

**Address by David Bolton of the Initiative for Conflict-Related Trauma
(representing the Northern Ireland Centre for Trauma and
Transformation Trust)**

Chairman, parliamentarians distinguished guests

I am both delighted and privileged to be participating in today's events and in this very special occasion as we look ahead to the hundredth anniversary of the Great War. I am most grateful to the Minister-President for the invitation to be here today and for the support of the Flemish Department of Foreign Affairs and the organising committee.

In April 1998 in Northern Ireland after 30 years of violent conflict and following a lengthy political process the British and Irish Governments signed the Belfast Agreement (otherwise known as the Good Friday Agreement). [02] The Agreement was and remains an elegant agreed formula for bringing violence to an end. It put in place arrangements that would address many of the drivers for conflict, reduce the sense of threat, open opportunities for realising political aspirations by consent, and bring comfort to political and community anxieties.

Elegant though it was, the Agreement was but the start of a longer journey. Four months after the Agreement the most deadliest incident associated with our conflict happened [03] when a bomb exploded in Omagh killing 31 people, injuring hundreds and exposing thousands to terrible scenes and experiences. It was a time when we had reason to be hopeful, yet much to be sorrowful about.

On a morning misty and mild and fair.
The mist-drops hung on the fragrant trees,
And in the blossoms hung the bees.
We rode in sadness above Lough Lean,
For our best were dead on Gavra's green.ⁱ

Since then others have died, been injured or been threatened by violence. And at times there has been instability on the streets. [04] Local communities remain divided in places, sometime separated by peace walls. Some parts of our community feel that they have not benefited from the progress; others continue to resist the changes. (And here we see one of the peace walls that divide neighbourhoods in Belfast to reduce violence and increase a sense of safety and security.)

In spite of these setbacks and challenges, the situation is transformed. Most feel a sense of progress. Overall the levels of violence have reduced enormously; daily life for most people in Northern Ireland is what we might regard as normal for a Western democratic society, and [05] we have a local Legislative Assembly at Stormont, near Belfast. International support from in particular the EU, has been instrumental in facilitating the development of relationships and the creation of initiatives to support the peace process,. There are imperfections and things have not unfolded as was anticipated. But

something that was considered impossible twenty years ago has come into being, has taken shape, is progressing, sometimes haltingly, creating a new reality. Just two weeks ago, [06] about 15 kilometres from where I live, the G8 met – something that would have been unimaginable even ten years ago.

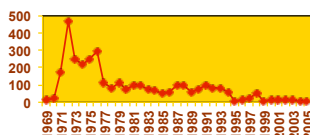
(Here we see the leaders in the Gordon Wilson Library at the Lough Erne Hotel near Enniskillen – which was so named in tribute to a local man whose intervention following the killing of his daughter in a bombing – did much to defuse a very dangerous and worrying situation at the height of the violence in 1987.)

The Agreement is of its time and place. This has become clearer as others living in places affected by war and conflict have examined the Northern Ireland peace process to see if there are lessons that could be learned for their own context. [07] Perhaps the big lesson is that conflict can be ended – through political will and imagination – but the details are for local people, politicians and institutions to address. The impossible was imagined, and in time made real. The political lion does and can, in time, lie down with the political lamb [08]. Political and cultural trauma began to be transformed.

The Northern Ireland conflict has been profoundly traumatic. In a series of studies undertaken with our colleagues at the Bamford Centre for Health and Wellbeing at the University of Ulster (in Northern Ireland) we found that four out of ten adults have had one or more traumatic experiences linked to the conflict – a striking figure revealing how extensively the violence was experiencedⁱⁱ.

The Northern Ireland Conflict

- Population 1.7 million
- 34,000 shootings
- 14,000 bombings
- 3,737 deaths
- 44-55,000 injured
- 50,000 currently with serious mental health needs linked to violence



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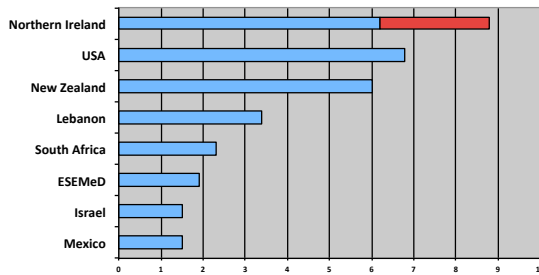
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Since 1968, [09] when the most recent period of political conflict in Ireland started - up until the turn of the Century, it is estimated that, out of a population of 1.7 million, there were 3,737 deaths, approximately 48,000 persons were injured, and there were 34,000 shootings and 14,000 bombings. An unknown number of people were exposed to events and circumstances that were a major risk to their psychological wellbeing and mental health. The breadth of the impact of conflict was revealed in a 2010 study commissioned by the Commission for Victims & Survivors NI, which found that 30% of respondents had been directly affected through bereavement, physical injury,

or experience of trauma.ⁱⁱⁱ The Commission in its recently published Comprehensive Needs Assessment^{iv} identified health and specifically mental health as the first priority across 7 areas¹ of concern for victims and survivors.

In our study [10] undertaken in 2006-08 it was found that over 5% (one in twenty) of the adult population met the criteria for PTSD - post traumatic stress disorder (the 12-month figure).^v [11]

The lifetime prevalence of PTSD in selected WMH Survey Initiative countries



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This is a high level of PTSD compared to other Western societies including Belgium. It is estimated that over 25% of PTSD caseness is linked to experiences of the Northern Ireland conflict. And, as we found [12] in our health economic study, it is costing Northern Ireland many millions of pounds sterling each year to manage the unresolved trauma in the lives of its citizens who suffer PTSD.

**REPORT
ECONOMIC IMPACT OF
POST TRAUMATIC STRESS
IN NORTHERN IRELAND**

Table 7:
The total direct and indirect costs among individuals with 12-month PTSD in 2008

Cost category	Cost sub-category	Costs among all individuals with 12-month PTSD (€)
Direct costs	Service visits	27,317,184
	Medication costs	5,658,406
Indirect costs	Productivity losses	113,564,751
	Presenteeism	26,215,721
		172,766,062

Figure 4:
Proportional breakdown of the total direct and indirect cost (£172.8 million) among individuals with PTSD in 2008

- Presenteeism (15%)
- Service Visits (16%)
- Medication (3%)
- Productivity Losses (66%)



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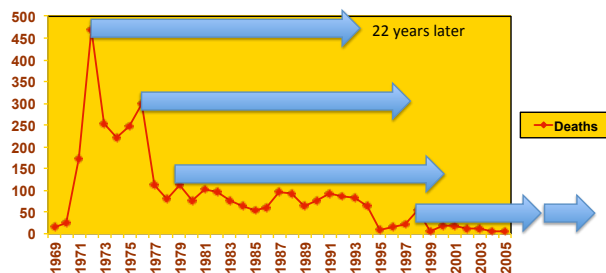
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We also discovered that it takes on average 22 years [13] for people with

¹ The areas identified by the Commission for Victims and Survivors are (1) Health and Wellbeing; (2) Social Support; (3) Individual Financial Needs; (4) Truth, Justice and Acknowledgement; (5) Welfare Support; (6) Trans-generational Issues and Young People, and (7) Personal and Professional Development

PTSD to seek help – meaning – we will need to ensure there are services in place for some time to come – so that people with chronic trauma related problems can access help.

Northern Ireland conflict related deaths




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It is extraordinary therefore that it was only in April 2012 that a new regional and comprehensive service for victims and survivors [14] was established to address the mental health impact of the conflict. This is in spite of the fact that in the Belfast Agreement the impact of the violence on people and on future generations was recognised as something to be addressed. Why has it taken so long? Partly, perhaps, the problem has been that – in moving things forward and addressing crises in the peace and political processes - the political system has been focused on other more immediate and politically more pressing issues. [15] Also, there are considerable discomforts amongst our political class on the issue of victimhood in the context of what was a civil conflict. *You created my victims - and I created yours*. In relation to this issue and to others - it is possible to see that in spite of the progress that has been made we are still deeply divided on certain issues and to use a metaphor from this land – we are still in the trenches on some issues. Victims and victimhood can be a very uncomfortable legacy of violent conflict and victims of the war can also become victims of the peace. For some, as WB Yeats said, ... *peace comes dropping slow*.^{vi} Also, it was due to the fact that the mental health legacy of the conflict never really got to the political top table for reasons which we will have to leave for another occasion.

[16] It was in an effort to contribute to finding a pathway through this issue that the NICTT Trust set out to describe the mental health impact - in terms of the impact on the individuals and on the whole population; in economic and social impact terms^{vii}, and in terms of approaching mental health as an essential part of the peace building project. Our argument is - that attending to the mental health impact of conflict and war is necessary on humanitarian, economic, political and sustainability grounds, and is an essential task in the process of conflict transformation^{viii}.

The Northern Ireland Trauma & Transformation Trust  - the scientific approach

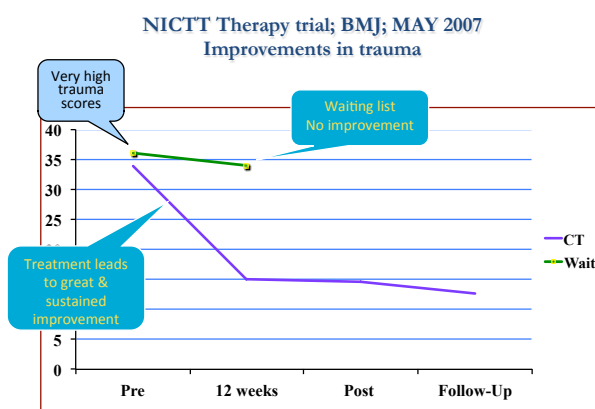
- Develop and test specialist trauma therapeutic services
- Research the population impact (epidemiological research); needs and costs
- Develop assessment of workforce development needs
- Develop and deliver accredited training programmes
- Support policy change and service development
- Support other communities affected by conflict

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We also developed and delivered a specialist evidence-based trauma therapy programme [17] which, apart from the obvious benefit to trauma sufferers, demonstrated that the provision of effective services could address at least part of the adverse human legacy of the violence^{ix}.



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In the face of political difficulties and discomfort we sought to bring a scientific approach to understanding needs and addressing post conflict problems that would facilitate progress. We also [18] attempted to support practitioners working in other areas of conflict, including Nepal, Sri Lanka, Bosnia and New York, from which we also learned much that helped us back in Northern Ireland. The approach was, and remains, an exercise of science in the service of peace building and conflict transformation, and an example of the valorization² whereby the outcomes of research, development and innovation were used to help develop policy and service solutions to address the needs of populations.

² "Valorisation" is the process of disseminating and exploiting project outcomes to meet user needs, with the ultimate aim of integrating and using them in training systems and practices at local, regional, national and European level

In treating people suffering post traumatic stress disorder - a number of areas need to be considered and addressed^x. First there is the issue of the memory of [19] traumatic events – often fragmented, disjointed, incomplete, highly nuanced. Then there is the changed and unhelpful conclusions we have of the world, of others and of ourselves – as a consequence of our experiences. It is here in particular that we find how trauma impacts on relationships. Further, there are the unhelpful ways we find of coping with our distress and fear – which although they seem to help at the time are often counterproductive and again often have adverse implications for relationships. And then there is the challenge of trying to understand why we have uncontrolled catastrophic re-experiences of the traumatic event – in the form of flashbacks and nightmares. Success in overcoming trauma depends on how well people work through these areas – which usually takes a lot of courage. All the same, with such help people do make recoveries - remarkable recoveries - and often go on to experience post-traumatic growth where their outlook on life, their priorities and their sense of direction are transformed for the good. Understanding PTSD in this way has [20] come a long way from the pitiful grainy black and white film of shell-shock sufferers from the war that swept over this land a hundred years ago. The developing understanding of trauma through scientific enquiry is an example of science in the service of humanity.

Wars and conflicts make brutes of us – and often wars and conflicts end when we realise that we do not want to be brutes anymore – or that we do not want our children to be so. The road from the trauma of war and conflict to the transformation of peace making and of progressive and mature political agreement is, as we have glimpsed, not an easy one. Whether we are a sufferer seeking to overcome trauma or a politician seeking to bring conflict to an end, it takes courage – but again as we have seen - successfully engaging with the causes and drivers of conflict and the components of trauma brings people to better places, where the future is not founded on distress and fear - but on hope [21] for better things, on the prospect of a progressive outlook on life, on new priorities and a transformed sense of direction for the good. Where beauty and ordinariness are once again commonplace.

From out of the trauma of the Great War, felt deeply in this place and in others such as Ireland and Britain, came a novel, which removes any enchantment with war. It urges us to find other ways of addressing our conflicts. Looking forward to the time when peace would come, Erich Maria Remarque, draws to our attention the necessity of addressing the turmoil and human consequences of war. He says, through the voice of one of his characters,

[22] *And this I know: all these things that now, while we are still in the war, sink down in us like a stone, after the war shall waken again, and then shall begin the disentanglement of life and death.*^{xi}

Thank you. David Bolton (Northern Ireland)

ⁱ Yeats, WB; *The Wanderings of Oisín* (1889)

ⁱⁱ Bunting B.P., Ferry F.R., Murphy S.D., O'Neill S., Bolton, D; Trauma Associated With Civil Conflict and Posttraumatic Stress Disorder: Evidence From the Northern Ireland Study of Health and Stress; *The Journal of Traumatic Stress*; February 2013, 26, 134–141

ⁱⁱⁱ Report for the Northern Ireland Commission for Victims and Survivors by The Northern Ireland Statistics & Research Agency (2010). Northern Ireland Omnibus Survey. Belfast, Ireland: The Northern Ireland Statistics & Research Agency

^{iv} The Commission for Victims and Survivors (Northern Ireland); Comprehensive Needs Assessment; The Commission for Victims and Survivors; Belfast 2012; available at www.cvsni.org

^v Bunting B.P. et al 2013 *op.cit.*

^{vi} Yeats, WB; *The Lake Isle of Innisfree*; 1888

^{vii} Ferry, F; Bolton, D; Bunting, B; O'Neill, S; Murphy, S; Devine, B; The Health Economic Impact of Post-Traumatic Stress Disorder in Northern Ireland; NICTT & UU; with the support of the Lupina Foundation, Canada; 2011

^{viii} www.icrt.org.uk

^{ix} Duffy, M; Gillespie, K; Clark, D M; Post-traumatic stress disorder in the context of terrorism and other civil conflict in Northern Ireland: randomised controlled trial; *British Medical Journal* BMJ 2007;334:1147 (2 June), also, doi:10.1136/bmj.39021.846852.BE (published 11 May 2007)

^x Ehlers, A., & Clark, D.M. (2000). A cognitive model of posttraumatic stress disorder; *Behaviour Research and Therapy*, 38, 319-345

^{xi} Erich Maria Remarques; All Quiet on the Western Front; 1929