

# ***“Too much hurt”***

**The shooting dead of six men in the New Lodge in February 1973**

**The long term impact of a conflict-related  
traumatic incident in an urban area.**



**A report by Droichead an Dóchais based on research  
carried out by Northern Associates, 2005**

**“She rapped the door and told him there was shooting and there was someone lying at the corner - so had she not have done that things might have been entirely different. And it’s almost like the chaos of the butterfly flapping its wings.....”**



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## **Acknowledgements**

The six men who lost their lives on the night of 3-4<sup>th</sup> February 1973 were:-

Jim McCann  
Jim Sloan  
Tony Campbell  
Brendan Maguire  
John Loughran  
Ambrose Hardy.

We would like to thank the members of their families and the witnesses to the events of that night who took part in this research.

We would also like to acknowledge the assistance of Anne Campbell, Pauline Quinn, Rose McLarnon, the New Lodge Six Time For Truth Committee, Professor Sam Porter (Queen's University, Belfast), Professor Mary Daly (Queen's University, Belfast), Ashton Community Trust, Glenravel History Project, members of staff at Droichead an Dóchais and the Steering Group for the research.

## Foreword

Droichead an Dóchais is a community based project working with individuals, families and communities across North Belfast who have been affected by the political conflict over the last thirty five years through a diverse portfolio of training programmes, complementary therapies, advocacy and research.

The research case study primarily focuses on the killings of Jim McCann, Jim Sloan, Tony Campbell, Brendan Maguire, John Loughran and Ambrose Hardy by British agents on the night of the 03/04 February 1973 and the human impact that the killing of a loved one has had, and continues to have, on first and second generation family members.

These killings were one of many carefully crafted political acts inflicted upon this community, which were sanctioned at the upper echelons of the British political establishment. The intent was to strike fear into the wider New Lodge community, the legacy of which remains to the present day.

The people of the New Lodge however have been steadfast in their determination to challenge injustice and to stand above the abuses inflicted upon them. They have also a proud tradition resisting attempts to label their spirit and resistance as criminal.

Factored alongside the New Lodge Six killings there have been multiple bombings and countless thousands of human rights violations from torture, brutality and inhumane interrogations. The consequences of British actions have been to reinforce multi-layered trauma.

The official British state version of the victims issue in the Bloomfield report *We will Remember them* (April 1998) did little to recognise the needs of families of state violence. As in the killings of the six men, and indeed many other atrocities, we are faced with challenging the official state account that certainly does not reflect the lived experience within this community.

On the evidence from our current research it therefore follows that thousand of individuals and families within this community are living with the effects of political trauma. It is also clearly evident that the effects of this trauma are passed through the generations.

It is an indication of our confidence and maturity that we are now beginning to assess the human consequences of the last thirty five years. We regard this work as the starting point to quantify the extent of the trauma and suffering within this community. The challenge will be to develop organic programmes that meet individual and community need and also argue for increased resources to meet the current level of need.

Secondly the research was intended to develop a community framework within which to explore the causes of the disintegration of community life, the increase in physical assault on the elderly, increase in burglary, low educational attainment, increasing suicide rates, increasing mental health needs, family break-up, increasing car theft, and drug and alcohol addiction within this community.

It is a matter of historical record that people of the New Lodge lived under British military occupation. They were subject to social regulation and political suppression and as a consequence they were denied opportunities in education, housing and employment. This community suffered, and still continues to suffer, discrimination. Injustice did pervade all spheres of life. Hundreds of mothers, sons, fathers and daughters were imprisoned.

It is not naïve to state that the impact of the political conflict on this community in part explains many of the negative attitudinal and behavioural patterns evident within the New Lodge.

An interim assessment of this research now clearly signals how trauma has adversely impacted on successive generations. The patterns and experiences detailed within this report give an insight into the depth of individual and communal trauma, violation and open wounds in its broadest context.

While the problems facing local communities are evident there is no acknowledgement from the British state that their actions and at times inactions exacerbated and sustained a political conflict that to this day, and no doubt into the future, will have devastating human and social consequences. The pain is as raw and evident as it was thirty two years ago at the time of the killings.

Finally this research demonstrates acutely to us all the patterns of abuse exercised by the British in the past and their living consequences. This research will undoubtedly contribute positively to the wider debate on how we as a society come to terms with our past.

Past abuses within communities perpetuated in the name of the state must be exposed and understood if confidence is again to be gained

The interplay between the past and the future and the purpose for this research is best given expression in the words of Guatemalan human rights lawyer Frank LaRue:

*“.....you cannot build the future of society if society is not willing to acknowledge its past. The past is what you base the building of the future on.”*

**Droichead an Dóchais Steering Group**

# 1. Summary and key findings

## 1.1 Approach

1.1.1 We conducted administered questionnaires with two groups of interviewees. We talked to five women and two men who were family members of the deceased or witnesses to the incident (this group is referred to as the first generation group). We used a different questionnaire with a group of four nieces and a nephew of those killed. This group is referred to as the second generation group (see Appendices i and ii).

## 1.2 First Generation

1.2.1 Of the seven people interviewed, five had lost a close family member on February 3-4<sup>th</sup> 1973. Four had lost a brother, and one (only very recently married) lost her husband.

1.2.2 The first generation interviewees living in the New Lodge prior to the traumatic incident of 3-4<sup>th</sup> February 1973 were subject to ongoing attack and threat of attack, sometimes life threatening, both to themselves and other family members. Two respondents had already lost family members as a result of (loyalist) attack in two separate incidents (one had already lost a brother, and one a nephew) before the shootings on that night. The traumatic impact of the loss of loved ones on that night therefore has to be seen not in isolation but as one event in an environment which may be described as continuous or chronic trauma.

1.2.3 In the immediate aftermath families had to deal with external hostility. Several described hostile reactions in the workplace as a result of media portrayals of the deceased as “gunmen”. The funeral of one of the men came under loyalist gun attack.

1.2.4 Interviewees experienced a range of symptoms associated with trauma in the weeks and months after the incident. Amongst a range of feelings and responses which we asked about, most frequently reported were feelings consistent with ‘**terror, fear and withdrawal**’ (including helplessness, being overwhelmed, shutting down, feeling unsafe and depression). All the interviewees experienced flash-backs, consistent with references in the literature to ‘**restriction, intrusion and repetition**’. Feeling of guilt at not being

able to protect the loved one ('grief'), and feelings of anger and rage ('hyper-vigilance and aggression') including always being on one's guard and always looking at the news were also reported.

- 1.2.5 None of the interviewees sought help outside family, friends and neighbours at this time, and no outside sources of help were on offer (either then or in later years). 'Trying to be brave' and 'keeping going for the family' seems to characterise most interviewees' attempts to cope at this time.
- 1.2.6 The critical question is to what extent these feelings and responses persisted in subsequent years. While there were variations between interviewees, there was still a high incidence relating to each of the categories listed above for most of the members of this group. Interviewees continued to feel a range of feelings/responses in subsequent years consistent with persistent symptoms of trauma.
- 1.2.7 The impact of that night was evidenced in different ways. Respondents described still feeling nervous and frightened, and more than half the respondents said that they went out less outside the New Lodge in later years. None of the group described their health since 1973 as good. One respondent had developed a dependence on prescribed sleeping tablets dating from the incident. Another reported taking nerve tablets 'on and off' for years. There was one case of attempted suicide in the year after bereavement.
- 1.2.8 All but one said that they thought the incident had had an impact on their immediate family. Five out of the seven respondents said they thought it had affected their children. Parents sought to protect their children from the impact of this and the wider effects of the conflict in different ways. This meant that in some instances parents told their children about their uncle's death at a very early age, while in another respondent's family it was never discussed. More than half said they felt the incident had meant they were less able to be the kind of mother/father they wanted to be for their children.
- 1.2.9 Overall, we found that amongst first generation family members and witnesses the effects of trauma persisted over a long period of time and that for some profound feelings, destructive to the self, remain after more than thirty years.

1.2.10 First generation interviewees indicated that, looking back, they felt that they hadn't had time to mourn properly. Telling one's story is closely linked to necessary processes of mourning, which means resolving the survivor's conflict between wanting to speak out and keeping silent. Processes of recalling and recounting one's story would seem, from our findings, to be very important in assisting survivors in a healing process, and the Community Inquiry played an important role in this respect. The current debate on truth-finding process (es) as part of the Irish peace process is relevant in this context. However, what this research also demonstrates is that it is not only those closest to the loved one who need to mourn and to heal but others in the wider community and their children.

### **1.3 Second Generation**

1.3.1 Of the five interviewees in this group, one was six years old in February 1973, one was under one year and the remainders were not yet born. They grew up with actual or threatened attack as a daily reality. In particular, as children, they were very conscious of the threat to other family members (in some cases life-threatening). Significantly, all respondents in this generation had had family members arrested, imprisoned or interned. Most of the interviewees reported worrying about their parents frequently. Thus this group grew up in an environment of heightened anxiety. There were also references to other violent family bereavements, pointing to the possibility of multiple or cumulative trauma.

1.3.2 In the second generation, families varied in how they talked to their offspring about the killing of the men. In some instances the loved one was talked about a lot in the home, in another a story was fabricated. One respondent has memories of that night. One interviewee reported a 'shadow' or created memory.

1.3.3 All the interviewees said that the incident affected them to some degree. In some instances the hurt associated with knowing how their uncle died has increased in adulthood. Most respondents said they thought it affected how they were reared, reporting that they felt their parents were more protective of them. One respondent talked about the growing up in early years without her father who was in gaol. Mothers and grandmothers were the parenting figures most frequently referred to.

1.3.4 In teenage years the findings point to evidence of behaviour at two extremes; in several instances interviewees reported either being withdrawn, or going off the rails. When asked about feelings they may have experienced as a teenager there was wide variation in the answers received, but two of the five interviewees reported nearly all the same feelings as experienced by the first generation group. While too much weight cannot be put on these findings, it is apparent that for some in this group their childhood and teenage years were strongly, negatively, marked by the insecurity of the environment in which they grew up. This insecurity stemmed from both the family and wider social/political environment, despite best parental efforts to protect their children. Three of the interviewees in our sample were excluded from school, and there was one early teenage pregnancy. In some instances the offspring are still coping with problems relating back to childhood or teenage years.

1.3.5 Amongst both generations there was wide variation in individuals' apparent resilience. However, coping mechanisms adopted in times of crisis (or in the case of second generation survivors, learnt as 'normal' responses) are not appropriate for individuals in the long term. Revealingly, the strongest evidence we found of 'not coping' was in the second generation. We conclude that there is enough evidence to support the assertion that impacts of trauma arising out of political conflict are transmitted trans-generationally. There is an urgent need for further research in order to inform the development of appropriate support mechanisms for survivors and their families.

## **2. Background**

### **2.1 Impetus for the research**

2.1.1 This pilot study set out to explore whether connections could be made between one event and observed patterns of behaviour thirty two years later; the event in question being the shooting dead of six men on the New Lodge Road on the night of 3-4<sup>th</sup> February 1973.

2.1.2 Emerging alongside the Irish peace process has been an increase in the number of individuals seeking help from local initiatives such as Droichead an Dóchais<sup>1</sup>. Individual hurt and distress is evidenced not just amongst those who lived through the conflict, but in those born after the 1994 ceasefire. In addition many communities have been struggling to find appropriate responses to an upsurge in anti-social behaviour and violence against the self and others which can appear irrational and inexplicable. These trends are in fact consistent with findings elsewhere that it is only in the post-conflict stage that the full psychological and emotional impact of armed conflict can emerge<sup>2</sup>. It was in order to begin to look at ways of exploring some of these processes that this pilot research was commissioned.

### **2.2 Impact of conflict on the New Lodge.**

2.2.1 The events of 3-4<sup>th</sup> February 1973 should be looked at in the broader context of the conflict. This was not the first major loss of life in the New Lodge; in 1971 fifteen people were killed in the loyalist bombing of McGurk's Bar. As our interviews revealed, families had suffered significant bereavements prior to the incident that we have chosen to focus on. These killings, then, could be looked at as just one event on a time line punctuated by traumatic events, which in itself has implications for how traumatic events are experienced and reported.

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<sup>1</sup> Droichead an Dóchais, an initiative of the Ashton Community Trust, is a stress reduction and management clinic offering a range of complementary therapies, training, and other interventions in a community setting.

<sup>2</sup> However sectarian attacks have continued in North Belfast, so that for 'enclave communities' such as the New Lodge the post-Agreement situation has not been free of violence and the threat of violence.

- 2.2.2 From an historical perspective, the disproportionate impact of the conflict on urban, working class communities such as the New Lodge in terms of numbers of deaths has been quantified. The ‘Cost of the Troubles Survey’ identified the New Lodge as one of ten ‘high intensity areas’; that is, an area with a death rate of more than seven per thousand of the population. Within one square mile of the New Lodge Road over 635 civilians were killed and over 2,050 injured during thirty years of political conflict (Fay, Morrissey and Smyth, 1997).
- 2.2.3 The life experience of ex-political prisoners and their families is relevant in this context. Research carried out in 1998 in the New Lodge found that all of the forty ex-prisoners interviewed said that the effects of imprisonment had had adverse psychological consequences for themselves and their families (O’Neill, 1998). This same research estimated that there were 1,300 children in the New Lodge/Newington area affected by parent(s) imprisonment. These findings are potentially significant in light of this research which indicated parenting issues for the children of ex-prisoners.

## **2.3 Research rationale**

- 2.3.1 This research sets out to look at the long-term impacts of trauma on members of the New Lodge community. Specifically, we focus on one incident – the shooting dead by the British army of six men in the New Lodge in February 1973<sup>3</sup>. The hypothesis is that the nature and severity of the incident was such that it affected the lives not only of immediate family members but also of the next generation (whether they were born at that time or later). We also posit that this event impacted on the community of the New Lodge as a whole and that these impacts can be discerned in succeeding generations through the mechanism of trans-generational trauma.
- 2.3.2 It was decided to focus on the trans-generational impact of one incident for a number of reasons. We wanted to explore the suggestion that this was an event which affected the New Lodge

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<sup>3</sup> An account of what happened on the night of the 3-4<sup>th</sup> February 1973 is given in the New Lodge Six Community Inquiry Report, New Lodge Six Time For Truth Campaign, 2003. The findings of the Inquiry’s international panel of jurists were that, on the balance of probability, all six men were killed by members of the British army. This is the only comprehensive account extant of what happened that night. In the absence of a public independent judicial inquiry the account of events recorded by the Community Inquiry has been adopted in this study. The Report is available on [www.thebarrack.com](http://www.thebarrack.com).

community as a **group**, because it has been argued that traumatic experiences shared by a group are expressed inter-generationally. We were also aware that the nature of the origin of the traumatic event, i.e. of agency, in this instance the state, has implications for the manner in which trauma is received and held. Finally, relations of trust had already been established with the families as a result of the Community Inquiry whom we could approach to seek their involvement.

## **2.4 Trans-generational trauma - fact or fiction?**

2.4.1 The effects of conflict-related trauma on subsequent generations has been observed in a number of international contexts but the concept itself remains contentious (see, for example, Yehuda et al on the literature on second and third generation Holocaust survivors). The long-term impact of the Irish conflict is now beginning to be recognised at a policy level, but is a subject which has only begun to receive sustained attention in the last few years. No major piece of research on the trans-generational effects of trauma in the North of Ireland has been carried out.

## **2.5 Policy Framework**

2.5.1 British government strategy in relation to ‘victims and survivors’<sup>4</sup> was first set out in Reshape, Rebuild, Achieve (Office of the First Minister and Deputy First Minister, April 2002). The next phase of policy in this field is currently open to consultation. The consultation document refers to the needs of children of ‘those directly affected by events in the past, those who were themselves children at the time of violent events and in relation to children for whom intimidation and violence are a present day reality’ (Services for Victims and Survivors, OFMDFM, March 2005). The consultation document refers to children and trans-generational impacts but makes no specific proposals in relation to research or service provision.

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<sup>4</sup> The term survivor has been used throughout the report in preference to ‘victim’.

### **3. Methodology**

#### **3.1 The approach**

- 3.1.1 Our approach to examining trans-generational trauma was to try to identify impacts arising from one specific incident<sup>5</sup>, the loss suffered by six families living within one close-knit community whose loved ones were shot by the British army on the New Lodge Road in February 1973. We sought to identify the long-term effects of an event which took place more than thirty years ago on family members of those killed and of witnesses to the incident, and subsequently of impacts on the next generation in those families; the nephews and nieces of those killed. Throughout, we were conscious of the need to try to place the impacts of this specific trauma within the broader social and political framework of the community and this community's relationship to the state.
- 3.1.2 Our model proposed a cascade effect arising from an initial traumatic event: that these effects move both vertically down through the generations and horizontally across wider family and community networks (Burrows and Keenan, 2004 and see also Smyth, 1998, pp 128-132). We anticipated that the impacts of trauma would be less evident in the second generation but that the legacy of that trauma would be discernible.

#### **3.2 First generation interviewees**

- 3.2.1 Interviewees were drawn from family members of those who had lost a loved one on 3-4<sup>th</sup> February 1973 and witnesses to the events of that night. A total of eleven family members and witnesses were contacted and asked if they would participate in the research. Letters were delivered to families' homes and followed up with telephone contact. Of those approached to be interviewed, three individuals declined. 'Not feeling up to it' was the most common reason given for declining. In addition one potential interviewee was in hospital recovering from major surgery.
- 3.2.2 Families were invited to an evening meeting held in the Droichead an Dóchais office at the Ashton Centre to discuss the research with

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<sup>5</sup> The term incident is used throughout to refer to the events that took place on 3-4<sup>th</sup> February 1973. The word is used in the sense of a 'brief violent action' (Chambers 20<sup>th</sup> Century Dictionary).

members of the Steering Group and Northern Associates. Four family members attended. As well as informing families of the purpose of the research, a guided discussion allowed themes and issues to be expressed which were reflected in the final questionnaire design. Interviews took place in the individual's home or at the Ashton Centre. Of the seven first generation respondents who completed questionnaires, five were female and two were male. In this generation, four were siblings of those killed, and one was a spouse.

### **3.3 Second generation interviewees**

- 3.3.1 Second generation interviewees were drawn from the offspring of bereaved family members and witnesses. First generation family members were asked whether they would approach their children with a view to participating in the research; those willing to be interviewed were then contacted by the researchers or by an interviewer. Thus the choice of second generation interviewees was determined by the families themselves.
- 3.3.2 Some initial difficulties were encountered in securing the involvement of this generation. Because of these difficulties, the proposed group discussion did not take place with this generation. In the end, five second-generation interviews were undertaken. There was one 'no-show' at the time arranged. Another interviewee dropped out due to illness. Once interviewees were informed of the nature and purpose of the research, they were happy to participate. Of the five second generation respondents who completed questionnaires, four were female and one was male. Ages ranged from 17 to 37. All the second generation interviewees were nieces or nephews of those killed. Interviews took place in the individual's home, at the Ashton Centre, or at the interviewee's workplace.
- 3.3.3 There were indications that, in both generation groups, those worst affected by the incident were not approached by family members or their names put forward to the researchers as potential interviewees. A reluctance to participate in the research cannot be assumed to indicate an absence of trans-generational impacts – indeed the reverse could be argued. Further work is required to clarify these issues.

### **3.4 Respect for the respondents**

- 3.4.1 The research was undertaken with appropriate regard to the sensitivities and needs of respondents. Interviewers were briefed on the Code of Conduct for Ethical Research in this field (drawn up by Paul Connolly for the Equality Directorate, OFMDFM). In light of this Code it was agreed that a semi-structured questionnaire format be used in the interviews, which would invite unprompted responses to certain questions but which would not require her/him to 're-live' the event in great depth. Separate questionnaires were developed for first and second generation interviewees (Appendices (i) and (ii)).
- 3.4.2 Of primary importance was the well-being of respondents. Interviewers were briefed to explain to respondents the nature and purpose of the research. It was made clear at the beginning of the interview that respondents could stop the interview at any stage. Interviewees' consent was sought prior to the interview being taped. Out of the seven first generation interviewees, five agreed to be taped. All the five second generation interviewees agreed to be taped. At the end of the interview, every respondent was offered further contact and assistance in the form of counselling, complementary therapy or just a chat.
- 3.4.3 Due to the fact that the interviewees were drawn from a known group (i.e. family members and witnesses) every effort has been made to ensure that individual contributions cannot be attributed. In one or two instances, this has led to information or comments being omitted from this report; these omissions, however, do not alter the overall balance of our findings.

## **4. The Theoretical Context**

### **4.1 What is trauma?**

4.1.1 The word trauma is generally used to include both natural catastrophes (such as hurricanes, floods or fires), and man-made violence (such as war, concentration camp experiences and other forms of victimisation), (Matsakis, 1992, in Hamber and Lewis, 1997). Its meaning today has been debased by casual usage - a bad day at the office might be described as 'traumatic'. It is useful, then, to revisit what is a broadly accepted definition of trauma. Trauma is an event that overwhelms the individual's coping resources. Traumatic situations are those in which the person is rendered powerless and great danger is involved. Trauma generally includes events involving death and injury, or the possibility of death or injury. These experiences are unusual and out of the ordinary, and do not constitute part of the normal course of life (Hamber and Lewis, 1997).

4.1.2 However, this last assumption may be open to challenge in the context of the conflict in the North of Ireland as has been noted by Marie Smyth, whose survey on effects of the conflict on children we have drawn on extensively (Smyth, 1998).

### **4.2 What effect does trauma have?**

4.2.1 The experience of trauma shatters three basic healthy assumptions about self and the world. These are the belief in personal invulnerability ("it won't happen to me"); the view of the self as positive; the belief that the world is an orderly place and that events happen for a reason. Violence, or trauma that is inflicted by a fellow human being, shatters a fourth belief; the trust that other human beings are fundamentally benign. These four assumptions allow people to function effectively in the world and to relate to others. After an experience of violence, the individual is left feeling vulnerable, helpless, and out of control in a world that is no longer predictable (Janoff-Bulman, 1985 in Hamber and Lewis 1997).

### **4.3 The individual's resilience to the impact of trauma**

#### **4.3.1 Individuals have different reactions to the same traumatic event.**

According to McCann and Pearlman, beliefs, expectations and assumptions about the world play a pivotal role in determining the effects of victimisation (McCann and Pearlman, 1990, in Hamber and Lewis 1997). Their resilience may depend upon factors such as their own capacities for coping, and how much support they receive.

#### **4.3.2 However, reactions are not all determined by personal characteristics. The individual's reaction is as much about the actual traumatic incident as it is about their pre-traumatic personality structure and their available personal resources, coping strategies and extended support structures. The cognitive appraisal of the event is of primary importance (Ramsay, Gorst-unsworth and Turner, 1993, in Hamber and Lewis, 1997). This is of crucial importance in the present context, where the deaths of the loved ones have been attributed to state forces, and where the families were stigmatised as a result of media coverage branding their loved ones as "gunmen".<sup>6</sup>**

### **4.4 Trauma as a label – pathologising the survivor**

#### **4.4.1 In the course of this pilot research we encountered some important methodological issues. Yehuda describes the ambivalence felt by mental health professionals searching for the most appropriate way to describe and view victims/survivors of trauma (Danieli, 1982; Yehuda and Giller, 1994a). To describe severe symptoms as a consequence of trauma exposure, on the one hand serves to validate the experience of the individual by acknowledging that the traumatic events, rather than some personal flaw, were the cause of resulting symptoms. On the other hand, an acknowledgement of the profound effects of trauma may also serve to further victimise and stigmatise the survivor by implicitly suggesting a permanent damage, which may be quite contradictory to the survivors' perception that they have overcome adversity. Such a view may**

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<sup>6</sup> See footnote 3, para 2.3.1. As regards the stigmatisation of the families see the Community Inquiry jurists' findings: 'We reaffirm our comments ...in respect of the additional distress experienced by the bereaved families through the uncontested British army statement published in the mainstream media in the immediately aftermath of the killings which claimed six gunmen had been shot dead in a gun battle. No credible evidence has been put in the public domain to support this claim. This claim remains to this day unretracted'.

also promote hopelessness and pessimism in survivors, who may already be prone to these experiences (Yehuda et al, 1997).

4.4.2 These issues have been vigorously debated in relation to the possible transmission of trauma from first generation Holocaust survivors to their children and grandchildren (see Yehuda et al, 1997). It could be argued that the pathologising of the 'victim' or survivor arises where the effects of trauma are looked at solely from an individual point of view in isolation from the wider social setting. This is the stance adopted in the medical diagnosis of trauma as Post Traumatic Stress Disorder (PTSD). An outline of the origin and application of PTSD and of subsequent theoretical developments is given below.

#### **4.5 Medical diagnosis of trauma**

4.5.1 Post Traumatic Stress Disorder (PTSD) was first recognised in 1980 as describing a set of symptoms observable in US ex-Vietnam combat veterans. PTSD is a diagnostic category used to describe symptoms arising from emotionally traumatic experience(s). According to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition or DSM-IV (American Psychiatric Association, 1996) the disorder presumes that the person has experienced a traumatic event involving actual or threatened death or injury to themselves or others, and where they felt fear, helplessness or horror.

4.5.2 PTSD is characterised by a specific group of symptoms that sets it apart from other types of reaction to trauma. There are three groups or clusters of symptoms. First, the intrusive cluster: intrusions can take the form of repeated, unwanted and uncontrollable thoughts of the trauma, and can include nightmares and/or flashbacks. Second, the avoidant cluster: these symptoms consist of the person's attempt to reduce exposure to people or places that may elicit memories of the event. This also involves symptoms such as social withdrawal, emotional numbing and a sense of a loss of pleasure. The final category is termed hyperarousal, and refers to the physiological signs of increased arousal, such as hypervigilance, or increased startle response.

- 4.5.3 These reactions are considered to be normal responses to abnormal events. It is only when many symptoms persist or when they are extreme or debilitating that a diagnosis for PTSD can be made (Hamber and Lewis, 1997). The risk of PTSD increases with exposure to trauma, and there is also evidence that early traumatic experiences in childhood may increase the risk of developing PTSD after traumatic incidents experienced as an adult (Baldwin, in Hamber and Lewis, 1997).
- 4.5.4 We used symptoms consistent with these three clusters in our questionnaires, not in an attempt to produce a diagnosis but as a set of indicators on which we hoped to make some observations in relation to the predominant theory. However in our exploration of the possible traumatic effect of **one** incident we uncovered a much more complex picture of exposure to potentially traumatising and re-traumatising events which led us to search for a more appropriate conceptualisation than that offered by the PTSD model.

#### **4.6 PTSD in an Irish context.**

- 4.6.1 It has been recognised that there are difficulties in applying PTSD outside its original sphere. PTSD was used to assess combat veterans who had undertaken overseas tours of between 12-39 months and then returned home. Yet, as Marie Smyth has pointed out, the PTSD framework has been applied unproblematically to the North of Ireland, where exposure to conflict has been ongoing for thirty years, and where, as she puts it, ‘the population have not left the war zone’ (Smyth, 1998).
- 4.6.2 Smyth goes on to say that the level of diagnosis of PTSD in the North of Ireland is low compared to what might be expected in such a protracted violent conflict. She suggests several reasons for this, not least that the DSM diagnostic criteria of trauma assumes that incidents such as shootings are ‘outside the range of human experience’. It could be argued that this was clearly not the case in communities such as the New Lodge where abnormal events had become normalised.

## 4.7 Complex traumatic effects

4.7.1 Taking account of the limitations of the PTSD model, a number of theoretical strands informed this research. We adopted Figley's concept of a victim/survivor which encompasses the impact of trauma on others:

‘A victim or survivor of violence is often mistakenly only presumed to be the person who was directly affected by a trauma or violent incident. In reality, the traumatic experience of a direct victim may also adversely affect many other individuals with whom the victim may have contact. This process has been labelled "secondary traumatisation"’. (Figley, 1983, in Hamber and Lewis, 1997).

4.7.2 Secondary traumatisation may affect witnesses to the event, as well as the families and relatives of the loved one. Other types of vicarious traumatisation can include "second-generation" trauma survivors; these are most often the relatives or children of those who have been traumatised. Those vicariously exposed to trauma can suffer from symptoms similar to those of direct victims (Hamber and Lewis, 1997). The debate around the nature and extent of trans-generational trauma is looked at in more detail below.

## 4.8 Local evidence of complex traumatic effects

4.8.1 Relatively little work has been carried out in the Irish context. The work of Hayes and Campbell (2000) points to the long-term stress caused by the killings on Bloody Sunday in 1972. They found that 61% of relatives of those shot dead showed ‘significant clinical disturbance’ twenty five years after the event.

4.8.2 Burrows and Keenan adopted a wider social conceptualisation of trauma in their work with two groups of parents<sup>7</sup>, children and young people, on the basis that the effect of trauma is not limited to the person who experiences it directly, and therefore that recovery must involve the person **and** the environment in which they live.

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<sup>7</sup> The term parent here includes all primary carers – mothers, fathers, step-parents, grandparents, etc.

- 4.8.3 In a series of sessions with parents they sought processes through which the parents would be able to reach a greater understanding of how they had been affected by traumatic events arising out of political conflict and thereby increase their skills in identifying trauma in others, particularly their children. The groups had experienced traumatic events in the company of their children, and in some instances partners/husbands and wider family, at least twelve months prior to their participation in the sessions (Burrows and Keenan, 2004).
- 4.8.4 The findings revealed that the DSM-IV definition of post-traumatic stress disorder was not a simple match for the experiences of the members of the groups they worked with, given the range of impacts. They conclude that a definition of chronic post-traumatic stress syndrome may be of greater use, in which trauma is cumulative and its effects travel through families, communities, organisations and society as a whole (Herman, 1992). Burrows and Keenan summarise their understanding of how these trauma impacts are transferred: ‘Where there is war or armed conflict, the community in which the child lives has also experienced trauma and therefore the ‘life space’ of the child is structured in trauma. Furthermore, what the child learns to expect, and indeed meets, are trauma-related ways of living, and these form the developmental experiences of the child’ (Burrows and Keenan, 2004).
- 4.8.5 There were differences both in their methodology and in the individual histories of trauma between the families that Burrows and Keenan engaged with and those individuals whom we interviewed. Despite these differences we regard their summary of impacts of political conflict on children and young people, parents and the wider family (Burrows and Keenan, 2004) as very relevant and more appropriate than conventional PTSD measures. We drew on them in framing our questionnaires; specifically, we sought to identify similarities between our interviewees’ experiences and their key findings (Fig 1, overleaf). As our research progressed, we discovered that these groupings appeared to be more relevant than conventional PTSD clusters.

**Fig. 1**

<b>Main impacts on parents and the wider family</b>	<b>Main impacts on children and young people</b>
<ul style="list-style-type: none"><li>• Exclusion</li><li>• Terror, fear and withdrawal</li><li>• Confidence/authority as an adult/parent</li><li>• Health, medication and self medication</li><li>• Hyper-vigilance and aggression</li><li>• Restriction, intrusion and repetition</li><li>• Grief</li><li>• Impact on other areas of life</li><li>• Fragmentation</li><li>• Gender issues</li><li>• Belief/values</li><li>• Resilience</li></ul>	<ul style="list-style-type: none"><li>• Exclusion and abuse (being excluded and threatened by other adults and children)</li><li>• Terror, fear and withdrawal</li><li>• Children as little adults/ 'parentification'</li><li>• Medication</li><li>• Hyper-vigilance and aggression</li><li>• Repetition and intrusion</li><li>• Restriction</li><li>• Impact on other areas of life</li><li>• Fragmentation</li><li>• Distrust</li><li>• Belief/values</li><li>• Resilience</li></ul>

## **5. Trans-generational mechanisms of trauma; some international examples**

### **5.1 Holocaust survivors and Vietnam veterans**

5.1.1 Since the 1960s a considerable body of work has developed related to studies of second and third generations Holocaust survivors, looking at issues of trans-generational transmission of shared trauma and its impact on the mental health of future generations. For example researchers reported that offspring of Holocaust survivors ‘present symptomology and psychiatric features that bear a striking resemblance to the concentration camp survivor syndrome described in the international literature’ and that these children ‘show symptoms that would be expected if they actually lived through the Holocaust’ (Barocas and Barocas, 1983, in Yehuda et al, 1997). The observation that children of trauma survivors display PTSD symptoms, but to a lesser extent, was also observed by Rosenheck and Nathan (1985) in their study of children of Vietnam combat veterans who identified these effects as secondary traumatisation (in Yehuda et al, 1997).

5.1.2 The implicit suggestion in these studies is that children “acquire” symptoms that they see their parents experience. These findings have not gone unchallenged and a literature has arisen describing excellent coping skills among survivors and offspring of Holocaust survivors (as discussed in Yehuda et al, 1997). However evidence of coping skills does not necessarily indicate the absence of trans-generational effects, according to Bar-On, who found that second generation Holocaust survivors were often over achievers but frequently had no children of their own due to what they were carrying psychologically and physiologically (Bar-On, 1998, in Burrows and Keenan, 2004).

5.1.3 Yehuda argues that these apparently contradictory findings can be resolved by acknowledging the broad spectrum of possible response to trauma (Yehuda et al, 1997 citing Danieli 1981, 1982). She goes on to observe that the apparent polarisation of findings in the literature on the offspring of Holocaust survivors between those who find evidence of the adverse effects of the Holocaust, and those failing to do so may be in part due to the nature of the trauma under examination. ‘Because the Holocaust was not just a personal trauma for the survivor, but also a conspiracy to eradicate the

whole Jewish race, the Holocaust literature becomes much more than a vehicle for describing an individual's struggle with the effects of trauma, but also becomes a historical record of the persecution of the Jews and their ability to overcome this oppression'.

5.1.4 The relevance of this point in the present context is the researcher's emphasis on the social, political and humanistic forces that may serve to shape mental health descriptions. We now look at work that attempts to examine some of these wider community effects.

## **5.2 Impact of trauma on large groups; Kuwait**

5.2.1 The work by Yehuda and others looked at the inter-generational effects of trauma on the individual. In contrast, Volkan looks at the impact of trauma on large groups<sup>8</sup> across generations. He argues that when a trauma results from war or other ethnic, national or religious conflict those who are affected may experience its psychological impact in three identifiable ways.

5.2.2 Firstly, many individuals will suffer from various forms of post-traumatic stress disorder (PTSD). Secondly, new social processes and shared behaviours may appear throughout the affected community. Thirdly, traumatised persons may, mostly unconsciously, oblige their offspring to resolve the directly traumatised generation's own unfinished psychological tasks related to the shared trauma, such as mourning various losses or reversing its feelings of humiliation. The shared task may be to keep the memory of the parents' trauma alive, to mourn their losses, to reverse their humiliation, or to take revenge on their behalf. If the next generation cannot effectively fulfil their shared tasks – and this is usually the case- they will pass on these tasks on to the third generation, and so on (Volkan, 2000). Both these latter effects are relevant here.

5.2.3 Volkan gives as an example of new social processes and shared behaviours the experience of Kuwaitis in the aftermath of the Iraqi invasion. During the invasion and occupation, many Kuwaiti fathers were humiliated or otherwise rendered helpless before their children's eyes. In cases where humiliation or torture had occurred

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<sup>8</sup> A large group is defined as upwards of hundreds of individuals.

away from their children's view, the fathers often wanted to hide what had happened to them. Without necessarily being aware of it, fathers began to distance themselves from crucial emotional interactions with their children, especially with their sons, in order to hide or to deny their sense of shame. Most children and adolescents, though, "knew" what had happened to their fathers, whether they had personally witnessed it or not. Many male teenagers responded poorly to this distance between themselves and their fathers by, for example, forming gangs that were involved in car theft, a crime that effectively had not existed in pre-invasion Kuwait.

5.2.4 Volkan observes that societal responses to a war or war-like situation may not appear for years after the shared trauma, and the connection of present problem to past cause is often lost. Societies are often puzzled by the symptoms that emerge, and may develop incorrect and/or inadequate explanations in these situations.

### **5.3 South Africa**

5.3.1 The complexities involved in dealing with trauma arising out of long running political conflict is illustrated in the testimonials of individuals who presented their accounts at the Truth and Reconciliation Commission in South Africa. According to Hamber, a plethora of psychological symptoms and signs were observed in those who testified. Most individuals presented a mixture of issues related to social, psychological and medical problems. Uncomplicated post-traumatic stress was not a common feature mainly because, in most cases, the individual past traumas had been overshadowed by present psychological and social problems. Furthermore, the ability to draw direct causative links between the initial trauma and the present difficulties experienced by most survivors was generally complicated by the length of time that had elapsed since most violations occurred. In some cases, survivors and families testified about violations that took place in the 1960s (Hamber and Lewis, 1997).

5.3.2 The literature on South Africa stresses the interplay of social factors such as poverty and trauma. Straker and the Sanctuaries Counselling Team reject the term PTSD in this context, particularly with reference to individuals living in South Africa's black townships who were subject to continuous stress (in Hamber and Lewis, 1997).

## 5.4 Australia

5.4.1 In Australia attention has been directed at issues of inter-generational trauma in relation to alcohol-linked violence, particularly domestic violence, amongst indigenous populations. Evidence on violence in these communities points to a number of interrelated factors including:

- marginalisation and dispossession
- loss of land and traditional culture
- the break down of community kinship systems and indigenous law
- entrenched poverty
- the ‘redundancy’ of the indigenous male role and status, compensated for by an aggressive assertion of male rights over women and children.

5.4.2 There is an increasing acknowledgement amongst those working in this area of the extent and psychological damage existing in indigenous communities. The work of indigenous therapists, such as Judy Atkinson, stress the interconnectedness of family violence, suicide, crime, drug and alcohol abuse as manifestations of intergenerational trauma and view it within the theoretical constructs of both feminist explanations of domestic violence and of colonisation (Blagg, 1999).

## 6. Research findings

### 6.1 Findings and analysis

Sections 6.2 and 6.3 below set out the questionnaire findings for each group of interviewees separately. See Questionnaire 1 and Questionnaire 2 for the elder and younger generations respectively, Appendices i, ii). Section 7 draws out some implications from these findings.

### 6.2 First generation; findings from Questionnaire 1

6.2.1 In 1973 interviewees in the first generation group would have been between 21 to 47 years of age. Most of them were working. Of those not working, one was unemployed, one was at home looking after family, and another was an ex-member of the British army. Nearly all were living in their own, i.e. not the parental home. More than half were parents at this time.

#### **Perceptions and experience of threat or attack prior to 3-4<sup>th</sup> February 1973.**

6.2.2 In order to set the events of 3-4<sup>th</sup> February 1973 in context, we asked questions about respondents' experience of feeling threatened or being attacked prior to that night. The respondents made their own interpretation of what constituted a threat or attack. The purpose of these questions was to get a sense of the level of anxiety and/or fear already being experienced by respondents before the events of that particular night.

‘Just when you heard one bullet you sat up all night and then you sort of way got used to it, you know’.

‘There was that many things happening. Maybe you were out at night (and) you felt danger - maybe a car would pull up beside you - that’s just the way it was’.

6.2.3 When asked whether they had themselves had direct experience of being threatened or attacked, only one respondent reported **not** having had had such an experience, and most reported being threatened or attacked very frequently or frequently. Interviewees reported incidents including house raids, being repeatedly stopped in the street by British army personnel, and coming under fire while walking home through the New Lodge.

‘I was coming home... as I turned round I felt the bullets go past my ear and it must have hit the wall. I didn’t feel it I heard the hiss and the crack into the hall’.

- 6.2.4 Six out of seven respondents said there was an occasion when they felt their life was in danger; more than half the respondents said that they felt their life was in danger on more than occasion.

‘Well basically you couldn’t walk up the street without looking over your shoulder. You know in them days if a car came anywhere near you - you shied away from it.....’

- 6.2.5 All those interviewed said that there was an occasion when they felt that the life of a family member was in danger. Three respondents reported that this was on more than one occasion. Two respondents added that before the night of 3-4th February they had already lost family members as a result of loyalist attack in two separate incidents (one had already lost a brother, and one a nephew).

‘Things were happening on a regular basis....everyone was tense.’

### **The night of 3-4th February 1973**

- 6.2.6 Of the seven people interviewed, five had lost a close family member on February 3-4<sup>th</sup> 1973. Four had lost a brother, and one (only very recently married) lost her husband. One interviewee, a witness, reported that she felt her own life to be in danger that night.

- 6.2.7 Nearly all the interviewees reported that they knew some or all of the six men who were killed. The incident was perceived not only as a personal loss but as an attack on the community as a whole.

‘(The next day)...the whole New Lodge Road, people were just walking about in total shock. They were like zombies that day because it was directly affecting this area.....’

### **Coping in the immediate aftermath**

- 6.2.8 What was life like in the aftermath of that night? For those working, taking time off work to grieve was not always an option. One respondent said she was afraid of losing her job. Only one interviewee took a significant period of time off work (for three

months). A family member reported that the funeral of the loved one came under loyalist gun attack, a potentially re-traumatising event for the interviewee, family members and other mourners.

### **Remembering and forgetting**

- 6.2.9 Asked whether they could remember how they felt in the weeks and months afterwards, five respondents said that they remember very well. One respondent, who said that she remembered the incident very well, added that she became forgetful ‘during the time’ and in the years since - a recognised indicator of trauma. Two said they don’t remember well.

### **Short and the long term reactions**

- 6.2.10 The next set of questions (Appendix i, Q 2.7-Q 2.14) explored interviewees’ feeling and responses to the incident both in the short term and in subsequent years. To do this we used a range of descriptors widely used in the literature on trauma. Questions sought to identify responses to the event using variations in language, thus there is some apparent repetition in the account of interviewees’ answers described below. Where appropriate, we refer back to Burrow and Keenan’s categories of impacts arising from their work (see Fig 1, para 4.8.5).

### **Impacts in the weeks and months afterwards**

- 6.2.11 In order to illustrate the immediate impact of the incident, interviewees were asked whether they experienced any of a range of feelings and responses in the weeks and months after (Q 2.7).

### **Helplessness and shutting down**

- 6.2.12 Most interviewees recalled feeling *helpless, overwhelmed* and *depressed* in the weeks and months after the incident. Five out of seven respondents reported *shutting down*.

‘I worried about my mother and father and their mental state, couldn’t cope with the emotion’.
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More than half reported feeling *exhaustion*, having *difficulty getting to sleep or staying asleep at night, not wanting to talk, feeling numb, feeling isolated* and feeling that they had a *loss of interest in life*. More than half reported *not feeling safe* and most described *feeling nervous*. These are all consistent with Burrow and Keenan’s category of ‘**terror, fear and withdrawal**’.

‘The next few days were just a daze...as if it’s happening to someone else.’

### **Flashbacks and feelings of guilt**

- 6.2.13 Nearly all the interviewees reported having *flashbacks*, i.e. re-living the event as if it was happening again. For some respondents this re-living of the event was closely associated with feelings of guilt. One respondent said her ‘mind always wandered back, maybe if you had done something different...’ (**category of ‘restriction, intrusion and repetition’**). Three respondents reported *feeling guilty (at not being able to protect others)*, consistent with the **‘grief’ category**).

‘Felt guilty because if I had went with him would he not have been there? I wanted to be by myself. Refused help because it was too painful so didn’t dwell when maybe (I) should have been...’

- 6.2.14 For one respondent, rage and a desire to do something to counter feelings of helplessness was uppermost (**‘hyper-vigilance and aggression’ category**).

‘There was an empty feeling.....It was more rage, revenge for me, you know what I mean. The empty feeling you just couldn’t do nothing about it. It was done you couldn’t do nothing .....

### **Reliance on family and neighbours**

- 6.2.15 Asked whether they *refused help* at this time, one respondent said she refused help from family members ‘because it was too painful’ (**‘terror, fear and withdrawal’**). A number of other interviewees stressed that there was none offered at this time, outside immediate family and neighbours: ‘Nobody would have offered you counselling then’.

### **Not wanting to talk**

- 6.2.16 At that time some respondents didn’t want to talk. One respondent said ‘talk(ing) about it kind of way made you worse, emotional, you know, like stressed’. She went on to say that it felt ‘as if you were shutting down’. Some respondents said they felt *frozen*, or suffered *loss of concentration*. Three respondents said they felt *hopeless*. Three reported they felt *abandoned/forgotten*. All these are also consistent with the category **‘terror, fear and withdrawal’**).

### **Varying responses to trauma**

- 6.2.17 In terms of reported responses to the twenty factors in Q 2.7 there are some striking differences between interviewees. One respondent did not find that any of these feelings/responses affected her except one (it is perhaps significant that this was *shutting down*); another said that she experienced all these feelings/ responses except one (*feeling abandoned/forgotten*). Overall, five out of the seven respondents reported experiencing at least 50% of these feelings/responses. Most frequently reported were feelings consistent with ‘**terror, fear and withdrawal**’.

### **Persistent feelings/responses in subsequent years**

- 6.2.18 As has already been pointed out, the responses to Q2.7 are a normal part of dealing with traumatic loss. What is of concern is when these symptoms continue over a long period of time. In Q2.9 interviewees were asked whether any of these same feelings persisted ‘*down the years*’.

### **Daydreams**

- 6.2.19 As in the immediate aftermath, symptoms consistent with ‘**terror, fear and withdrawal**’ were most frequently reported in subsequent years. *Feelings of helplessness* were still felt by five interviewees. More than half reported still *feeling nervous*. In addition, *escaping into daydreams* was now reported by more than half the respondents (compared with just one respondent in the weeks and months after the incident).

‘Whenever you dreamed it was always about your brother not being killed, about your brother coming to visit, you know....You always would try to keep yourself focussed. I would see his face and he always had a big smile – things like that’.

Three or more interviewees indicated they experienced *feeling overwhelmed, having difficulty getting to sleep or staying asleep at night, not feeling safe, shutting down, depression* and *loss of concentration*. Four out of the seven interviewees said they were *experiencing flashbacks* in subsequent years (category of ‘**restriction, intrusion and repetition**’).

### **Long term effects of trauma**

- 6.2.20 Overall, in subsequent years each of the twenty feelings/responses was reported by at least one interviewee. Two interviewees still experienced fifteen out of the twenty feelings/responses, and a

further three reported between six and eleven feelings/responses. In other words we found that the majority of interviewees continued to feel a range of feelings/responses in subsequent years consistent with long-term effects of trauma.

### **Further exploration of indications of trauma**

6.2.21 The next two questions (Q2.11, Q2.12) attempted to further explore responses to the incident using different language but still relating to symptoms consistent with trauma. Again, the questions were posed for the weeks and months that followed the incident and for the years since.

### **Impacts in the weeks and months after the incident**

6.2.22 In the weeks and months after, a variety of feelings/responses were reported by interviewees consistent with the category ‘**hypervigilance and aggression**’. All the respondents reported *being on your guard the whole time* and at least five said they were *always watching/listening to the news*. At least five of the respondents said they were *having difficulty living with the anger inside you, having feelings of hatred, feeling out of control, and behaving in ways not like you*. Further, three interviewees said that they felt they were *less able to deal with (their) feelings* or that they were *taking risks (doing ‘mad’ things that put you in danger)*. Six out of the seven interviewees reported *reliving the event in your head* (category of ‘**restriction, intrusion and repetition**’).

### **Comparison between respondents**

6.2.23 Overall, five of the respondents reported at least seven out of the nine feelings/responses listed in this question, indicating common agreement with these statements and a consistent response between interviewees. In line with the answers to Q2.7 and Q2.9, the respondent who reported fewest feelings/responses to the incident again reported fewest responses here – agreeing with *being on your guard the whole time* and *always watching/listening to the news* – in both the weeks /months after the incident and in subsequent years.

### **Symptoms in later years**

6.2.24 In later years, all but one interviewee reported *reliving the event in your head* (‘**restriction, intrusion and repetition**’ category). In addition there is evidence that **hypervigilance and aggression** symptoms feature strongly in later years. All the interviewees said yes to *being on your guard the whole time* and *always watching/listening*

*to the news. More than half reported being less able to deal with your feelings, having difficulty living with the anger inside you, and having feelings of hatred. Three said they were behaving in ways not like you. One interviewee reported feeling out of control.*

### **Restriction, intrusion and repetition; the weeks and months after**

6.2.25 In Q 2.13 respondents were presented with a third set of statements, and asked whether any of these described their feelings and behaviour in the weeks and months after the incident. The symptoms in this question all relate to the category of ‘restriction, intrusion and repetition’. Five out of the seven interviewees said they found themselves *thinking about the past a lot* and were *keeping busy all the time*. More than half said they found themselves *going over and over it in (my) head trying to make sense of it* and *having dreams connected to the event*. As regards leaving the home, three interviewees said that they were *going out less, in the New Lodge* and four (i.e. over half the respondents) said they were *going out less, outside the New Lodge*.

### **Additional comments**

6.2.26 Additional comments were invited. In relation to the weeks and months after the incident, interviewees stressed the need to cope; ‘trying to be brave’, and ‘to keep going for the family’.

‘...you were worried about mother and father and how they were feeling too...so you were trying to be brave for them’ns...you had to keep going for the family, rearing your own family and trying to keep everything as normal as possible for them’ns....My daddy’s health was going down then because he had lost his son and my mother she never went out for six weeks because she couldn’t face people and I think it was the same thing as myself...’

### **Restriction, intrusion and repetition; later years**

6.2.27 The pattern of answers in relation to these same feelings/responses in ‘later years’ was similar. Again, most of the respondents displayed evidence that the incident played on their minds; *thinking about the past a lot* was reported by five respondents and *going over and over it in (my) head trying to make sense of it* by three respondents.

‘I wonder how he felt, he’s bound to have felt something before he fell to the ground, you know, you think things like that...I wonder how he felt or did he die right away - you know...’

Coping strategies were evidenced in *keeping busy all the time* (five respondents). Restriction of movement is evidenced by the fact that more than half the respondents said that they went out less outside the New Lodge in later years.

‘We never really went out at all and kept the children in whenever there was trouble.....’

### **Violence against the self**

6.2.28 There was one case of attempted suicide in the year after bereavement:-

‘I think I don’t really admit it, I don’t know what it was but at one time I did try to commit suicide. About a year after it. I don’t know what it was, people tell me it was a cry for help at that time but I sorted myself out.’

### **Later years**

6.2.29 In comments relating to later years, respondents frequently spoke of feelings that persist to this day, including feelings of fear and guilt.

### **Persistent feelings of fear**

6.2.30 Feelings of personal safety are still an issue for some respondents:-

‘Still don’t feel safe.....I wouldn’t be out on my own at night, late.’

Another respondent commented; ‘I feel safer now but I am very easily frightened which I was never’.

### **‘It should have been me’**

6.2.31 Expressions of guilt figured in interviewees’ comments, although these are perhaps more accurately described by Burrows and Keenan as expressions of self-criticism and grief at a felt failure to protect.

‘I should have been there to protect him. The thing is the two men that went out to get our.... were both shot dead. They were shot dead because of our ....I also feel guilty that them two men done that, it should have been me.....’

### **Memory**

6.2.32 Memory of the loved one is important, and memory interplays with the desire to speak out and the desire to remain silent ‘My mother always talks about him, she has never stopped. Until the day she dies no-one will forget...’. One respondent dates loss of memory from the aftermath of the incident:-

‘I was really scared for myself because I was forgetting too much. You know, in the conversation .....there were things I remembered in it but other things I didn’t remember. I was shop steward at the time and I was always worried in case it was happening in work too, you know. And actually, funny enough, that’s how it affects me yet’.

This respondent added:-

‘The least wee thing was setting you off. Talking about it makes me drawn. Became a bit forgetful. Had no confidence in myself since it.’

### **Speaking out/ keeping silent**

6.2.33 One respondent described the conflict between talking and not talking:

‘It’s not that I don’t want to talk about it but I can’t talk too much – it’s too much but I think about it as if it happened yesterday’.

The need for family members to speak out and to assert the reality of their lived experience was also strongly expressed: ‘I lived it so I know what I’m talking about...I know how it feels to have someone murdered. I know how it feels to live in a troubled area so I know it, I lived there.....so I always have to speak up.’ Again ‘(I) have opened up more, now...(and I’m)...very angry’.

### **Pain and anger**

6.2.34 Feelings of anger and a sense of a lack of closure – feelings closely linked to a perception of a lack of justice, of due process – permeated the interviews. One interviewee commented:-

‘Felt bitter. Wondered how anyone so cruel could do those things. It was terrible like what they done. I couldn’t get over how soldiers that’s trained for different things could be so brutal. Felt awful bitter’.

Another respondent was:-

‘Very angry that someone could be walking about that killed your...It doesn’t matter who done it. I want to know the truth’.

Again:-

‘Why did that soldier shoot my....waving a white flag, why did he want to do that and if you be like that for kicks, like they did, that annoys you. They took a life just for the fun of it’.

6.2.35 The sense of anger and helplessness is shared by witnesses as well as family members; ‘None of my family were directly involved but I feel angry about what happened. It could have happened to my own brother or anybody out that night.....and the fact (that) nobody bothered and all that time in our communities nobody had the power or the will to do anything about it ....’.

‘I don’t know whether its depression or not but it hurts, it still hurts terribly...’

6.2.36 The ongoing attempt to make sense of what happened is aptly illustrated in the repetitive questioning of one interviewee; ‘Why did people want to go out and do these things? Why did that soldier shoot my.....? Why did he want to do that?’ Another commented ‘ Couldn’t make sense of it at the time and still can’t’.

‘It made you a different person that you would have been. Wanted to do something that wasn’t in your nature you were so angry. You put it to the back of your head and don’t know when it’s going to jump up on you – you could be standing cooking and cleaning and it jumps up.’

### **Being forgotten**

6.2.37 There was a strong sense that no-one paid attention at that time, or in subsequent years, until the time of the Community Inquiry in 2003 (see Appendix iii). One respondent commented ‘Nobody had ever asked me (about what I witnessed)’, and another echoed this: ‘Nobody even came near us to see what happened until the Inquiry.....and that was the first anyone ever came to talk.....nobody came near me or any of the others either.’<sup>9</sup>

‘the state, laws, governments ..... nobody did anything about it and still haven’t done anything’.

### **Sources of support**

6.2.38 The next set of questions (Q2.15-Q2.18) asked about sources of help and support. Respondents were asked whether, in the weeks and months after the incident, they talked to anyone about how they were feeling or about any problems they were having. More than half said they talked to no-one. Of those who talked to someone, support came from family and friends. None of those interviewed reported having sought help from anyone (beyond talking).

‘I’m a person who likes to take care of things myself.....’

6.2.39 Indeed in the immediate aftermath refusing help was a coping strategy for one interviewee: ‘Everyone wanted to help – mammy, daddy, ....’s mum, but I just wanted to be left on my own’.

‘People were coming up and giving you their sympathy but you couldn’t cope with the emotional part of it, you know. You were saying “I hope no-one stops me because I don’t want to break down”...’

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<sup>9</sup> The Community Inquiry concluded that no effective official investigation has to date taken place and recommended ‘that immediate steps are taken to commence an effective, transparent and independent police investigation into all the circumstances surrounding the death of the New Lodge Six’.

## Medication

6.2.40 Questions were then asked about prescribed medication (Q2.19-Q2.21). Respondents who sought medication did not necessarily talk to their GP about what had happened to them: 'I didn't tell the doctor anything about what happened, (but I) went for nerve tablets'. This respondent has been on sleeping tablets ever since (Tamazepam).

'(I) didn't go to him over that event specifically but I was on nerve tablets .....I suppose everyone was then when you think about it'.

'My mother never even got anything from the doctor. Someone called the doctor out and asked him to give her a wee sedative and he said "No I'm not giving her anything because you can't kill grief" and that was it'.

## Reactions by others

6.2.41 Reactions outside the home were explored in the next set of questions. Respondents were asked whether they had faced any reaction to the incident outside the family, and if so was this supportive or otherwise. One family member described the funeral procession of their loved one being re-routed to avoid sectarian taunting. As noted already, one funeral came under attack. Just two respondents reported that they had received positive support (from the respondent's work-mates, and from a past school teacher of the deceased).

6.2.42 Several respondents said that they faced a hostile reaction at work, and another said that she did not talk about it at work<sup>10</sup>. Some respondents described the negative impact on other members of the family of hostility at work. In some instances this hostility persisted over a long period of time.

'I was scared but I wouldn't show it. I worked in the machine shop with all the men. I was the only one that worked overtime.....'  
(female respondent).

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<sup>10</sup> The latter respondent was a witness whose name was not likely to have received the media coverage that the families experienced. She reported 'The (work) I was in was different religions....it left me I couldn't talk'.

### **How did people think they coped?**

- 6.2.43 Interviewees were asked how they thought they coped in the weeks and months after the incident and then how they thought they coped, looking back? Most of the respondents said they thought they *coped OK* in the weeks and months after the incident, while a minority reported that they *coped very badly*. One respondent described ‘being brave about it. You tried to be brave’. However worry seems to have been a constant factor; ‘always worrying about your mother, worrying about your children, worried about your husband going to work even’. Looking back, most respondents were evenly divided as to whether they thought they *coped OK* or *coped very badly*. With the benefit of hindsight, one respondent thought s/he *coped very well*.

‘Never coped as well as what you thought you did. Looking back you just know you didn’t cope as well. You thought you were coping at the time’.

‘Looking back (I) coped, because to you it was the normal thing, because the whole situation wasn’t normal but you were programmed to it, it felt like normal life to you’.

### **Life since 1973**

- 6.2.44 We then asked interviewees about life since 1973, looking at aspects of work, health, and family. This was in order to explore how first generation respondents felt their lives had been affected in the long term by the incident, particularly in relation to their children.

#### **Work**

- 6.2.45 As regards paid employment, more than half the respondents reported being in work for all or most of the time since 1973. One respondent had served a long-term sentence as a republican prisoner. Bearing in mind that five of the respondents were women, and that all respondents had their own children, this points to the double burden of paid work and child rearing which most respondents carried.
- 6.2.46 When asked whether they thought the incident *affected their work*, three out of five respondents said they thought it had, the same number as thought it affected their *ability to get a job and to keep it*. One respondent had given up work, although she commented

‘People kept telling you it was better to work, it gives you less time to think’. There were also negative impacts on work for other members of the family.

‘...my daddy, sure whenever he went into work, the first headlines on the news was “six gunmen shot dead” and whenever my daddy went into work after the funeral, about two weeks, this big thing was on the wall and my daddy, god love him, had to face that there for weeks and weeks and weeks and he went into work. Our ones didn’t want him to go into work but he said “my son wasn’t a gunman, my son was innocent” and he went into work even though he worked in the place for years and years and hardly anyone spoke to him so he went through a lot, you know. He went through an awful lot, his health and all went down’.

### **Health**

6.2.47 These questions asked respondents about their health. Most of the respondents described their health over the past 30 years as *fairly good*, with two respondents saying it was *poor*. Three respondents said their health had prevented them from working at times. With regard to present health, four interviewees describe their health as *fairly good* and three said it is *poor*. One interviewer currently suffers from chest problems and irritable bowel syndrome, and one reported a weight-related health problem. No respondent described their health as good.

6.2.48 Respondents were asked whether they were taking prescribed medication *because you feel anxious*, because you *can’t sleep* or because you *feel depressed*. One respondent reported having a dependence on prescribed sleeping tablets ever since the incident. Another said they had received medication for all the above ‘on and off (nerve tablets) for years’. In response to the question *Do you take pain killers?* only one interviewee said that they take them frequently.

### **Depression**

6.2.49 When asked about whether they get depressed, just four out of the seven interviewees said that they did, and described this as *generally feeling down*. However one respondent described it as *feeling you don’t want to go on living*.

‘It’s only a couple of months ago and I can understand people taking their own lives. That never came into my head like that but I would have felt low and weak and cried and wept....but I was taking delusions that I never took in my life. Do you know what delusions is because I never heard tell of it ‘til I took it. It scared you, like it was the tablets. I wouldn’t go near them again. The first time I took it I was very ill so anyhow my friend got the doctor and he gave me these tablets. After she went away I was in the house, I was lying on the settee and my door was closed and the door just opened like that and this tall man and he had grey hair and I looked up at him and then he looked as if he was in the wrong house and I got up off the settee. Don’t know what tablets, now I was speaking to the sister in the hospital and she said one of the tablets must of triggered the other. Well, wait ‘til you hear this, I was afraid to go to sleep after that happened well, I was still taking the tablets and my neighbours were down I heard knocking and I turned round and I could see soldiers and knowing what the doctor told me about the delusions I sort of way wasn’t scared so I gets up to go to the toilet and well I was afraid to go to bed, afraid to go to sleep. I was roaring my eyes out....I used to be on about 18 tablets a day. From the bottom of my heart I wished I was dead.’

### **Smoking and drinking**

6.2.50 For most of this group, use of alcohol and cigarettes appears to be relatively low. Alcohol consumption patterns are evenly divided, with the same number of respondents saying that they *take a drink* either *at weekends, on special occasions, or never*. One interviewee would take a drink *every day*. Two respondents smoke; one smokes twenty to thirty cigarettes a day, the other smokes more than forty.

### **Family and relationships**

6.2.51 All first generation respondents are married or widowed. Three respondents are currently in second marriages. When asked whether they thought that the incident had affected their marriage, four interviewees said they didn’t think it had had an effect. One respondent commented ‘Not that particular incident, but the Troubles’, and went on to say that it affected the relationship *in a practical way*. Only two respondents said they thought it had impacted on their marriage. One respondent said that the incident affected the relationship *in how easily you could talk together*. However additional remarks served to indicate that the incident may have had significant impacts on marriage and on family life

which were not reflected in respondents' direct answers to these questions. One interviewee said that the incident led to the break up of his marriage:-

'Well, the incident itself, I went to gaol because of it or leading up to it anyway - then it was all a knock on effect.. It did break the marriage up in one way or another'.

The interviewee added:-

'It took a long time for me to let anyone get close to me. Probably because I don't want to be hurt again, I don't know. It wasn't a natural time, a lot of fellas would never have been in gaol or done things not natural to them. I did take chances but I never tried to get myself killed'.

### **Children**

6.2.52 All those interviewed had children, with family size ranging from one to seven. Three of the respondents had a family at the time of the incident with children's ages ranging from one to twenty four years old in 1973.

#### **Did parents tell their children about the incident?**

6.2.53 We wanted to explore whether parents talked to their children about the incident. Five out of the seven respondents said that they have talked to their children about that night. However, there are significant differences between respondents as to how and when they talked to their children.

6.2.54 Two respondents said they talked to their children about it from about five or six years of age. One respondent, who was pregnant with her first child at the time of the incident, included the loved one in family prayers every night so that her children had an awareness of him from their earliest years. In comparison, one respondent reported talking to offspring only after the Community Inquiry when they were adults (and then only to those attending the Inquiry). Another interviewee, whose oldest daughter was a witness on the night, said 'You didn't need to talk to them you know because they all lived on the same street. We really knew all what was going on'. One respondent had talked to one of the children when she expressed an interest and asked questions.

6.2.55 Thus of the seven respondents, three had talked to all of their children about the incident, two had talked to one or some of the children and two had never talked to them about it. The three who had talked to all their children did so at an early age. One respondent talked about it for the first time when the offspring were in their thirties; one when the child was a teenager.

#### **Discussion in the home**

6.2.56 Respondents were asked whether their children would have heard the incident mentioned or discussed at home (in addition to their talking to their children). Most said it was mentioned or discussed occasionally. One respondent said it was discussed frequently, another stressed that it may have been mentioned on a rare occasion but never discussed.

#### **Discussion outside the home**

6.2.57 Would respondents' children have heard the incident discussed outside the home? Most of the interviewees said that their children would have heard about the incident from people outside the immediate family.

#### **Impact on the family**

6.2.58 The next set of questions explored respondents' own assessment of the impact of the incident on their family. With the exception of the respondent who did not talk to about the incident to offspring until the time of the Community Inquiry, all those interviewed said that they thought the incident had had an impact on their immediate family.

“...my mother lived it every day of her life’....”

6.2.59 When asked in what way they thought it had affected their immediate family, respondents had a range of observations. The desire to protect their children came through very strongly, not just in response to this question but throughout the interviews. Respondents referred to being ‘more protective, ‘over protective’ or ‘too strict’.

6.2.60 In some instances they ascribed difficulties that their children had encountered to the impact of that night. Another: ‘ I think (it affected) the daughter more because she never bothered. I think it made her - its hard to explain - but she’s very moody at times you know.’ Another respondent reported, in relation to her son:-

‘ he never knew his..... (He) never asked much. Any relationship he had would break up soon after’.

6.2.61 Interviewees were then asked, in relation to their children ‘Do you think the incident affected them in any other way when they were growing up?’, to which five out of the seven respondents concurred. When asked in what way, comments included: ‘Think they would definitely (have) felt something. Think they felt even for me – they were concerned when the Inquiry was on. They were 100% behind me and concerned’.

‘I think their nerves were a good bit shattered, you know’. Yet another observed ‘.....would be withdrawn and quiet...Would tend to be childish and a bit immature’.

‘You would have to ask them that because I didn’t see it, I was in gaol’.

6.2.62 However, respondents also described the importance of their children in helping them cope. One respondent said : ‘(The) kids sort of grounded you. You had to be there for them and you were concerned with them’ns and kind of way wrapping yourself round them’ns’.

### **Impact on other family members**

6.2.63 Interviewees pointed to the effect the incident had had on other members of the family: ‘Not my own children but it affected my brothers very badly – it had a traumatic effect on my brothers and sisters and mother’.

‘...(another brother) is the one most affected. He will never admit it but deep down inside he’s hiding a lot. He’s not trying to replace him but trying to be like him if you know what I mean.’

### **How did it affect the parents as parents?**

6.2.64 When asked whether they agreed or disagreed with the statement *I felt less able to protect my children*, four disagreed and two agreed. When asked whether *I felt less able to be the kind of mother/father I wanted to be for my children* four agreed and two disagreed.

‘I think as a mother you kept busy and that helped – you needed it and needed to be strong for the family’.

### **Rearing children**

6.2.65 Respondents were then asked whether they reared their own children differently from how they were reared. Three of the respondents agreed. Asked in what ways they were reared differently, some respondents referred to the changed environment in which their children were growing up compared to their own childhoods and one referred to how their own attitude to parenting had changed.

‘ Because of what was happening in the area, it was like prison; felt confined and felt I always had to be on my guard’.

‘More protective. Want to be with them more, not let them out of my sight. Too strict’.

### **Change in parental responsibilities**

6.2.66 For two interviewees, their parenting responsibilities changed significantly. One respondent had been a Republican prisoner. Another reported that as a result of the impact of the incident responsibility for rearing the children had been taken on by the spouse.

‘I was never there for them. I was in gaol’.

### **Childrens’ health**

6.2.67 Possible problems encountered during their children’s upbringing were then explored. Two respondents said they had had problems with their children’s health when they were growing up – in both cases this was asthma. Another respondent’s son had developed cancer as an adult.

### **Problems at school**

6.2.68 Two respondents reported having major problems with their children in their teenage years. One interviewee said that her son had experienced serious problems at school; ‘We think..... is dyslexic but it was never diagnosed....Teachers said he had learning problems’. The respondent said that the school was *not at all supportive*. She added that later on her son ‘got into drugs’ but

she was keen to point out that he: ‘Did nothing bad his whole life ‘til ...he got into bad company.....He had never been out of work’.

6.2.69 Another interviewee’s daughter had a baby at an early age. He also reported that all his children had serious problems at school. The school was, in his view *not very supportive*.

### **Coping with the legacy**

6.2.70 To the question *When you would hear of other incidents, would these bring back old feelings?* all the respondents reported that it would bring back old feelings.

6.2.71 Over the years, none of the respondents said that they had sought help from anyone. All those interviewed said that the incident still affects their life. Asked how much it affects them, three respondents said that it affects them *occasionally*, while three said that it *affects them quite a bit*. One added that it affects her quite a bit ‘because, you see, the mothers they only lived a couple of streets from me’. One interviewee said *you always feel the effect of it*.

The only thing I ever wanted in life was a family..... and to be honest....it actually wrecked my whole life.....

### **Role played by the New Lodge Six Community Inquiry**

6.2.72 The 2003 Community Inquiry was a significant event for family members and witnesses. Until that time, only two respondents reported having talked to anyone about how it had affected their lives. For those who had talked about it, this discussion had been restricted to the family, or to family and friends.

‘The Inquiry brought a lot into it that I didn’t know about and the more you read the angrier you got.....because you know that he was an innocent victim but to think that they were playing Russian Roulette more or less with your.....’

6.2.73 Being able to hand on an account of what happened to the next generation was important to one respondent who reported that ‘Whenever the books were out (the Report on the Community Inquiry) my .....all bought the books to be able to hand down to their children and let them know this is what happened to

your.....and they all got the books and I think they get angry too when they read about it, you know’.

‘...the Inquiry did help me a lot...the Inquiry brought out that our .....actually crossed the road to protect two women and then came back which makes me proud that he actually risked his life for them. That was the sort of fella he was anyway. At least he didn’t give his life for nothing; he was helping two women, or trying to’.

6.2.74 One respondent commented:-

‘Whenever the Inquiry came up I would have been very emotional, very emotional about the least wee thing. I remember going to mass one night and I had to come out before the end because it was as if I couldn’t cope with it.....I always said I never had the time to worry between rearing the kids and that you didn’t grieve the way you think you should have grieved’.

#### **What kind of support would help?**

6.2.75 Respondents were asked whether there was any kind of support would be helpful to them now, whether being able to talk to someone in the family, being able to talk to someone outside the family, or complementary therapy in a safe environment. Of those interviewees who responded, one indicated an interest in counselling or complementary therapy. Another interviewee said that complementary therapy at home would be helpful. One interviewee talked about the support she receives from her husband and family: ‘ My husband and my family are very supportive and (I) can talk to them’.

‘I have a friend in .....Street and her and I are friends about 60 years or more and I would talk to her. I would talk to someone to get out of this rut’.

### **Additional comments**

6.2.76 Finally, interviewees were asked if they would like to add any other comments. Two interviewees responded with the following observations.

‘Just the fact that how can anyone say we have had a normal life and we felt it was normal and we are still not 100%’.

‘We’re delighted after all these years there’s something....being done to try to get justice and we are delighted at that, that he hasn’t been forgotten about, none of them have’.

### **6.3 Second generation; findings from Questionnaire 2**

#### **Characteristics of interviewees**

- 6.3.1 Interviews were secured with nephew/nieces of those who lost their lives in February 1973. (Families were asked to nominate second generation family members for interview. The fact that no direct offspring of the deceased were suggested to the researchers as potential interviewees may be coincidence or may be worthy of further exploration). The second generation of interviewees ranged in age from 17 to 37. Most respondents were in their late twenties and early thirties. They have between one and six siblings each. Three of the respondents are the eldest of the children in the family (one being the eldest along with his/her twin). On the night in question, three of them were not yet born, one was six months old and one was six years old.

#### **Potential for multiple or cumulative trauma**

- 6.3.2 The research focused on the impact on the nieces and nephews of four uncles who were killed that night (two interviewees were sisters). In the course of the interviews other bereavements also were referred to by interviewees (one interviewee had had another uncle shot dead and had also experienced the tragic loss of cousins and other family members as a result of a house fire), but it was not within the scope of this study to explore the re-traumatising impact that multiple losses of this kind might have exerted.

#### **Experience of threat or attack**

- 6.3.3 First of all we wanted to establish the degree to which this generation had experience of threats or attacks outside the home when they were under the age of sixteen. The reason for this was to establish whether the respondents had themselves experienced any trauma at first hand. Four respondents said that they were threatened or attacked occasionally.

Two respondents reported being attacked frequently on the way to school:-

‘I know on the school bus we were always stoned. Our school was in ... and we were always stoned going through ... as a child’.
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- 6.3.4 Four interviewees said that there was an occasion when they felt their life was in danger. One reported that this was on more than one occasion. Another commented that, although he did not come

under attack, he was always conscious of the threat; ‘You lived with the fear like everyone else’.

‘I suppose the other part, me, ma and da was always very conscious of, was when you go out and a car comes very slowly up behind you or whatever and you be aware to run or get out into the centre of the road or whatever else but that would have been something we were always aware of, we would have been caught up in at a very early age’

For another respondent, house raids by the British army were part of childhood:-

‘We were only kids at the time..... you were sent to bed dressed and then when the soldiers came in to raid the house you were always scared of your daddy being taken away. I remember one time my mummy fighting with them when they were wanting to get into our bedroom and my mummy said there’s only three wee girls in there, there’s nothing in there but they didn’t care. We were brought out and they wrecked the bedroom. The green uniforms and they weren’t a bit pleasant. You were taken out like and the place was wrecked and maybe your daddy was taken away and that was it so it was’.

### **Child’s awareness of potential danger for other family members**

6.3.5 All respondents said that members of their family had had direct experience of threat or attack when the respondent was a child. Significantly, all interviewees in this generation had had family members arrested, imprisoned or interned. Three respondents said they were aware of an occasion when the life of a family member was in danger. Another reported not being aware of such danger because ‘I knew no different’. Asked *Was there an occasion when you felt that the life of family members was in danger*, one respondent replied:-

‘(on) more than one occasion ..My daddy got a couple of death threats, so he did’.

### **Awareness of the deceased family member**

6.3.6 These questions sought to explore issues around memory awareness of the family member who had been shot. Interviewees were asked about what they remembered of the family loved one. Only one respondent was old enough to have memories of her uncle: 'I do, now they're faded memories of him because I was so young but I still can picture him, with (a) big smile'. Of those not born at the time, one respondent reported no personal memory: 'Just what the family talked about him' and one carries a (comforting) mental picture of him with them. For both of these respondents the uncle's memory was a constant presence within the family. For another respondent too young to have known her/his uncle, adulthood has brought a desire to see memory reclaimed.

### **'Created' memory**

6.3.7 One respondent recalled having created a memory of that night:

'But as a child, well its only really in recent years when this was corrected, but I often had memories that I run round and I seen this, I didn't, but its quite interesting that that was a memory that I had in the sense do you ever notice things that you take back into your childhood and you picture yourself being somewhere, I was kind of like that child sort of thing, but it didn't correspond with reality, it wasn't reality but that was something that was going in my head which is strange for I don't know where it came from cos it wasn't based on experience, I was only a few months'.

6.3.8 Two of the interviewees said that they felt they knew their loved one from what others have said about him. Another talked about being aware of 'the memories that you **didn't** have, all the lost opportunities' and of a wish 'to reclaim the memory...(because if)...families don't begin to claim the memories then the memories rest with those who took their lives'.

### **Age at which interviewees learnt about the incident**

6.3.9 At what sort of age did respondents learn about the death of the loved one? Three respondents were under the age of ten when they first learned about the loss of the family member; of these two said they 'always' knew about it and one has personal memories of that night. Two respondents were between the ages of twelve and fifteen when they learnt about the incident.

### **How did they learn about it?**

- 6.3.10 Two interviewees first learned about the incident from either their mother or their father, and two from their grannies. One interviewee learned about the way the loved one had died by seeing a chance photograph, which then led her to ask questions.

‘Whenever I was very (much) younger they told me that he had died of whooping cough, they didn’t tell me what happened until I was twelve....(when) I started asking questions about him’.

- 6.3.11 In contrast, another interviewee commented that ‘it wouldn’t have been hidden’, because the respondent’s father would have seen it as part of his duty as a parent to discuss ‘these kind of things....when the time’s right’.

- 6.3.12 One interviewee has personal memories of that night (aged six).

‘We were just kids but ... I just remember all the squealing that night you know and you knew somebody in the family had been shot you know. That was really how you found out. You were just in the middle of it... and I can still see that so clear like so we weren’t actually told for hours maybe even a day but you knew ...and then the people in the street were all out running around the New Lodge and you knew something was wrong like’.

### **Was it talked about in the family?**

- 6.3.13 When asked how often did the family talk about the loved one who had been killed when the respondents were growing up, three said he was talked about frequently, and two respondents volunteered ‘all the time’. One added that ‘It was just like he was still here, so it was’. Two interviewees said that the uncle was talked about occasionally, although one said that they ‘always asked about him’, and another was aware that, for the respondent’s father, ‘it was with him every day’. When asked whether they felt included or excluded from family conversations (around these issues), four respondents said they were included, and one was excluded.

‘When you were younger you were not included, definitely were kept out of it. In our house my mummy I think kept us away from all of it but as you got older, you know, you understand’.

### **Understanding of what had happened**

- 6.3.14 Asked what kind of understanding, as a child, did they feel they had of what happened to the loved one/family member, all the respondents said they had some understanding.

‘You just pick things up. We were just told it was a black soldier that shot our ....., we didn’t know the whole story, all we knew was a black soldier and so grew up hating black soldiers in particular’.

- 6.3.15 Some interviewees compared their childhood knowledge with their increasing comprehension of the event:

‘As I got older and I realised what had happened- it got more hurtful about how he died’.

- 6.3.16 One respondent described the shock of being confronted fairly recently with the reality of the family member’s death:

‘I didn’t know him personally. Always seen photos and they were always talking about him so they were, things he done when he was younger and all but last year my .....came in with a photograph of him lying in the coffin ..... and said that’s your uncle .....and my stomach turned and I couldn’t look at the photo and I threw it back at my ..... I know I seen photographs of him but he was just lying there, he was dead...’

- 6.3.17 It is clear that the families adopted very different ways of dealing with memory and whether, and how, the loved one was talked about. We know that these issues are very important from the work of Herman, Bloom and others (discussed in Burrows and Keenan, 2004), who emphasise the importance of memory in the transference of trauma, and as part of the healing process.

### **Discussion outside the family**

- 6.3.18 In answer to the question *Did people outside the family talk about it?* respondents said it was discussed only occasionally, or never.

‘you know it’s really only in the last four or five years that people are talking about these things because they believe it’s safe enough now’.

### **Impact on their family as they were growing up**

- 6.3.19 All respondents agreed that the incident affected how members of their family felt when they were growing up. When asked who they thought it affected most, ‘granny’ and ‘granda’, other uncles, ‘daddy’ and ‘mummy’ were listed. One respondent said the loss of the uncle was a ‘missing link’ in the family.

‘My granny, she never came to terms with it at all and my mummy too, I don’t think my mummy really had her chance to grieve properly ‘cos she had us and we were all wee’.

‘Ach, because he was granny’s favourite. She always spoke about him. She never in her mind accepted he was dead and we went along with it so talked about..... going away to work in England’.

‘I think that’s the other big thing about our community people can’t separate their loss from anyone else’s. There’s that kind of collective thing. People in these communities have no choice but to draw together and kind of work through it. That’s the other point my da had made, you know it’ really only in the last 4 or 5 years that people are talking about these things because they believe its safe enough now’.

### **Impact on the respondents**

- 6.3.20 Asked to what extent if affected them personally, three respondents said it *affected them to a certain extent*, and two that it *affected them a lot*. When probed as to how it affected them when growing up, one interviewee described her reaction to the British army:-

‘I mean you were very wary of the soldiers. I thought they were going to kill everybody. I was terrified of them. Even in the street you were terrified of them and when they came into the house you thought what are they going to do, are they going to wreck the house, I mean I was terrified of them you know. They weren’t in to do any justice they were in to kill people. That’s what it was like...’

6.3.21 One respondent had no father figure present for the first nine years of her life as her father was a Republican prisoner. For her this loss was directly attributable to events subsequent to the killing of her uncle. One respondent replied that the incident led to the break up of her parent's marriage.

### **Impact on how they were reared**

6.3.22 When asked *Do you think the incident affected the way your parent(s) reared you?* four respondents agreed with the statement. Of these, two interviewees said that they felt their upbringing was more protective.

'I would say my mummy tried to keep a lot from us, she tried to keep us hidden a lot. When troubles were (on) we were all brought in and the TV was put on or you were put in the back room you know. I think she did, she tried to keep it from us you know. But it was hard, living in the New Lodge...'

One respondent replied that she was reared by her mummy (who was 'the heart of the family') because her father wasn't there:-

'A missing link'.

Reflecting on the impact her father's imprisonment and later absence (due to marital break-up) has had on her as an adult this interviewee said she thought that it had made her harder on men, and that she prefers to live as a single person.

### **Normalising the abnormal**

One respondent who disagreed with the statement (*Do you think the incident affected the way your parent(s) reared you?*) explained: 'No, because that's all I've known. We were security conscious, not in the sense that our family was different from others ...'. The respondent goes on to recount the legacy of this security consciousness:-

'I have nightmares about it, just breaking down but these people with their balaclavas and bomber-type jackets coming to your door and that was the very real image with what you lived'.

6.3.23 The interviewee went on to describe the family's struggle to maintain a sense of normality in a situation that wasn't normal: 'they (parents) weren't being over protective but making sure their kids fulfilled their potential so they tried to manage and they done their best'. The sense that they grew up in abnormal times was reiterated by another respondent:

'It wasn't normal. I remember going to Crumlin Road Gaol and having chewing gum in your hair and cigarettes, you had your hair in a bun to hide them in - like who did that when you were kids? - when your uncles were interned and that. It was crazy like really wasn't it? People wouldn't believe it...'

### **Parental supervision and support**

6.3.24 When asked *Compared to your friends, would you say your parent(s) were stricter with you when you were growing up?* three interviewees said they thought that their parent(s) were stricter with them when they were growing up, compared to their friends, and two disagreed.

6.3.25 To the question *Would you say your parent(s) were able to give you the kind of support you needed when you were growing up?* four agreed and one disagreed. Most respondents referred to the importance of their mothers in parenting them. Loyalty to parents may have come into play here, since one respondent who said that her parents **had** given her the support she needed went on:

'I don't think my mummy ever knew how frightened I was. I wouldn't have let her know (sic). There were three of us girls and we slept in the one bed. We used to fight for who got closest to the wall. You know this is a terrible thing to say but what we used to think was whoever was closest to the wall would be the last one shot so we reckoned if you were at the end you were the first to be shot and as kids it got us like that, that's not right. We reckoned if you were at the wall you might have had a chance of being saved. That's terrible what was going on in our minds. Other kids would be thinking about toys and that and we were worrying about who was coming in to shoot us like. So I don't think my mummy ever knew we worried that much or how nervous we were going to bed at night.'

6.3.26 The same respondent went on to comment that as a child she had an awareness of things without being told:

‘I think you took in more than you thought you would have. You listened to more and you took on board more than what you thought you were doing you know....’

### **Sources of support**

6.3.27 When asked who else they turned to for support when they were growing up, other family members were cited; for one respondent her granny ‘was like a ma to all of us’. For another, an uncle fulfilled the role of father. However another said she didn’t feel that there was anybody: ‘Like you knew your parents had enough getting through the day and (references to loved ones) so I wouldn’t have went and said to her ..... that you were scared of being shot ‘cos that would have brought that all back to her .....so there was nobody really to talk to about how you felt really’.

6.3.28 Two observations may be made here. Firstly, interviewees revealed a desire to protect the parent, a theme touched on again below. Secondly, in the interviews overall there was a marked lack of reference to fathers, with mothers and grandmothers playing the most important roles in children’s lives.

### **Teenage years – evidence of two extremes**

6.3.29 The next set of questions explored the respondents’ teenage years. Experiences of these years varied from ‘quite enjoyable’ to ‘bad, not very good, not happy’. Asked to describe their behaviour in these years, four out of the five respondents agreed with the statement *I tried hard not to make my parents worry and I did normal teenage things*. Two of the respondents emphasised their efforts at protecting their parents from anxiety:

‘As far as the Troubles were concerned like you were afraid, like, to try not to worry your parents’.

6.3.30 The following comment seems to suggest an excessive (self-imposed) restriction on normal teenage going out and about:

‘I hardly ever went out. They never had to worry about me’.

6.3.31 In stark contrast two other respondents said they '*Went off the rails*'.

### **How did respondents feel as teenagers?**

6.3.32 We then went on to try to discover respondents' feelings in their teenage years. We used the same set of phrases we had used in talking to the first generation interviewees (see Questionnaire 1, Q2.7, and Questionnaire 2, Q2.20).

### **Range of responses**

6.3.33 There were clear differences between them in how the second generation interviewees answered these questions. Two of the interviewees reported only three of these feelings; one reported feeling twelve out of twenty feelings/responses. Two of the respondents reported feeling nearly all (seventeen) of the feelings/responses.

### **Just teenage difficulties?**

6.3.34 Many of these reported feelings could be interpreted as describing usual teenage angst, and we need to be cautious in how we interpret them. However, on the basis of this question, two of the five interviewees indicated having had a difficult time in their post-primary years, an assertion supported by the fact that both these interviewees were excluded from school. One of these has experienced prolonged and ongoing difficulties and is currently on medication for depression and anxiety and reports that poor health has prevented her from working.

### **Hypervigilance and aggression**

6.3.35 Second generation interviewees were then presented with a set of phrases identical with 2.11 in Questionnaire 1, and asked whether any of these described how they were in teenage years. All five interviewees admitted to *being on your guard all the time, always watching/listening to the news, and having difficulty living with the anger inside you* (consistent with the categories of '**hypervigilance and aggression**'). Nearly all respondents reported *having feelings of hatred* and of *reliving a bad experience in your head*. Three said they felt *less able to deal with your feelings* and admitted *taking risks (doing 'mad' things that put you in danger)*.

6.3.36 There appears to be some consistency here in reported levels of distress in that that the two second generation interviewees who reported experiencing nearly all the feelings/responses in the

previous question (Q2.20) also agreed with all the statements here. There are also parallels with findings from the first generation; in particular the second generation all reported symptoms that fall within the category of **hypervigilance and aggression**.

### **Other comments**

- 6.3.37 When invited to make other comments on their teenage years, respondents made a range of observations referring to the lack of anybody to talk to, fear of the British army, difficulty sleeping, and being locked in an abnormal situation which appeared to be the norm. ‘Too much hurt’ is how one interviewee, who had experienced the absence of her father, summed up her childhood.

‘You weren’t given the opportunity to even talk to anybody, sure you weren’t? And you thought it was the same for everybody else anyway...’

‘Felt overwhelmed when the soldiers were in the house. Felt helpless ... When I was younger definitely had trouble sleeping.....It wasn’t normal’.

### **Experience of school**

- 6.3.38 Respondents were asked about their experience of school. Two agreed with the statement ‘*I enjoyed school*’ – although for one of these interviewees, as indicated earlier, the location of the (Catholic maintained) school made the respondent feel vulnerable: ‘Once you were in school you knew you were OK; it was going home you were afraid’. Two interviewees found school *a waste of time* but one added also that *it got (me) away from family hassles*. The fifth respondent described school as *something you had to do*. Four of the respondents said they got help and encouragement from parent(s) with their homework.

### **Problems at school**

- 6.3.39 When asked whether they had serious problems at school, three respondents said they hadn’t had any serious problems, and two said they had. Subsequent questioning revealed that in fact three respondents had in fact been excluded from school (i.e. one respondent had not thought of being excluded as a serious school problem or had chosen not to mention it until prompted).

### **Bullying and being bullied**

6.3.40 One interviewee was excluded twice in first year for bullying: 'I was sort of way like a bully in the early years but as I got a wee bit older I started to wise up. I think about the wee girls like and I feel terrible but think it was like, I know this sounds stupid, but that's all I knew, being violent like.....' Quizzed on whether the school had been supportive or not, she said she found the school to be *not at all supportive*. Two other respondents reported being bullied at school.

### **Leaving school early**

6.3.41 The two other excluded students encountered problems at around thirteen and fourteen and continued their education in special education facilities. One interviewee said this was because the teachers said she was confrontational. She described the school as *not at all supportive*. One respondent left because she became pregnant.

### **Worry about parents**

6.3.42 When asked whether, *looking back, would you say you worried about your parent(s) when you were growing up?*, four respondents agreed that they worried about their parents when they were growing up. Three said they worried frequently, and one said she was always conscious of worrying. One said she now worries frequently but worried less when she was younger (under eighteen).

6.3.43 Respondents were asked *Looking back, would you say there were times when you felt like the mammy or daddy i.e. feeling responsible for your parent(s)?* One respondent agreed that she frequently felt like the mammy or daddy. One said she had not felt that way growing up but that she sometimes did now. One said she felt that way occasionally.

### **Health when growing up**

6.3.44 Interviewees were asked whether they had any health problems growing up; one respondent reported that she had had depression.

### **Current health**

6.3.45 When asked about the state of their health currently, two interviewees reported good health, two said their health was fairly good and one poor (to the extent that it has prevented her from working). This latter respondent is currently on medication for anxiety and depression (Prozac), having been on medication ‘for a long time’ and also reported receiving counselling which ‘helped at the time but you’re stuck in a rut (in the New Lodge)’.

‘my mother would give me a half of a Tamazepam 2 on rare occasions if I couldn’t sleep...’

6.3.46 When asked specifically about whether and how they experience depression (as an adult), two of the five interviewees said that they experience all of the following: *generally feeling down, feeling life is hopeless* and feeling as if you *don’t want to go on living*. In addition one respondent said she was ‘very nervous’.

### **Medication/legal and illegal drugs**

6.3.47 The next set of questions (Q4.9 – Q 4.18, Questionnaire 2) related to prescribed medication, over the counter tablets and legal and illegal drugs. As indicated in 6.3.35 above, one respondent is currently on prescribed medication for anxiety and depression. Just one respondent said she took painkillers frequently.

6.3.48 Use of alcohol and cigarettes is higher in this group than the first generation. One interviewee said she would take a drink on special occasions (only once or twice a year). Four interviewees said they would take a drink at the weekend (although this may be a drink or a session). Two of the interviewees smoked cigarettes; one smoked 10-20 a day and the other 20-30 a day.

6.3.49 Three respondents reported taking illegal drugs; one had experimented with e-tabs, blow (marijuana) and speed ‘(I) just tried them twice or something’. The other reportedly took ‘everything’ on a weekly basis but said she no longer took them. Both of these reported experimenting with drugs from the age of about fourteen. The third interviewee reported taking marijuana every day; ‘Only just started it there, but it really got me down too so it did’, and had now stopped taking it.

### **Rearing their own family**

6.3.50 Two of the respondents are married/living with partners, while three are single. All have children with ages ranging from under five years to early teens.

6.3.51 All respondents said they are rearing their children differently from how they were reared. Respondents expressed views about how they wanted to nurture their children. One said that she insisted that the father of her child played a part in her child's life (unlike her own experience). Another said that she would be more protective of her child (than her own parents were of her).

'I don't lash out at him. Whenever I was growing up you were getting murdered so you were'.

'I hope my kids aren't living with any fears. I know they are carefree kids. I talk to them more'.

6.3.52 Other comments included a wish that their children would share the same morals as they were brought up with, but not necessarily the same attitudes.

'(I want to) give him a sense of value of what it is being an Irish person. It's something he should be proud of. Hopefully he will have a firm sense of what it will be like living in a new Ireland'.

### **Additional comments**

6.3.53 Additional comments were offered by two interviewees:

'... I think people were neglected then. This is great that this is all coming out now because we lived in such a small area and such an awful lot we went through you know and nobody's ever came along and offered any support or nothing. I mean even saying that you rushed into bed, I think that's crazy for kids and yet, I probably haven't said that for donkeys' years you know what I mean, but it's still there, you still knew that's how you went to bed at night. I think somebody should know that...'

'Too much hurt.....'.

## 7. Conclusions

- 7.1 There was a range of responses by interviewees to the particular traumatic incident we chose to focus on. What we discovered was apparent long term impacts in the first generation, and a range of responses and behaviours in the second generation which may be consistent with the impact of trans-generational trauma.
- 7.2 Both groups described living in an environment characterised by attack or the threat of attack including occasions when they felt their life was in danger. The younger generation had been born into this environment. Reference was made by interviewees to the fact that it was only in the last few years that people experienced any sense of safety. In addition to this environment of generalised anxiety and fear, members of both groups had experience of more than one traumatising life experience.
- 7.3 This is a complex picture of chronic or cumulative trauma which was punctuated by an incident that was extreme in its traumatic potential and which in its scale and intensity was perceived as an attack on the community as a whole. Our findings suggest that there is considerable evidence of unresolved grief and anger amongst the interviewees in the first generation group, consistent with research elsewhere looking at trauma arising out of political conflict.
- 7.4 Amongst second generation interviewees there was agreement that their childhood and teenage years were 'not normal'. Their youth was marked by the conflict; that in some instances this lack of normality was no less than that experienced by the rest of the community but this should not minimise its significance. For some there were specific turning points in a young life such as the onset of depression, school exclusion, teenage pregnancy that we can only report since causation cannot be argued on the basis of this brief research exercise. However these issues demand our urgent attention. Unless placed in the context of early life experiences resulting from the conflict (the absence of a father or being constantly fearful) appropriate help cannot be offered to individuals, nor can appropriate statutory responses be developed and funded.

### **Some issues around methodology**

- 7.5 With regard to the international literature on trans-generational trauma there is a lack of methodological agreement on how to observe these effects, especially outside a clinical setting. There has been no significant piece of research in this area in the North of Ireland. This study should be seen as setting out the parameters of some of the questions that need to be addressed in this field.
- 7.6 Despite the findings of long term and transgenerational impacts of trauma yielded by this survey, there is evidence to suggest that we have only scratched the tip of the iceberg in this study. In some instances individuals who were contacted declined to be interviewed on the grounds of poor health or for other reasons. In some other cases, we sensed that families were protecting vulnerable members of the second generation and thus not forwarding their names for us to interview. A longer time frame for the research would have allowed the building of relationships that might have yielded a different sample. It would also have allowed us to go back to interviewees to investigate issues as they arose.
- 7.7 In relation to the findings it is also necessary to take into account ongoing coping mechanisms for both first and second generation interviewees, including denial and avoidance, which may have affected our findings.
- 7.8 We conclude that there are two main areas which demand further attention. Firstly there is a need for further, substantial, research in this area, which should be predicated on the development of an appropriate methodology. We believe that as part of this research effort there should be a particular emphasis on gender. (The absence of gender-specific work has also been commented on by Burrows and Keenan).
- 7.9 It is critical that any further research should be explicitly linked to resources enabling a range of structured support for both first and second generation survivors. This should be provided in the first instance for those participating in the research.
- 7.10 However, if we accept that trauma makes itself felt via different mechanisms through individuals to wider circles of family and community then the task on hand is much greater than the provision of therapeutic services to immediate family members.

This is an issue being grappled with, on a much larger scale, in Latin American countries and South Africa, where commentators emphasise the necessity of embedding issues of justice into the process of recovery and healing.

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# Appendix (i)

## Questionnaire 1

### Droichead an Dóchais

**Pilot research into the long term impact of a conflict-related traumatic incident in an urban area.**

**Reference No.**

**Interviewer:- Introduce yourself, and ask if the interview can be taped. Explain that they can stop at any stage if they feel uncomfortable. Stress confidentiality.**

#### Section 1 Background

1.1 What age would you have been in 1973?

1.2 Where were you living at that time?

parents' home

own home

other (please specify)

1.3 What were you doing at this time?

at school

working

unemployed

at home looking after family

other (please specify)

1.4 Before the night of 3-4<sup>th</sup> February 1973 had you had direct experience of being threatened or attacked? Yes  No

1.5 If yes, how often were you threatened or attacked?

Very frequently  Frequently  Occasionally

1.6 Was there an occasion when you felt your life was in danger? Yes  No

1.7 If yes (you felt your life was in danger) was this on one occasion  or more than one occasion  ?

1.8 What about your family – before the night of 3-4<sup>th</sup> of February 1973 had family members had direct experience of threat or attack? Yes  No

1.9 If yes, how often were they threatened or attacked?  
Very frequently  Frequently  Occasionally

1.10 Was there an occasion when you felt that the life of family members was in danger? Yes  No

1.11 If yes, was this on one occasion  or more than one occasion  ?

## Section 2 The night of 3-4 February 1973

**Interviewer: Non-family members may at first think that these questions are not relevant to them. Please explain that we are using the night of the 3-4 February as an example, but that we want to know how this OR OTHER incidents before or since February 1973 may have affected them.**

2.1 Did you lose a family member or loved one on 3-4 February 1973?  
Yes  No

2.2 Relationship (please specify)

2.3 Did you feel your own life was in danger? Yes  No

2.3 Of those who lost their lives that night, how many did you know personally?

### **(If working)**

2.4 The next few days, did you stop off work? Yes  No

If yes, how long did you stop off work?

### **(If at school)**

2.5 The next few days, did you stay off school? Yes  No

If yes, how long did you stay off school?

2.6 Can you remember how you felt in the weeks and months afterwards?  
Remember very well  remember quite well  don't remember well

2.7 From what you can remember, do any of the following describe how you felt in the weeks and months after that night?

**Interviewer: go through list of feelings and tick yes or no in the ‘Weeks/months’ columns below.**

	Weeks/months		Down the years	
	Yes	No	Yes	No
- feeling frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- feeling overwhelmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- feeling helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- flashbacks (like it was happening again)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- difficulty getting to sleep or staying asleep at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- not wanting to talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- not feeling safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- shutting down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- feeling nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- escaping into daydreams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- feeling numb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- loss of concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- loss of interest in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- feeling isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- feeling depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- feeling guilty (not being able to protect others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- feeling hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- feeling abandoned/forgotten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- refusing help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.8 Any other ways to describe how you felt in the weeks and months after?

2.9 Did any of these feelings stay with you down the years?

**Interviewer: go through those feelings she/he said yes to in Q 2.7 and tick yes/no in the ‘Down the Years’ columns above.**

2.10 Any other ways to describe how you felt down the years?

2.11 From what you can remember, in the weeks and months after did you find yourself:-

**Interviewer: go through list of feelings and tick yes or no in the ‘Weeks/months’ columns below.**

	Weeks/months		Later years	
	Yes	No	Yes	No
- being on your guard all the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- always watching/listening to the news	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- having difficulty living with the anger inside you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- having feelings of hatred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- feeling out of control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- reliving the event in your head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- less able to deal with your feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- behaving in ways not like you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- taking risks (doing ‘mad’ things that put you in danger)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.12 What about later years? did you still find yourself:-

**Interviewer: go through those feelings she/he said yes to in Q 2.11 and tick yes/no in the ‘Later years’ columns above.**

2.13 From what you can remember, in the weeks and months after did you find yourself:-

**Interviewer: go through list of feelings and tick yes or no in the ‘Weeks/months’ columns below.**

	Weeks/months		Later years	
	Yes	No	Yes	No
-going out less, in the New Lodge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-going out less, outside the New Lodge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-thinking about the past a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-having dreams connected to the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-going over and over it in your head trying to make sense of it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-keeping busy all the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-thinking about earlier bad experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-trying not to think about what happened that night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.14 What about later years? Did you still find yourself:-

**Interviewer: go through those feelings she/he said yes to in Q 2.13 and tick yes/no in the ‘Later years’ columns above.**

2.15 In the weeks and months after the incident, did you talk to anyone about how you were feeling or about any problems you were having? Yes  No

2.16 If yes, who did you talk to? (please specify)

2.17 Did you seek help from anyone? Yes  No

2.18 If yes, who did you look to for help?

2.19 Did you get anything from the doctor? Yes  No

**Interviewer: get name of drug if possible eg Valium**

2.20 If yes, can you remember what the doctor gave you?

2.21 Can you remember if you kept on with that medication? Yes  No

2.21 If yes, for how long?

2.22 Outside your family, did you face any reaction to the incident? eg from work mates Yes  No

2.23 If yes, what was the reaction  
Supportive  unsupportive  hostile

2.24 In the weeks and months after the incident, would you say you  
Coped very badly  coped OK  coped very well

2.25 And looking back now, how would you say you coped?  
Coped very badly  coped OK  coped very well

**Section 3: Life since 1973; work**

3.1 Since 1973, would you say you have been

	Yes	No
Always in work	<input type="checkbox"/>	<input type="checkbox"/>
Mostly in work	<input type="checkbox"/>	<input type="checkbox"/>
Mostly out of work	<input type="checkbox"/>	<input type="checkbox"/>
Not working	<input type="checkbox"/>	<input type="checkbox"/>
At home looking after family	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		

3.2 Over the years, do you think the incident affected your work (paid job or working at home) Yes  No

3.3 Did it affect your ability to get a job and to keep it? Yes  No

3.4 If yes, in what way?

**Section 4: Life since 1973; health**

4.1 Overall, how would you describe your health over the past 30 years?

Good  Fairly good  Poor

4.2 If poor, has your health prevented you from working? Yes  No

4.3 How would you describe your health at the present time?

Good  Fairly good  Poor

4.4 Are you on tablets from the doctor?

-because you feel anxious	Yes <input type="checkbox"/>	No <input type="checkbox"/>
-because you can't sleep	Yes <input type="checkbox"/>	No <input type="checkbox"/>
-because you feel depressed	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4.5 If yes to any of these, would you mind saying what kind of medication?

4.6 If yes, for how long have you been on them?

4.7 If you get depressed, how would you describe it?

- generally feeling down Yes  No
- feeling life is hopeless Yes  No
- feeling you don't want to go on living Yes  No

4.8 Do you take pain killers?

Frequently  Regularly  Occasionally

4.9 How often would you take a drink?

Every day  Every couple of days  At weekends   
On special occasions  Never

4.10 Do you smoke? Yes  No

4.11 If yes, how frequently?

Occasionally  Every Day

4.12 If every day, how many?

Less than 10  10-20  20-30  30-40  more than 40

4.13 Do you have any weight-related health problems?

Yes  No

### **Section 5: Life since 1973; family**

5.1 Are you married or living with a partner?

yes  No

5.2 If no, are you single  separated/divorced

5.3 Do you think the incident affected your marriage or relationship? Yes  No

5.4 If yes, did it affect your relationship

- in a practical way (eg additional financial responsibilities) Yes  No
- in how easily you could talk together Yes  No
- in other ways (please specify)

5.5 Do you have children? Yes  No

5.6 If yes, could you tell me their ages and whether they are boys or girls?

5.7 Have you talked to your children about that night? Yes  No

5.8 If yes

What ages were they when you first talked about it with them?

5.9 Would they have heard it mentioned or discussed at home?

Often  occasionally  never

5.10 Would they have heard about the incident from people outside your immediate family?

Yes  No  Don't know

5.11 Do you think the incident had an impact on your immediate family?

Yes  No

5.12 If yes, in what way?

5.13 If yes, would you agree or disagree with the following:-

-I felt less able to protect my children Agree  Disagree

-I felt less able to be the kind of mother/father I wanted to be for my children Agree  Disagree

5.14 Do you think that the incident affected them in any other way when they were growing up?

5.15 If yes, in what way?

5.16 Did you rear your children differently from how you were reared?

Yes  No

5.17 If yes, in what ways?

5.18 Did you have any problems with your childrens' health when they were growing up? Yes  No

5.19 If yes, what kind of problems?

5.20 Any major problems with your children in their teenage years?

Yes  No

5.21 If yes, what kind of problems?

5.22 Did they have any serious problems at school? Yes  No

5.23 If yes, what kind of problems?

5.24 If yes, do you think the schools were?

Very supportive  Not very supportive  Not at all supportive

## 6. Coping with the legacy of that night

6.1 When you would hear about other incidents, would these that bring back old feelings?

Yes  No

6.2 Down the years, until the Inquiry, did you talk to anyone about how it had affected your life?

Yes  No

6.3 If yes, who did you talk to? (please specify)

6.4 Over the years, did you seek help from anyone? Yes  No

6.5 If yes, who did you look to for help?

6.6 Does it still affect your life? Yes  No

6.7 If yes, does it

- |                                    |                              |                             |
|------------------------------------|------------------------------|-----------------------------|
| - affect you occasionally          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - affect you quite a bit           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - you always feel the effect of it | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

6.8 You have lived with this for more than 30 years. What kind of support would be helpful to you now, if any:-

- being able to talk to someone in the family
- being able to talk to someone outside the family (please specify)

- complementary therapy in a safe environment eg at Droichead an Dóchais
- other (please specify)

6.9 Is there anything more you would like to add?

**THANK YOU VERY MUCH**

**Tell interviewee that she/he will be kept informed of the findings of the research, and invited to make any further comments if they want to.**

**Tell she/he that help is available through Droichead an Dóchais should they want it (contact Irene on 9022 1022).**

# Appendix (ii)

## Questionnaire 2

### Droichead an Dóchais

**Pilot research into the long term impact of a conflict-related traumatic incident in an urban area.**

## Questionnaire 2

### Reference No.

**Interviewer:- Introduce yourself, and ask if the interviews can be taped. Explain that they can stop at any stage if they feel uncomfortable. Stress confidentiality.**

### Section 1 Background

1.1 What age are you?

1.2 In February 1973 what age would you would have been?

1.3 Do you have brothers and sisters? Yes  No

1.4 If yes, how many and where are you in the family (eg oldest, second youngest)

1.5 As a child (under 16) did you have direct experience of being threatened or attacked (outside the home)? Yes  No

1.6 If yes, how often were you threatened or attacked?  
Very frequently  Frequently  Occasionally

1.7 Was there an occasion when you felt your life was in danger? Yes  No

1.8 If yes (you felt your life was in danger) was this on one occasion  or more than one occasion  ?

1.9 What about your family – when you were a child had family members had direct experience of threat or attack? Yes  No

1.10 If yes, how often were they threatened or attacked?  
Very frequently  Frequently  Occasionally

1.11 Was there an occasion when you felt that the life of family members was in danger? Yes  No

1.12 If yes, was this on one occasion  or more than one occasion  ?

1.13 Did you lose a family member or loved one on 3-4 February 1973?  
Yes  No

1.14 If yes, please specify relationship

1.15 Do you have memories of him? Yes  No

1.16 Do you feel you know him from what others have said about him?  
Yes  No

## Section 2 Growing up

2.1 What age were you when you first learnt about the loss of a family member/loved one on February 3-4 1973?

2.2 Always knew about it  Under 10  10-15  Over 15

2.3 Who told you? (please specify)

2.4 When you were growing up how often did the family talk about the loved one who had been killed?

Never  Occasionally  Frequently

2.5 If the family talked about it, did you feel included or excluded from these conversations?

Included  Excluded

2.6 As a child, what kind of understanding did you feel you had of what happened to the loved one/family member?

Very little  Some  A lot

2.7 Did people outside the family talk about it?

Never  Occasionally  Frequently

2.8 Do you think the incident affected how members of your family felt when you were growing up?

Yes  No

2.9 If yes, who did it affect most?

2.10 In what way did it affect them?

2.11 Do you think the incident affected you when you were growing up? Would you say it:-

Didn't affect me  Affected me to a certain extent  Affected me a lot

2.12 If it affected you, in what way?

2.13 Do you think the incident affected the way your parent(s) reared you?

Yes  No

2.14 If yes, in what way?

2.15 Compared to your friends, would you say would you say your parent(s) were more protective of you when you were growing up?

Agree  Disagree

2.16 Compared to your friends, would you say your parent(s) were stricter with you when you were growing up?

Agree  Disagree

2.17 Would you say your parent(s) were able to give you the kind of support you needed when you were growing up?

Agree  Disagree

2.18 Growing up, who else did you turn to for support?

Other family members  Friends  Other (please specify)

2.19 Looking back, which best describes your teenage years:-

I tried hard not to make my parent(s) worry	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I did normal teenage things	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I went off the rails	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2.20 Looking back over your teenage years, did you have times when you felt:-

	Yes	No
- feeling frozen	<input type="checkbox"/>	<input type="checkbox"/>
- feeling overwhelmed	<input type="checkbox"/>	<input type="checkbox"/>
- feeling helpless	<input type="checkbox"/>	<input type="checkbox"/>
- flashbacks from some bad - experience(like it was - happening again)	<input type="checkbox"/>	<input type="checkbox"/>
- difficulty getting to sleep or - staying asleep at night	<input type="checkbox"/>	<input type="checkbox"/>
- exhaustion	<input type="checkbox"/>	<input type="checkbox"/>
- not wanting to talk	<input type="checkbox"/>	<input type="checkbox"/>
- not feeling safe	<input type="checkbox"/>	<input type="checkbox"/>
- shutting down	<input type="checkbox"/>	<input type="checkbox"/>
- feeling nervous	<input type="checkbox"/>	<input type="checkbox"/>
- escaping into daydreams	<input type="checkbox"/>	<input type="checkbox"/>
- feeling numb	<input type="checkbox"/>	<input type="checkbox"/>
- loss of concentration	<input type="checkbox"/>	<input type="checkbox"/>
- loss of interest in life	<input type="checkbox"/>	<input type="checkbox"/>
- feeling isolated	<input type="checkbox"/>	<input type="checkbox"/>
- feeling depressed	<input type="checkbox"/>	<input type="checkbox"/>
- feeling guilty at not being able - to protect others	<input type="checkbox"/>	<input type="checkbox"/>
- feeling hopeless	<input type="checkbox"/>	<input type="checkbox"/>
- feeling abandoned/forgotten	<input type="checkbox"/>	<input type="checkbox"/>
- refusing help	<input type="checkbox"/>	<input type="checkbox"/>

2.21 Any other way to describe your teenage years?

2.22 Looking back at teenage years, do any of the following describe how you were:-

	Yes	No
- being on your guard all the time	<input type="checkbox"/>	<input type="checkbox"/>
- always watching/listening - to the news	<input type="checkbox"/>	<input type="checkbox"/>
- having difficulty living - with the anger inside you	<input type="checkbox"/>	<input type="checkbox"/>
- having feelings of hatred	<input type="checkbox"/>	<input type="checkbox"/>
- feeling out of control	<input type="checkbox"/>	<input type="checkbox"/>
- reliving a bad experience - in your head	<input type="checkbox"/>	<input type="checkbox"/>
- less able to deal with - your feelings	<input type="checkbox"/>	<input type="checkbox"/>
- behaving in ways not like you	<input type="checkbox"/>	<input type="checkbox"/>
- taking risks (doing 'mad' things - that put you in danger)	<input type="checkbox"/>	<input type="checkbox"/>

### Section 3. School

3.1 How did you find school? Did you find it  
A waste of time  Something you had to do  Got you away from family hassles

3.2 Did your parents encourage and help you with your homework?  
Yes  No

3.3 Did you have any serious problems at school? Yes  No

3.4 If yes, what kind of problems?

3.5 If yes, do you think the school was?  
Very supportive  Not very supportive  Not at all supportive

3.6 Were you ever excluded from school? Yes  No

3.7 Were you ever bullied at school? Yes  No

3.8 What age were you when you left school?

3.9 If before 16, why was this?

3.10 Looking back, would you say you worried about your parent(s) when you were growing up?  
Agree  Disagree

3.11 If **agree**, would you worry about them  
Occasionally  Sometimes  Frequently

3.12 Again, looking back, would you say there were times when you felt like the mammy or daddy ie feeling responsible for your parent(s)?  
Agree  Disagree

3.13 If **agree**, would you feel responsible for them  
Occasionally  Sometimes  Frequently

**Section 4. Health**

4.1 Did you have any health problems when you were growing up?

Yes  No

4.2 If yes, what kind of problems?

4.3 Overall, how would you describe your health now?

Good  Fairly good  Poor

4.4 If poor, has your health prevented you from working? Yes  No

4.5 Are you on tablets from the doctor?

-because you feel anxious	Yes <input type="checkbox"/>	No <input type="checkbox"/>
-because you can't sleep	Yes <input type="checkbox"/>	No <input type="checkbox"/>
-because you feel depressed	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4.6 If yes to any of these, would you mind saying what kind of medication?

4.7 If yes, for how long have you been on them?

4.8 If you get depressed, how would you describe it?

- generally feeling down	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- feeling life is hopeless	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- feeling you don't want to go on living	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4.9 Do you take pain killers?

Frequently  Regularly  Occasionally

4.10 How often would you take a drink?

Every day  Every couple of days  At weekends   
On special occasions  Never

4.11 Do you smoke? Yes  No

4.12 If yes, how frequently?  
Occasionally  Every Day

4.13 If every day, how many?  
Less than 10  10-20  20-30  30-40  More than 40

4.14 Do you have any weight-related health problems? Yes  No

4.15 Did you ever try illegal drugs? Yes  No

4.16 If yes, what/when/what age did you first take them?

4.17 How often did you use them?  
Occasionally  Once a week  Every day

4.18 Do you still use them? Yes  No

## **Section 5 Rearing your own children**

5.1 Are you married or living with a partner? Yes  No

5.2 If no, are you single  separated/divorced  Widowed

5.3 Do you have children? Yes  No

5.4 If yes, could you tell me their ages and whether they are boys or girls?

5.5 Are they still living at home? Yes  No

**For interviewees with children no longer living at home:-**

5.6 Did you rear your children differently from how you were reared?

Yes  No

5.7 If yes, in what ways?

**For interviewees with children/young people at home:-**

5.8 Are you rearing your children differently from how you were reared?

Yes  No

5.9 If yes, in what ways?

5.10 Is there anything more you would like to add?

**THANK YOU VERY MUCH**

**Tell interviewee that she/he will be kept informed of the findings of the research, and invited to make any further comments if they want to.**

**Tell she/he that help is available through Droichead an Dóchais should they want it (contact Irene on 9022 1022).**

## Appendix (iii)

### The Community Inquiry into “The New Lodge Six”

In 2003, thirty years after it took place, an Inquiry with a panel of international jurists was held into the killings by the British army of six young men on the New Lodge Road<sup>11</sup> The “Terms of Reference” were to enquire into the very serious public concern (which had for too long remained dormant) and to examine and ascertain the facts and the circumstances surrounding the deaths of Jim McCann, Jim Sloan, Tony Campbell, Brendan Maguire, John Loughran and Ambrose Hardy, including the identification of those responsible and to have regard to all circumstances or events pre-dating the said deaths which appear to be relevant or connected therewith.

In addition the jurists<sup>12</sup> tasked with examining the official response to the killings including the internal investigations by the British Forces, the RUC and the Inquest and to examine whether this response amounted to a breach by the State of the Article 2 Rights under the European Convention for Human Rights of all the deceased.

Last but not least the jurists were asked, should they find that there was a continuing breach of Article 2 Rights, to recommend what further action should be taken by the British Government in order to provide an effective investigation into the killings in compliance with the said Article 2 obligations.

Families and witnesses who took part in the Inquiry were invited to take part in this research.

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<sup>11</sup> New Lodge Six Community Inquiry Report, New Lodge Six Time For Truth Committee, 2003

<sup>12</sup> The panel of jurists was chaired by the author and human rights campaigner, Don Mullan. The members were Kate Akester (solicitor specialising in civil and criminal liberties, privacy and justice), Professor Colin Harvey (Department of Law, Leeds University), Ed Lynch (U.S. attorney and National Co-Ordinator of the Lawyers Alliance) and Gareth Peirce (solicitor).

## **Appendix (iv)**

### **Droichead an Dóchais Steering Group**

**Irene Sherry (Project Manager)**

Carál Ní Chuilín

Michael Culbert

Agnes Fraser

John Loughran

Seán McIlkenny

Gerard O'Reilly

Kathy Stanton