majority of clients have been abused in intra-familial or community settings, approximately 20% have been sexually abused in residential institutions. Unusually, over 60% of clients are men.

2. Needs of Survivors of Institutional Abuse

The presenting needs of institutional survivors at One in Four are varied:

Psychotherapy

- Psychotherapy clients describe struggles with depression, anxiety, alcohol and substance abuse, eating disorders, relationship and parenting difficulties, poor social skills and low self esteem. The majority meet the criteria for a diagnosis of Post Traumatic Stress Disorder. Some have attempted suicide or report recurrent suicide ideation.
- Psychotherapy with institutional survivors presents unique clinical challenges. Issues of trust and difficulties in forming intimate relationships impede the development of secure therapeutic alliances. The deep emotional and psychological pain experienced by survivors requires skilled facilitation if it is to be worked through. Many survivors require long-term (120 sessions plus) therapy. Some clients report unsatisfactory engagements with previous therapists who lacked the necessary training and experience to meet the particular needs of this client group.
- Many clients were or continue to be involved with the mental health services and may have been hospitalised on one or multiple occasions.

Advocacy Support Services

- Clients of the Advocacy Support Service request assistance to attend the Redress Board and the various Commissions of Inquiry; information and support in reporting child protection concerns; information on accessing the criminal justice system and support through the process of reporting to the Gardai, court accompaniment etc; support in meeting with representatives of religious congregations; information and support in accessing the civil courts; referral to specialist housing, employment, education, addiction and medical services.
- One in Four Advocacy Officers focus on presenting information in an accessible manner and facilitating the client to make their own informed decisions. This empowers people to make choices as to their preferred options. This approach is particularly suited to institutional survivors.

A small number of One in Four clients have served prison sentences.

Institutional survivors currently attending One in Four are in the age range 46 – 72 years.

There is very little domestic or international research available into the long-term effects of institutional abuse in childhood. The experience of One in Four clients mirrors Canadian findings by Wolfe et al (2006)¹ and Irish research by the National Suicide Research Foundation (2007)². It is also consistent with Dr. Alan Carr's research for the Commission to Inquire into Child Abuse (2009)³.

3. Meeting the Needs of Survivors of Institutional Abuse

Survivors are not a homogenous group and undoubtedly many people have developed satisfying lives and are not in need of State intervention. However, others have lived lives blighted by the impact of their childhood experiences, and their needs will intensify as they become older.

An Aging Population

The majority of institutional survivors are now middle aged or elderly. While no research is available, anecdotal evidence suggests that many survivors' health has been undermined by the harsh living conditions, poor diet and psychological trauma experienced in childhood. In addition, many survivors live socially isolated lives. Some are homeless.

Services within the general medical or community care provision may not be suitable or accessible to this group. Firstly, many are ashamed to identify themselves as institutional survivors and secondly, medical, nursing, social work and other professional staff may not recognise the implications of institutional abuse for treatment needs. The high number of male survivors with particular needs must also be taken into account.

Many survivors speak about their dread of ending up in institutional care in old age.

We propose the following:

- The provision of a specialist community health nurse and GP service in each community care area to address the specific needs of institutional survivors
- Developing and resourcing a home care service for incapacitated survivors
- Provision of awareness training to GPs, nurses, social workers, addiction counsellors etc regarding the profile and needs of this client population (see below).
- Provision of specialised units within homeless services to address survivors' fears regarding communal living arrangements.
- Provision of specialised day care support centres to address social isolation.
- Ongoing resourcing of survivors' support groups.

¹ Wolfe et al (2006) Child Abuse in Religiously-affiliated Institutions: Long-term Impact on Men's Mental Health in *Child Abuse & Neglect*, 30, 205-212

² National Suicide Research Foundation (2007) Institutional Child Sexual Abuse and Suicidal Behaviour

³ Commission to Inquire Into Child Abuse Report (2009) Vol. V Chp. 3

Large numbers of survivors emigrated on leaving institutional care and are dispersed throughout the world, predominantly in the UK. Some are living in poverty and isolation; every effort needs to be made to contact them and to research their needs.

Psychotherapy

Survivors continue to access counselling and psychotherapy services in large numbers. As mentioned above, the level of clinical training and experience required to work effectively with this group is high.

We propose:

- The ongoing funding of specialised counselling and psychotherapy services within the statutory and voluntary sectors
- The development of multi-agency cooperation between the mental health services and psychotherapy services in relation to this client population.

Advocacy Support

The experience of One in Four demonstrates that if specialised services are put in place, the demand for practical information and support is high. Survivors travel from all over the country to access One in Four's Dublin-based service. Survivors will continue to need information and support regarding criminal and civil legal processes, and in terms of accessing housing, employment and other services.

Many survivors are in prison. The Prison Service cannot identify the numbers involved as a history of institutional care normally only emerges if an individual prisoner brings it to the attention of the authorities.

We propose:

- The ongoing funding of specialist advocacy services for survivors.
- Research within the prison system to identify survivors and their needs

Training

An urgent need exists to put in place training for frontline medical, community care, mental health and psychotherapy professionals so that they can adequately address the needs of this client population

We propose:

- Awareness training across the HSE community care and GP services
- Specialised clinical training for clinical psychologists, psychotherapists, addiction counsellors, psychiatrists and psychiatric nurses to ensure effective treatment is available for survivors.

Restorative Justice

It was hoped by various stakeholders that the Redress Scheme, by acknowledging the suffering of survivors, would help them to move on in their lives. However, survivors describe their engagement with the Redress Board as punishing and traumatic. This,

coupled with formulaic apologies from religious leaders, has left survivors feeling angry and frustrated. While their anger is justified, it can compromise their ability to create satisfying lives.

In other apparently intractable situations the application of restorative justice principals to discourse between wrongdoers and those harmed has helped to bring about some measure of acceptance.⁴ This would require the consent of both survivors and representatives of the religious congregation.

We propose:

- The development of a restorative justice model to facilitate meaningful dialogue between survivors and the religious congregations.

4. Conclusion

Our work at One in Four has shown us the wide variety of needs that exist among institutional survivors, suggesting that a multi-faceted response is required in using the Statutory Fund to develop services. Those that are most relevant to our clients are outlined above.

We are very aware of survivors who are extremely marginalised – homeless people, prisoners and some emigrants, and we urge that every effort be made to solicit their views.

Institutional survivors suffered unspeakably in harsh regimes while in the care of the State in childhood. This had an enormous impact on their well-being across the life span. The opportunity now exists to ensure that survivors are supported to live their later years in dignity and comfort.

Maeve Lewis
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August 26th, 2010

⁴ See for example Watchel, T (1997) Real Justice