

Queen's Policy Engagement

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Memorials to Historical Institutional Abuse:

How and why should society remember and what are the challenges involved?

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Introduction

Historical institutional abuse (HIA) has been examined in multiple inquiries and commissions of investigation across the world.

Within the island of Ireland, investigations have been conducted into clerical child sexual abuse and childhood abuse in residential institutions, as well as abuses perpetrated against women and young girls who were committed to Magdalene Laundries and mother and baby homes, and the children born in these institutions.

In Ireland, both North and South, memorialisation has been included as a recommendation in the main inquiries and investigations into HIA. However, there is limited knowledge of the role and significance of remembering, or of what memorials mean to the people affected by abuse.

This policy paper draws on interviews with victims and survivors of HIA and their families, as well as professionals working in this area, to provide insights into the main features and functions of victim-centred memorial projects and the complexities which arise in remembering the wrongdoing.

It begins by highlighting the need for widespread and meaningful consultation with victims and survivors as the basis of all legitimate efforts to remember HIA.

It then looks at the various types of memorials that are deemed appropriate by victims and survivors to remember and record their experiences, and also considers the functions that sensitively crafted memorials can perform. Finally, it outlines the main challenges and limitations of memorialisation as a response to HIA.

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Widespread Consultation:

The Basis of Victim-Centred Memorials

At the heart of victim-centred remembering lies the need for widespread and non-tokenistic consultation with victims and survivors and their full and meaningful participation in memorial programmes right from design to eventual fruition.

This core issue is emphasised by victims and survivors themselves:

"Consultation is not enough. It's participation. We are the experts ... Everything has to be victim-centred ... It's totally debased if it's not."

"Ask the survivors their stories; they know what they're talking about ... It is we who are the experts on what happened to us ... because we feel it and we know it and you can't take that away."

From the outset of the memorial process, every effort must be made to engage as widely as possible with the people affected by HIA to ensure that the views of all are properly and sensitively considered. Consultation processes must seek input from individuals who are more vociferous and have a high public profile, but it must also importantly reach out to those who have remained silent about their sufferings and are 'on the margins' of the victim/survivor community.

This is critical to preventing further re-traumatisation by leaving some victims and survivors feeling that their experiences are undervalued and of lesser importance. It is also an essential aspect of enabling all victims and survivors to locate their individual experiences in the memorial narrative.

Types of Memorials

Victims and survivors identified various types of memorials regarded as appropriate for remembering their experiences of abuse.

Static memorials such as statues, benches, plaques or gardens of remembrance have a role to play in providing a reflective space for silent contemplation of individual and collective sufferings.

Interactive and 'living' museum-type memorials which vividly represent the true nature and extent of the sufferings caused by HIA are important to many victims

and survivors in communicating the realities of what they endured.

Oral history or storytelling projects allow the voices of victims and survivors to speak to the differing lived realities of their past abuse and its ongoing impacts upon their lives and the lives of their families.

Locally based projects are an additional form of remembering to official memorials. Participating in grassroots initiatives such as artistic projects and community museums can give acknowledgement and support to victims and survivors and be useful in facilitating justice at the micro level.

Educational initiatives should be promoted which deal with the issue of HIA. These would ensure that HIA is neither culturally forgotten nor repeated, encouraging conversations around the social and political treatment of vulnerable and disadvantaged people.

Memorial Functions

If underpinned by a victim-focused ethos, memorials to HIA have a number of functions which are important at both the private and public levels.

Acknowledgement

Memorials represent symbolic public acknowledgement of personal experiences of abuse and give victims and survivors the dignity and respect they have been previously denied. By publicly recognising the sufferings and shame associated with HIA, memorials bring reality and validity to individual traumatic experiences and let people know that they are believed. As one victim/survivor interviewee explained, memorials ensure that the abuse is 'talked about [and] that it's not a secret ... to be ashamed of'.

Accountability

Memorialisation deals with questions of responsibility and accountability for HIA by engaging with the role of the Churches, the State, voluntary sector organisations and society in the institutionalisation of countless vulnerable children, women and young girls.

Truth

Telling the truth of what happened is a central aspect of acceptable remembrance. This was emphasised by one victim/survivor who emphatically remarked: 'I want the truth, the truth only.' Without truth, memorials cannot

confront the core questions of why the abuse happened in the first place. Including the voices of victims and survivors in projects that document their testimonies and stories is a key means of bringing truth into the public domain and of honouring the experiences of the people affected by HIA.

Non-repetition

Remembrance narratives of past abuses play a part in preventing abuse in the present and future. By documenting the reasons for the marginalisation and abusive treatment of vulnerable and disadvantaged groups in the past, memorials can assist with institutional reforms and strategies to ensure non-repetition of other similar types of abuse.

Intergenerational Impacts

Public forms of remembrance which document the realities experienced by people during and after their institutionalisation could begin to address the very real problem of transgenerational effects and help the families of victims and survivors to better appreciate what their relatives endured. As one victim/survivor explained: 'I can't bring myself to tell my daughter all that I went through ... If it was out there, then she can read it herself.'

Challenges of Remembering

What follows is a description of the major challenges of memorials as a means of responding to HIA. While it is not possible to offer definitive answers to all the dilemmas raised, each of the below issues must be carefully and sensitively considered in processes of remembering.

1. The victim/survivor community is made up of different types of people with differing experiences of abuse and differing views on how HIA should be remembered. Some are outspoken and demand powerful representations which unequivocally portray the full extent of the wrongdoing and the reasons why it happened.

Others prefer less forthright and contemplative memorials. Others still wish to leave the past behind and do not want to be publicly reminded of their abuse. The focus must be on crafting victim-centred memorial projects which ensure to the greatest extent possible that all individual identities and experiences are represented.

2. The content of an interactive or storytelling site

- of remembrance could cause contentions among victims and survivors. Problems may arise concerning the acceptability of placing people's deeply private and traumatising experiences in the public domain. Other difficulties involve the ability of memorial projects to represent the full spectrum of lived experiences among the victim/survivor community.
- 3. Recovering and documenting the truth of HIA in terms of who is responsible is a priority for victims and survivors but can be a problem for official memorials that are endorsed and funded by governments. Indeed, the views of victims and survivors often conflict with political and institutional ideas of what happened and why it happened. While victims and survivors want truth to be at the centre of how HIA is remembered, there are limits to the level of prior truth that can be obtained. It is also unfeasible to task memorialisation with the job of providing 'the one' objective truth. Instead, the fundamental task of memorial projects is to focus on the perspectives and lived experiences of victims and survivors and their families, working in collaboration with them to record and represent their narratives of
- 4. Memorialisation is not a stand-alone response to HIA but must be combined with other measures as part of a holistic victim-centred response. These measures include inquiries, processes of truth recovery, compensation, apologies, and health and wellbeing supports, which together seek to address the needs and wants of victims and survivors, involve a governmental desire to seek out the truth, and do not avoid questions of responsibility. Memorial projects must be carefully sequenced with other response mechanisms, with priority bring given to procedures which meet people's immediate and pressing needs.
- 5. While memorialisation comes at the end of processes to address HIA, care must be taken to ensure that memorial programmes do not mark an 'ending' or 'a full-stop' to the sufferings of victims/survivors. Instead, memorials must sensitively reflect the continuing and often life-long experiences of pain, grief and loss felt by those affected by abuse and their families. Projects which allow for the truth of what happened to be added to over time respect the decisions of victims and survivors who have not yet spoken of their abuse but may choose to do so in the future.

6. Memorialisation has limits in contributing to personal catharsis for victims and survivors. While it may bring a measure of healing to some, others question how it could 'bring you anything when it was all abuse, abuse, abuse.' Furthermore, for many victims and survivors who have not yet opened up about their abuse, memorialisation, as a means of facilitating the telling of stories and as a permanent record of experiences of abuse, has little cathartic potential.

This emphasises the importance of initiatives aimed at reaching out to 'silent' and 'more vulnerable' victims and survivors to ensure that memorial programmes are as inclusive as possible and offer the maximum opportunity for everyone to be involved.

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Paula's recently completed doctoral thesis - based on in-depth empirical interviews with victims and survivors of historical institutional abuse and professionals working in this field - is entitled 'Remembering what they can never forget: Memorialisation of historical institutional abuse in Ireland'.

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