



Commissioner
for **Survivors**
of Institutional
Childhood Abuse

Consultation on Supports and Services to Victims and Survivors of Non-Recent/Historical Institutional Child Abuse

Executive Summary



Contents



Section 1: Introduction 04

Introduction	04
Trauma-Informed Approach	06
Consultation Aims	07
What We Did and How We Did It	08

Section 2: What We Found 10

Physical Health	12
Mental Health	14
Getting Medical Help	16
Housing	17
Residential Care	18
Family and Social Related Needs	20
Individual Support Needs	21
Looking to the Future	22

Section 3: Recommendations 24

Final Reflections from the Commissioner	24
Service and Practice Recommendations	27
Policy and Research Recommendations	28



Section 1 Introduction



Fiona Ryan is the Commissioner for Survivors of Institutional Childhood Abuse. She represents the interests of victims and survivors who were abused as children in residential institutions in Northern Ireland between 1922 and 1995 as set out in the Historical Institutional Abuse (Northern Ireland) Act 2019.

Background

The Commissioner has a responsibility to encourage the provision and co-ordination of relevant services to victims and survivors in Northern Ireland including consideration of current levels of provision and identifying gaps.

Services include those which:

- Improve physical or mental health
- Help to manage addictions
- Provide counselling
- Improve literacy or numeracy
- Provide education and training or enable individuals to access opportunities to work

Since December 2020 the Commissioner and her staff have engaged with approximately 1,300 victims and survivors of non-recent/historical child abuse. One of the key findings to emerge from listening to survivors has been the importance of supports and services to long-term health and quality of life. Supports and services include specialist services, general health services and community and family-based supports.

Victims and survivors have also shared with us the challenges and barriers they experience in accessing supports and services. Some of these challenges are systemic in health and social care.

We recognise and understand that trauma can have a deep and lasting impact and that it can affect how individuals engage with services, or whether they engage at all.

“Crucial to my state of mind is knowing specialist services will be there for the long term...”

Feelings of guilt, shame, fear of being judged, fear of not being believed, fear of having to disclose/retell painful experiences or being afraid to disclose can all be significant barriers to engagement.

We know that disclosure rates are low for victims and survivors of child abuse and that includes victims and survivors of non-recent/historical institutional child abuse.

Prevalence research and the subsequent report 'The Prevalence and Impact of Adverse Childhood Experiences in Northern Ireland' by the Department of Justice and Queen's University Belfast revealed that 8.1% of participants had experienced sexual abuse in their childhood.

The study also revealed that 7.8% had experienced physical abuse, 10.2% had experienced emotional abuse, 18.2% had experienced emotional neglect and 5.9% had experienced physical neglect.

As a result of engagement with victims and survivors, the Commissioner launched a consultation seeking views from victims and survivors of non-recent/historical institutional child abuse in Northern Ireland in relation to their experiences of supports and services.

“By embedding trauma-informed principles in how we work and in our consultation aims, we hope to contribute to creating a safer, more respectful environment for survivors of non-recent/historical institutional child abuse...”

A Trauma-Informed Approach

“
One of the key findings to emerge has been the importance of supports and services to long-term health and quality of life...
”

The Commissioner, in considering the findings of the consultation, is mindful of the Safeguarding Board for Northern Ireland's research and recommendations in relation to Adverse Childhood Experiences, trauma-informed approach, care and practice in mental and physical health services, as well as the Programme for Government commitment to embed trauma-informed responsive systems under its priority of Safer Communities.

The Commissioner and her staff work to ensure that practices and policies are reflective of the core principles of a trauma-informed approach:

- Prioritising the safety of survivors engaging with us
- Building trust and promoting transparency with victims and survivors
- Promoting survivor empowerment
- Survivor collaboration and choice
- Demonstrating cultural, historical and gender sensitivity reflecting the complex social context of non-recent/historical institutional child abuse

The Commissioner and her staff view a trauma-informed approach as an ongoing sustained commitment to victims and survivors. By embedding the principles in how we work and in our consultation aims, we hope to contribute to creating a safer, more respectful environment for survivors of non-recent/historical institutional child abuse. This respectful environment should be one that acknowledges past harm and the living legacy of that harm, fosters trust and promotes healing and empowerment.

Consultation Aims

To provide victims and survivors of non-recent/historical institutional child abuse with the opportunity to share their views about their physical and mental health and how they consider the abuse they experienced as children has impacted their health



To create a space where victims and survivors can share their experiences of supports and services and reflect on what they considered they would need in the future



To offer support and reassurance to victims and survivors that they are not alone in their experiences. Like other child abuse survivors, victims and survivors of non-recent/historical institutional child abuse can feel isolated as a result of their experiences in childhood. It is hoped that by sharing this research, it can help counter feelings of shame and isolation for victims and survivors



To gain a better understanding of victims' and survivors' experiences of supports and services and to use these insights to:

- Amplify victims' and survivors' voices on these matters
- Inform the work of the Commissioner's Advisory Panel in its consideration of supports and services
- Have conversations with those who commission and provide supports and services to further develop a trauma-informed and evidence-informed approach that is responsive to the needs of victims and survivors of non-recent/historical institutional child abuse



To further contribute to the development of a holistic and effective trauma-informed system that recognises trauma and resists re-traumatisation



To ascertain if the research findings from this survey align with findings from similar research in other jurisdictions and contribute to wider understanding of the effects and legacy of non-recent/historical institutional child abuse



What We Did And How We Did It

The Office of the Commissioner created a consultation consisting of 38 questions to gather information from victims and survivors about their experiences of supports and services. Questions invited victims and survivors to share their experiences of supports and services, their general health and what supports and services they expected they might need in the future.

Care was taken during the design of the consultation to balance the need to avoid re-traumatising participants while seeking responses that could provide insights into survivor experiences of supports and services.

“
Care was taken to balance the need to avoid re-traumatising participants while seeking responses that could provide insights...”

Staff took part in pre-consultation engagement with victims and survivors, survivor group representatives, specialist service providers and other key stakeholders to ensure the design of the questionnaire was trauma-informed.

The questions were designed to reflect these pre-consultation engagements, as well as issues that victims and survivors had shared with the Office of the Commissioner in relation to their health and their experiences with supports and services.

The questions also reflected existing research into the health needs of victims and survivors of non-recent/historical institutional child abuse in Northern Ireland and in other jurisdictions.

The consultation was promoted by victims and survivors group representatives, specialist services and the Office of the Commissioner through stakeholder engagement and digital communications.

The initial consultation was carried out on a pilot basis and then refined following further conversations and feedback from stakeholders including the Victims and Survivors Service (VSS), WAVE Trauma Centre and survivor group representatives for a more comprehensive rollout.

Victims and survivors were offered a choice in how they could participate in the consultation. They could complete this online or on the phone where a member of the Office's team would be available to guide them to ensure accessibility.

126 victims and survivors responded to the consultation.

The results of the consultation were collated and analysed by staff in the Office of the Commissioner. A secondary analysis of the anonymised consultation data was completed by STRIDE, a university-based consultancy firm at Queen's University Belfast that specialises in the design, implementation and evaluation of social impact programmes.

The findings of the consultation provide valuable insights into the self-reported health and wellbeing of victims and survivors, their experiences of supports and services and their concerns for the future.

Please note, due to rounding not all values will add up to 100%.

“
Victims and survivors shared with us their experiences and perceptions of current supports and services...”

Acknowledgements

The Commissioner and her staff would like to thank the individual victims and survivors of non-recent/historical institutional child abuse who took the time to participate in the consultation. They shared with us their experiences and perceptions of current supports and services and the supports and services they thought they would need in the future.

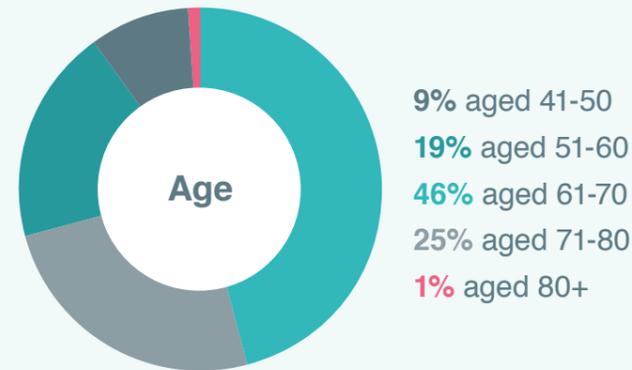
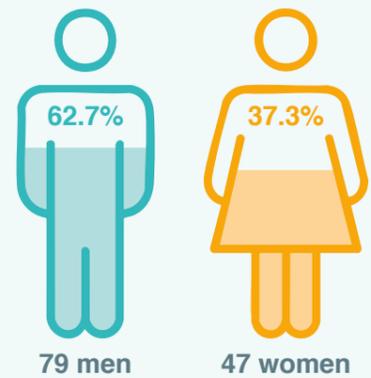
We are grateful to the victim and survivor groups who promoted and engaged with their members in relation to the consultation. They offered valuable feedback, particularly in the pilot phase, ensuring that the emerging consultation was comprehensive and robust.

We would also like to thank the Victims and Survivors Service, WAVE Trauma Centre and Advice NI for their valuable insights in developing the consultation and supporting victims and survivors to participate.

Our thanks as well to The Executive Office Victims and Survivors Directorate for their support in developing this consultation.

Section 2 What we found

Of 126 responses to the consultation...



30% of participants said they were not able to access the support that they need for their mental wellbeing

7% of participants said their mental health was good or very good

68% of participants said their mental health was poor or very poor

61% of participants said that their physical health was poor or very poor

90% of participants expressed discomfort seeking medical help due to their experiences of child abuse

79% of participants stated that they receive financial support, facing challenges with:

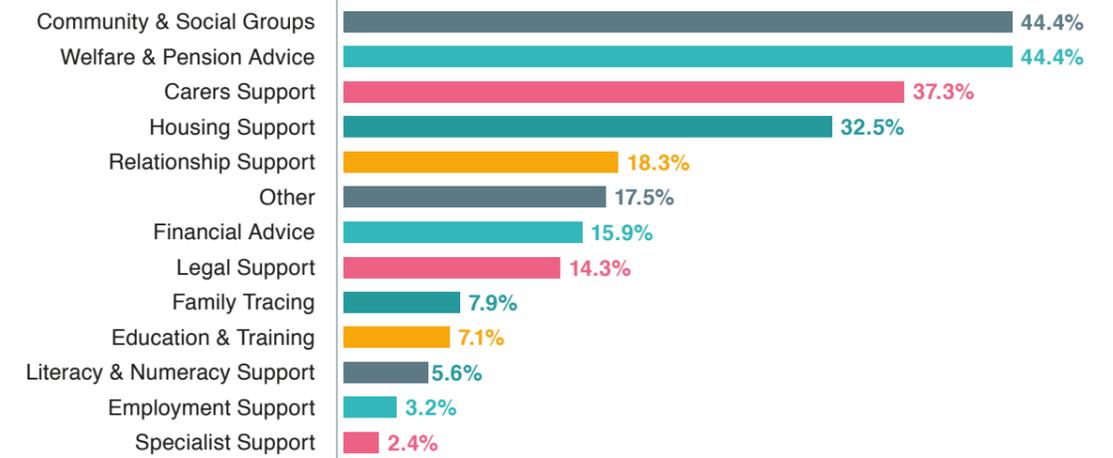
- Employment Support Allowance (ESA)
- Personal Independence Payment (PIP)
- Universal Credit (UC)

71% of participants said they have concerns about their wellbeing in future residential care

52% of participants indicated that they have a recognised disability

34% of participants reported facing housing difficulties

Anticipated future support needs



48% of participants stated that they are worried for the future

44% of participants felt that they might need welfare and pension advice

37% of participants indicated that they might need carer support services

18% of participants felt that they might need relationship support services

83% of participants who responded felt that their childhood experience had impacted their family relations

94% of participants believe their abuse in childhood affected them long-term

20% of participants reported they do not visit their GP

6% of participants stated that they found domestic abuse services were important to them in the past five years

There was a marked difference in the percentages of men and women needing support for addictions

37% men
9% women

1. Physical Health



I have constantly had to fight for care. I've been misdiagnosed before. I don't feel my care to date has been taken seriously due to my background. When they see victim/survivor on my records, I feel dismissed by doctors - it's always tablets such as antidepressants being suggested. Emotional build-up blamed on certain physical complaints I raise... ”

Some of the physical health conditions that people shared with us...



Heart Failure, Hearing Loss, Arthritis, Glaucoma, Eyesight Loss, Chronic Fatigue Syndrome, Deafness, Knee and Hip Issues, Respiratory Problems, Cancer, Progressive Multiple Sclerosis, Gastro-Intestinal Issues



“As time moves on my health becomes ever more important. I will need the current support services to continue indefinitely, otherwise I fear for my future...”



61% of participants reported poor or very poor physical health

- 60% of participants stated that they had multiple health conditions with chronic conditions like COPD, heart failure and diabetes prevalent.
- 64% of participants felt their physical health was affected long-term by their experiences in an institution.
- A significant portion (72%) of participants were aged 61 or over. Age, combined with the prevalence of chronic health conditions, indicates a high demand for healthcare services.

“I have health problems now that should have been diagnosed and treated as a child, and they were not. I believe I was neglected as a child in these institutions. These were only diagnosed as an adult. I was malnourished...and my speech was badly developed...”



48% of participants expressed a strong reliance on support from services like WAVE Trauma Centre and VSS for health issues

- 53% of participants told us they relied on GPs as their main source of healthcare for a range of physical and mental health reasons. The GP is often the gateway to accessing other forms of care.
- Participants indicated a growing need for specialist services, pain management and occupational therapy in the future.

2. Mental Health



I have a determination not to let my experiences in institutions become front and centre of my life. It's not a question of ignoring the pain and suffering but best to remain in control of my destiny and my self-preservation. This is crucial to my overall wellbeing albeit I am mindful of my past... ”

- Mental health outcomes showed gender differences, with 73% of men reporting poor mental health compared to 60% of women.
- 21% of participants stated they used private psychiatrists and 45% of participants used private therapists/counsellors in the past five years indicating that victims and survivors are seeking private help in parallel to specialist services.
- Survivors often face complex mental health issues including depression, post-traumatic stress disorder and eating disorders, with some coping through addictions.

68% of participants rated their mental health as poor or very poor, with **94% of participants** telling us that their abuse in childhood affected them long-term

“My mental health has become a daily struggle. I have struggled for so many years and I find it hard to seek advice. I feel no one really cares and I would just be a burden...”

- 7% of participants said their mental health was good or very good.
- 32% of participants said they were mostly able to access support for their mental wellbeing, with 31% stating that they were only sometimes able to access support. 30% of participants said they were not able to access support and only 6% of participants felt that they did not need support.

“Managing my mental health has its challenges notwithstanding feeling lonely and vulnerable. And therefore, my first port of call is VSS and having that vital support keeps me going...”

Some of the mental health conditions that people shared with us...



Insomnia, **Bipolar Disorder**, **Eating Disorders**, **Disruptive Behaviour Disorders**, **Complex Post Traumatic Stress Disorder**, **Depression**, **Post Traumatic Stress Disorder**, **Dissociative Disorders**, **Agoraphobia**, **Addictions**, **Anxiety**



62% of participants told us that they valued specialised survivor mental health services

- There was a marked difference in the percentages of men and women needing support for addictions. 37% of men indicated a need for addiction support versus 9% of women.
- When asked about what services were important for mental wellbeing in the past five years, 12% of participants said sexual violence services.
- 6% of participants indicated that domestic abuse services were important to them in the past five years.

“Mental health support hasn't been easy for me to access. I have been paying privately...”

“Childhood trauma has caused me to have serious mental health issues. To have suffered immensely at the hands of my carers has defined a life of continuous struggles...”

“My experiences as a child have left me totally destroyed and are the primary cause of having to take alcohol and drugs to cope and block out the pain and suffering...”

3. Getting Medical Help



I find it hard to express myself to professionals when I become frustrated. They do not understand where this frustration comes from. This would be different if they understood what happened to me when I was younger. It might make them more understanding...

Child abuse and neglect have far-reaching financial, economic and social consequences to both the individual and society. The financial impact of child abuse on healthcare systems, social services and the broader economy are substantial, as illustrated by a report by the Home Office.

The 2021 Home Office report into the economic and social cost of contact child sexual abuse estimates the financial and non-financial (monetised) lifetime cost relating to all victims who began to experience, or continued to experience, contact CSA in England and Wales in the year ending 31 March 2019 to be at least £10.1 billion.

“Although I desperately need to visit my GP, I am unable to because I cannot use public transport and have no way to get there...”



20% of participants reported that they do not visit their GP

- 56% of participants told us that they shared their abuse history with healthcare professionals, while 44% of participants chose not to because of fear of judgement, mistrust or the perceived lack of trauma-informed care.
- A significant number (90%) of survivors stated that they were uncomfortable when repeatedly recounting their experiences, often delaying or avoiding healthcare altogether.
- Many survivors reported that having healthcare professionals with more trauma-informed understanding could improve their experiences and lead to better victim-centred care.
- 90% of participants expressed discomfort seeking help due to their experiences of child abuse, saying it was difficult to communicate with professionals and that there was a lack of understanding about the impact of trauma.

4. Housing



I have moved house many times, finding it so hard to settle down since leaving the care system. It’s an ongoing merry-go-round. Wish I could be normal like everybody else...



34% of participants reported facing housing difficulties...many survivors experienced homelessness or housing-related stress and insecurity

- Survivors emphasised the need for tailored housing solutions that account for their experiences as children, expressing a strong desire for privacy and independence.
- While some survivors received vital support from organisations like VSS, many reported they still struggle with inadequate access to necessary home adaptations and care services.
- 38% of participants stated that they experienced difficulties tending to their needs at home. 14% stated they would prefer not to say.
- Results indicated that trauma from child abuse can affect survivors’ interactions with care workers, social services and the broader housing system, with distrust towards authority figures a barrier to engagement.
- In order to maintain their independence at home, 41% of participants said they would need assistance with maintenance, 37% felt they would need assistance with laundry/housework and 36% would need home modifications such as a chair lift or shower rail.

“I am truly grateful to Advice NI for their support and helping me sort out my housing issues...”

“I have to have help every day. I have issues looking after myself and my home and rely on my carer to come and help me every day...”

5. Residential Care



It's a scary thought and I would dread repetition of my childhood experiences and that alone is a major issue. Home is where I am insisting I want to be, at any cost...

“My deep fear is being treated like no one cares for me. History repeating itself. I may be totally wrong but it's my fear...”

- 71% of participants said they would have concerns about their wellbeing in future residential care. Only 17% of participants said they would not have such concerns and 13% of participants did not know at this stage.
- The fear of re-traumatisation was a dominant theme, with many survivors associating living in residential care as older people with their experiences as children in residential institutions.

“If there were care facilities in the community, this would make me feel safe and be a better option...”

- Many participants noted a preference for community-based care over institutional settings.
- 10% of participants who responded said they did not know what they would need to make them feel at ease in residential care.
- Only 2 participants out of 126 expressed openness to residential care if strict assurances were met regarding dignity, privacy and independence.

59% of participants who responded expressed that nothing would make them feel at ease in residential care

“Not a day I don't think my last days left on this earth will be in an institution... my worst nightmare...”



The following were described as important for victims and survivors to feel safe in residential care:

To have their own room



To have their privacy protected



To have a good standard of accommodation including hygiene



Family to be able to visit at any time



For the staff to understand how their experiences as a child in an institution may have affected them as an adult



To have policies about protecting residents from abuse



To be in a safe location, not near the site of an institution



6. Family and Social Related Needs



The separation of siblings and from parents by church and state left us like lifelong orphans, unable to communicate with anyone, trust authority or make friends... ”



82% of participants told us that they maintain contact with immediate or extended family, though the quality of these relationships varies widely

- 55% stated they had regular contact with friends and 28% said they had regular contact with community and social groups.
- 9% of participants reported no regular contact with family, friends or social/community groups, which could indicate greater reliance on state services.

- Survivors describe how trauma has impaired their ability to form and maintain relationships, resulting in ongoing loneliness, mistrust and relationship breakdown.
- Survivor groups, community-based groups and other social networks play a significant role in supporting mental health and reducing isolation for those involved.
- 83% of participants told us their childhood experience negatively impacted their family relationships. Only 4% of participants said this had no impact.

55% stated they had regular contact with friends and 28% said they had regular contact with community and social groups.

“It destroyed my trust in people which has led to isolation. I find it difficult to build or maintain relationships with others...”

7. Individual Support Needs



Currently I don't receive or look for support although I know I should reach out. I tend to be independent rather than draw attention to myself... ”

Individual support needs refer to the types of assistance, excluding health needs, which a person might need to support them to maintain or improve their quality of life. These support needs may include carer support, community and social groups, housing support, welfare and pension advice and relationship support. These needs are personal and shaped by the nature of the abuse, the survivor's background and their current circumstances.

- Victims and survivors highlighted that community connections and services are crucial for combating isolation and stigma.
- 21% of participants noted the value of legal support, especially for navigating legal processes like the Historical Institutional Abuse Redress Scheme.

32% of participants indicated that they currently need welfare and pension advice. When asked if they expected to need this in the future, this figure rose to 44%, indicating rising concerns among victims and survivors about financial stability as they age

- 18% of participants said housing support is currently important to them. When asked if this support might be needed in the future this figure grew to 33%, demonstrating rising concerns around housing stability and the need for support.
- 43% of participants identified community and social groups as crucial to their wellbeing.
- 16% of participants identified that they currently receive carer support. When asked if this support might be needed in the future, the figure grew to 37% which demonstrates the increasing importance of care services and support as aging intersects with the consequences of child abuse and trauma.
- Many survivors expressed anxiety around the continuity of support services, fearing that they may be curtailed even as survivor needs intensify with age.

“I worry about the winter fuel payments. I'm £12 over the threshold. I worry going into winter and living alone...”

8. Looking to the Future

“
Whatever future I have the past
will always be with me...”

- 20% of participants told us they felt hopeful, often drawing strength from activism and support services.
- Survivors emphasised the need for long-term, consistent services with concerns about the potential loss of support after a set period.
- Survivors highlighted a need for more accessible information, better communication and reduced administrative barriers.

At times I feel trapped within the past. I feel a lot of opportunities were wasted when I was in care. The future is the same as today. Every day is a struggle. At times I do not have the tools to deal with certain issues compared to individuals who received a different upbringing...



48% of participants expressed fear about the future, particularly about financial security and the health impacts of their previous experiences

- Issues such as mobility difficulties and lack of accessible services were commonly raised, particularly in relation to digital platforms and transportation.
- When asked about the next five years, 14% of participants said that they would need legal support.
- When asked about the next five years, 44% of participants said that they would need community and social groups to support them.

“
I can't emphasise enough
the continuation of services
for the long-term and how
important they are for my
wellbeing. It's like receiving
medication and then
withdrawing it knowing
you depend on it to survive.
Services have put me on
my feet and in a much
better place...”

Section 3

Final Reflections from the Commissioner

Since the establishment of my Office, we have engaged with victims and survivors, listening carefully to what they have shared with us about their childhood experiences, subsequent lives and their hopes and concerns for the future.

It is widely recognised that experiencing abuse as a child can potentially affect every aspect of a victim and survivor's life.

These recommendations are grounded in what victims and survivors have shared with us through this consultation and through our wider engagement with them. They reflect the ongoing impact of non-recent/historical institutional child abuse and the continuing need for trauma-informed supports, services and policies.

The decision to undertake this consultation reflects my statutory duty under the Historical Institutional Abuse (Northern Ireland) Act 2019 to encourage the provision and the coordination of relevant services in Northern Ireland to victims and survivors. This includes consideration of current levels of service provision and identification of gaps.

While the Office of the Commissioner is not a direct service provider, we can and do provide victims and survivors with information on how to access supports and services. Supports and services include specialist services, general health services and community and family-based supports.

The Victims and Survivors Service and its community partners have been supporting victims and survivors of non-recent/historical institutional child abuse with specialist services since December 2020. Many victims and survivors have told us that these specialist services are crucial to their wellbeing. It is the view of the Commissioner that these services need to be available to victims and survivors for the course of their lives. The Safeguarding Board for Northern Ireland agrees that supports should be available across the life course as 'triggering/activating' experiences can present at many points in life.

We understand that victims and survivors may face different challenges at different stages of their lives which may require a range of supports to meet their needs. Overall, we know that the victim and survivor population is an aging one and so the health risks associated with getting older are intersecting with pre-existing legacy health issues.

“
Supports and services include specialist services, general health services and community and family-based supports.”



Our recommendations are intended to build upon this work, take a strengths-based approach and provide further insight to guide both immediate and long-term supports and services to victims and survivors...”

The findings from this consultation show that victims and survivors have a range of chronic physical and mental health conditions and there is a strong reliance on public services and significant engagement with public services.

Northern Ireland has already made progress in embedding a trauma-informed approach into practice and policy and we acknowledge the ongoing, valuable work of the Victims and Survivors Service and its community partners, the health service and the many other service providers, practitioners, policymakers and researchers who are helping to shape this landscape.

Our recommendations are intended to build upon this work, take a strengths-based approach and provide further insight to guide both immediate and long-term supports and services to victims and survivors.

We hope that they will be a starting point for further conversations with government, service providers, policymakers, researchers and, most importantly, victims and survivors.

These recommendations highlight where we can build upon the strong, trauma-informed foundations already in practice in Northern Ireland and areas where we could take forward practical measures that are responsive to the lifelong impact of child abuse for victims and survivors.

We are aware that these recommendations are being made in the context of the ongoing significant challenges facing services, including resourcing, the effects of which are known, experienced and well documented. These challenges disproportionately impact people with additional and/or higher support needs who may be facing significant adversity in other aspects of their lives and that includes victims and survivors.

We are mindful of the Safeguarding Board for Northern Ireland's commissioned 2024 report "We are on a journey" which assessed the progress of embedding trauma-informed practice across Northern Ireland since 2018. The report found widespread benefits of adopting a trauma-informed approach for both service users and service providers including staff.



These recommendations aim to enhance awareness of the specific needs of victims and survivors and ensure that their experiences are at the centre of policies and practices...

The potential for better outcomes for victims and survivors is increased when a trauma-informed approach aligns with existing policy frameworks and strategic priorities; when they have resourced “whole of government” support and are research-informed and evidence-based.

This is why we have grouped our recommendations into two broad areas:

- Service and Practice Recommendations
- Policy and Research Recommendations

By fostering open conversations and collaboration, we want to encourage the next phase of policy, service development and research and ensure that victims and survivors are more visible in policies and practice.

Through the integration of a trauma-informed approach at all levels, we can contribute to the efforts to ensure that victims and survivors of non-recent/historical institutional child abuse are acknowledged, respected and supported throughout their lives.

We are again mindful of the work of the Safeguarding Board for Northern Ireland including promotion of a trauma-informed approach, undertaking training and sharing resources with its member agencies and partners.

Above all, these recommendations aim to enhance awareness of the specific needs of victims and survivors and ensure that their experiences are at the centre of policies and practices across Northern Ireland that affect them.



Service and Practice Recommendations

- 1 Ensure that specialist services provided by the Victims and Survivors Service and its community partners** remain accessible and available through the lifetime of victims and survivors.
- 2 Work with existing good practice to embed a systemic, trauma-informed approach** across all services engaging with victims and survivors, to reduce any barriers to accessing supports and services, avoid re-traumatisation and recognise survivors’ lifelong needs.
- 3 Strengthen trauma-informed housing support** by building upon specialist staff training, which recognises the specific needs and challenges victims and survivors may experience around housing and accommodation.
- 4 Encourage ongoing development of a trauma-informed approach in care homes for older people**, with services and care pathways that are respectful, transparent and rights-based, as advocated for by the Commissioner for Older People for Northern Ireland.
- 5 Increase existing awareness of child abuse as a risk factor for different forms of addiction**, supported by specialist training for statutory and voluntary providers which would build on existing good practice and further develop trauma-informed support for the particular needs of victims and survivors when engaging with services for a cross-section of addictions. This is a matter that the Commissioner will raise with the Northern Ireland Commissioner for Children and Young People.
- 6 Increase existing awareness of child abuse as a risk factor for re-victimisation in adulthood** including potentially domestic and sexual abuse and examine ways this awareness could be further considered in prevention and safeguarding and supported by specialist training. This is a matter that the Commissioner will raise with the Northern Ireland Commissioner for Children and Young People and The Executive Office.

Policy and Research Recommendations

1 Embed recognition of the lifelong impact of non-recent/historical institutional child abuse across government departments and agencies by further promoting a trauma-informed approach and adopting specialist training across services to prevent re-traumatisation.

2 Ensure accessible, lifelong specialist therapeutic support services for victims and survivors which are embedded in statutory provision and reflective of the changing needs of victims and survivors as they age. Active consideration should be given to including victims and survivors in the Regional Trauma Network as a means of further responding to the long-term effects of trauma.

3 Train staff and sectors to the appropriate level according to their role and remit. The Safeguarding Board for Northern Ireland can provide guidance on appropriate levels of training.

4 Develop strategic communications initiatives in collaboration with the Victims and Survivors Service to increase awareness of available specialist supports and services to victims and survivors.

5 Develop specific outreach and awareness initiatives focusing on victims and survivors living outside Northern Ireland in recognition of their increased risk of being unaware of supports and services to which they are entitled.

6 Explore best practice and policy initiatives from other jurisdictions to inform policy developments in Northern Ireland relating to the needs and experiences of victims and survivors of non-recent/historical institutional child abuse.

7 Formally recognise victims and survivors in housing policy and allocation as facing specific challenges, ensuring their specific needs and trauma backgrounds are considered in assessments and supports, if a survivor chooses to disclose.

8 Safeguard social security entitlements of victims and survivors, ensuring trauma-informed processes and protection against disadvantage from policy or eligibility changes.



9

Address re-victimisation risks for victims and survivors explicitly within the Domestic and Sexual Abuse Strategy 2024-2031 and the Strategic Framework to End Violence Against Women and Girls 2024-2031. Consideration should be given to commissioning research in relation to the risks of revictimisation and how this might be incorporated into prevention and intervention strategies.

10

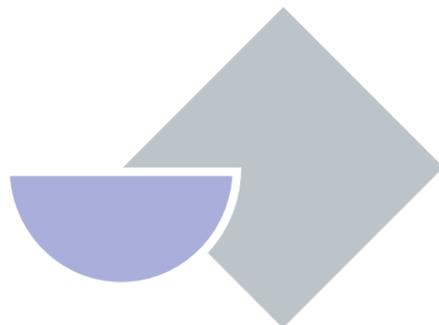
Ensure the rights of residents are central to residential care provision reflecting the rights-based recommendations made by the Commissioner for Older People for Northern Ireland. Further consideration should be given to how a trauma-informed approach can be increasingly applied in care home settings reflecting the Safeguarding Board for Northern Ireland's trauma-informed practice work and the earlier cross departmental Early Intervention Transformation Programme (EITP).

11

Commission further research into child abuse in Northern Ireland, in order to understand scale, impact and inform appropriate service provision, building on the recommendations within the 2019 Gillen Review as well as the findings of the Executive Programme on Paramilitarism and Organised Crime (EPPOC) study on 'The Prevalence and Impact of Adverse Childhood Experiences in Northern Ireland'. This is a matter which the Commissioner will raise with the Northern Ireland Commissioner for Children and Young People, the Victims of Crime Commissioner and relevant government departments.

12

Commission research into the long-term impact of intergenerational and transgenerational trauma from non-recent/historical institutional child abuse on survivors and their families to inform specialist and general service provision for survivors and their families.



Contact Details

Commissioner for Survivors of Institutional Childhood Abuse

5th Floor South
Queen's Court
56-66 Upper Queen Street
Belfast
BT1 6FD

T: 028 9054 4985

E: info@cosica-ni.org

W: www.cosica-ni.org

