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The role of paramilitary punishment attacks and intimidation in death by suicide in post agreement Northern Ireland

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The role of paramilitary punishment attacks and intimidation in death by suicide in Northern Ireland

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Key Points

1. Acts of intimidation have been anecdotally linked to death by suicide. To date discussion on the topic has been hampered by a lack of empirical evidence.

2. The findings from this study suggest that 19 men from a two-year cohort of suicides had experienced intimidation in the twelve months preceding their death.

3. The burden of care currently falling on primary care and other mental health professionals to respond to the emotional needs of these men is inappropriate and likely to be ineffective.

4. In order to understand how suicide is linked to intimidation we need to better understand the psychological impact of these threats and the help seeking behaviour of men who experience them.

Biography

Sharon Mallon is a Lecturer in Mental Health at the Open University. She has extensive experience of research in the areas of both suicide prevention and postvention. She has worked on a range of projects commissioned by national and local government, health trusts and voluntary organisations. Her work on suicide has been published and presented in both national and international settings.
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1. Introduction

Over the past few decades there has been a steady rise in the number of deaths classified as suicides (Largey et al, 2009). This increase has been particularly marked since the end of the 'Troubles' (Largey et al, 2009). As a result, it has been suggested that exposure to traumatic events prior to the ceasefire has created individuals who have an increased vulnerability to suicide (O'Neill et al, 2014). However, causal explanations for the rise in deaths have yet to be fully established and there continues to be uncertainty about the nature of any potential relationship between the political violence and suicide at an individual level. For example, Tomlinson (2013) called for research on the relationship between war, peace and suicide that better explores the link between social structure, individual meaning and action.

At any rate, the relationship between trauma and suicide in the Northern Ireland context is likely to complex. Even though the Good Friday agreement effectively brought an end to the widespread violence associated with the 'Troubles', communities within Northern Ireland have continued to be blighted by an insidious form of violence in the form intimidation often in the form of Paramilitary punishment attacks (PPA). For some time anecdotal evidence published in news media have linked cases of intimidation to individual cases of suicide (Tomlinson, 2007). To date, there has been a lack of empirical research exploring a potential link between this form of political violence and death by suicide. The aim of this paper is to address this gap in our knowledge by examining these forms of violence among a cohort of individuals who died by suicide in Northern Ireland during the period 2007-2009.

2. Overview of Intimidation and PPA

The terminology used when speaking about this form of political violence can be confusing. Paramilitary punishment attacks (PPA) are commonly referred to as punishment beatings. Although this term is useful when describing actual physical attacks and is frequently referred to in public documents, it fails to capture the full spectrum of experiences that can be categorised under this form of political violence. This is significant because it excludes broader acts of intimidation (exiles, warnings and threats of violence) that are likely to be more common as they used a first intervention (Hamill, 2011). Darby's (1986) concept of intimidation is ore inclusive as it includes the exercise and/or threat of violence such exile orders, curfews and other aggressive threats. Such acts tend to be carried out on, or targeted at, young working class men, usually by other members of their own community (O'Neil et al, 2002).

Acts of intimidation and PPA are not a new phenomenon; rather they have been a consistent feature of Northern Irish society throughout the 30 years of the troubles (Knox, 2001). However, they are controversial, as despite widespread public condemnation of such violence it has been suggested there has been a degree of surreptitious support for it within communities, who relied upon it to curtail the anti-social activities of individuals within the community (Hamill, 2011). Any discussion of the issue is undoubtedly influenced by problems of reporting; the validity of police statistics on the issue have been questioned and it is almost

impossible to accurately assess the number of acts of intimidation that are experienced each year as there is a general reluctance to report such incidents (Eriksson, 2009). It is known that the end of the troubles was associated with a rise in the number of punishment style attacks undertaken by groups with paramilitary links. Between 1994 and 1995, the first full year after an initial cease-fire, it was estimated that the number of PPA by the IRA increased fourfold, from 32 to 141 (Eriksson, 2009). The signing of the Good Friday agreement meant it was politically unacceptable to use firearms in such attacks. As a result, the 'punishment' changed from shootings to beatings with baseball bats or iron bars (Eriksson, 2009). Such attacks rarely resulted in death, however the physical injuries were extensive and debilitating, typical characteristics included fractured limbs, sometimes compounded by puncture wounds if nails had been used (Monaghan, 2002). The rise in the number of PPAs presented a significant challenge to the newly formed assembly, as they struggled to maintain a fragile ceasefire amidst evidence that the violence was continuing (Jarman, 2004). Such was the extent of these attacks that the early days of the ceasefire were sometimes referred to as an 'imperfect peace' (Monaghan, 2002). More recently, a report from OFMDFM Office estimated that in 2009-2010 there were 774 cases recorded cases of intimidation by paramilitaries in Northern Ireland (Matthews, 2012). As recently as 2013, the Northern Ireland Human Rights commission (2013) expressed concern about the worrying levels of paramilitary style attacks.

3. Links between suicide and PPA/intimidation.

As we suggested at the outset of this paper, there has thus far been a lack of academic inquiry into the link between suicide and intimidation. Anecdotal evidence published in print and news media has been forthright in making a connection between individual deaths by suicide and PPA. One such example is listed within The CAIN Chronology with the following statement. "... a young man aged 21 from west Belfast hung himself on the railings of a motorway in Belfast. He had previously suffered a paramilitary 'punishment' attack, and had both his legs broken, because of his alleged involvement in 'joyriding' ..." (CAIN, 1997). There have also been notable mentions in House of Commons. In 1996, the Secretary of State for Northern Ireland, Mo Molam publicly acknowledged the link between PPA and suicide during a debate in which she stated 167 punishment beatings had taken place in 1995. She also specifically named two individuals who had died by suicide followed such beatings (HC Deb, 1996). Seven years later anecdotal evidence about the link persisted, as the print media argued that the growth of suicide among young men in North Belfast could be attributed directly to 'punishment beatings' (*Sunday Life*, 28 November 2004, quoted in Tomlinson, 2007). The subject was again raised in the House of Commons in 2004, this time a Conservative MP stated "The sad situation in Northern Ireland is that the punishment beatings, the racketeering, the exclusions and even the pressure towards suicide among young people have all got worse since the joint agreement" (HC Deb, 2004). Tomlinson (2007) points out, evidence on paramilitary beatings presented to the Northern Ireland Affairs Committee in 2001,

made no mention of a link to psychological consequences of such attacks. One rare reference to the psychological impact of intimidation is to be found in Hamill's (2011) study of young 'hoods'. In it the author reported that just over one third of her participants had experienced long periods of depression and had suicidal thoughts in response to being threatened, while 22% admitted having attempted suicide (Hamilll, 2011). To date, we have been unable to identify any studies that empirically examine any direct connection between the intimidation and deaths by suicide.

4. Methods

As part of the Understanding Suicide study, we accessed files at the Coroner's office in relation to deaths that occurred between 2007-2009. Reviewing a two-year cohort of deaths identified 403 individuals who the Coroner determined had died by suicide. We were able to access the medical records of 360 of these individuals. In the remaining 43 cases medical records were unavailable. Finally, we undertook semi-structured interviews with 78 bereaved family members. We began data collection in relation to all life events that may have contributed to

Figure 1
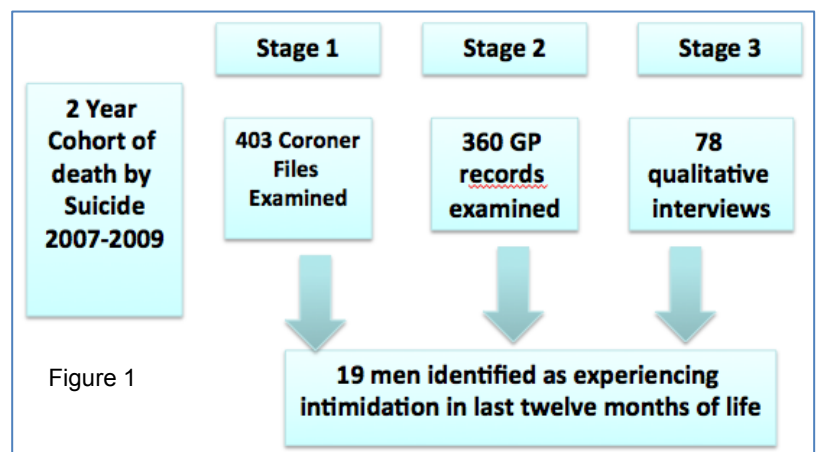
the suicide. As part of this process data was collected from all sources on troubles related violence. Individuals were recorded as having experience of intimidation as a yes or no question. Qualitative data relating to the details of this experience were then recorded in a word document, including date and nature of the event. For the analysis presented here we have focused only on those individuals for whom the event took place in the twelve-month period preceding their death[1].

In order to identify as many cases as possible affected by intimidation we integrated information from all three sources. The results of our combined analysis and details of how many individuals were identified from each data source are detailed in Figure 1. Given the sensitive nature of the topic we have taken extra precautions to protect the confidentiality of individuals involved when providing qualitative evidence in support of our analysis. We have deliberately limited the detail presented on any individual case, examples are necessarily brief and we have changed or excluded any identifiable features.

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[1] An additional 7 individuals who experienced intimidation after the 1998 ceasefire but longer than twelve months prior to their death were excluded from this analysis because of the historical nature of the events.

5. Findings

We identified 19 individuals who experienced intimidation in the year preceding their deaths (Figure 1). All 19 were male, no females were identified; overall these men account for 5.5% of the male cohort. They were aged between 18-63, with an average age of 34. Most were aged between 15 and 44 (Table 1). The cohort nature of our sample means we are also able to provide an estimate on the percentage of each age group affected. The vast majority, (n=15) were listed as unemployed with only four men noted as being in employment at their death. They were also predominantly single (n=13); three men were listed as separated/divorced. Only three were listed as married or cohabiting.

Table 1: Percentage of men experiencing intimidation

Age Range	Males in this age range	Recent intimidation (n)	% of Males in this age range
15-24	65	5	7.6%
25-44	144	10	6.9%
45-64	89	4	4.5%
>65	25	0	0
Total	323	19	5.9%

The period of time between the threat and the suicide varied across the twelve months, with most taking place within the six months immediately preceding the death. In some cases, the individual died within a few hours of receiving a threat of violence. For some, the threats of violence had been taking place over a number of years. At least seven of these men had previously been subjected to a PPA, four had been previously exiled from Northern Ireland. In all 19 cases the threats had recently been renewed. In most cases it was possible to deduce from the records the reasons for the intimidation. Some of the threats were linked to anti-social behaviour linked to alleged criminal activity. However, some of these men were initially threatened after an episode of perceived anti-social behaviour or to an incident that occurred in conjunction with excess alcohol or drug consumption. For example, one man appeared to be threatened because he repeatedly held loud house parties.

Researchers undertaking data collection noted the overt way in which information relating to intimidation and assaults were recorded. One typical entry in a Coroner's file simply noted the man: "had been subject to a severe beating around 12 hours before his death". The qualitative data collected from medical and Coroner records and three of the family members, also gave an insight into the impact of both the threats and actual violence, on the state of mind of the deceased. For example in one case, after reading the Coroners records the researcher noted "Deceased was assaulted with iron bars by two men one month prior to death, then received a threatening visit from another shortly before his death, mentioned fear of further assault to a friend".

In another case the first indication of any problems came four months before the suicide, it was noted in the man's GP records that he had been admitted with an overdose. Based on information read in medical notes the researchers noted that a friend had told him that the paramilitaries are after him and he would rather die than let them injure him.

The challenges facing medical professionals in managing these cases was apparent. In some cases, the individual was referred to the Community Mental Health Team (CMHT). However, medical professionals struggled to ascertain if there were elements of paranoia in the presenting symptoms and it was only with the benefit of hindsight, sometimes following the actualization of a threat of violence, that doctors were able to rule out paranoia. At one visit, it was noted in the medical notes of one man that it was difficult to tell how much of the problem was attributable to a paranoid personality and how much was reasonable responses to threats. The threats were later verified and in the final appointment prior to the suicide it was noted that there is "no psychiatric diagnosis and the response is appropriate given the threat he is under". In cases were help was sought both the psychiatrist and the GP were reluctant to offer anti-anxiety or sleep medication, as they acknowledged that the threats appeared to be real and 'anxiety' was not the problem. Another case further illustrates this situation: The man attended for anxiety six months prior to his death. GP notes stated that he had been threatened by paramilitaries and was suffering from anxiety, he was referred to the CMHT and refused diazepam. Two weeks later he was assaulted. Attends the GP in a very agitated state and is given diazepam at this point. There were 8 further consultations recorded in which he complains about stress and anxiety and problems sleeping between the first attendance and his death. The final consultation took place two weeks before his death. This man had never attended the GP before for mental health. He never engaged with the CMHT but did not appear to seek help elsewhere.

Help seeking from the PSNI was directly discussed with those family members who linked their relatives death to intimidation during their interviews. In this quote, from one family member we can see that there was a reluctance to involve the police service, even after the man's death:

> *We know he was getting bullied because we've talked to people that seen him but they didn't know what it was about....the police didn't know nothing about it. When we found out what was going on we didn't want to involve the police because it would have brought up a lot of dirt and my mother didn't need to be going through that..*

6 Discussion and Recommendations

Our data demonstrates that although the overall numbers were small, intimidation may be related to premature death of men to suicide. We believe this is the first time empirical data has been used to directly discuss this issue in connection to death by suicide in Northern Ireland. For a number of reasons, the results should be viewed with some caution. Firstly, this is a secondary analysis of data that was not originally intended to explore

this issue. It is thus impossible for us to fully assess the issue of intimidation and its contribution to the suicides of these men. The statistics quoted should thus be regarded as an estimation of the size of the issue. Secondly, we should be cautious not to overstate or simplify the association between suicide and intimidation as some media reports tend towards. Suicide arises from a complex interaction of many factors, including genes, individual psychological vulnerabilities and wider social issues (Joiner, 2010). Undoubtedly, many of these men experienced factors in their lives, unconnected to the intimidation that could be implicated in their suicides.

Nevertheless, we believe our analysis has a number of strengths. Our findings are backed by data from official sources and by accounts from family members of those who died. Our use of multiple sources allowed us to detect both those men who had sought help from medical professionals for the intimidation and those who had not. Our experience of doing so leads us to conclude that the sensitive nature of this topic means there is methodological necessity to combine different forms of data if we are to accurately assess the extent to which intimidation is connected to suicide in further studies. In addition, we deliberately limited the time frame of acts of intimidation that were included in our analysis to those that occurred within twelve months of the suicide. It is our assessment that the close timing of the intimidation in relation to the suicide, the reporting of such acts in Coroner's records, the help sought from medical professionals and the testimony of relatives, all suggests these events may have contributed to the state of mind of these men at the end of their lives. However, this is clearly a complex and sensitive issue that warrants independent research directed specifically at the issue. Such research clearly requires the involvement of suicide specialist practitioners who can help to fully make sense of suicides that take place in the wake of intimidation. However, our experience of trying to analyse these events means we recommend it should be carried out in conjunction with organisations who can ensure a comprehensive methodology that is sympathetic to nature of the topic.

Crucially, there are a number of specific points that emerge from this research that are worth further consideration. Firstly, intimidation in the form of actual or threatened violence is a demonstration of power, control and retribution. It is designed to force an individual to cease undertaking a particular behaviour and it relies upon the instigation of fear. There is little doubt that many of these 19 men were fearful, the data clearly highlighted the trauma that resulted from previous beatings and how frightened these men were of violence they might face in the future. Understanding their help seeking behaviour is thus vital when considering why men facing such intimidation may consider suicide. Under ordinary circumstances, the police service of a nation are considered to be the most appropriate port of call when an individual fears they are, or may become, a victim of crime (Miers, 2000). Regrettably, we are unable to comment extensively on the use of the PSNI as a source of help as during this analysis we did not have access to police records. However, in the cases where family members spoke about the issue, the PSNI were not considered to be a viable line of defence for these men. There are likely to be significant barriers to seeking help from the PSNI in relation to the specific type of events reported here (Hamill, 2011). In addition, a broad understanding of the historical origins of the troubles would

support the notion that the trust placed in the police among certain sectors of Northern Ireland society is likely to be limited (Knox, 2001).

Arguably, the inability to seek out the form of support that is ordinarily offered to victims of crime makes these men especially desperate and may explain why some of them continually sought help from their GP or CMHT in relation to the intimidation. As we have suggested, these men appeared to be experiencing fear, in that their reaction was created in response to the specific threat of violence and/or death (Glasner, 1999). This reaction is distinct from a diagnosable anxiety disorder which is typically considered to be 'objectless' in the sense that there is no palpable danger and which can thus be usefully treated within a medical framework (Glasner, 1999). Medical professionals can usefully respond to the physical consequences of violence, or the trauma of past experiences. However, as we have demonstrated, they face considerable challenges in assessing and responding to on going issues that cannot be categorized as a mental health problems or usefully responded to using pharmaceutical or other therapeutic interventions. Our data suggests the burden of care falling on primary care and other mental health professionals is both inappropriate and likely to be ineffective. We must therefore urgently ascertain if these men are seeking help from the PSNI and if not determine what can best be done to better support them. For it is the lack of a viable support route for these men that potentially increases their vulnerability to suicide. As William's (1997) has suggested, suicide is likely to take place when a person experiences entrapment, in the form of a mental or physical state in which they cannot get away from something they wish to flee.

7. Conclusion

Sometime ago Northern Ireland was described as having an 'imperfect peace' in which acceptable levels of violence persisted (Monaghan, 2002). Recent reports suggest that despite repeated condemnations and pleas from desperate family members, PPA attacks continue to take place in Northern Ireland (Human Rights Commission, 2013). This demonstrates that paramilitaries are continuing to operate an informal criminal justice system, with a degree of political and legal impunity. We must therefore conclude that the peace process continues to be an 'imperfect' one. This is a unacceptable position for any society to find itself in and if, as the evidence presented in this paper suggests, there is a relationship between continuing forms of intimidation and suicide, then this not just an '*imperfect peace'* but potentially for some individuals a lethal one. We can thus only conclude by suggesting that the issue of intimidation clearly needs to be given considerable and serious prominence at a policy level.

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