

Clinical Paper

An Imperfect Peace: Trends In Paramilitary Related Violence 20 Years After The Northern Ireland Ceasefires

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ABSTRACT

Background: The 1994 Northern Ireland ceasefire heralded a new beginning for the region after 30-years of violence. In the 20-years following the cessation of hostilities, paramilitary punishment attacks continue to occur in breach of the ceasefire. The aim of this study was to review trends in these attacks over the 20-years and their impact on orthopaedic services.

Methods: We conducted a retrospective review of patients admitted under orthopaedic services following paramilitary assault across Northern Ireland over the last 20-years. The frequency of assaults, demographics of the victim population, injury pattern and weapons used was determined. Data on the total number of attacks was obtained from the Police Service for Northern Ireland (PSNI).

Results: 3691 paramilitary style attacks occurred between 1994 and 2014 despite bilateral ceasefires. The overwhelming majority of attacks are on males, however females and children as young as 12 have been victims. Prior to 1994, penetrating trauma predominated (62% vs 38%), with blunt trauma more common post ceasefire (60% vs 40%). 33% of those injured required orthopaedic treatment. The type of weapon used in these assaults has changed primarily from ballistic to non-ballistic devices.

Conclusions: We present data of paramilitary related trauma presenting to orthopaedic services across Northern Ireland in the 20-years since the conclusion of hostilities following the negotiated 1994 ceasefire. Many assaults continue to occur despite being in breach of the ceasefire. The frequency of these assaults is however, declining. The type of weapons used has changed resulting in less ballistic trauma and more blunt trauma. The injury pattern associated with blunt trauma has significant long-term morbidity and potentially a greater financial burden on the health service.

Implications: 20-years of peace in Northern Ireland has had a hugely positive impact on the political and financial stability of the region. Unfortunately, continued violence represents a significant burden on the health service resources and causes potential long-term changes to victim's lives.

Keywords: polytrauma; open fracture; epidemiology; fracture services; ballistic; blunt trauma

INTRODUCTION

Northern Ireland transitioned from a period of 30 years of violence to a period of relative peace following the 1994 paramilitary ceasefires. Ballistics injuries and explosive trauma predominated prior to the ceasefire but since 1994 there has been a change in the pattern of violence with paramilitary attacks occurring where victims are being attacked with a variety of non-ballistic weapons such as hammers, baseball bats, and metal rods in so called "punishment attacks".

The use of firearms is still commonly used in breach of the peace process but these are used more as shoot to maim rather than shoot to kill with low velocity handguns or shotguns being used to injure joints - typically elbows, knees or ankles. A combination of these is colloquially known as a '6-pack'¹.

Attacks continue to be employed by organisations on both sides of the political divide. Victims tend to be from the same community as their attackers and punishment beatings are commonly 'prescribed' to discipline members of their own community for perceived antisocial behaviour such as drug-dealing, burglary, car theft, paedophilia, child abuse or infidelity.

We report the frequency of assaults, demographics of the victim population, injury pattern, and weapons used in these cases 20 years on from the ceasefires. The impact this violence on orthopaedic services is outlined.

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METHODS

We undertook a retrospective review of paramilitary style assaults presenting to all orthopaedic and trauma centres across Northern Ireland since 1994. Data was provided by the Fractures Outcomes and Research Database (FORD). Patient age, date of injury, number of limbs injured, operative interventions and duration of inpatient stay were all assessed. The nature of the attack and the weapons used (ballistics or blunt trauma) was recorded. Associated injuries and whether the trauma was intra-articular or extra-articular were documented.

Data was also obtained from the Police Service for Northern Ireland (PSNI) to determine the total number of attacks over the 20-year period to place our data in context and reflect the percentage of these attacks that result in admission under orthopaedics.

RESULTS

Data obtained from the PSNI documents 3691 paramilitary style attacks between 1994 and 2014 despite bilateral ceasefires. 2231 were blunt assaults (60.4%) and 1460 were shootings (39.6%). There has been a decreasing incidence of paramilitary attacks with 491 recorded in the five years from 2009-14 in comparison to 1182 attacks reported in the first 5 years after the ceasefire (1994-99). Additionally, the number of bomb blasts and penetrating ballistic trauma has declined. In the four years prior to the ceasefire (1990-94) 645 attacks were recorded by the PSNI (245 assaults (38%) and 400 shootings (62%)).

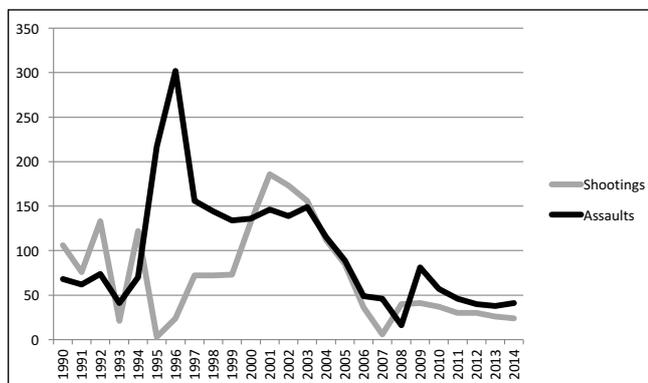


Fig 1. The number of assaults increased sharply from 1994 onwards. A progressive decrease in ballistic injury such as gunshot wounds, explosive injuries and vascular injuries has been observed.

The overwhelming majority of attacks are on males, with females accounting for 2% of all victims. In terms of age most victims are in their 20s but victims as old as 75 and as young as 12 have been reported. 470 children were attacked (12.7%). Fifty-eight percent of the victims were Protestant, 42% Catholic and less than 1% categorised as 'other'. Over the last 8 years there has been an increasing trend in the number of immigrants to Northern Ireland also being the victims of these attacks. Half of the assaults took place in Belfast. The majority of the assaults occurred in West Belfast

with the majority of shootings occurring in North Belfast.

Of the 3691 attacks, 1232 (33.4%) required orthopaedic treatment. 456 (37.1%) were compound injuries. Lower limb injury predominated (63.8%).

A progressive decrease in ballistic injury such as gunshot wounds, explosive injuries and vascular injuries was recorded (Figure 1). A wide variety of non-military weapons have been utilised in the non-ballistic assaults (Figure 2).

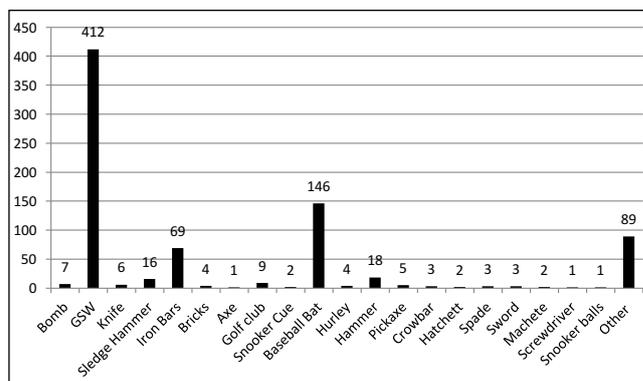


Fig 2. A wide variety of weapons were used to conduct these assaults, which presented to the orthopaedic service.

DISCUSSION

The PSNI define paramilitary attacks as “an attack carried out on an individual or individuals by one or more persons usually from their own community. The reasoning behind the attack is usually either to intimidate the victim or to punish them for perceived anti-social activities².”

Data obtained from the PSNI reports that there were 3691 paramilitary style assaults between 1994 and 2014 despite bilateral ceasefires. This figure represents minimum estimates as the extent of paramilitary intimidation and terror within working class communities remains significantly underestimated or reported². The trends in paramilitary assaults do appear to correlate with major political events occurring at the time (Figure 1). August 1994 saw the first Republican ceasefire. In 1995 US President Bill Clinton Visited Northern Ireland with the number of shootings that year at a record low. A definite decrease in gunshot wounds was observed both in 2005 and again in 2010. In September 2005 Republican paramilitaries began decommissioning their weapons, and later in 2009-10 Loyalist paramilitaries began decommissioning their arsenal. The lowest number of paramilitary attacks recorded was in 2007, when the political spotlight was on Northern Ireland following success of the St Andrews agreement in October 2006, which resulted in the restoration of devolution of powers to Northern Ireland assembly in 2007.

The change in pattern of paramilitary punishment across Northern Ireland had been previously documented following the Loyalist and Republican ceasefires in 1994³. Twenty years on from this cessation of hostilities the practice continues with varying degrees of media coverage. There has been a gradual



reduction in incidence of recorded paramilitary attacks. Firearms continue to be used despite bilateral ceasefires and decommissioning although the use of blunt trauma now predominates. Nolan et al. described increasing trend for blunt trauma in assaults in the immediate post ceasefire period. The timing of these assaults continues to happen typically late evening or after dark, with the majority who require surgical intervention being operated on the following day, unless there is an associated vascular injury or limb threatening soft tissue contamination/injury¹. Considerable expertise was amassed by trauma surgeons in the management of paramilitary injuries^{4,5}.

The injury pattern observed prior to the ceasefires associated with low velocity handguns was frequently extra-articular with limited soft tissue damage. Over the subsequent 20 years blunt trauma punitive beatings are associated with extensive soft tissue contusion with increased incidence of comminuted intra-articular injuries. Such injuries involved prolonged surgical reconstruction and rehabilitation, with longer inpatient stays and greater long-term morbidity^{6,7}. Many of these injuries require soft tissue reconstruction with skin grafting or tissue flaps⁶. Overall a decrease in the number of vascular injuries has been observed.

O'Neill et al 2002 recorded that 79% of non-ballistic punishment victims sustained at least one fracture, while in those who were shot, 32% sustained at least one fracture. They estimated at that time the acute inpatient costs to be on average £2010 for each attack⁷. Discharges from hospital may be delayed if it is deemed unsafe for the victim to return to their family home or community. Many of these victims later claim compensation from the Secretary of State for Northern Ireland, further increasing the financial burden. The human costs, however, physically and mentally for both victims and their families is incalculable³.

There is a disturbing recent trend towards 'elective' punishment beatings with victims being contacted to arrange a time and date for their beating, and ambulances are then arranged by the assailants on departure⁹. In one incident a mother actually brought her son for his paramilitary shooting¹⁰. A historic mistrust of the policing system within these communities means these punishment squads are ironically welcomed by some as a means of punishing antisocial behaviour¹¹.

Children under 16 are not exempt from such punitive beatings. Attacks on children actually increased in the two years following the signing of the Good Friday agreement in 1998. Between 1990 and 2013 paramilitary groups assaulted over 500 children under the age of 16. Nineteen children under the age of 16 were shot by paramilitaries and 91 received beatings. There were 148 shootings of 16-17 year-olds and 253 beatings. Eight children under the age of 14 were beaten. The youngest victims were aged 12^{8,12}. Such data gave Northern Ireland unparalleled levels of child abuse. It wasn't until 2004 that a sharp decline in attacks was observed due to mounting political pressure. The majority of these child victims are treated within the adult trauma service unless

under 14 years old.

Both victims and attackers are becoming increasingly knowledgeable about wound and joint infections. Victims with prior knowledge of their imminent assault wear shorts and T-shirts to avoid clothing material contaminating their wounds and self-prescribe prophylactic analgesia in the form of alcohol or drugs⁹. Assailants tend to favour intra-articular injuries given their associated morbidity. In some instances canine faecal matter has been placed on nails through baseball bats prior to the assault.

CONCLUSION

20 years of peace in Northern Ireland has had a hugely positive impact on the political and financial stability of the region. Tourism is increasing and there is a renewed hope that future generations will not allow a regression of this process. Allied to this is that even 20 years on from the ceasefire, there continues to be a paramilitary presence within some communities. The pattern of these attacks may have changed to be more internal than against their old political foes - this still represents a significant burden on the health service resources, together with the associated morbidity which impacts on the public purse in the form of disability living allowance and compensation claims. The psychological impact both victims and witnesses of these crimes remains indeterminable.

REFERENCES

1. Nolan PC, McPherson J, McKeown R, Diaz H, Wilson D. The price of peace. the personal and financial cost of paramilitary punishment in Northern Ireland. *Injury*. 2000;**31**(1): 41-5.
2. Torney K. RTE Investigations Unit. Above the Law: 'Punishment' attacks in Northern Ireland. [Internet]. RTE News. 2016 May 20. Available online from: <http://www.rte.ie/news/investigations-unit/2015/0322/688952-above-the-law-punishment-attacks-in-northern-ireland/> Last accessed October 2016.
3. Nolan PC, McCoy G. The changing pattern of paramilitary punishments in Northern Ireland. *Injury*. 1996;**27**(6):405-6.
4. Nicholas RM, Barr RJ, Mollan RA. Paramilitary punishment in Northern Ireland: a macabre irony. *J Trauma*. 1993;**34**(1):90-5.
5. Barr RJ, Mollan RA. The orthopaedic consequences of civil disturbance in Northern Ireland. *J Bone Joint Surg Br*. 1989;**71**(5):739-44.
6. Eames MH, Kneafsey B, Gordon D. A fractured peace: a changing pattern of violence. *Br J Plast Surg*. 1997;**50**(6):416-20.
7. O'Neill C, Durkin P, McAlister D, Dogra AS, McAnespie M. Inpatient costs and paramilitary punishment beatings in Northern Ireland. *Eur J Public Health*. 2002;**12**(1):69-71.
8. Kennedy L. 'They Shoot Children Don't They?': An Analysis of the Age and Gender of Victims of Paramilitary "Punishments" in Northern Ireland'. A report prepared for the Northern Ireland committee against terror (NICAT) and the Northern Ireland Affairs Committee of the House Of Commons. Belfast: Queen's University of Belfast; 2001. Available online from: <http://www.cain.ulst.ac.uk/issues/violence/docs/kennedy01.htm> Last accessed October 2016.
9. Cowan R. Victims who dread appointment with fear. The Guardian Newspaper [Internet]. 2002. Mar 19. Available online from: <http://www.theguardian.com/uk/2002/mar/19/northernireland.rosiecowan1> Last accessed October 2016.



10. BBC News. Northern Ireland. Mother says son shot in Derry because of drugs. *BBC News* [Internet]. 2012 Apr 27. Available online from: <http://www.bbc.co.uk/news/uk-northern-ireland-17867319>. Last accessed October 2016.
11. McGuigan B, McGonigle T. Northern Ireland Alternatives. A follow-up review of the community restorative justice schemes operated by Northern Ireland Alternatives. Belfast: Criminal Justice Inspection Northern Ireland. 2010. Available online from: <http://www.cjini.org/CJNI/files/7b/7b15a36b-d7c5-4eca-a432-c0d10db5375d.pdf> Last accessed October 2016.
12. Kirkpatrick C. A catalogue of brutality... by the thugs who shoot and beat children and then try to call it justice. *Belfast Telegraph* [Internet]. 2014 Nov 11. Available online from: <http://www.belfasttelegraph.co.uk/news/northern-ireland/a-catalogue-of-brutality-by-the-thugs-who-shoot-and-beat-children-and-then-try-to-call-it-justice-30734495.html> Last accessed October 2016.

