

40 Years of Criminalisation

A Needs Analysis & Survey of Issues Affecting
Republican Ex-Prisoners



Commissioned by Tar Isteach Republican Ex-Prisoners Project
with the support of the Big Lottery Fund

Commissioned

By

Tar Isteach

Iarchimí Poblachtanacha

Supported by the Big Lottery

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Acknowledgements

I would like to thank everyone who helped in the compiling of this report. Especially those who took the time and courage to take part in the surveys and discussion groups. I would also like thank Joe Barnes for his expertise and advice throughout and the staff of Tar Isteach and Tar Anall for their assistance and support. The Management Committee of Tar Isteach would also to acknowledge the support of the Big Lottery Fund, the report would not have been possible without their support.

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Good Friday Agreement 1998

“The Governments continue to recognise the importance of measures to facilitate the reintegration of prisoners into the community by providing support both prior to and after release, including assistance directed towards availing of employment opportunities, retraining and or re-skilling and further education”

St Andrews Agreement 2006

“...the Government will work with business, trade unions and ex-prisoner groups to produce guidance for employers which will reduce barriers to employment and enhance reintegration of former prisoners”

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1. Summary

Despite commitments made in both the Good Friday Agreement (1998) and the Saint Andrews Agreement (2007) in regard to providing support to political ex-prisoners following the end of the political conflict in Ireland no dedicated provision has been made to address the specific needs and discriminations faced by political prisoners and their families. This paper adds to the extensive body of research that has repeatedly identified those needs and the consequences of the disadvantages and structural barriers and exclusions encountered by political ex-prisoners. This stands in stark contrast to the governmental support in terms of finance, care and services for other actors in the conflict, i.e. British State forces and their locally recruited ancillaries.

Failure to fulfil commitments to politically motivated ex-prisoners has been accompanied by a relentless narrative of criminality and stigmatisation, where they are blamed as the principal culprits for the conflict. This narrative is devoid of objectivity, history or context and represents a one dimensional, self-serving political perspective that offers nothing in terms of peace building and conflict resolution.

This report sets out how almost 2 decades since the signing of the Good Friday Agreement former prisoners continued to be excluded and denied equality of citizenship. Instead of accommodation and assistance they have encountered ongoing institutionalised and legalised discrimination and disadvantage in many areas of life, including barriers to social and economic opportunity. This is particularly evident when it comes to issues such as employment, travel, access to confidential health service provision, procurement of insurance, mortgages and even adoption of children. It is evident that the issue of expunging of 'criminal' records would address much (not all) of the discrimination they face.

However, in addition to the above issues they are faced with new challenges as the majority of them enter their sixties, seventies eighties. *'There is little or no recognition in the Northern Ireland social policy strategies on older people that former politically motivated prisoners exist at all, never mind that they are at greater risk than many other older people of physical and mental ill health and economic marginalization.'* (Jamieson et al., 2010 p.11-12)

In this survey more than half (54%) of the respondents have either surpassed or almost reached retirement age, consequently for these participants issues surrounding employment and training are of less importance for them now than they were in the past. (But not for their children and grand children). Those that are in work are still restricted to poorly paid and very small fields of employment within the labour market, e.g., taxi driving or door security. They are more likely to be in poor physical and mental health and without sufficient contributions to receive a full pension. 54.5% were released more than 40 years ago meaning that they and their families have lived with the adverse social, economic and psychological effects of having a former prisoner in the family for that length of time, ‘...for most old age will be characterised by poverty, financial hardship, poor health and continued reliance on benefits’. (Jamieson et al, 2010).

70% of those surveyed indicated experiencing one or more emotional/ psychological difficulty yet fears over the legal compulsion on health care practitioners to disclose to the police anything that would implicate the person seeking help or anyone they might mention hinder and frustrate those wishing to discuss the causes of their mental health difficulties. Unlike members of state forces - under the Terrorism Act 2000 no-one can be guaranteed confidentiality about anything they have been involved in, witnessed, or have information about in relation to the conflict. Indeed, no-one who was a member of a proscribed organisation and thus by definition a ‘criminal’ and ‘terrorist’ can even mention that fact to any health professional while explaining reasons why they may be seeking help for physical or psychological difficulties. This approach to mental health care increases barriers to inclusion, healing and well-being for both ex-prisoners and their families and dependents.

The majority of participants still see the addressing of the long standing issues of discrimination and exclusion set out above as important and long overdue. They also wish to see measures put in place that would support them and their families in the wake of over 40 years of marginalization. Their priorities include confidential access to mental health care and counselling. They would like to avail of a dedicated and resourced drop-in Centre, a safe place where they could also connect and socialize with former prisoners who shared the same experience. A place where they could engaged in positive social activities with like-minded people, such as building an oral/written history of their experiences that would allow them to share their stories with others. Or taking part in physical activity, exercise, walking, fishing, complementary therapies, art classes, life coaching, politics, or study. They would also like

to see support given to the ex-prisoners groups they rely on, groups that provide real meaningful support to them and their families. The same groups that are advocating and campaigning on their behalf. Groups they know are starved of resources and are constantly in danger of closing.

2. Foreword, Professor Pete Shirlow

This research collates a significant amount of material which indicates the marginal position of many former conflict-related prisoners. The key to any conflict transformation process is not merely the reduction in violence but also the delivery of full citizenship for those who have been involved in conflict. That would mean fair access to employment and services and the removal of all vetting mechanisms that were imposed during conflict. Conflict-related prisoner groups have embedded themselves in the transformation of the conflict and have done so by stretching their communities to participate in inter-community dialogue, violence reduction programmes and restorative justice. This has been undertaken with endeavour and a desire, while maintaining ideological positions, to re-position communities as spaces of inter-community engagement and outreach. The former prisoner community should be rightly supported in that work and the manner in which they challenge the lack of a peace dividend for communities that have remained removed from the obvious benefits of investment, consumption and social mobility.

To exclude ex-prisoners is a folly. There is either a process of conflict transformation or there is not. To leave a significant section of our society on the fringes of the rights and entitlements of citizenship is conflict-centred. Not only does it marginalise people and their families and undermine well-being and good health it creates a symbolic divide in which ex-prisoners remain labelled and subjugated. To maintain labour market vetting and thereby keep thousands of people dependent upon social welfare is counter-intuitive.

There is somewhat of an emerging ray of light that is the Employers' Guidance on Recruiting People with Conflict-Related Convictions Review Panel that has had some recent successes. Its recent report to The Executive Office led to changes to public sector employment recruitment practices as the Civil Service now undertakes new practices that reduce the barriers to employment for conflict-related prisoners. Others who have worked with the Review Panel and who had been refused work have now been returned to their posts. This is slow work but it can only challenge exclusion with support from the ex-prisoner community. If you or a family

member has been excluded from employment or services you can call the Review Panel at 028 9052 3423 who investigate the issues you raise. That service is both free and confidential.

Hopefully, we can emerge from the past and begin to share a more inclusive future.

Professor Peter Shirlow FAcSS.

3. Background

Tar Isteach came into being as a result of a research project and economic survey (O'Neill, 1998) which sought to identify the needs of former politically motivated prisoners and their families in North Belfast. Since then numerous pieces of research and surveys have been carried out some of which have been facilitated by Tar Isteach working with academics from various universities. The first of these was 'The State They Are In' (2001) and, the latest, 'Political Ex-prisoners: An Unaddressed Legacy' (2015). It is, however, estimated that somewhere in excess of 200 studies have been done by various researchers that in one way or another relate to political imprisonment as a result of the conflict in Ireland from 1969 onwards (summaries of some of these are included as an Appendix). Although this body of work often makes reference to the resiliency of the political ex-prisoner community, more generally it conveys that the experience of conflict-related imprisonment has had pervasive and persistent negative long-term effects with far reaching consequences for families and communities as well. In a review of approximately 150 research studies Rolston (2011), writes that,

“...the most notable and perhaps the most controversial finding was that imprisonment had mental health consequences for prisoners and their families” (p. 44)

In a number of these, for example, significant levels of post-traumatic stress symptomology among ex-prisoners was a significant finding: a survey of 100 Republican ex-prisoners and 40 family members showed 75% had suffered some form of post-traumatic stress disorder with 1 in 5 having symptoms in the 4 weeks prior to being surveyed (Shirlow, 2001); a study of 190 former politically motivated prisoners recorded that over 50% displayed symptoms characteristic of PTSD (Jamieson et al., 2010); and Shirlow and Hughes (2015) wrote, 'the stresses and symptoms of trauma and mental health are pronounced' (p.3). Moreover, in a compelling comparison, Jamieson et al (2010) concluded that the best comparator groups for

health behavior and symptomology evidenced by former politically motivated prisoners were army veterans, police and emergency service personnel also stating:

“Former politically motivated prisoners’ mental health problems are also similar to those of other detainees suffering more long term forms of chronic trauma, such as prisoners of war.” (Jamieson et al., 2010 p.53)

Given the multifarious and complex problems experienced by prisoners of war this is an important comparison. Throughout the literature, political imprisonment and war captivity is recognised as a significant traumatic experience (Herman, 1992; Willis et al., 2014) with elevated rates of PTSD as a common outcome (Sutker and Allain, 1996; Al-Turkait and Ohaer, 2008) affecting both short and long-term physical and mental health and, with an increased risk of co-morbid somatic and psychiatric conditions (Ursano, 2003; Solomon et al, 2012). Furthermore, some of these studies identified increased attachment insecurities (avoidance and anxiety) among former POWs decades after release which greatly contributes to a better understanding of various social and psychological problems experienced by this population; in the literature attachment insecurities have been linked to various psychopathologies and interpersonal problems (Mikulincer and Shaver, 2012). It follows then, that this is also important for understanding the long-term outworking of conflict-related imprisonment in Ireland given that difficulties in personal relationships and with social connections is similarly identified in many studies along with things like depression, anxiety, hypochondria, and alcohol dependency (Shirlow 2001, Hamber 2005, Jamieson et al., 2010) that also commonly feature in the literature on war captivity (Solomon and Dekel, 2007).

In 2001, for example, Shirlow (2001) found that 52% of former politically motivated prisoners were divorced which, at the time was 17% higher than the rate for Belfast. Jamieson et al., (2010) recorded that just over half (53.7%) of all respondents (Loyalists and Republicans) were married or co-habiting leaving a significant amount living alone while adding, ‘It is notable that living alone appeared to be associated with experiencing more difficulty across all domains of well-being’ (p.23). 5 years later (Shirlow and Hughes, 2015) the figure was 47% (average age 58) living with a husband wife or partner and in this current study (2017) 54.1% of females either live alone or live with their children without a spouse or partner (males: 32% live alone and 5.6% live alone with their children without a spouse or partner). Furthermore, in reporting that 35.3% of former prisoners had children before they went to prison and 68.6% since release, all of whose life chances were constrained by having a parent(s) with a ‘criminal’ conviction,

Shirlow and Hughes (2015) highlight the complex, pervasive and transgenerational effects of conflict-related imprisonment on whole families:

‘What arises from these findings is that the impact on family life has spanned the lives of children from the late 1960s and will continue to do so for a significant period of time’ (p.14)

However, the comparison with POWs and others is also significant because of the disparity between resources directed towards retraining, rehabilitation and resettlement of state actors in the conflict (police, army, prison service and others) and the lack of support given to former prisoners and their families.

1. Peace Process

An integral part of the Belfast Agreement (Good Friday Agreement, GFA) (1998) was the early release of those who had been imprisoned as a result of the conflict with both British and Irish governments making commitments to facilitate their reintegration into the community.

“The Governments continue to recognise the importance of measures to facilitate the reintegration of prisoners into the community by providing support both prior to and after release, including assistance directed towards availing of employment opportunities, re-training and/or re-skilling, and further education.”

Belfast Agreement (1998) Section 10

In fact, not only have the two governments failed to fulfil their commitments, the progressive embedding of a ‘law and order’ narrative has more deeply ‘criminalised’ the conflict thereby exacerbating the problems with which the political ex-prisoner constituency contends. In this survey more than half (54.5%) of respondents have been out of prison for 30+ years and, therefore, have had a criminal record for that length of time. For 83.5% it is 20+ years and thus pre-dating the GFA by at least 2 years. Since the commitments made in the Belfast Agreement (GFA) (1998) none of the interparty talks processes, negotiations, published proposals or political agreements have addressed the pernicious and punitive outworking of ‘criminalisation’ as an impediment to dealing with the legacy of the past – and not just in respect of the ex-prisoner community.

The Terrorism Act, 2000, s 38B, for example, continues to be a barrier to healing for everyone in our communities who may wish to access services from health professionals. In this study and in others, participants have referred to this Act and, criminalisation in general, raising concerns about being able to speak freely and honestly about traumatic events in their lives for fear of implicating themselves (Jamieson et al., 2010; Shirlow and Hughes, 2015). Under this Act no-one can be guaranteed confidentiality about anything they have been involved in, witnessed, or have information about in relation to the conflict. Indeed, no-one who was a member of a proscribed organisation and thus by definition a ‘criminal’ and ‘terrorist’ can even mention that fact to any health professional while explaining reasons why they may be seeking help for physical or psychological difficulties - unlike members of state forces. In fact, the designation of ‘criminal offence’ alone prescribes a duty of disclosure for health professions as, for example, in the limits to confidentiality imposed by the Victims and Survivors Service (VSS). In addition, the illegitimacy this confers on everyone to which it applies has the potential to exacerbate both material well-being and the experience of psychological difficulties with serious knock on effects including transgenerational consequences (O’ Neill et al., 2015).

Dealing with the legacy of the past will involve addressing the ongoing and transgenerational impact of conflict regarding a wide range of people from diverse sections of society. However, despite the aforementioned body of work presenting comprehensive evidence of marginalization, social and economic disadvantage and a disproportionate health deficit, former politically motivated prisoners are largely ignored in strategies for conflict transformation and healing (Jamieson et al., 2010). Former prisoners continue to be legally discriminated against in employment, in matters of finance e.g., procurement of insurance and mortgages, and attaining compensation for injury or damage to property, exclusion from company ownerships, directorships, attaining PSV licenses, to travel freely, have access to confidential health service provision and even to adopt children. The outworking of this situation can also be seen in what is commonly referred to as the ‘victim’s agenda’.

As part of The Stormont House Agreement the establishment of a ‘comprehensive mental trauma service’ was prioritised as necessary to healing from the psychological and emotional wounds resulting from the conflict. However, as things stand, for former political prisoners and, indeed the communities from which they come, barriers to healing (such as the Terrorism Act 2000) and the policy of ‘criminalisation’ will continue to exist.

In March 2015, 'Towards a Better Future: The Trans-generational Impact of the Conflict on Mental Health' commissioned by the Commission for Victims and Survivors (CVS) was launched and reported on in the mainstream media:

John Beggs, Secretary to the Commission for Victims and Survivors, said the report "highlights the ongoing and future challenges for victim and survivors as conflict-legacy issues continue to threaten life opportunities and undermine the peaceful transition from our troubled past". (BBC News online 05.03.2015)

The stated aim of such reports is to influence policy and they are often widely propagated in the media. But in February, 2015, when Tar Isteach launched a report in conjunction with the International Committee of the Red Cross (ICRC) it was poorly attended by people outside of the political ex-prisoner community with little or no commentary from the mainstream media, public representatives or policy makers. It is difficult, therefore, to see how this or other reports containing an abundance of evidence and recommendations can influence policy when they are studiously ignored in this way; in studies about the 'cost of the conflict' or the 'impact of the conflict' that have been prominently referred to by way of informing the political process and government policy, important references to research done in relation to former prisoners and their families are conspicuous by their absence.

For example, the 140 page report, 'Towards a Better Future: The Trans-generational Impact of the Conflict on Mental Health' (2015), published on behalf of the Commission for Victims and Survivors, contains only 6 lines that refer to children of ex-combatants and ex-prisoners. It is also notable that within those 6 lines the author makes the point that children felt 'stigmatised' by their parents' 'actions during the conflict' (p.34). In fact, this brief reference was culled from a larger publication, 'Still in Limbo' (2005) which was itself a follow-on from 'Left in Limbo' (2000) that contained descriptions of these children's experiences of fear and trauma which were not mentioned e.g. when their homes were raided by heavily armed men (police and army) in the early hours of the morning as well as frequent experiences of harassment from the same sources. Also, no recommendations were made regarding the specific situation of children of ex-prisoners even though they have experienced social and economic deprivation as a result of their parents being legally discriminated against in employment i.e. 4 times more likely to be unemployed than the general public (Jamieson et al., 2010). In essence, the research that mainstream media and policy makers highlight to inform policy formulation and

legislation makes little or no reference to the substantial body of research concerning those imprisoned as a result of the conflict.

2. Research

‘Ageing and social exclusion among former politically motivated prisoners in Northern Ireland and the border region of Ireland’ (Jamieson et al., 2010) reported that half of former politically motivated prisoners surveyed were not in paid work. It also outlined deficits for former prisoners across all domains of well-being as well as circumstances of poor physical and mental health together with the far reaching effects of continued structural and legal barriers to employment. Research such as Shirlow and Hughes (2015), for example, found that compared to the general population, those with a conflict-related conviction had greater difficulty finding employment in work for which they were qualified while also being more likely to be in receipt of one or more key benefits and live in rented accommodation rather than own their homes. In addition, Jamieson et al., (2010) estimated that fewer than half of those of working age in 2010 had made ten years of contributions to any kind of pension scheme and, that none of that particular study sample was projected to have built up eligibility for a full basic state pension on reaching retirement age. The findings of this current survey is in keeping with these and others that have went before, except that most are now much more on the threshold of retirement and old age.

In 2010 nearly two fifths (39.9%) of former political motivated prisoners were found to have clinically significant mental health problems (assessed using GHQ 12), almost 1/3 (32.6%) had been prescribed antidepressant medication in the previous 12 months, 50% plus showed symptoms characteristic of PTSD, 68.9% were consuming alcohol to hazardous levels with 53.3% estimated as alcohol dependant, and over 1/5 (22.6%) stated they had thoughts of not wanting to go on since their release from prison (Jamieson et al., 2010). In 2015, Shirlow and Hughes (2015) reported that 56.9% stated that their physical health was poor and, almost half (49%) had been prescribed medication for anxiety and sleep problems in the previous 12 months.

“Within the NI population almost 1 in 5 respondents (19%) showed signs of a possible mental health problem, by scoring highly on the GHQ12. Within this sample almost half of respondents (49%) have been prescribed medication for

anxiety or sleeping difficulties during the past year...A similar, but smaller proportion (45.1%) have been prescribed medication for depression in the last year” (Shirlow and Hughes, 2015 p.3)

In this current study 70% of respondents reported experiencing one or more emotional or psychological difficulties with a further 26% stating that they know of other ex-prisoners with these problems. Alcohol misuse (40%), anxiety (39%) and depression (42%) were the most common along with insomnia/ sleep problems (21%) and suicidal ideation (13%). It was also notable that although 4% stated they had been treated for PTSD, 1/4 (25%) of those who took part in this survey reported having flashbacks to distressing experiences in the past.

The aim of this study is to continue Tar Isteach’s long standing engagement with the former politically motivated prisoner community and to further contribute to the body of work that already exists; to present these findings in the context of over 16 years of research; to better understand the outworking of conflict and imprisonment by continuing to learn about the health and well-being of ex-prisoners and their future needs; to inform the designing of services to fit changing needs particularly now that most ex-prisoners are approaching retirement age after decades of discrimination and disadvantage. Finally, continuing to conduct research is also vitally important to counterbalance the selective nature of other studies that present a distorted narrative about the ‘cost of the conflict’ and seek to inform policy makers in a process that further excludes former politically motivated prisoners from full citizenship and equality.

Participation in this survey was entirely voluntary and recruitment was done on the basis of convenience sampling. 77 former politically motivated prisoners were presented with survey questionnaires on a variety of topics. 77 questionnaires were returned (53 male and 24 female). The youngest participant was 42 years old and the oldest 81 years old with an average age of 58.5 years. Many questions were deliberately open-ended in order to encourage the expression of attitudes, perspectives and opinions and, respondents could refuse to answer any question. Some completed questionnaires privately and others at interview.

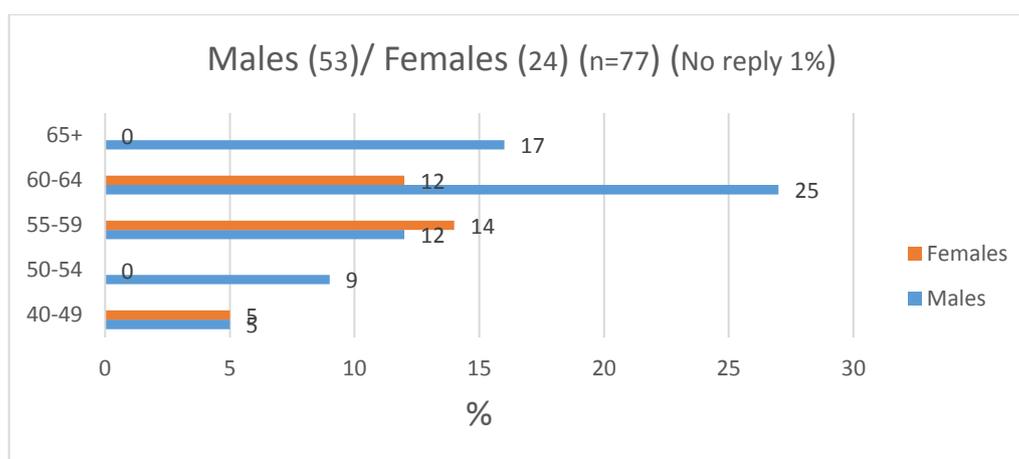
Footnote:

It is true that findings based of self-reporting are open to question given that people can misperceive their own circumstances. In 2014, for example, 3% of people surveyed estimated themselves to be heavy drinkers whereas the actual figure was 9% when assessed using standardised clinical assessment methodology. However, self-reports are not necessarily less valid than other methods. In the literature there is also much debate about the ecological validity of applying clinical definitions and cut-off points to researching peoples’ lived experience. Although diagnostic tools are common features of trauma research there are very mixed opinions about the usefulness of such approaches to the complexity of studying trauma processes and trajectories given that, “long term reactions to traumatic stress are heterogeneous and labile”

(Solomon et al., 2012 p.188). Notwithstanding this debate what is presented here is clearly consistent with various research reports conducted over 16 years some of which have applied standardised clinical tools and measures.

3. Results

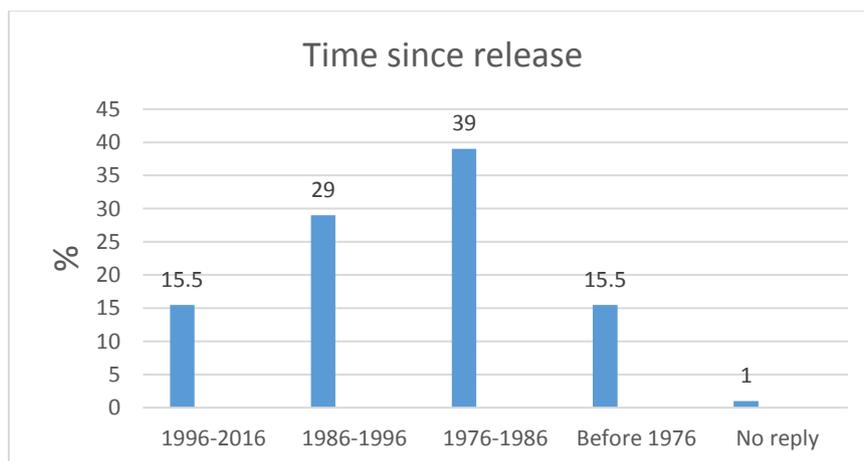
‘...former politically motivated prisoners make up a significant proportion of older males (50+ years) in the Northern Ireland population. However, there is little or no recognition in the Northern Ireland social policy strategies on older people that former politically motivated prisoners exist at all, never mind that they are at greater risk than many other older people of physical and mental ill health and economic marginalisation. Because of the likelihood that former politically motivated prisoners are excluded across a range of areas of well-being, we think it is important that their numbers should be determined as accurately as the available information permits.’ (Jamieson et al., 2010 p.11-12)



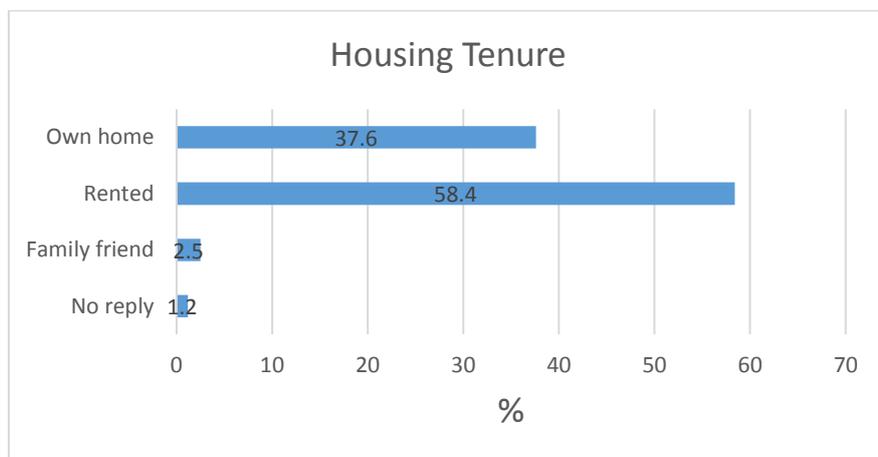
A major difficulty for providing an accurate assessment of the impact of conflict-related imprisonment in Ireland from 1969 onwards is that there have been many different circumstances in which people were held. Some people, for example, experienced years of internment without trial, while for others there were lengthy periods of remand before being charged or released with each situation having its own personal consequences and subjective meaning for those involved. There are, therefore, no official statistics that are reliable although estimates based on information provided by ex-prisoner organisations before 2010 suggested that there were at least 30,000 people who had been incarcerated: approximately 15,000 Republicans and between 5,000 and 10,000 Loyalists (Jamieson et al., 2010). Jamieson et al (2010), however, did provide a, ‘conservative estimate...almost 40,000 (39,804+) people were

received into prison for politically motivated offences or were detained on suspicion of them between 1971 and 1998' (p.122). It was further calculated at that time that 90% of former politically motivated prisoners were over 50 years of age and constituted between 13.5% and 30.7% of the Northern Irish male population aged 50-59 years and, between 5.4% and 12.2% of the 60-64 year age group (Jamieson et al, 2010).

In this current survey, 90% of respondents are also over 50 years of age, however, more than half (54%) have either surpassed or almost reached retirement age (60 years plus) and more than 3/4 (79%) are in the latter stages of their working life (55 years of age and over). Currently 18% of this sample are over the eligible age of retirement for men and women (one female in receipt of a pension) with a significant number on the threshold. By the time the pension age rises to 66 years in October 2020 more than half (51.9%) of respondents will have reached retirement age (52.8% of males and 50% of females). Yet in spite of these numbers and, despite the publication of a substantial body of research and recommendations about the provision of services targeting their specific needs, there is still no recognition in social policy strategies on older people regarding former politically motivated prisoners as an ageing group, who continue to be vulnerable to physical and mental ill health and economic marginalisation. 54.5% of this particular study sample were released more than 40 years ago meaning that they and their families have lived with the adverse social, economic and psychological effects of having a family member with a 'criminal' record for that length of time.



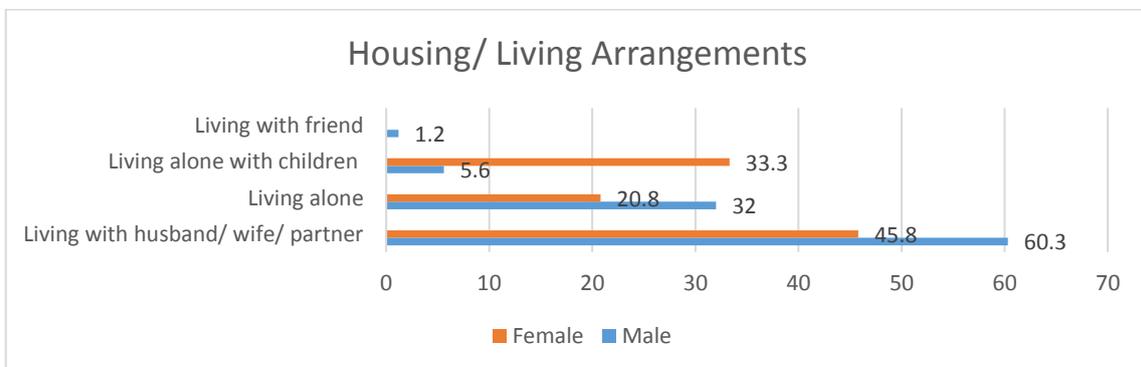
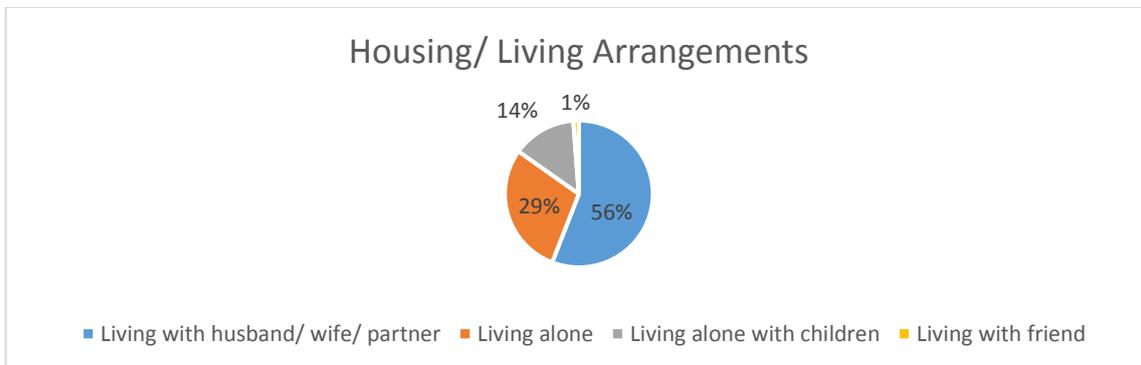
4. Housing and Relationships



Jamieson et al., (2010) reported that 43.7% of former prisoners who took part in that survey were buying their own homes. In 2015, when homeownership among the general population was estimated at 67.5% this was 29.4% for former prisoners with 62.7% living in rented accommodation (Shirlow and Hughes, 2015). More recently, statistics in respect of housing tenure published December 2016 showed that 65% of the total housing stock was in private ownership (37% owned outright; 28% with a mortgage) and 35% were rented properties (17% privately rented, 4% Housing Association, 13% Housing Executive and 1% rent free). The findings of this survey showed that 58.4% of former prisoners were living in rented accommodation, 2.5% in the home of a family friend and 37.6% in a home they owned.

In 2001, Shirlow found that the divorce rate among ex-prisoners was 52% (17% higher than the average for Belfast) with some of these in different relationships and/ or having 1 or more sets of children with different partners. In this study 44% are not living with a husband/ wife / partner. In 2010 (Jamieson et al., 2010) 53.3% of respondents (Republican and Loyalist) were married/ co-habiting (53% of men and 57.7% of women). Here 56% of participants were living with a husband/ wife/ partner. A significant number (43%) were either living entirely alone or with children (14% without husband/ wife/ partner; 29% living entirely alone). Women without a husband/ partner were more likely to live with their children (1/3 of the total female respondents: 33.3%) compared to 5.6% in respect of men. A higher percentage of all men (32%) than women (20.8%) lived entirely alone but men (61.3%) were much more likely to be in a relationship and cohabiting than women (45.8%). It is notable that more than 1 in 2 (54.1%)

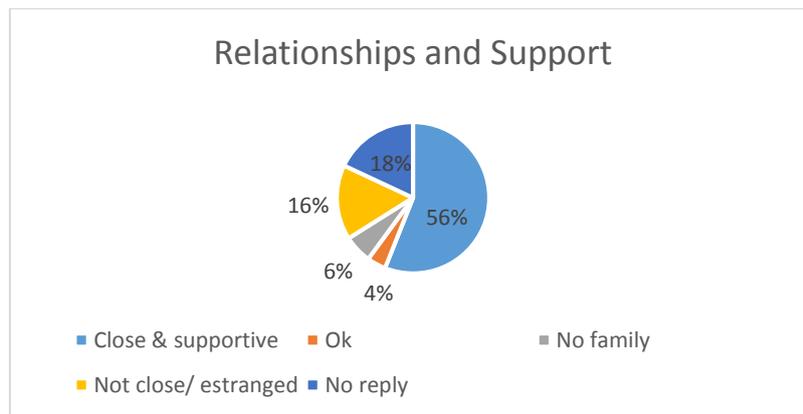
female ex-prisoners under the age of 63 years were not cohabiting with a husband/ partner which resonates with the high rate of divorce among ex-prisoners earlier documented by Shirlow (2001).



However, such global and crude data says little about the complex interaction of many underlying and intersecting factors but this does not mean it is without importance. For example, home ownership and supportive relationships have been linked to well-being: in 2010 those respondents who were not living in their own homes or were lacking in supportive relationships were more likely to report poor emotional/ psychological well-being (Jamieson et al., 2010).

In this study, 40% of all respondents considered themselves to be in ‘poor’ physical health with 71% experiencing ‘moderate’ to ‘very severe’ bodily pain in the 4 weeks previous; for 39% this was ‘severe’ to ‘very severe’ bodily pain. ‘Poor’ physical health and home ownership, however, only correlated with regard to 5.3% of the total participants surveyed meaning that ‘poor’ physical health and living in rented accommodation correlated with more than 1/3 (34.7%) of all respondents.

Those who lived entirely alone and who evaluated their physical health as ‘poor’ made up 18.1% of the total number of respondents (almost half of all those reporting health as ‘poor’). For those who lived without a partner but with children or a friend this was 7.7%. Taken together, more than a quarter (25.8%) of all respondents reported having ‘poor’ physical health and living without a husband/ wife/ partner. And, when looked at proportionately, those who lived entirely alone were more than twice as likely to report experiencing ‘poor’ physical health (63.6%) than those living with someone (30.9%). Of all those not cohabiting in a relationship with a husband/ wife/ partner 59% reported being in ‘poor’ health.



Most former prisoners (56%) in this study stated that they had close family relationships, however, 26% recorded that they had no family (6%), were estranged/ not close (16%) or simply reported ‘Ok’ (4%) (Choosing not to say they were close and supportive); 18% made no reply. Although, taken together these replies seem to correlate with the circumstances of ‘living arrangements’ the situation is more complex. Some respondents, for example, said they were close with some of their family but estranged from others and, being in a second relationship often meant having no contact with children from a former one.

“My marriage and family broke down due to my commitment to the movement, no contact with children. Know of similar situation with other prisoners and their families”

“Strained relationship with one of my children due time spent away from her”

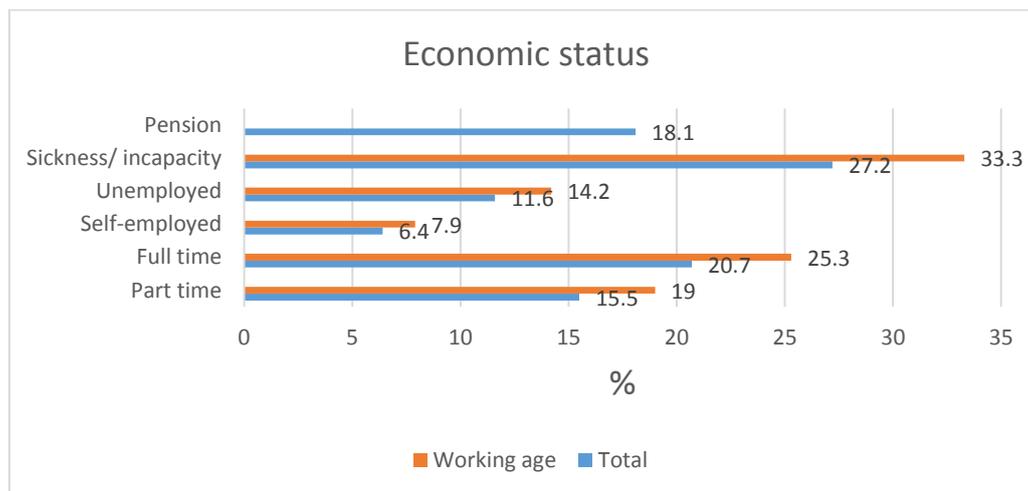
“My kids...are not ashamed but know that (me as a FPMP) could be used against them”

Therefore, while an overview of such data from this and previous studies is useful for showing consistent trends across time regarding links between socio-economic circumstances, housing

tenure, relationships and physical and mental health, it is also important not to oversimplify the linkages at the level of any individual’s lived experience; any individual’s lived experience is a complex of interactive personal, interpersonal, socio-historic and socio-economic factors.

‘Any individual’s health, relationships and sense of personal and social well-being are influenced by many related and interacting factors. One useful way of exploring this interrelatedness is to examine the factors associated with living alone. Our findings suggest that former politically motivated prisoners who were living alone or who reported a lack of social support tended to have worse mental health than those who did not.’ (Jamieson et al., 2010 p. 66)

5. Economic Status



In 2001, the unemployment rate for the general population was 5.2% with a North Belfast average of 9.2% (Shirlow, 2001). However, 3 years after the signing of the Belfast Agreement (1998) Shirlow (2001) records 42% of former prisoners surveyed were registered as unemployed, 66% were economically inactive and 33% in employment, with over 1/3 of these located in informal sectors. In 2010, the employment rate among those of working age in the general population was 72.4% (Jamieson et al., 2010) and, in late 2016 (September – November) 69.3%. In 2010 just over 1/4 (26.6%) of Republican ex-prisoners were employed full-time, 17.1% part-time and 5.5% self-employed; former prisoners were estimated to be 4

times more likely to unemployed than the general population (Jamieson et al, 2010). Then 17 years after the signing of the Belfast Agreement (GFA) (1998), Shirlow and Hughes (2015) reported that less than 3 in 10 (31.3%) of that particular study sample were in some kind of employment (23.5% full-time; 7.8% part-time; Self-employed 0%).

Of those political ex-prisoners who took part in this survey and, who were of working age 52.2% were employed either full time (25.3%), part time (19%) or self-employed (7.9%). Those who were not in paid employment constituted 47.5% (14.2% unemployed; 33.3% sickness/ incapacity). Of the total respondents surveyed 42.6% were in employment while 56.9% were economically inactive (unemployed: 11.6%; sickness/ incapacity: 27.2%; pension: 18.1%).

Although the rate of employment for this sample is similar to Jamieson et al., (2010) it is higher in comparison to what is recorded in Shirlow and Hughes (2015). Most of this difference, however, can be explained by more people in part-time employment (17.1% in 2010; 7.8% in 2015; 19% in 2017). This is an important point because part-time employment is generally characterised by lower hourly rates than full-time employment, temporary or zero hours contracts and little job security, and is generally concentrated in lower paying occupations and sectors. In the community sector, for example, where many former prisoners have found employment 2-3 year contracts are the norm. Essentially, this qualifies what more employment actually means here i.e. more part-time employment does not necessarily indicate more financial stability or affluence. Rather, it raises concerns about living standards for current workers and, importantly, what the implications are for their future as pensioners.

In terms of barriers to employment, at least half of those surveyed in 2010 reported they had been refused employment because of a conflict-related conviction,

'This is especially true for employment in the public services, which provides the biggest source of employment (70%) across all regions of Northern Ireland, particularly in Belfast where 40% of all jobs are in the public sector.' (Jamieson et al., 2010 p.27)

In 2015, 17 years after the Belfast Agreement, only 12% of respondents in that survey thought the peace process had made it easier for them to cope financially, emotionally and socially; 75% of those who took part in that survey either disagreed or strongly disagreed that it had been easy for them to find the type of job for which they were qualified (Shirlow and Hughes, 2015). In this survey, when asked about barriers to employment personally encountered to date,

having a criminal record and being thereby barred from certain types of employment was also the most often referred to (70%). However, for approximately 3 in 10 (29%) personal security was mentioned as a significant factor, especially (but not exclusively) with regard to working outside one's own area; personal security issues also included being harassed by the police as well as fears of being 'set up' through collusion with Loyalists. Some spoke of problems and embarrassment arising from having to explain gaps in employment and others expressed the view that working self-employed was the best way to have some sense of control over many of these variables. 13% of respondents said they had never looked for work beyond the relative safety of where they lived.

"When I was working I could only get work taxing or on door security. Even after the ceasefire it wasn't safe to work outside Republican areas. I knew there was no point applying for most jobs as being a political ex-prisoner ruled me out before I even started. No-one in government is standing up for political ex-prisoners and that includes Sinn Fein."

"I know (I) can't apply for certain jobs so don't bother. When I was working I didn't tell them I had been imprisoned." (050)

Being in prison... *"I didn't really get a chance to develop a career or a trade"*

"Could not account for missing years in my CV for several job applications"

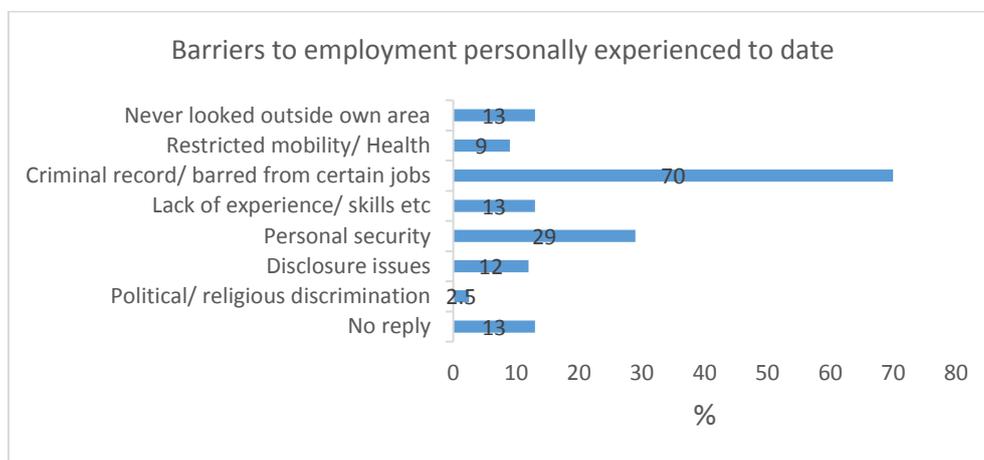
"Uncomfortable feeling having to divulge personal details to strangers...retraumatised"

However, the true impact of criminalisation goes beyond what it means for employment and needs to be understood within a broader socio-political context e.g. that some former prisoners and their families have lived with the cumulative effects of being disadvantaged through having a criminal record for decades (for some more than 40 years).

"I have been released from jail now 36 years and there has been no change from 1980...in relation to former prisoners being able to apply for any type of work or feel safe to travel into other areas or...other countries for work"

Criminalisation began as a deliberate political policy aimed at distorting the narrative of the conflict and has had complex, pervasive and far reaching effects for tens of thousands of ex-prisoners and ex-combatants with knock-on consequences for families and communities.

However, statistics can never fully reveal the personal meaning of being legally discriminated against in employment, barred from a range of occupations, restricted in travel, concerns about personal and family security or lacking qualifications and skills through being imprisoned for long periods of time. For example, the process of both finding and staying in employment under these circumstances can entail significant and chronic psychological stress through processes involved in hiding the fact of conflict-related convictions or personal details along with fears of losing employment if discovered; through personal worlds being interwoven within wider socio-political processes of exclusion, blame and stigma inducing a sense being on the outside society.



Essentially, what is reported here is that 19 years after the signing of the Belfast Agreement (1998) (an international agreement in which 2 governments accepted their responsibility to support and facilitate the reintegration of those with a conflict-related conviction) and, 10 after the OFMDFM published ‘Recruiting people with conflict-related convictions: Employers Guidance’ (2007), former politically motivated prisoners continue to be discriminated against and disproportionately underrepresented in the Labour Market which will have implications for their future post retirement.

In 2010, 52.3% of respondents in their early 50s felt it was too late for them to get any kind of meaningful employment (Jamieson et al, 2010) and 5 years later this was 77% for a sample most of whom (80%) were over 55 years of age. In this study a similar proportion of respondents are over 55 years (79%), however, more than half (54%) are within the last few years of their working life (60+). In this study when asked about what could be put in place to

help with employment 51% referred to it being too late or that health issues prevented their participation in the labour market. 38% referred to more training and education opportunities and the acquiring of skills and qualifications although most did not specify what these might be. Just over a fifth (20.6%) of those who mentioned more training and education did identified learning to drive as a means of becoming more mobile and employable. Others referred to personal development courses, forklift training, counselling qualifications, photography and journalism, qualifications in youth work, computer literacy, schemes to get work experience, advice and guidance on preparing for work (e.g. writing a CV and interview training).

Some said that the government should provide financial assistance to help with old age while others highlighted that the government had responsibility for job creation (referring back to the Belfast Agreement). Interestingly, only a small number (6.4%) mentioned the expunging of criminal records in this context although as it is widely expressed elsewhere. To some extent at this likely reflects a mindset at this point in time e.g. the fact that many ex-prisoners have lived with the constraints of having a criminal record for decades and are now at the latter end of their working lives. It is also the case that former prisoners do not mentally engage with this as a legitimate situation or accept it as a restraint to their ambitions. Some of the proposed training and education suggestions, for example, related to activities/ occupations for which having a criminal record would be problematic (e.g. counselling and youth work).

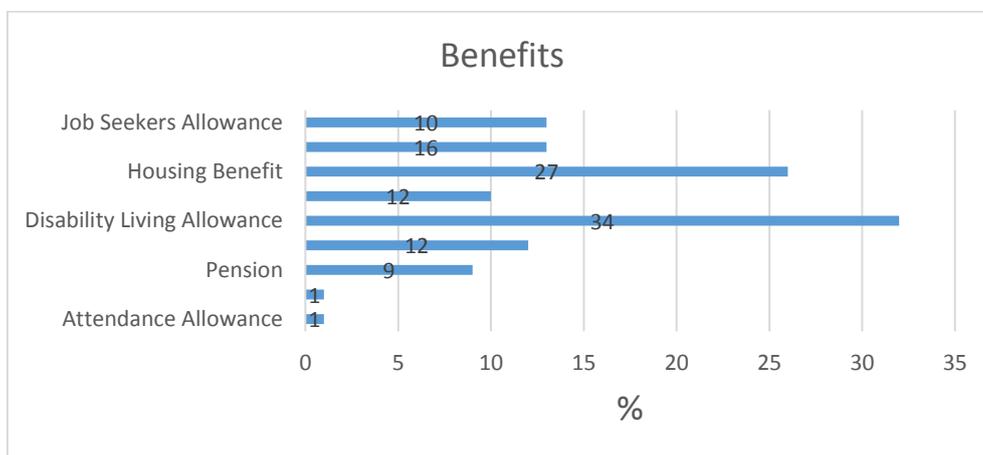
What is clear from the data is that the labour market is becoming less relevant to the lives of a significant number of former prisoners although the impact of deficits in status and financial circumstances over many years will endure and likely result in economic vulnerability in old age. Nonetheless, there are still many people with conflict-related convictions that need to have barriers to employment removed and the transgenerational reverberations of these policies are also important considerations as well. In 2010, for example, a number of participants reported that their children had been refused employment because a parent had a conflict-related conviction (Jamieson et al., 2010). Indeed, in the course of this survey there is even anecdotal evidence about children of former prisoners being 'let go' by employers from a Nationalist/ Republican background for fear their family connections would be uncovered and become detrimental to business interests (e.g. within Protestant areas/ businesses or regarding public sector contracts).

In a review of European studies Willis et al., (2015) concluded that political imprisonment is a traumatic experience and that employment post-prison was a protective factor against mental

ill health. Elsewhere, employment is also recognised as a core feature of male identity in terms of meaning and purpose, social status and self-worth thus promoting well-being. However, studies carried out from 2001(including this one) regarding former politically motivated prisoners here show consistent patterns of long term disadvantage and discrimination in employment, housing and living circumstances as a result of ‘criminalisation’. These circumstances have meant that former prisoners and their families have been left overly reliant on the benefit system affecting not only life chances and quality of life to date but will carry over and, also be reflected in pension entitlements on reaching retirement. Even if changes are made to employment legislation immediately, unless there is some retrospective and reparative accommodation in respect of prior circumstances of economic disadvantage, old age will likely mean more of the same for most political ex-prisoners.

(For a comprehensive exposition of the impact of criminalisation and, social and economic exclusion on former politically motivated prisoners see Jamieson et al., 2010)

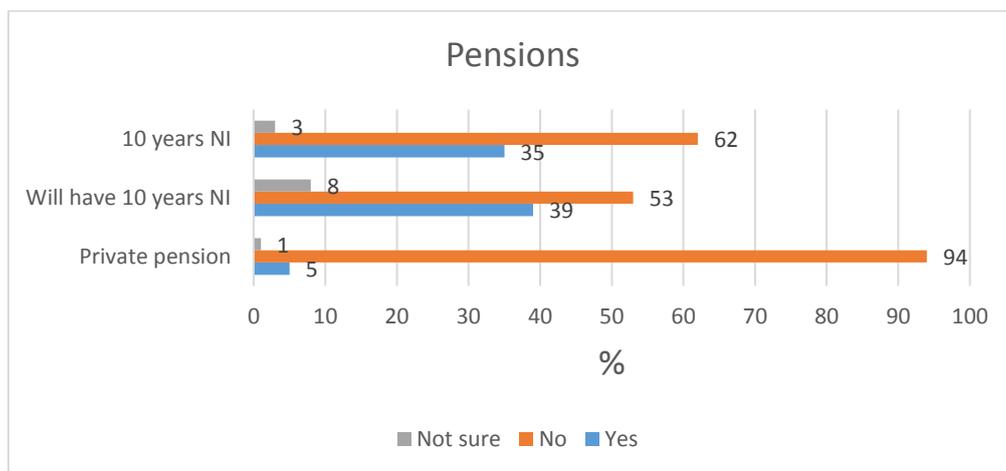
6. Welfare Benefits



In August 2016, 4.1% of the general population of working age were in receipt of Jobseekers Allowance. The latest published statistics (January 2017) claimants of unemployment related benefits among the general population in West Belfast was 7.7% and in North Belfast 7.6%. Here 12.5% of former prisoners of working age were on Jobseekers Allowance (10% of the sample group overall), 26% were in receipt of Income Support (16% of those of working age),

12% on Incapacity Benefit, 27% in receipt of Housing Benefit, 12% on Tax Credits, 34% are on Disability Living Allowance. 1 person was in receipt of Child Benefit and 1 Attendance Allowance. Almost a quarter (24.5%) of men were 65+ years with 1 female respondent 63 years. 18.1% of all respondents had already reached retirement age although more than 1/3 (35.8%) of those of retirement age did not acknowledge being in receipt of a pension.

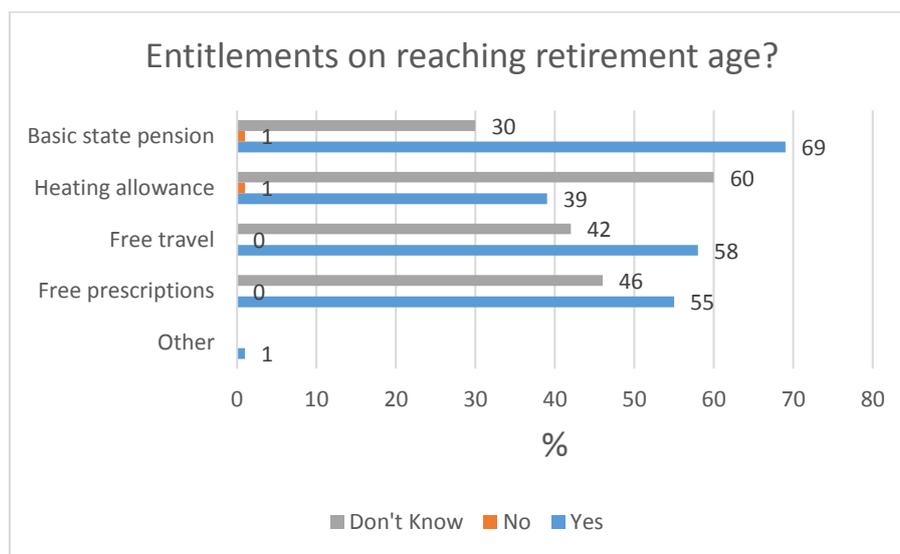
In 2015, 1 in 10 people of working age among the general population were in receipt of DLA, however, in April 2015, Social Development Minister, Mervyn Storey, reported that in West Belfast the figure was 19.9% and, in North Belfast (where this survey was carried out) it was 15.6%. The reason for such high rates of disability in these areas was given as the legacy of the conflict. It follows, therefore, that more than twice as many former prisoners in this survey on DLA as the general population of N/ Belfast (more than 3 times as many as the rest of society) can be taken as a stark indicator of the long-term negative impact of conflict and imprisonment in the lives of former prisoners.



The long-term outworking of the impact of conflict and imprisonment can also be seen in the reality of how prolonged economic disadvantage affects pension entitlements and financial preparation for old age. In 2010 it was estimated that none of those surveyed who were of working age would have made enough National Insurance contributions to be eligible for a full state pension by the time they retired. Fewer than half (48.7%) of Republicans had made 10 years contributions and only 7% had paid into a private pension scheme with just 1.6% likely to have 25 years contributions by retirement (Jamieson et al., 2010). Of those surveyed in 2015 (Shirlow and Hughes, 2015) a little over a quarter had made 10 years contributions and it was

estimated that 27.5% may have when they reach retirement age. Only 2 respondents had paid into a private pension scheme (one for 12 years and the other for 14 years). In this study just over 1/3 (35%) report having made 10 years NI contributions, 39% believe they will by the time they retire and only 5% said that they had made private pension arrangements for their financial future post-retirement.

With a view to putting in place services to meet the needs of this ageing constituency respondents were also asked about their knowledge regarding entitlements on reaching retirement age. The response was mixed but there was a degree of uncertainty among a significant number in respect of some of these: almost 1/3 (30%) did not know if they would be entitled to a basic state pension, 39% heating allowance, 42% free travel and 46% free prescriptions. Asked if they felt they would need help to ensure they received their full entitlements when the time came most of those surveyed said they would (89%).



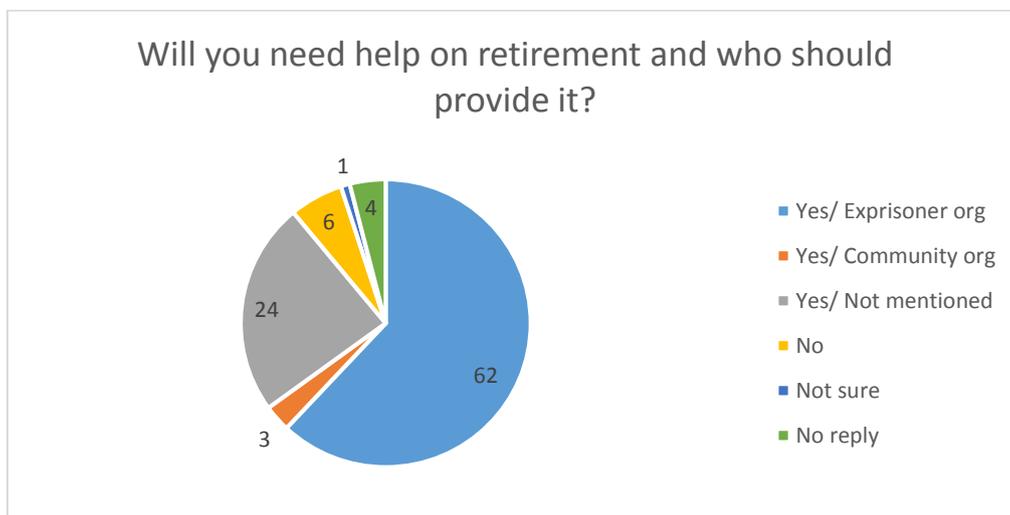
Further to this and given that previous studies have highlighted the importance former prisoners attach to trust and confidentiality respondents were asked who they wanted to provide these services. More than 6 in 10 (62%) stipulated that it should be an ex-prisoners' support group, 3% said they would seek assistance from a community group (unspecified) and 24% made no stipulation about any particular source of help.

The reasons given by respondents for preferring to go to an ex-prisoner's group were varied but mostly they related to a greater sense of trust and confidence. One participant, for example,

had found, “state services very unfriendly to deal with and unhelpful in the past” while another, a 64 year old male, living alone and in poor health said,

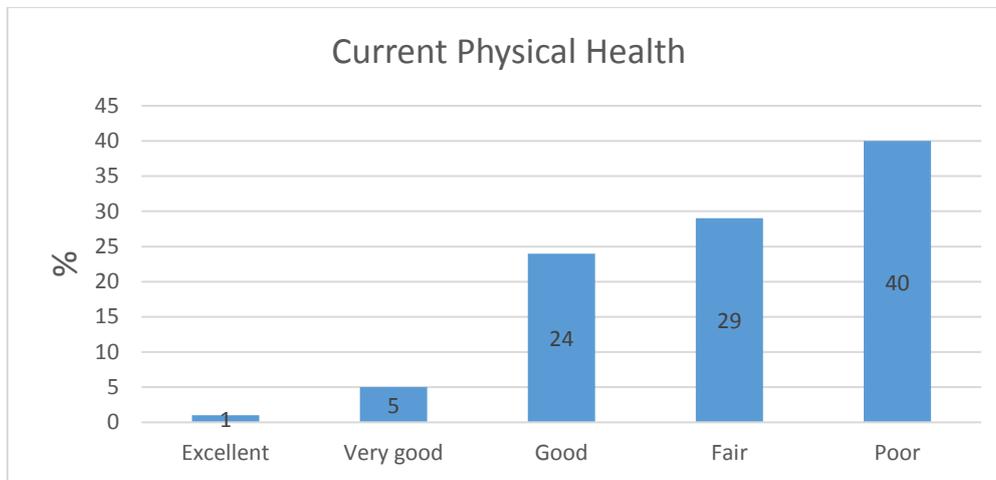
“I rely on Tar Isteach for everything to do with benefits. The whole system is so complicated and confusing and seems to change all the time. If I didn’t have Tar Isteach I would be lost.”

“As long as Tar Isteach is there I know I don’t have to worry, they will sort things out for me. If they are gone I don’t know what I would do” (61 year old male confused about forms and unable to find work citing being an ex-prisoner and having health issues)



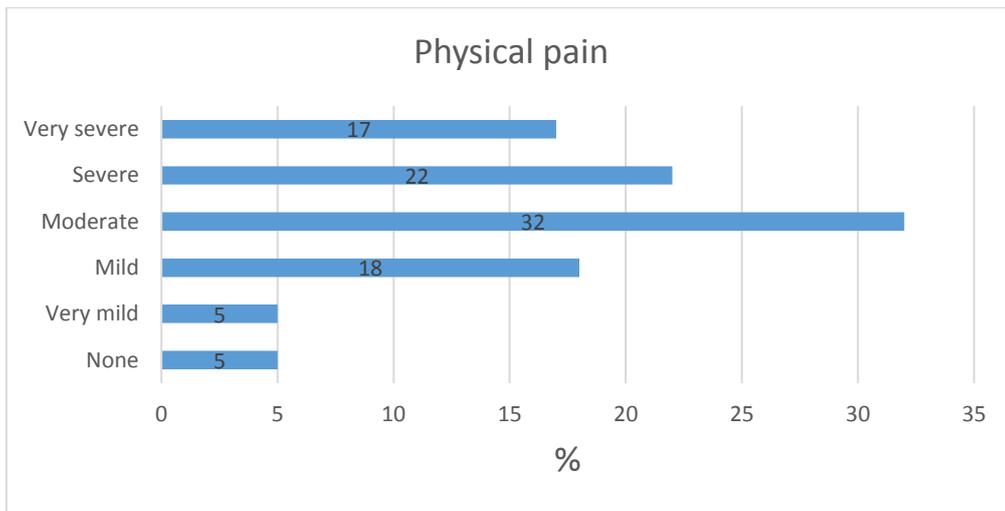
In summary: reviewing data regarding employment, housing, benefits and pensions across a number of years and with different study samples the consistent message is that former politically motivated prisoners have experienced disproportionate social and economic disadvantage. Furthermore, given this covers a long period of time and, therefore, evidencing longitudinal trends there is likely to be a cumulative impact on most former politically motivated prisoners with regard to ageing and retirement. The strong suggestion, as with previously conducted studies, is that for most old age will be characterised by poverty, financial hardship, poor health and continued reliance on benefits (Jamieson et al, 2010).

7. Physical Health

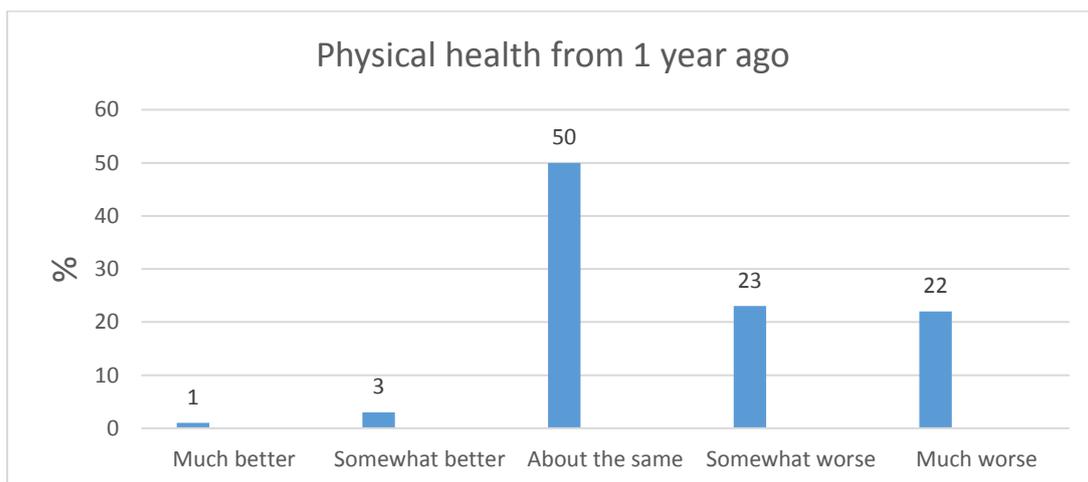


In 2001, 58% of ex-prisoners rated their health as ‘poor’ or ‘very poor’; for 42% of those over 55 years this was ‘very poor’ health (Shirlow, 2001). In 2010 (Jamieson et al., 2010) just over 1/3 (36.8%) rated their health as ‘excellent’, ‘very good’ or ‘good’, with more than 1/4 (28.4%) rating it as poor. In 2015 (Shirlow and Hughes, 2015) with 80% of respondents then over 55 years “nearly six in ten (56%) stated that their physical health is poor. This compares to 9% who stated in ‘Health Survey Northern Ireland 2012/ 2013’ that their health was bad or very bad...Over half of respondents (56.8%) believe their health to be ‘somewhat worse’ or ‘much worse than one year ago” (p.19).

In this current study, ex-prisoners also reported experiencing a poorer quality of health than many in the general population. In a health survey commissioned by the DoH 2015/ 2016, for example, 70% of adults in NI reported their health to be either good or very good (59% in the most deprived areas) with health generally declining with age. Less than 20% of 55-74 year olds reported that their health was either ‘bad’ or ‘very bad’. Of the sample surveyed here, more than twice the number of respondents in the DoH 2015/ 2016 health survey stated that their health was ‘poor’ and only 30% that it was ‘good’ (24%), ‘very good’ (5%) or ‘excellent’ (1%). In addition, 71% said that they had lived with the experience of some form of physical pain in the 4 weeks leading up to the survey: nearly 1/3 (32%) ‘moderate’ pain and 39% ‘severe’ to ‘very severe’ pain. Almost half (45%) rated their health as ‘somewhat worse’ (23%) or ‘much worse’ (22%) than in the previous year.



In essence, therefore, the evidence from this and other studies consistently reports that many former politically motivated prisoners have significant physical and mental health difficulties much of which is likely related to the experiences of conflict and imprisonment (Shirlow, 2001; Hamber, 2005; Jamieson et al., 2010; Willis et al., 2015; Shirlow and Hughes, 2015). However, what is even more concerning is that this situation has not abated from 2001 and is, in fact, indicated as worsening for what is an ageing group of people who continue to be impacted by other forms of disadvantage across a range of health and well-being domains.



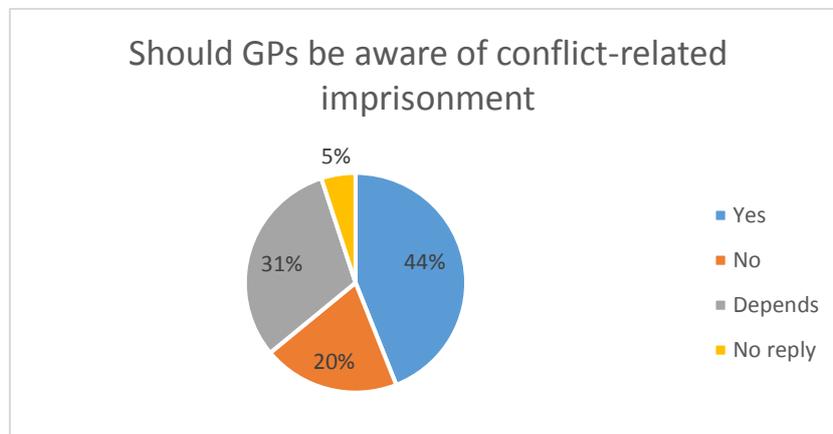
It is also the case, however, that there are issues in respect of being an ex-prisoner and accessing healthcare because this can involve personal, professional and legislative barriers e.g. the duty to disclose of any information about terrorism contained in the Terrorist Act 2000 s 38B and,

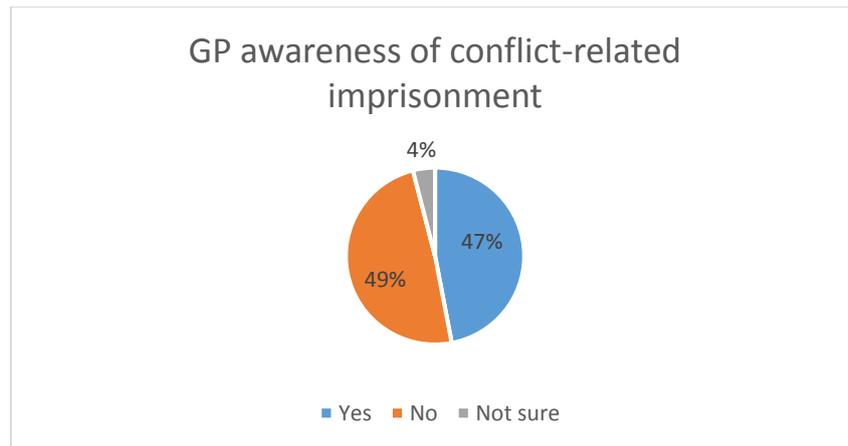
various requirements of different professional regulatory bodies regarding limits to confidentiality. Here we enquired about the most fundamental of healthcare relationships: that of the patient with their GP.

In answering whether it was felt GPs should know that a person had been imprisoned as a result of the conflict, 44% of former politically motivated prisoners agreed that, in general, it would increase GP understanding and empathy. However, more than half either disagreed (51%) or qualified their responses.

‘...it depends... it’s up to the individual’...(and)...‘only If relevant’ (to the particular issue) ... ‘If you could trust them they would be better knowing the truth and the facts. I think that a lot of my health problems are as a result of my time in the H Blocks, beatings, soakings, freezing cold a lot of the time’.

Furthermore, in reply to whether participants’ own GPs were aware of their personal history of conflict-related imprisonment less than half (47%) answered ‘Yes’, more (49%) answered ‘No’ with 4% ‘Not sure’; over 57% of males in this sample answered either ‘No’ (51%) or ‘Not sure’ (6%), while for female ex-prisoners, more than half answered ‘Yes’ (54%) and 46% answered ‘No’.





In terms of why they had not made their GP aware almost half (47%) made no reply (corresponding to those who said their GP knew), 9% said they didn't feel it was relevant or that it never came up while 44% referred to issues about trust, concerns about confidentiality, the duty of disclosure of information under the Terrorism Act 2000 as well fears about negative judgements and attitudes.

'Not sure about their attitudes or judging. I know of former ex-prisoners when they disclosed their trauma...they scored no points at their medicals because of the information... disclosed.'

'Don't feel comfortable with them knowing'

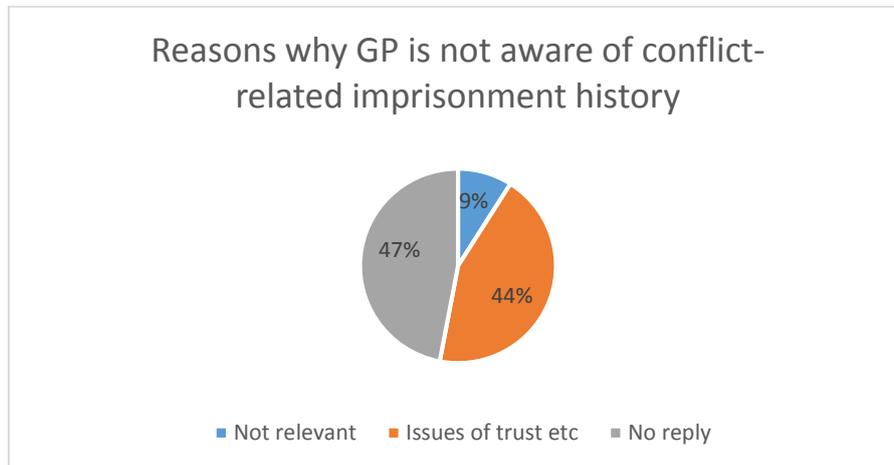
'She might judge me or look at me differently...It is probably important but I don't want her to know'

'Confidentiality and fear of disclosure is the biggy with this new one (new GP). But also being judged. That has happened in the past. They don't say anything but you know.'

Some simply refuse to talk about the past or their experiences of imprisonment and conflict while others would have confidence in some health professionals with whom they are familiar with but not any others. Many who stated that their GP was aware said they found it helpful but others reported that their GP and/ or other medical professionals were less than validating. Some said they were generally indifferent or not interested about whether health difficulties might relate to conflict or imprisonment.

'Didn't show any great concern or interest in the effect prison had on me'

'No. I had a bad experience with another doctor and wasn't treated very well...makes me hesitate to let my current doctor know I am an ex-prisoner...I don't want to be looked down upon'

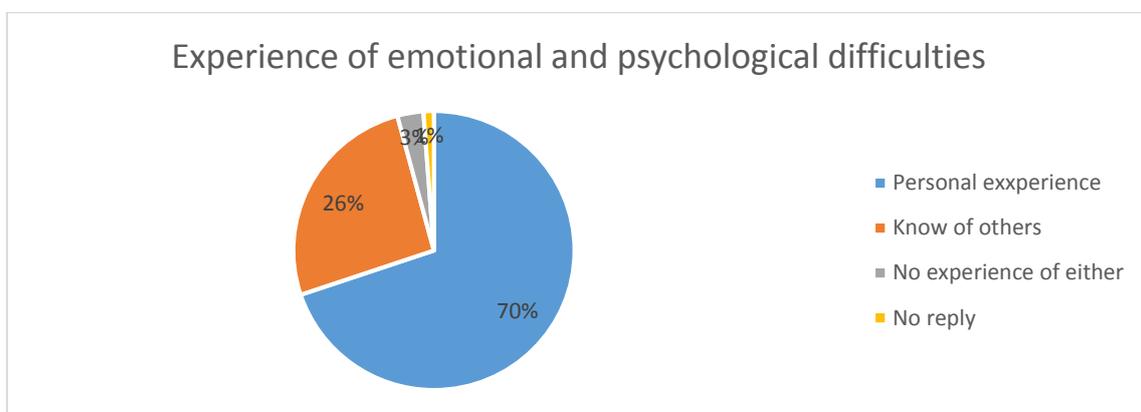


The complexities of any person's reasons for non-disclosure of information and issues about trust and confidentiality in relation to engagement with health professionals is of course multilayered. However, considering that studies have consistently pointed to poor physical and mental health among former prisoners and their families and, that 85% of respondents in this study declared that they or their closest relatives have been physically or psychologically injured as a result of the conflict, issues of mistrust and fears about disclosing information has potentially serious implications for help-seeking behaviour. In 2010 similar points were also made then about the reluctance of former prisoners to seek help and having a lack of confidence in 'the efficacy of the helping/ therapeutic relationship itself' (Jamieson et al., 2010 p.67).

8. Emotional and Psychological Health

According to the WHO (2001) 1 in 4 people will experience a mental health problem over the course of their lifetime. But across WMH surveys estimates for life-time prevalence vary widely e.g. life-time prevalence for DSM-IV disorders regarding anxiety, mood, impulse control and substance use are reported as ranging from 47.4% in the United States to 12.0% in Nigeria (Kessler et al., 2007). Moffitt et al., (2010), however, have raised questions over how

prevalence studies ascertain such estimates citing differences in respect of ‘retrospective’ *versus* ‘prospective’ methodology: where retrospective studies are said not capture all relevant data due to failure of a person’s ability to recall earlier life details; questions have also arisen about the ecological validity of applying diagnostic criteria based on DSM clinical definitions. Nonetheless, whatever about the wide ranging variability of lifetime prevalence studies or critiques about research methodology, this survey and others done in the past, consistently highlights that issues concerning emotional and psychological difficulties significantly feature in the lives of former politically motivated prisoners.



In the Northern Ireland Health Survey 2014/15, it was estimated that 19% of individuals showed signs of a possible mental health problem. This is similar rates of poor mental health which were reported in a 2013 study looking at the prevalence of mental health disorders in Northern Ireland (23.1%), with estimates for each disorder as: 14.6% for anxiety disorders; 9.6 % for mood disorders; 3.5% for substance misuse disorders; 3.4% for impulse control disorders.

Here 42% of respondents specifically referred to personally having problems with depression with 5% reporting they had a ‘nervous breakdown’ and, for one person, a diagnosis of Bi-polar disorder. 39% reported problems with anxiety including anxiety attacks in crowded areas. Also, 4% said they had been treated for PTSD but it is likely that problems with post-traumatic stress is much more prevalent given 25% of respondents reported problems related to flashbacks to distressing experiences in the past together with problems of depression, anxiety and maladaptive coping (self-medication with alcohol) which are commonly found in the literature as symptomatic of post-traumatic stress reactions.

'I suffer from severe depression and suicidal thoughts...at times I get flashbacks to Armagh Gaol during the strip search period...makes me feel guilty and useless and suffer from insomnia'

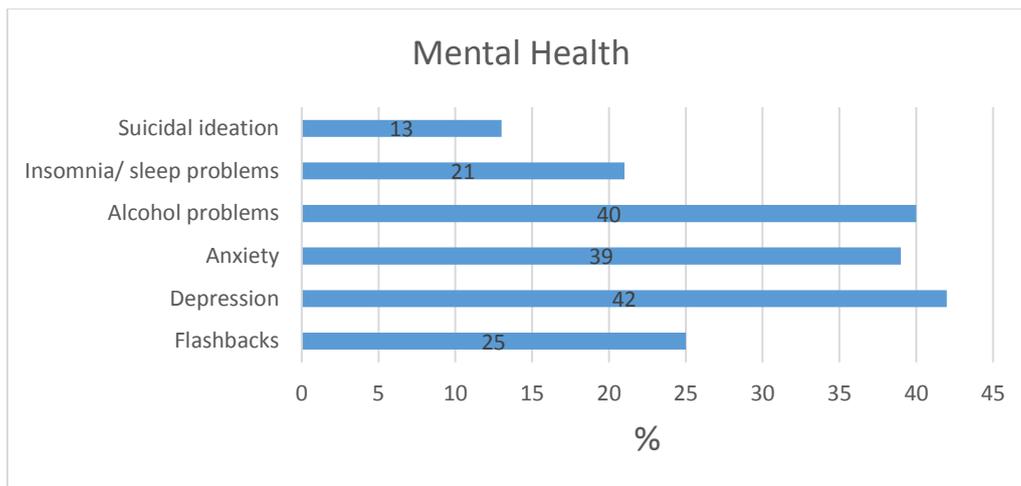
"Nervous feelings all the time. These happened from about 20 years ago but are getting worse."

'I think at times I have had nervous breakdowns. Depression can be consistent at times as is migraine headaches...have problems sleeping and I would suffer flashbacks...out of the blue when I am doing something or watching TV...I feel isolated at times even though I have family and friends.' (085)

Although 26% referred to 'knowing others' it seems clear that some of these likely have difficulties themselves but either do not recognize the fact or find it hard to acknowledge their existence. For example, this respondent did not refer to himself but knew of others with problems:

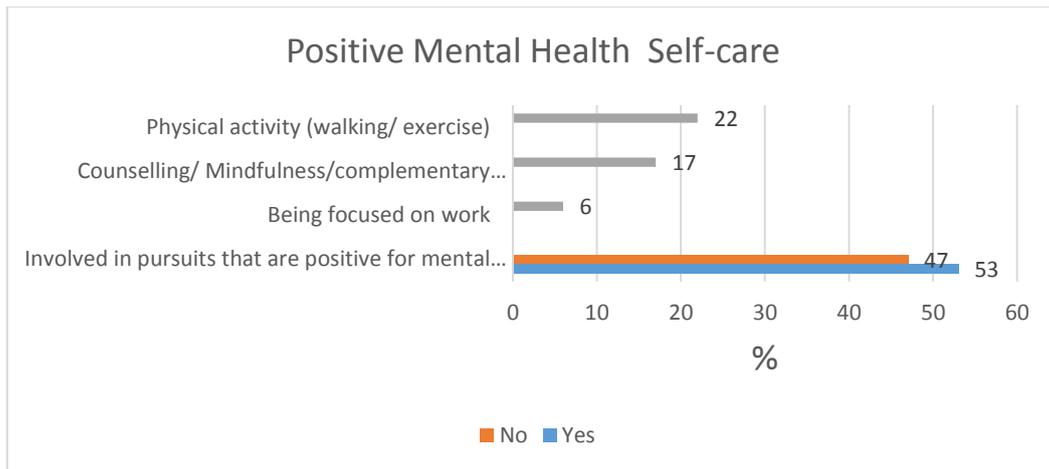
'I have went through a hard time when I reflect on my experience of the Blanket Protest. I speak sometimes to former Blanketmen...many of them suffer from flashbacks, depression, some have drink problems. You don't go through an experience like that without it leaving scars...I tend to deal with things myself. Find it hard to talk about...my wife has found it difficult to deal with me at times with mood swings etc., had to work hard to keep relationship together.'

40% of respondents referred to a problematic relationship with alcohol, as a dependency, or a way of coping e.g. to help with sleep (one of those diagnosed with PTSD had also abused other substances). In 2010, Jamieson et al., (2010) found that over 50% of former prisoners were alcohol dependent and 67% drank to hazardous levels based on standard clinical tests (CAGE and FAST). Problems with alcohol were similarly found to be the case in 2015 with Shirlow and Hughes (2015) estimating 68.6% of respondents were drinking to hazardous levels compared to 28% of males and 13% of females in the general population. Also, 43.2% of those surveyed at that time stated a relative, friend or health worker had expressed concern about their drinking in the year previous. While this current survey sample records lower levels than the above it has to be taken into account that these are self-reports and not results based on diagnostic tools with clinically defined criteria.

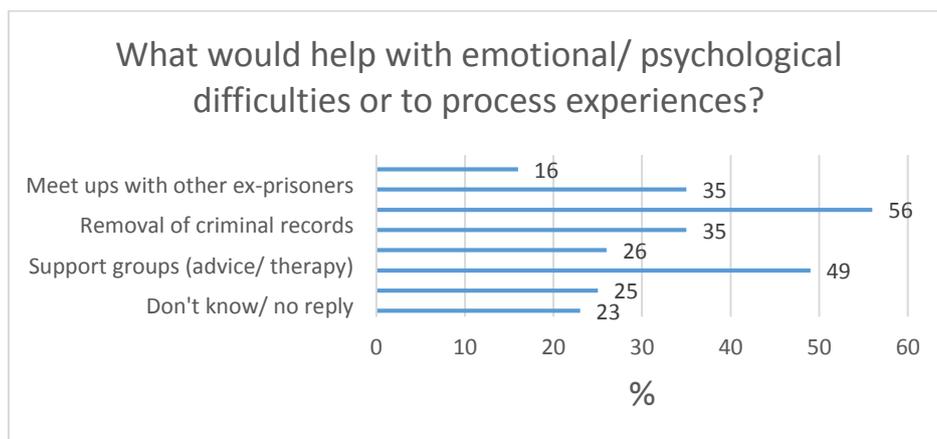


This matters because in 2014, for example, DHSSP published a report ‘Adult Drinking Patterns in Northern Ireland 2013’ showing ‘A fifth of problem drinkers perceived themselves as light drinkers’ (p.18), and 3% considered themselves to be heavy drinkers although 9% were actually estimated to be heavy drinkers when applying standardised clinical measures. Therefore, notwithstanding variations in study samples, this survey concurs with previous research in outlining the hazardous relationship former politically motivated prisoners have with alcohol as a maladaptive behavior and, as a major component in a range of emotional and psychological difficulties.

When asked if they were involved in anything that might have a positive impact on emotional and psychological health nearly half of respondents (47%) answered ‘no’. Those who said they were, listed a variety of activities and things they were involved in. The main groupings of items are listed under: physical activity/ exercise and walking (22%); counselling, Mindfulness, talking with others about their problems, complementary therapies (17%); being focused on work (6%). Of the rest, some found writing about their experiences helpful, being creative through art classes, socializing with friends, Life Coaching, politics, study and being involved in community activities and with community projects (e.g. Tar Isteach) for support. However, given that 70% of those surveyed indicated experiencing one or more emotional/ psychological difficulty, it is significant that almost half (47%) of all respondents do not see themselves as engaged in anything that positively contributes to their mental health. This obviously raises important questions for the future of service provision and engagement with former prisoners and their families.



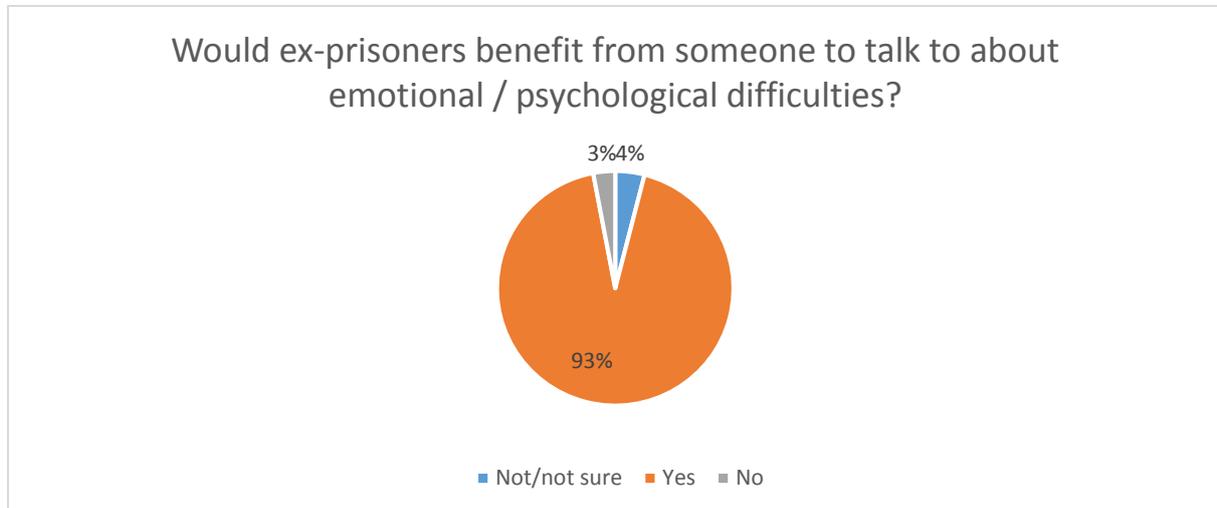
When asked what would help with emotional or psychological difficulties and processing their experiences of conflict and imprisonment there is a clear emphasis on processes and places whereby former prisoners can connect with others who have shared experiences.



More than half (56%) specifically mentioned the need for a drop-in centre while over 1/3 (35%) referred to opportunities to meet up with others. This was summed up by a male respondent in his fifties whose marriage broke down, is estranged from his children, suffers from depression and reported that they were alcohol dependent, almost dying as a result:

'I would love Tar Isteach to provide a drop-in facility...When I call it is usually to do with benefits but it would be nice to meet up with other ex-prisoners there. Have a cup of tea and a chat. Perhaps even plan trips or arrange social events. Where

there is no drink involved. I think contact is important. There is nothing like loneliness.'



“A drop-in centre to meet up with and socialise with others, (with) support and counselling available...the removal of prison records, removing the stigma and knowing you are not the only one with problems”

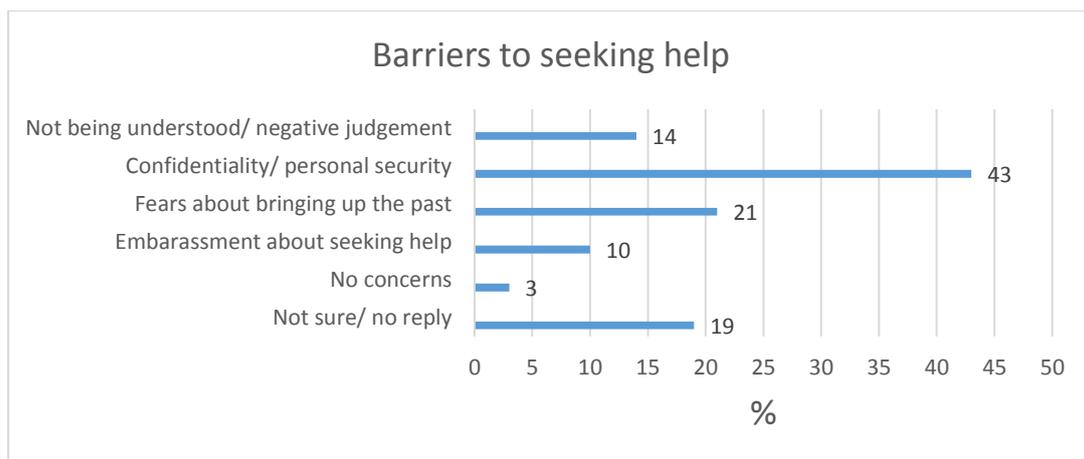
Not unexpectedly most respondents (93%) agreed that ex-prisoners would benefit from having someone to talk to about emotional or psychological difficulties. However, with 47% not engaged in anything they think beneficial to their mental health this might better be understood as aspirational while raising questions about why more are not involved in such help-seeking behavior. Given other responses in this survey the real issues seem to be about who they would feel comfortable/ safe with and under what circumstances i.e. who would provide these services with guarantees of confidentiality.

“Being able to genuinely open up in a confidential and secure environment without being judged or discriminated against”

“Find myself as I get older thinking of people I know who are now dead due to the conflict...(I) feel stigmatized and open to arrest. Still very much aware of my personal security”

Concerns about confidentiality and personal security were the main obstacles referred to by respondents (43%) followed by fears about not being able to deal with bringing up the past

(21%) In 2015, Shirlow and Hughes referred to former prisoners viewing counselling and other help seeking behavior as potential sites of information capture which would leave them vulnerable to various forms of retribution. This obviously relates to the particular circumstances of ‘criminalisation’ whereby ex-prisoners and ex-combatants remain liable to imprisonment for involvement in the conflict. In particular, the legislative ‘duty of disclosure’ regarding anything to do with ‘terrorism’ (Terrorism Act, 2000, s 38B) (past as well as present and future tense) along with limits to confidentiality regarding ‘criminal offences’ in a more general sense, only serves to heighten these concerns. For those whose lives have been lived with a mindset of preserving security through confidentiality and secrecy these are major inhibitors to help-seeking that has been consistently highlighted in research studies but never addressed as barriers to healing for ex-prisoners, ex-combatants, their families and indeed the whole community to whom they apply.



7 years ago Jamieson et al., (2010) also pointed to the perception of stigma attached to having emotional or psychological difficulties that extends to and, intersects with other socially conditioned beliefs often giving rise to embarrassment and shame. This is particularly the case with regard to maleness and ‘machoism’.

‘As Langston et al (2007) argue, organisational culture – in this case military culture – provides the “unwritten rules that inform and shape expected behaviours”. One of these unwritten rules is that having psychological problems is a sign of weakness and it is stigmatised as a result. Exclusivity or “closedness” to outsiders

and heavy reliance on “buddy” support is another aspect of military and paramilitary organisation that acts as an obstacle to help seeking.’ (p.69)

Furthermore, it is important to note that in addition to such shame-based feelings and beliefs, the authors made reference to 2 studies (Dandeker et al., 2003; Ferry et al., 2008) which looked at trauma and conflict, finding that ‘avoidance’ and ‘numbing’ were also barriers to help-seeking (Jamieson et al., 2010). When taking into account that both are symptomatic of post-traumatic stress, the suggestion is that the outworking of the impact of traumatic experience can mean the installation of patterns of behavior that, in fact, inhibit help-seeking.

More than a fifth (21%) of respondents in this study had deep rooted fears about bringing up the past and did not want to “open up the box”. Others talked about ‘not being understood’ and feeling that they would be ‘judged’ negatively by those who had no experience of the conflict or who may have a different perspective on it. This again cues into the issues around ‘criminalisation’ and the discourse of legitimacy i.e. ‘perpetrators’ and ‘victims’ which is reinforced by legislative definitions of ‘wrongdoing’.

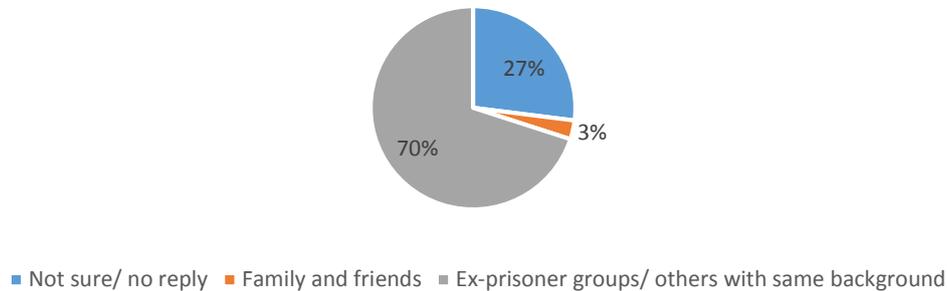
(6.5 What barriers or difficulties are there for you...?) *“Trust and confidentiality. But also feeling understood. Lots of health professionals or counsellors are of a different generation and don’t seem tuned into what it was like.”*

(7.4 Have you or any of your close family been physically or psychologically injured as a result of a conflict related incident?) *“Myself and my family and friends. I was shot by the Brit Army and beaten by the cops and screws. I have lost friends and relatives to the Brit Army and the Loyalists/ Unionists.*

I tried with all of them (victim services) but once you say you’re an ex-prisoner you can see the attitude change. You can’t go to the VSS. If you tell them anything about being traumatized they want to know ‘who, when and where?’ They are legally bound to tell the cops, but they would tell them anyway.”

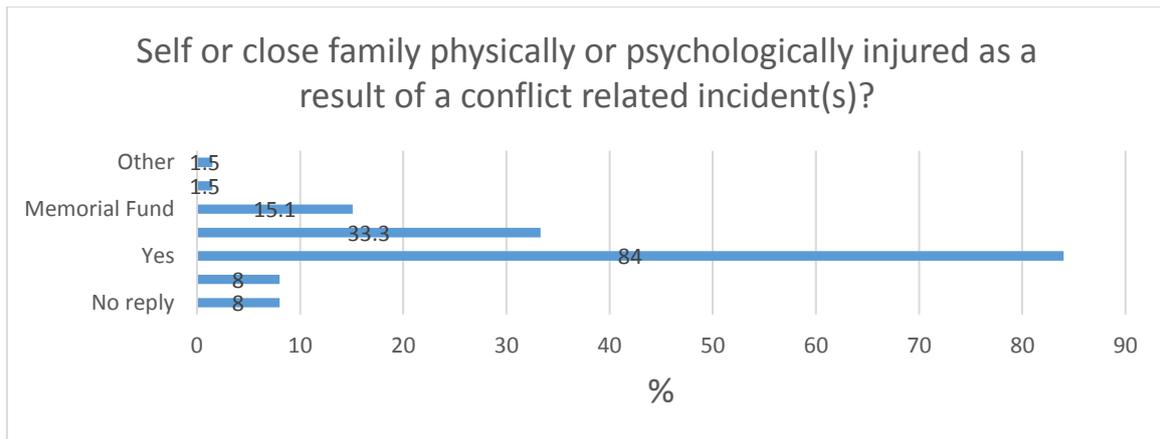
Participants were then asked who they would feel most comfortable with to talk to about emotional/ psychological difficulties. More than a quarter (27%) either made no reply or were not sure. 3% said they would most likely talk to friends and family while for the majority (70%), it was others from a similar background and those working with ex-prisoner organisations who were the preferred option.

Who would you feel most comfortable with to talk to about emotional/ psychological difficulties?



Participants were also asked about the personal cost of the conflict and imprisonment for them and their close family.

When adjusted for any overlap (where someone had applied to more than one organization) 45.4% of those who stated that they or a close family member had been physically or psychologically injured as a result of the conflict had applied for assistance to a victim's service/ fund. When asked about their experiences regarding this process the responses of those who had applied were mixed. Half of those (50%) who applied to the VSS were either turned down or were unhappy with some aspect of the process and this was similarly the case for 40% of those who applied to the Memorial Fund. Some said they had received help once but there was no follow up to see if they needed anything else or to assess whether the assistance they received was adequate. Others found the process (particularly with the VSS), "*intrusive and upsetting*", "*not good*", "*ok, not very appealing process*", "*very stressful*" and one person said they would not do it again while another said "*the criteria changed and didn't get any help*". There were some who reported having a positive experience but this seems mainly because they had been facilitated in the process by a local community organisation and by people with whom they were familiar (mentioning some of those by name).



For the 54.6% of those who declared that they or a close family member had been injured as a result of the conflict but had not sought assistance from any of these sources the foremost reasons expressed were about trust, lack of confidence, confidentiality feeling let down by the peace process (i.e. still ‘criminalised’, stigmatised and excluded from full citizenship).

“No, just seems like a false process as ex-prisoners are regarded as criminals.”

“Don’t believe (I) would be treated fairly.”

“Don’t want to be involved with such bodies as former prisoners would not be treated fairly.” (074)

“Would rather not go to strangers.” (Ex-prisoner diagnosed with PTSD)

Shirlow and Hughes (2015) also referred to perceptions among ex-prisoners about processes and bodies such as these being used to gather information.

“Wouldn’t use state services, would feel uneasy and unsafe with information”

This was more succinctly put by another respondent who had attempted suicide and had restricted mobility,

“Wouldn’t go near them...I don’t trust any of them...the best thing for me is meeting up with friends and being able to talk about stuff.”

For one reason or another, some either don’t recognise or want to acknowledge that their difficulties may be a result of conflict and imprisonment while also repudiating a definition of themselves as a ‘victim’. A respondent who stated they suffered from depression, had alcohol

problems, lost lots of friends, felt stigmatized and continually worried about the past commented,

“Don’t see myself as a victim and don’t think these services would treat the likes of me fairly’

While it may be the case that problems experienced by this respondent cannot be directly linked to the conflict there is evidence of people simply not making the connection (see p.).

The reasons why some ex-prisoners may not acknowledge themselves as victims, like their attitudes and perceptions in respect of the ‘victim’s agenda’ and victim’s services, are complex and multifaceted. However, one respondent’s answer to this question about why they would not consider being involved with the services mentioned in the questionnaire even though they had been shot and family members were blown up during the conflict, gives a sense of this complex interweave of factors:

“Because I am an ex-prisoner, a Republican, a suspicious person as far as the state is concerned. I feel we are treated as outsiders. I think a big contradiction in the peace process... we are still stigmatized”

9. 40 years of ‘Criminalisation’

As a consequence of The Gardiner Report (1975) detention without trial ended in the north of Ireland in December 1975 and Special Category Status for those imprisoned as a result of the conflict was phased out. Those convicted for such scheduled offences after March 1st 1976 were to be treated as ‘ordinary criminals’ in a change to British government policy aimed at ‘criminalising’ the ongoing conflict (Coogan, 2002). This led directly to the ‘Blanket Protest’ where over 400 prisoners protested to establish their right to political status which, effectively began when the first prisoner refused to wear a prison uniform and comply with the changed policy in September 1976.

In March 1978, due to a deteriorating situation the ‘Blanket Protest’ became known as the ‘No wash/ Blanket Protest’. Beatings, systematic brutality and degrading search procedures (many claimed were sexual assaults) were reported as commonplace. Prisoners responded by covering cell walls with excrement while the floors were constantly covered in urine. There was no furniture, no glass in the windows and prisoners slept on uncovered sponge mattresses on floors

often infested with maggots and sometimes visited by rats. After a visit to the H Blocks in 1979 Cardinal Tomas O’Fiach, the Catholic Primate of All Ireland and Archbishop of Armagh, compared the conditions to the Black Hole of Calcutta. This eventually led to the deaths of 10 men on hunger strike in 1981, an event that is deeply ingrained in the Irish Republican psyche. After the Hunger Strike the ‘Five Demands’ of the prisoners were effectively conceded but formal recognition as political prisoners was not. Nonetheless, in 1998 the early release of those imprisoned as a result of the conflict was written into an international political agreement as an integral part of the peace process. Later there were also ‘letters of comfort’ given to ‘ex-combatants’ in order to embed this process and further facilitate a political settlement after more than 40 years of conflict. Yet, in spite of these ‘special’ circumstances (or perhaps because of them) the signing of the Belfast Agreement (GFA) opened up many ambiguities that have not been dealt with thus allowing former prisoners to perennially encounter institutionalised and legalised discrimination and disadvantage in the workplace as well as many other arenas of life.

A review of different studies shows that the situation regarding former politically motivated prisoners and their families has been well documented over many years, consistently providing evidence that illustrates disproportionate deficits and disadvantage in health and socio-economic circumstances. Over and over again the authors of these studies have not only outlined the impact of the experience of conflict and imprisonment, they have also emphasised the disenfranchising and punitive effects of ongoing social processes and government policies especially ‘criminalisation’. In particular, Jamieson et al., (2010) and Shirlow and Hughes (2015) highlighted the discriminating, legalised barriers to full citizenship along with the pervasively negative social discourses apportioning stigma and blame which precludes free access to help-seeking for physical and psychological difficulties. In all of this, the Irish and UK governments can be seen to have proceeded against both the spirit and the letter of the GFA in respect of former politically motivated prisoners which stands in stark contrast to their support for other combatants in the conflict.

At the time of writing, for example, most ex-prisoner groups have no funding although many continue to provide much needed services on a voluntary basis, to the ex-prisoner constituency and the wider community (including all sections of the society and even former members of state forces). In contrast, there have been millions of pounds of public money that has gone in the direction state forces:

“Relatives for Justice calculates that the main packages paid from public funds to the security forces have led to an estimated total around £1.2 billion being paid out. RFJ desegregates these costs as including, in addition to hearing loss claims (£135m), £500 million in the Patten RUC severance payments scheme, £250 million on payments to two locally recruited regiments of the British Army; ‘a £20 million gratuity payment to the RUC reserve, £100 million on retiring rehiring; £70 million to prison officers in a Patten-style payout.” CAJ (2015, p.28) ‘The Apparatus of Impunity’

a. Policing

The £500m mentioned above is the estimated cost of implementing the Patten redundancy scheme for members of the police arising out of the GFA. In 2011 it was claimed that Deputy Chief Constable Judith Gillespie and Assistant Chief Constable Duncan McCausland would each receive lump sums of more than £500,000 while the average member of the police would get £74,000 (BBC news report, January, 2011). Then in October 2012 it was reported that the PSNI had spent £106m employing agency staff since 2004, 1071 of whom were rehired Patten retirees (approximately 1/5 of those who had availed of the Patten redundancy scheme). Further to this, the core budget of the Police Rehabilitation and Retraining Trust (PRRT) which, was set up to provide services and care for former members of the police in the aftermath of the conflict, has been provided by the Department of Justice (DoJ) (annual expenditure for 2015/2016 was £2,112,470). This is now a Non Departmental Public Body of the DoJ that provides psychological therapies, physiotherapy, personal development, coaching and training to retired and retiring members of the police, their spouses and their children, bereaved parents, widows and other family members who have been impacted by the conflict.

“As a team our goal is to provide a safe and secure environment to deal with their past, engage in the here and now and enjoy the future...To manage the transition from police to civilian life through the provision of personal development, careers advice and guidance, training and education, employment support and psychological and physical therapies.”

(See PRRT website: ‘Myth Busting about PRRT’)

(Authors emphasis: underlining of text is because these are services that various pieces of research recommends should be in place for the ex-prisoner community.)

b. Royal Irish Rifles (RIR)

The £250m paid out in respect of locally recruited regiments of the British Army also mentioned in the CAJ report was announced in the House of Commons in 2006 to fund a redundancy package for 3000 members of the Royal Irish Rifles (RIR). Part-time members who were not entitled to redundancy received a one off payment of £14,000 each. However, when this was challenged in 2009 a further £6.7m was paid in an out-of-court settlement. And, further to these redundancy arrangements was an offer for every full-time member to receive 7 weeks training at a cost of £534 per person to help *their transition into civil society: to 'resettle, retrain and find work'* (BBC news report 9th March 2006). There was also instant access to New Deal (rather than having to wait 6 months before entry) and arrangements were made for medical and benevolence support for families as well. In addition, the UK government committed to pay for extra mental health and physical therapies which included former members of the Ulster Defence Regiment (UDR). In regard to why such a generous severance package was put in place, Armed Forces Minister, Adam Ingram said that it, "*reflects our commitment to treat the Home Service with fairness and dignity*".

c. Community Veterans Mental Health (CVMH)

Combat Stress, formed in 1919 and the UK's leading veterans mental health charity spends £15m per year to support and provide services for the specific needs of ex-military personnel. They are an integral part of a community-based mental health model arising from Community Veterans Mental Health pilots. The aim is to provide a holistic coherent approach to mental health well-being with linkages between MOD, social services, NHS and veterans charities. In January 2010, the UK government announced grant funding of £140,000 for Combat Stress to work with mental health trusts to ensure appropriate and accessible services for veterans. In April of the same year the DoH announced £2m of new funding to improve mental health services and priority access to NHS providing such as Community Psychiatric Nurses (or Veterans Therapists) to work alongside Combat Stress, dedicated mental health nurses and 24 hour Helpline, improved education for GPs in respect of the particular circumstances of ex-military, and the trial of an online intervention service for serving personnel and veterans. Also, on the 8th of October 2016, the UK government announced changes to the way money accrued from penalties against banks for attempted London Interbank Offered Rate (LIBOR) manipulation and other misconduct is handled. This meant that £35m would be distributed to

organisations supporting the ‘military community’ in areas of Mental Health, Healthcare, Housing and Support after Service.

These are massive amounts of money provided by government for state forces and other actors in the conflict since the signing of the Belfast Agreement (GFA) (1998), however, they are not the full extent of resources committed to the care, support and provisions for later life. For former politically motivated prisoners perhaps the most ironic aspect of the UK government’s support for state actors came in 2011 with a redundancy scheme for former prison staff estimated at a cost of £60m. In contrast to what Jamieson et al., (2010) projected i.e. that none of that survey sample would be eligible for a full state pension by retirement age, a prison officer with service of 40 years (going back to 1971 and encompassing the No wash/ Blanket Protest and Hunger Strike) could retire with a one off payment of £120,000 and an annual pension of £18,500 per annum.

In 1998, before the PRRT became a non-departmental public body (NDPB) and, before the Community Veterans Mental Health Pilots were set up, both the Irish and British governments accepted their responsibility as an integral part of peace building, to facilitate the reintegration of those imprisoned as a result of the conflict into the community.

“The Governments continue to recognise the importance of measures to facilitate the reintegration of prisoners into the community by providing support both prior to and after release, including assistance directed towards availing of employment opportunities, re-training and/or re-skilling, and further education.”

Belfast Agreement, Section 10 (1998)

The language is the familiar but there has been no similarity in commitment of resources and services. Instead, as pointed out in these studies, not only have both governments not fulfilled their commitments, the continuing narrative of criminality, the legislative exclusion from social and economic opportunity and denial of equal citizenship interwoven with barriers to healing (e.g. within the Terrorism Act 2000) has had a cumulatively negative impact on former prisoners and their families. Also, as in the case of state actors, reintegration (“transition...to civilian life”) into society is about much more than *“employment opportunities, re-training and/or re-skilling, and further education”*.

More than anything else there is a consensus across various studies that ‘criminalisation’ is the main impediment to healing and normality for tens of thousands of people. Indeed, continuing

to define and exclude those with conflict-related convictions from full citizenship on this basis has been described as illogical, discriminatory and a continuation of policies of punishment and blame (Jamieson et al, 2010; Shirlow and Hughes, 2015). That said, with ageing, ‘criminalisation’ may be becoming less relevant to the majority of former prisoners in terms of employment opportunities but will always remain as an issue about equality, full citizenship, legitimacy, well-being and the narrative of the conflict.

10. Conclusion

In order to design and provide services it is important to continually track progress, particularly as this is an ageing population with changing circumstances and needs (e.g. 54% of this sample are now over 60 years and 73% over 55 years). It is interesting, for example, that in this survey respondents placed a substantial emphasis on places and processes to meet, to discuss, to learn and to heal from the past. It is also significant throughout this and other research studies that issues about trust and personal/ family security are common themes along with findings “...*that imprisonment had mental health consequences for prisoners and their families*” (Rolston 2011 p. 44).

Of particular relevance are the comments by Jamieson et al., (2010) that the best comparator groups for health behavior and symptomology evidenced by former politically motivated prisoners are other actors in the conflict – army veterans, police and emergency personnel as well as prisoners of war. It seems logical, therefore, that there should be similar measures put into place for former prisoners and their families. If conflict resolution is about healing and restoration rather than retribution then there needs, at least, to be parallel pathways for all those involved in, or affected by the conflict.

In 2010, for example, ways forward suggested by Jamieson et al., (2010) included recommending measures be introduced for former politically motivated prisoners’ mental health care based on the *Community Veterans Mental Health Service* model. This should similarly include mainstream resourcing for parallel ‘in-house’ services as well as the training of personnel to provide these. There were also suggestions aimed at removing existing barriers to employment and for the voluntary Employers Guidance to become statutory requirements for employers. Other suggestions were:

- For ageing former prisoners to be recognised as an at risk group for both social exclusion and mental health
- Dialogue between the former politically motivated prisoners Consortium and the relevant bodies taking forward the Bamford Review developments
- Dissemination of briefing materials on the particular needs of former politically motivated prisoners for health and social care practitioners and commissioners
- The ‘Still Imprisoned’ peer support model programme which addresses the needs of republicans with addiction problems be extended and applied more broadly
- The dissemination of information to primary care practitioners about the specific needs of former prisoners akin to that proposed for veterans
- Community-based groups providing counselling and support should include assessment to identify complex clinical needs as a routine part of their activities, (e.g. as Cúnamh currently does. (Cúnamh, Derry based community led mental health project))
- Community-based groups providing counselling and support must make provision for the supervision and support of their staff given the complexity of the casework they are engaged with and the risk of secondary traumatisation and/or ‘burn out’ of staff
- Greater representation of former politically motivated prisoners as service users on relevant advisory or advocacy bodies, for example, regarding age discrimination and mental health and addiction services
- Programmes addressing problems with alcohol that includes incorporating alcohol education in health and well-being activities
- De-stigmatising help-seeking, and supporting the dignity of recovering alcoholics through awareness activities The expansion of ex-prisoner and community groups’ peer support and counselling programmes and the sharing of best practice
- Mental health education that reflects former politically motivated prisoners’ experience and changes attitudes to help seeking
- The development of strategies by former politically motivated prisoner and community groups (including internet resources) for enhancing outreach programmes that complement any drop-in services and other activities already provided

While the conclusions of this study agree with these suggestions it also notes that the preferred option for former politically motivated prisoners i.e. the expunging of criminal/ conflicted-related records, would go a long way to dealing with many of the points made. However, what

many respondents who took part in this study said also indicates a focused desire for ways and means to process their experiences at this time of life; to understand and come to terms with what the legacy of the conflict and 40 years of criminalisation has meant for them and their families; to have some sense of connection and validation of their identity and experiences; to feel that their experiences and perspective on the conflict can be freely expressed as part of an inclusive process of healing and conflict transformation. It is a sad reflection on the ‘peace process’, however, that what Shirlow (2001) concluded 16 years ago is still relevant today,

“In sum it is evident that negative consequence of imprisonment must be challenged in order that individuals can place faith in peace building and feel included in the structuration of a new society. Without inclusion and an open recognition of the problems ex-prisoners and their families face it will be impossible to integrate significant parts of Belfast communities into a more just and inclusive society. Without doubt solving the problems faced by ex-prisoners and their families is decisive in capacity building and the creation of normalised patterns of living.”

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12. *Appendix 1: Summary of Political Ex-Prisoners Research*

2001

The State They Are Still In: Republican Ex-prisoners & their Families

Dr P Shirlow (Senior Lecturer UU)

100 Ex-prisoners & 40 Family members - 85 males & 15 female ex-prisoners

Wide range of age groups

- **58% of ex-prisoners stated that their physical health was poor or very poor (24% for family members)**
- **70% (45%) described emotional well-being as poor**
- **78% of female ex- prisoners reported being 'emotionally distressed'**
- **75% of ex-prisoners had suffered 'some form of post-traumatic stress disorders' (Symptoms indicative of traumatic stress reactions)**
- **1 in 5 ex-prisoners who indicated 'post-traumatic stress disorders' had suffered symptoms in the 4 weeks prior to being surveyed**

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2005

Blocks To The Future: An independent report into the psychological impact of the No wash/ Blanket Protest

Dr Brandon Hamber (Action & Research International)

21 Ex-prisoners – Males (Average age 48)

Witnessing / experiencing violence has led to traumatic stress effects:

- **Flashbacks; Hypervigilance; Depression; Hyperactivity; Hyper alertness / arousal; Negative self-appraisal; Shame; Insomnia; Deep seated emotional distress; Anxiety attacks**
- **Emotional fatigue; Compulsive reactions / addictions; Phobias; Nightmares; Tremours**
- **Gastro-intestinal, cardio-vascular and genito-urinary symptoms in the short and long term**

Current Medical Problems

Arthritis (52% - UK average is 15% for older age group); Poor vision; Bowel/ Stomach problems/ Back problems/ Migraine / Headaches/ Ulcer / Reflux/ Heart problems/ Bladder problems/

Asthma/ Neck pain/ Osteoporosis/ Diabetes/ Muscular rheumatism/ Brain haemorrhage/ Psoriasis

Current Mental Health Effects

Vast Majority are coping and getting on with their lives. Most are married and 2/3 were working. Many report they have no mental health problems.

- 16 - felt the protest still impacts on them negatively
- 50% approx - antidepressants at some point
- 25% - will need focused mental health care
- 25% - may need someone to talk & share difficulties with
- Rest – support & connections with others in recreation/ commemorations or through practical support

‘Coping and getting on in spite of and simultaneous with the ongoing effects of the protest. This is perhaps more realistic and healthy, than actually expecting any of the interviewees to be coping in such a way that the protest is fully forgotten or plays no part in their lives. This recognition should not be debilitating but liberating.’ (p. 74)

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2009 / 2010

‘Ageing and social exclusion among former politically motivated prisoners.’

Ruth Jamieson (QUB), Pete Shirlow (QUB) and Adrian Grounds (Cambridge)

Institute of Criminology and Criminal Justice

190 Former prisoners: 117 Republican (inc 26 women); 73 Loyalist - Average age 52

(Up to 30 % of male population in the North between the ages 50 – 60 are former politically motivated prisoners [FPMP])

- Nearly 40% (39.9%) - GHQ 12- clinically significant mental health problems
- Nearly 1/3 (32.6%) – In receipt of antidepressant medication in the past year
- Over 1/5: 22.6% - Have had thoughts about not wanting to go on living since release
- 50 + % - Displayed symptomology characteristic of PTSD
- More than 2/3 (68.8%) – Engaged in levels of hazardous drinking of alcohol
- More than half (53.3%) - Met the threshold for alcohol dependency

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2014

A Systematic Review of Studies Evaluating the Effect of Political Imprisonment on Mental Health

Stacey Willis: Centre for Forensic and Family Psychology, Division of Psychiatry & Applied

Psychology, School of Medicine, University of Nottingham

'Exposure to maltreatment and persecution during political imprisonment was found to differ between the countries included in the review. However, the authors of each study identified long term mental health consequences of political imprisonment and recognised this experience as a traumatic event. Common symptoms reported by the former political prisoners included PTSD, depression and anxiety. Factors that appeared to contribute to the maintenance of PTSD included persecution after release, lack of rehabilitation, lack of employment/education opportunities, lack of social support and isolation.' (p. 2)

- Political imprisonment combined with threats to life and psychological and physical integrity leads to overwhelming stress and in many cases a diagnosis of PTSD (Maercker & Schultzwold, 1997)
- Strength of political commitment at the time may provide a protective role against adverse effects of imprisonment but this protective role may be lost when trauma of event is overwhelming (Ehlers, 2000)
- Problems with social and economic reintegration contribute to persistence of psychiatric symptomology (Bauer et al., 1993)
- Political prisoners face further barriers to reintegration because of continuing political persecution, discrimination, discourses on terrorism and 'criminalisation' (Punamaki, 1996) – In the North, there are also barriers to healing from the effects of conflict via mandatory disclosure requirement in the Terrorism Act, 2000. (note 1)
- Emotional distress stemming from trauma during imprisonment is aggravated by unemployment and financial difficulties (Holverson & Kagee, 2009)
- Those with professional careers experienced less psychiatric symptoms and physical complaints (Denis, 1997)
- Prevalence rates of PTSD do not decrease for ageing populations in societies that have experienced conflict (Gluck et al, 2012) – delayed onset PTSD and trauma reactivation are relevant factors (Heuft, 1999; Andrews, Brewin, Philpott & Stewart, 2001)

- Ageing is a factor in changing PTSD symptomology e.g. increased hyperarousal symptoms (Gluck & Maercker, 2012)
 - Current age rather than age at time of arrest was a predictor of PTSD symptomology with older people reporting more symptoms (Rebasso, 2008) – most former political prisoners in Ireland are over the age of 50
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2015

**Political Ex - Prisoners 'An unaddressed Legacy'
Tar Isteach: A Survey of Conflicted – Related Prisoners' Experiences (51 FPMP)**

Prof Pete Shirlow & Ciaran Hughes

Average length of time in prison – 7 years (1 in 8 at least 16 years)

Labour market exclusion:

- Only 12% agreed that the peace process made it easier to cope financially, emotionally and socially
- 29.4% own their own home compared to 67% of general population
- 68.7% in receipt of benefits: Of those (2/3) sickness/ incapacity benefit or (1/3) unemployment benefit (1/3)

Health:

- 59.9% reported being in poor health compared to 10% of the general population as measured by GHQ12
- 1 in 5 showed signs of possible mental health problems
- 49% prescribed medication for anxiety and sleep problems
- Those unemployed more than twice as likely to be taking antidepressants or medication for anxiety and sleep problems
- Higher self – esteem correlates with being in employment
- More than 1 in 10 had difficulties with nervousness, anxiety and being on edge every day
- Other difficulties include chronically in a state of worry and inability to relax

- **59% - reported personal cost of the conflict and imprisonment linked to moderate to severe injury**
- **66.7% - reported personal cost of the conflict and imprisonment moderate to severe psychological harm**

The survey highlighted:

- **Criminalisation and consequent labour market exclusion resulting in penury and reliance on benefits with knock on effects for families and communities**
- **Governments not living up to their commitments; no societal or statutory response to the past and its effects on diverse communities - issues of harm and loss not being redefined**
- **No strategic approach to provision of support and healing services for FPMP**
- **Issue of victims and the past being 'dealt with' by exclusion of FPMP from normal social activities – equal citizenship**
- **As an ageing population things have gotten worse for FPMP since 2009/ 2010 study**
- **Loss of funding would leave significant numbers without representation and services**

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13. *Terrorism Act 2000*

Terrorism Act 2000, s38B Information about acts of terrorism

(1) This section applies where a person has information which he knows or believes might be of material assistance

(a) In preventing the commission by another person of an act of terrorism, or (b) In securing the apprehension, prosecution or conviction of another person, in the United Kingdom, for an offence involving the commission, preparation or instigation of an act of terrorism.

(2) The person commits an offence if he does not disclose the information as soon as reasonably practicable in accordance with subsection (3).

(4) It is a defence for a person charged with an offence under subsection (2) to prove that he had a reasonable excuse for not making the disclosure.

(5) A person guilty of an offence under this section shall be liable (a) On conviction on indictment, to imprisonment for a term not exceeding five years, or to a fine or to both, or (b) On summary conviction, to imprisonment for a term not exceeding six months, or to a fine not exceeding the statutory maximum or both.

Tar Isteach

Iarchimí Poblachtanacha

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