

The “Ceasefire Babies”: Intergenerational trauma and mental health in post-conflict Northern Ireland



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Abstract

This paper details the history of the thirty-year conflict commonly known as “the Troubles” in Northern Ireland, the acute impact of political violence exposure on communities’ mental health, and the possible intergenerational transmission of this trauma. Although armed conflict ended in 1998, post-conflict Northern Ireland remains a divided society characterized by lingering tension, fear, anger, and sectarianism. While the majority of research has focused on the mental health consequences of acute trauma experienced during the Troubles, future research should explore potential impacts associated with the chronic stress of living in a divided society, and possible sources of resiliency. Through such impacts, the Troubles may continue to damage the mental health and wellbeing of future generations.

The Troubles

The ethno-nationalist tension that led to the Troubles was present for centuries beforehand and embedded in the very creation of the Northern Irish state itself [1]. The island of Ireland was a part of the British colonial empire from the beginning of the 19th century until the War of Independence, which led to the formation of the twenty-six county Irish Free State in 1922 [1]. The last six counties became the new country of Northern Ireland, and remained a part of the United Kingdom (U.K.) [1]. At its conception, the Northern Ireland population was majority Protestant (descendent of English and Scottish settlers) and minority native Irish Catholic [1]. The Unionist political establishment, which favored continued union with the U.K., consolidated their power through majority Protestant rule, and maintained that power through systematic employment, housing and voting discrimination against the Irish Catholic minority [1].

Northern Ireland’s new government quickly revised the voting system (from proportional representation to majority “winner take all”) and local government boundaries in order to maintain Unionist control [1]. Catholics were excluded from many high-ranking fields of employment, including the Royal Ulster Constabulary (RUC), which was the police force that was made up entirely of Protestants who were granted “Special Powers” for unwarranted arrests and searches, internment without trial, and blanket bans on public meetings and publications [1]. Lastly, voting rights in local government

elections were limited to rent-payers and their spouses, and new municipal housing was allocated by local councilors, who were predominantly Unionist [1]. This resulted in housing shortages and voting disenfranchisement in Irish Catholic communities, which allowed for the maintenance of the Unionist status quo [1]. This practice was blatantly intentional: as the Unionist chairman of one housing committee stated,

The council will decide what wards the houses are to be built in. We are not going to build houses in the South Ward and cut a rod to beat ourselves later on. We are going to see that the right people are put in these houses, and we are not going to apologize for it [1].

These discriminatory policies left the Irish Catholic minority within the boundaries of Northern Ireland trapped and politically powerless [1].

In the 1960s, inspired by the black civil rights movement in the United States, the Northern Ireland Civil Rights Association (NICRA) formed to oppose systemic discrimination and stimulate political involvement within the Catholic community [1]. Unionist politicians and the police severely overreacted to NICRA’s peaceful demonstrations, banning protests and using excessive force against the protesters [1]. These actions only garnered further support for NICRA’s cause. In response to rising tensions, the British Army was deployed to Northern Ireland, Unionist and Republican paramilitary organizations were formed, and the situation quickly escalated

into the violent conflict commonly known as the Troubles [1].

The Troubles began in 1969 and continued for nearly thirty years. In broad brushstrokes, the two opposing sides in the conflict were the Protestant Loyalists or Unionists, who identified as British and wanted to remain a part of the U.K., and the Catholic Republicans or Nationalists, who identified as Irish and desired a united Ireland. In total, throughout the Troubles, there were 14,000 bombings, 48,000 injuries and 3,737 deaths [2].

Mental Health in Northern Ireland

In a country as small as Northern Ireland, with a total population of less than two million people, this level of violence contributed to a significant burden of trauma for a large proportion of the population [1]. In a nationally representative survey of Northern Ireland residents, over 60% of residents had experienced at least one traumatic event in their lifetime, nearly 40% had been exposed to a conflict-related traumatic event, and 20% of people had witnessed a death or a serious injury to another person [2].

This widespread conflict-related trauma has been associated with severe psychological morbidity in the Northern Ireland population. Individuals with conflict-related trauma were significantly more likely to have a lifetime psychological disorder [2]. For example, individuals exposed to a conflict-related trauma were more than twice as likely to report a lifetime mood disorder, nearly four times as likely to report a lifetime anxiety disorder, and over twenty times as likely to report lifetime Post-Traumatic Stress Disorder (PTSD) [2].

Notably, of all 27 countries surveyed by the World Mental Health Survey Initiative, Northern Ireland had the highest lifetime prevalence of PTSD (8.8%) [2]. Individuals' PTSD was most often attributable to conflict-related events, such as the sudden unexpected death of a loved one, being witness to death, a dead body, or a serious injury, and getting threatened with a weapon [4].

Additionally, exposure to conflict-related trauma has been associated with increased suicidality in the Northern Ireland population [5]. Individuals exposed to conflict-related traumatic events were more likely to consider suicide than those who had not experienced a traumatic event, and more likely to have a suicide plan than individuals with a history of non-conflict-related trauma

[5]. Since the end of the armed conflict in 1998, the suicide rate in Northern Ireland has almost doubled [6]. Suicide rates have increased most among the cohort of men who were between the ages of 5 and 24 during the worst years of the conflict in the 1970s [6].

The magnitude and breadth of trauma and mental distress as a result of the Troubles can be understood through Shevlin and McGuigan's study on Bloody Sunday [7]. On January 30th 1972, a day known thereafter as "Bloody Sunday," the British army opened fire during a peaceful civil rights march in Derry, killing fourteen unarmed civilians and wounding 15 others [1]. For decades, the British Army denied any wrongdoing and claimed that they had been under fire from gunmen, despite civilian disputes that the shootings had been unjustified [1]. Nearly 40 years later, after a twelve-year inquiry, Lord Saville of Newdigate found that the soldiers had fired first, that none of the civilians had posed a threat, and that the army's account had been falsified [1]. Bloody Sunday is considered a key event of the Troubles, because youth who had been witness to or heard about the atrocity became more sympathetic to the militant republican cause and joined the Irish Republican Army [1].

In their study of the long-term psychological impacts of Bloody Sunday on the families of the victims, Shevlin and McGuigan [7] found that 30 years after the event, the victims' family members (immediate relatives, their children, and cousins) reported clinically significant psychological distress. Their scores on the Impact of Events Scale (a measure used to assess the impact of traumatic life events) were comparable to scores of those who had experienced life-threatening events such as war, physical threats or natural disasters [7].

The Intergenerational Transmission of Trauma

The association between parental mental distress and increased risk of psychopathology in their children is well established [8]. For example, in Northern Ireland, adults whose parents had a mental illness had over four times the odds of having an anxiety disorder, and over twice the odds of having a mood disorder, substance use disorder, or suicidal ideation or behavior than those whose parents did not have a mental illness [9]. One Northern Ireland-based study found that mothers' self-reports of the impact of the Troubles on herself, her family and her community

was associated with not only her own psychological distress, but poor mental health in her child [10].

A number of possible pathways have been investigated to explain the association between parental mental distress and psychopathology in children, including behavioral or environmental changes, fetal exposures, genetic vulnerability and epigenetic changes. However, multiple pathways are likely responsible for this association.

Very broadly, parental mental distress may put children at risk for mental illness due to changes in parenting behavior and the childhood environment [8]. Children may learn behaviors from their parents and model those learned behaviors in reaction to their environment, parental mental distress may contribute to deficits in childrearing, or children may experience parental trauma vicariously through reimagining past traumatic events experienced by their parents [8]. Animal studies demonstrate that changes in rat maternal behavior as a result of stress result in neural, hormonal, cognitive, and behavioral deficits in rat pups [8]. Maternal mental distress has been associated with emotional regulation difficulties in children as young as infancy [12]. In Downes, Harrison, Curran and Kavanagh's [13] study of mothers in Northern Ireland, the women describe how their past trauma impacts their parenting. During the Troubles, these women were from areas of high-conflict, lost fathers and husbands to the conflict, and were victim to sectarian attacks themselves [13]. Downes and her colleagues [13] found that some mothers experienced difficulties bonding with their children because of their fear of losing them, while other women were overly strict with their children, because they resented the life they might have had if they had not lived through the conflict.

There is also evidence that fetal exposure to maternal stress may confer vulnerability to psychopathology, in addition to a range of chronic physical illnesses [8]. A series of studies on the Dutch Famine of 1944-45 have demonstrated that the children of mothers who experienced nutritional deprivation during pregnancy were at higher risk for poor mental health, including depressive symptoms and schizophrenia [14, 15]. Additionally, children of women who experienced stress or anxiety during pregnancy are at higher risk of depressive symptoms, conduct and emotional problems, hyperactivity and cognitive delays [8].

Parents exposed to stress may also confer vulnerability to psychopathology through passing on genetic risk factors

to their children [8]. However, more recent evidence suggests that parental stress may also contribute to poor mental health in their child through epigenetic changes in the transcription of genes [8]. Gene expression is sensitive to environmental changes, including parental stress, and those changes in expression can persist over time and across generations [8]. There is evidence that maternal stress lowers the expression of several genes: the glucocorticoid receptor complex to which cortisol (a stress hormone) binds, and the serotonin transporter gene [8]. However, a comprehensive understanding of the mechanisms of stress-induced epigenetic changes and their contribution to the intergenerational transmission of trauma is still emerging and existing research is not yet conclusive.

When investigating the mental health consequences of exposure to political conflict during the Troubles, it is important to consider the possibility of intergenerational transmission of trauma. As Burrows and Keenan [11] write, "Intergenerational trauma is likely to freeze people and groups in the past, and make transformation to a more just, equal, and peaceful society less possible."

Future Directions in Research

Although the armed conflict ended in 1998 with the signing of the Good Friday Agreement, Northern Ireland remains a divided society [16]. Though peace has undoubtedly brought relief and progress to Northern Ireland, many communities are still troubled by economic deprivation, segregation, and lingering tension, sectarianism, and fear [16].

Out of concern for safety, the two main ethno-nationalist groups in Northern Ireland, the Irish Catholic Republicans and British Protestant Unionists, largely continue to live their lives apart [16]. Approximately 94% of children go to religiously-segregated schools, people live in segregated neighborhoods which are territorially marked with political flags and murals, and the communities are physically divided from one another by "peace walls": iron or brick barriers between the communities which can stand up to 25 feet tall [16].

Some people report that since the Troubles have ended they feel that there is more violence and that they are less safe in their communities [16]. In the Catholic community, these perceptions may be the product of historical mistrust of the police force and declines in informal

paramilitary control (who “policed, for the most part, with compassion”)—leaving behind a void of trusted social control, regulation, and community safety [16]. Low-level violence continues, particularly in interface communities, and 25% of children report having experienced sectarian abuse or harassment in the past year [16].

Most of the past research on the topic of mental health in Northern Ireland has focused on the psychological consequences of exposure to acute forms of trauma, such as death, serious injury, riots, or physical threats. However, future research should turn to the chronic stress of living in a divided, post-conflict society, and the possibility of resulting mental distress and morbidity. This is a pathway through which, even in peacetime, the legacy of the Troubles could continue to impact current and future generations’ mental health and wellbeing, even without acute exposure to conflict-related violence—such as among the “Ceasefire Babies”, the generation growing up in the wake of the Good Friday Peace Agreement. Lending support to this hypothesis, a recent study in Northern Ireland found that while residential segregation itself was not associated with poor mental health, living in an area segregated by peace walls increased the likelihood of using antidepressant or anxiolytic medications [17]. Such research would contribute to the limited body of knowledge on daily stressors and poor mental health in divided, post-conflict societies, beyond the scope of just Northern Ireland itself.

Future research should also explore sources of resiliency that protect against psychological distress in post-conflict contexts, such as community connectedness and ethnic identity. It has been suggested that the sharp increase in the suicide rate in Northern Ireland since the Good Friday Agreement is a result of declines in social connectedness that brought communities together during the conflict [6]. One study found that a strong social (ethnic or religious) identity was protective against mental distress due to conflict-related trauma, for both the mothers, who experienced The Troubles, and their children [10].

The Troubles, a thirty-year ethno-nationalist armed conflict, left behind widespread trauma and mental distress in the Northern Ireland population. Available evidence suggests that, through a variety of mechanisms, trauma may also be transmitted across generations, perpetuating the mental health impacts of the Troubles. In the future, research should examine possible mental health consequences associated with the chronic stress of living in a

divided, post-conflict society, in order to understand how ethno-nationalist tensions (that predated the Troubles and have persisted since) may continue to inflict stress and mental distress on communities in Northern Ireland, and post-conflict societies around the world.

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