

MEDICO-LEGAL REPORT

Client name: Mrs Elizabeth Coppin

Date of birth: [REDACTED] 1949

Nationality: Irish

Interviewed by: Professor Nimisha Patel
Chartered and Consultant Clinical Psychologist
Professor of Clinical Psychology, University of East London, UK
Director, International Centre for Health and Human Rights
Fellow, Royal Society of Medicine (UK) &
Associate Fellow, British Psychological Society

Interviewed on: 13.07.17 (7 hours) and 14.07.17 (5.5 hours)

Nature of report: Clinical Psychology Report

Instructed by: KOD Lyons Solicitors, Ushers Court, 31-33 Ushers Quay, Dublin
8, Ireland

Special instructions: None

Documents read: Statement by Elizabeth Coppin

Appendix A: Biographical details of Prof. Nimisha Patel

Appendix B: My understanding of my duty to the United Nations Committee
Against Torture and Cruel, Degrading or Inhuman Treatment or
Punishment

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PREFACE

This report is based on answers given to the questions asked in the course of my psychological assessment, my observations and assessment findings. The history recorded is restricted to those aspects I consider relevant to psychological findings. The absence of reference to an incident in this report does not necessarily mean that it was not related to me. In formulating my opinion, I draw upon my extensive clinical and academic experience over 28 years, as a Consultant Clinical Psychologist and as a Professor of Clinical Psychology, as set out in my biography (see Appendix A) and on relevant specialist literature, reference material, the United Nations Istanbul Protocol¹ and other appropriate sources.

SUMMARY OF OPINION

It is my professional opinion that Mrs Elizabeth Coppin continues to suffer from severe psychological difficulties, including anxiety, features of chronic post-trauma stress and depression as well as poor social functioning and interpersonal difficulties. These psychological difficulties are related to Mrs Coppin's experiences in the Industrial School and the Magdalene Laundries in Ireland. The detailed psychological opinion can be found in paragraphs 148-175.

INTRODUCTION

1. This is the account of Elizabeth Coppin's testimony to me and my findings on assessment. Direct quotations are recorded in italics.

This psychological report documents:

- (a) Mrs Coppin's relevant background history (paragraphs 9-53)
- (b) Mrs Coppin's history of traumatic experiences (paragraphs 54-91)
- (c) Mrs Coppin's physical health (paragraphs 92-105)
- (d) Mrs Coppin's psychological health (paragraphs 106-143)
- (e) Impact on Mrs Coppin's husband (paragraphs 144-147)
- (f) Psychological opinion (paragraphs 148-175)
- (g) Summary and recommendations (paragraphs 176-182)

REASON FOR REFERRAL

2. Mrs Coppin was referred by her legal representative, Wendy Lyons of KOD Lyons Solicitors, Dublin, Ireland for a psychological assessment, with the view to the preparation of a medico-legal report.

METHODOLOGY

3. The methodology was to base my report and formulate my professional opinion on answers given to the questions asked in the course of my psychological interview, my direct clinical observations and objective assessment findings. This is the standard and professional practice for clinical psychology assessments. It is also entirely compliant with the methodology for psychological assessments and reports as established in the United Nations Istanbul Protocol².

¹ United Nations Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, no. 8/Rev.1. United Nations, New York and Geneva, 2004.

² Ibid.

4. My clinical interview was in total twelve and a half hours over two days. In addition, I interviewed Mr Peter Coppin, Elizabeth Coppin's husband for a further thirty minutes, when it became apparent to me that the client's experiences to date have also impacted on him and their marital relationship. All interviews were conducted at their home, due to Mrs Coppin's psychological difficulties in leaving her home (see paragraphs 117-118), and to ensure emotional safety during interview.
5. The medical records were not available to examine.
6. The goal of a psychological evaluation and the nature of a psychological opinion, as established in the United Nations Istanbul Protocol, is to assess the consistency between an individual's account of what they experienced and the psychological findings observed during the course of the evaluation³ – a methodology I have followed.
7. I have restricted my professional opinion to my expertise, competency and professional qualifications as a Consultant Clinical Psychologist and Professor of Clinical Psychology.

PRESENTATION

8. On professional observation Mrs Coppin presented as a very warm and open person, with appropriate eye contact, at times pressured speech, often when she seemed anxious and distressed. She was easy to engage and willing to talk about aspects of her life and health, despite her distress surrounding those experiences. She was intermittently low and tearful during interview, crying or willing herself to stop crying. Regular breaks were offered but she was determined to keep going, asking for breaks from time to time, often when she was tearful, to compose herself before continuing the interview. She remained consistently open to all questions, reflective and frank in saying when she could not remember something. At times, she would become distracted, anxious and distressed, and pull out her paper records and letters which she had gathered from her own searches and clarify the exact dates when asked a particular question.

RELEVANT BACKGROUND

Developmental history

9. Mrs Coppin was born on [REDACTED] 1949 in a County Home in Killarney, Ireland. Her mother was nineteen at the time. Mrs Coppin did not know her birth date until 1993, since she had no birth certificate. She located her baptismal certificate at County Hall, where the date of her baptism was found – which she uses as her date of birth.
10. Mrs Coppin knew little of her early developmental history since she had not been told by her mother. The birth was reportedly uncomplicated, though her mother was in need of medical attention but received none in the County Home. However, her mother had told her that her paternal grandfather had to pay £100 to release his daughter and granddaughter from the County Home where she was born, she believes around 7 months after she was born.
11. In April 1951 Mrs Coppin's mother married John [REDACTED] a man significantly older than her mother. Mrs Coppin lived with her mother and John [REDACTED] her step-father, until she was around 2 and a half years' old.
12. Mrs Coppin informed me that her mother had told her (years later when they were reunited) that she was taken by the National Society for the Prevention of Cruelty to Children (NSPCC) when her mother reported to the authorities the repeated assaults Mrs Coppin was subjected

³ Supra note 1, para.261.

to, as a child, by John [REDACTED]

13. Mrs Coppin asked her mother about this abuse and her mother had also told her the same. She asked her mother if John [REDACTED] had ever sexually abused her when she was a child, to which her mother had replied "I'm not sure". Mrs Coppin said *"she said if he had, she [her mother] had blocked it out."* This had greatly distressed Mrs Coppin but she felt unable to press her mother for further information.

Educational history

14. On 4th August 1951 Mrs Coppin was admitted to the Nazareth Industrial School, removed from her mother who was deemed unable to support her. At that time, Mrs Coppin was classed as destitute and "illegitimate". She said that she was effectively *"detained as a criminal"* under the then Children's Act 1908-1951. Mrs Coppin showed me an original document which noted that the "sentence of detention" was to be until [REDACTED] 1965, the eve of her sixteenth birthday.
15. Mrs Coppin completed her primary education whilst living at the Nazareth Industrial School. She showed me original documents confirming her school attendance records, which indicated that despite completing her primary education successfully she was made to repeat her last year (class VI) again, but with a significant period of over 73 days when she was absent from school. The records indicate the reasons for the absence as "at work". Mrs Coppin said *"I was around 12 years old and working in an orphanage, and no one seemed to ask or complain why I was absent from school."*
16. Mrs Coppin recalled that she was prevented from continuing to secondary education by Sister Enda, who was in charge. She recalled *"feeling devastated, I wanted to carry on to secondary education, I wanted to be a nurse or something in the medical profession. I felt really bad in the stomach, I knew she was sending me somewhere bad."* She further noted *"I now know they broke the law. My 'sentence' said I was to be at school until 16, until [REDACTED] 1965. But I was made to leave school in 1962 and work. They robbed me of my future."*

Occupational history

17. Mrs Coppin has worked since her childhood.
18. Mrs Coppin was forced to work every day after school, throughout her primary education. At the Industrial School, she was made to daily sand and sweep floors in hallways and corridors, scrub the floors by hand on her knees, chop wood for the fire with a hatchet, bring in coal, lift heavy tubs of coal for the fire, light the fire, fold bedspreads in four dormitories with approximately fourteen beds in each, wash all the toilets in the 'washroom', weed the gardens in the summer, scrub babies' potties with sand, fill and carry large urns with water. When she was stopped from attending school she was also made to work every day in the kitchens during the daytime, helping prepare lunches, peeling potatoes, washing up the kitchen ware after dinner before resuming her duties for the evening. She recalled *"When I was stopped from going to school I wore working clothes. I watched my peers go off to school. I stayed behind to work. I felt so hurt and desperate but I couldn't do or say anything."*
19. On 19 March 1964 Mrs Coppin was sent to St. Mary's Convent, a Magdalene Laundry in Cork, Ireland. On 4 November 1966 Mrs Coppin was sent to the Sunday's Well Magdalene Laundry. On 8 March 1967, Mrs Coppin was sent to the Waterford Magdalene Laundry. Whilst a minor, she was forced to do unpaid work in all three laundries.

20. She left for England on 2 February 1969. She joined an employment agency, and worked in low-paid positions, initially making tea (known as 'tea-lady') for workers in the Ordnance Survey Maps company in London, then in a job making sandwiches and lunches for workmen in a factory. Her subsequent work involved various low-paid positions as a filing clerk, office clerk and financial accounts clerk.
21. Whilst working, she enrolled in evening college classes to do a short-hand and typing course, because *"I wanted to improve myself, to learn more and to get better jobs – I'd had no education after 12 and I wanted more in life."* In 1983, she completed a Certificate course in typing and short-hand, but she wanted to study further, still wanting one day to be a health professional.
22. In June 1986, she qualified as a nursery nurse. She worked as a home help from Sept 1986 to March 1987.
23. Between 1987-1996 she worked as a nursery nurse in various schools in London.
24. In 1996, she completed a Diploma in Higher Education and in 2003 she completed a part-time degree, Bachelor of Education with honours, and qualified as a teacher. During 1996 and 2003 she continued to work and study part-time, whilst caring for her family, determined to better her education and employment prospects.
25. Between 2003-2005 she worked as a teacher in England.
26. Between 2006-2010 she worked as a supply teacher (not permanent positions) in Ireland, where she and her husband had decided to live for a while.
27. Between 2010-2011 she worked as a teacher in England, where she and her husband returned.
28. She stopped working after 2011 due to ill health, aged approximately 62.
29. When describing her employment history, Mrs Coppin was intermittently very distressed, especially recalling her years at the Industrial school and in the Magdalene Laundries, saying *"I was forced to work as a child, for not one penny. I was robbed of my education and my future. I wanted more in life, to better myself and I wanted more for my family. I was never given a chance. I tried, I tried very hard as an adult, but so much was already taken away from me – so many years lost"*.

Family history

30. The aspects of Mrs Coppin's family history and experiences most relevant to her current psychological difficulties are outlined in this section.
31. Mrs Coppin's mother was unmarried and was only allowed to give birth in the County Home, run by nuns. Mrs Coppin does not know of her birth father. Her mother married John ██████████ in 1951. Mrs Coppin had met her paternal grandfather and she recalls he visited her once in the Industrial School, but she never saw him again.
32. She saw her mother only a few times during her time at the Industrial School, but had no contact with her in-between. She said that her mother told her years later, that when she went back to see her, Sister Enda told her that she had *"got me a lovely job in Cork and not to worry about me and that I was fine"*. Once sent to the Magdalene Laundries, Mrs Coppin lost contact all contact with her mother.
33. Mrs Coppin left Ireland to go to England in February 1969. She had no idea where her mother was or that she had step-siblings.

34. In 1970, she returned to Ireland to find her mother. She that her mother had to “sneak out in fear” to meet her because she was still married to John [REDACTED]. She described a very emotional reunion: “we met secretly on country lane, we cried and sobbed together, but I knew we couldn’t meet again because of John [REDACTED].”
35. She returned again in 1971 with her fiancé, Peter Coppin, to meet her mother and to begin to establish a relationship and get to know her mother. She learned from her mother, that she had thirteen other step-siblings, children her mother had with John [REDACTED]. Mrs Coppin currently has only occasional contact with her remaining step-siblings. She does not have a close relationship with any of them “because we didn’t grow up together. I was the outsider. I grew up in the Industrial School and the Magdalenes, alone, no family. No one.”
36. She married her husband Peter Coppin in 1973. She described this as a very happy time in her life: “I was in love and I couldn’t believe that someone could love me. That someone actually loved me and he was to be my partner in life. I had never known love, never been close to anyone, never had family – or never allowed to have any family – until I met Peter”.
37. She said that she was adamant that she did not want children because of her own childhood history, but did not tell her husband this or of her past: “I was just happy that he loved me. I couldn’t tell him about my past, I was afraid, but I did, bit by bit. But I didn’t want children, the way I was treated as a child, I couldn’t do it.”
38. In 1978, she became pregnant and subsequently miscarried a few months later. She recalled this as deeply upsetting, and as bringing up very painful memories and nightmares of her own childhood. She said “I had no one to turn to, I could have done with my mum then, but there was no one... What hurt the most was not having a mother. The damage was done to me when I was separated from my mum as a child – they took that from me. I didn’t know what to do, how to be. I felt so on my own, I had Peter, but no woman, mother in my life – I felt emotionally alone”.
39. In 1979, she gave birth to her daughter [REDACTED]. In 1980, she gave birth to her son [REDACTED]. Both births were uncomplicated but she said she was extremely anxious and fearful during both pregnancies, “I was so afraid, I was afraid I would lose my baby”. She felt an underlying fear that something would happen to her babies, or that she might be separated from them.
40. After her second child, she suffered from what she and her husband both described as severe post-natal depression. The birth of her son brought up extremely painful memories of her own experiences in childhood, and of her forced and long separation from her own mother.
41. She described feeling desperate and unable to cope with the post-natal depression and looking after two children both under the age of 13 months. She recalled that once, whilst her husband was working she went to the authorities with both her babies to say that she could not cope with looking after her children, but she was reassured and told to return home. She described this period “as awful, I was so depressed, like a zombie, in a rut, distraught, desperate – I couldn’t tell my husband what I had done, I felt so ashamed. Ashamed I couldn’t cope, couldn’t cope being a mother”. The absence of a mother figure for herself was unbearable, coupled with the fear that she would be an inadequate mother because of what she had endured as a child. She described nearly three to four years of feeling severely depressed and unable to cope with looking after her children, though they were healthy, cared for and not neglected or harmed. She recalled, in tears, that she often screamed and shouted at her daughter during this time, and that she felt she was “turning into Sister Enda – like she shouted at me every day after school, I felt distraught, but stuck in a rut, no one to help me. I never had a mother. Just the Industrial School and the Magdalenes. I could have so done with having a mother around to support me, to be there for me.”

42. She said that watching another mother whose child was at school with her children really helped her: *"I watched how she spoke to her children, how she behaved around her children – I watched and learned. I never had a mother, a role-model – I was so depressed, but I so wanted to be a good mother, I learnt from this other mother."*
43. She said that despite her desperation, she felt determined that she would not be separated from her children. She chose not to send them to a day nursery when they were young, and vowed to get better so as to care for and love her children in a way she herself was not as a child.
44. Mrs Coppin said that she had only told her children a little of her past and her own childhood, when they were around 17 and 18 years old. Until then, she had said nothing to them, wanting to protect them. Her children were extremely upset and sobbing when they heard some of the details from her time in the Industrial school so she chose to not tell them more and to not speak further of her past.
45. She and her husband have very close relationships with both their children, now aged 38 and 37. They have one six-year-old grandson, their son's child, who they also have regular contact with. They live several hours away from their children, and this is a cause of considerable distress and worry for her. Mrs Coppin wants desperately to live closer to them, to be able to see them and to be able to support them and to offer the kind of family unit and support she felt she never had. Their financial circumstances as pensioners do not allow them to move home to live closer to their family.

Social support

46. Mrs Coppin said that after years of no social support, no real friendships and no contact her mother or other family, she had always felt quite alone. Her decision to return to Ireland was specifically to get to know her mother, to build a relationship with her. The relationship was *"up and down at first – a very gradual process"* though towards the end of her mother's life, they had started to know each other better. She described this with immense sadness: *"sometimes we'd both cry, we could do nothing about the past, nothing, we were both robbed of that family time, and the opportunity to be a mother and daughter"*. Her mother died in March 2015.
47. Mrs Coppin and her husband Peter Coppin both describe their relationship as mutually supportive. However, they are both socially isolated where they live, and have no close friends or family nearby. Their daily lives are spent together, often in isolation, although they have regular telephone contact with their children.
48. Mrs Coppin remarked that she had kept herself isolated, for fear of being asked by former colleagues, neighbour or acquaintances about her past or family life. She has minimal contact with neighbours and rarely leaves her home. She explained *"I feel the need to protect myself, stay inside, it's always there this feeling – something might happen to me, I can't leave the house, unless I have to and only then with Peter."*
49. She described her relationship with her husband as very close, although she said that for years she never told him about her past and that she *"hinted a bit, here and there"* but never told him about her childhood – for fear of how this may impact on their relationship. In 1979, they decided to go to Ireland to visit her mother when their daughter ██████████ was born and Mrs Coppin told him more then and in the years following. She said *"it was strange, he was my husband, I trusted him and I knew he would stand by me, but I was told as a child that no one will believe you and I believed it – so I couldn't even tell my own husband. The power of those words 'no one will believe you' – devastated me, for years"*.
50. Mr Coppin described his marital relationship as very close and open and said that in the 47 years they had been together he had *"always stood by her and I always will"*. He has

honoured his wife's wishes and privacy and does not speak to anyone about her or her past, unless she chooses to share herself.

51. Mrs Coppin remarked that she was aware that her husband had endured greatly in their years together: *"He's had to live with my depression, my moods, my nightmares, my silences and I know he has suffered and it has taken a toll on him – he's been beside me all the time, but he doesn't complain, but I know it's affected him, I know he is suffering"*.
52. Mr Coppin was extremely stoic when interviewed, though he became visibly distressed when describing how he had been affected in the years trying to support his wife with her past. He said *"the hardest thing of all is that she has had a terrible life, terrible and she's still suffering, she still gets nightmares. She's still afraid of being alone, being outside of the home without me. She's terrified of noises, any unusual sounds, jumpy, terrified and always on edge. She doesn't like to mix, she keeps herself to herself, in the home, unless I insist on taking her to the shops to do our shopping. She needs to talk about what happened to her, I heard it so many times and I will always listen to her. But I can't do anything, nothing. That makes me feel so very angry, sad, depressed ... helpless"*.
53. Mr Coppin said he was aware that his emotional and physical health has been adversely affected by living with his wife's distress related to her past. He also said that he was sure his wife's past had also impacted adversely in many ways their marriage, their children and family life, despite his best efforts to support them all. He described their marital relationship as close, but that they had gone through several difficult, conflictual periods, often triggered and related to Mrs Coppin's own depression and emotional struggles related to her past. He said he believed that this undoubtedly impacted on their children *"in many ways, but we try to support them as best as we can."*

History of traumatic experiences

54. The details of Mrs Coppin's experiences during the Nazareth House Industrial School and the ensuing three Magdelene Laundries are detailed in Mrs Coppin's statement. The details provided in the psychological assessment interviews, lasting a total of twelve hours, were entirely consistent with her statement, and are not repeated here, save where further details provided in the psychological assessment interviews relate specifically to Mrs Coppin's current psychological well-being.

Nazareth House Industrial School

55. The first school she was sent to was the Nazareth House Industrial School, established by the State and run by nuns of the Catholic church. She was separated from her mother, and later learnt that this was supposed to be for her own protection. She describes this school as *"a place of violence, not safety. Stone building, shutters on the windows, dark, depressive. A place of violence and abuse. It was like something from the Dickensian era [Charles Dickens-author]."*
56. She described a senior nun, Sister Enda, shouting at her daily: *"I'll tame you, you imbecile", "you're a nobody", "believe me girl you will end up a nobody", "get out of my sight"*. Mrs Coppin was visibly tearful when describing the verbal abuse. She also detailed the physical abuse, from Sister Enda shouting at her to *"get ready for me"*. This meant that she was to go to her bed, remove her underwear and lie almost naked on her bed waiting for Sister Enda to come upstairs: *"I could hear her coming up the stairs, her keys, it was awful, I was terrified, trembling in bed, knowing what was to come. I couldn't look up, she just beat me with the leather strap, across my bare body, again and again, day after day, year after year. I bled and sometimes lost consciousness."*
57. When asked if there was any sexual abuse Mrs Coppin paused, distressed, and said *"it was on the border. I was forced to be half naked, she would thrash me, frothing at the mouth, seemed*

she was enjoying it, red and gleeful in the face. The doctor would come to examine us every 3 months for any illness. We were in our dressing gowns, naked underneath except for our knickers. The nuns would stand outside. Sister Enda watched everyone, looking at our bodies, our breasts, for the few minutes we were exposed. It felt wrong, really uncomfortable, but we could do and say nothing." She described this as painfully degrading and humiliating, as well making her feel exposed and vulnerable, knowing that if she protested she would get a beating later.

58. As a child, she was forced to work daily (see paragraph 18). She recalled how she was forced to clean the toilets with her bare hands *"she'd make me put my hand down there and clean with a small rag, excrement would come up in the toilet, I would feel so sick but I was so afraid of [being beaten with] the strap, I just did it."* She said this made her feel disgusted and humiliated, *"I just knew she hated me and picked on me, targeted me, with a vengeance – made me do the worst jobs and beat me relentlessly"*.
59. Her daily diet during the week consisted of one piece of bread and tea for breakfast, a small piece of fatty meat and a spoon of mashed turnip and boiled potatoes for lunch and a slice of bread in the evening. She was frequently deprived of food as a punishment, often after being beaten on her bed. From the age of around 10 onwards, at weekends, on Friday evenings after school she was not given any food so she would be forced to eat the leftover sandwiches, from the dustbins, from the other girls (whilst she was still at school) because she knew she would be starved at the weekend. On Saturdays, she would be given one small meal of porridge in the evening. On Sundays, she would be given breakfast after Sunday Mass but then be sent straight to bed, and she was not allowed to come down until Monday morning. As she got older, instead of going to bed at the weekends, she was required to work instead, whilst the other girls were having their meals. She was sent to make the beds for everyone between 5pm and 6pm every day. Sometimes she was forced to eat toothpaste or a piece of dry bread one of the other girls would hide and bring up to her. She recalled being starved, always hungry, always suffering from chronic constipation, bloating and a distended, painful abdomen.
60. Sister Enda would bully her daily and abuse her verbally and physically. She recalled once being very ill and wanting to not go to school. *"I hid in a locker where the coats were and my teacher reported my absence from school. Sister Enda found me asleep in the locker, I was so ill, and she whipped me so viciously I vomited. Then she made me clean it up myself, hurling abuse at me"*.
61. She was prevented from studying after school and unlike other girls, she was sent to weed the garden and do other work which Mrs Coppin believed was deliberately to prevent her from studying. Mrs Coppin now believes that Sister Enda already had plans to send her to a Magdalene Laundry and that she did not want her to continue her secondary education like the other girls.
62. Sometimes she was asked to tend the fire in the room where all the babies were kept in rows of cots. If the fire was extinguished *"I'd get slapped across my face, beaten on my body and dragged along the corridor by my hair. One time Sister Enda swung me whilst holding my hair – I was screaming in pain and terror"*. When recalling this, Mrs Coppin was very pensive and tearful, asking *"why would anyone do that to a child. Why?"* She said *"I used to fight back, in my own way, but I became exhausted. Emotionally drained"*.
63. On another occasion, she thinks when she was around 12, when in charge of tending the fire, she asked another girl to watch the fire briefly whilst she went to the toilet. The girl caught fire and was taken to hospital. Sister Enda beat Mrs Coppin, shouting *"you imbecile, I'll tame you"* and gave her punishing cleaning tasks whilst threatening *"you will pay for what you did"*. Mrs Coppin felt so guilty and distraught that she decided to kill herself: *"I just wanted to die, for it all to end. I couldn't stand it anymore"*. She planned how she would commit suicide and set fire to herself. Her screams were heard by another girl who threw buckets of water on her to douse the flames. Mrs Coppin suffered significant burns and spontaneously

showed me extensive scars across both her upper legs. She was not taken to hospital nor given any medication or pain killers and an elderly nun was assigned to bandage her. She was in excruciating pain and when her bandages were being changed, she screamed in agony whilst Sister Enda shouted verbal abuse and threatened her, including *"serves you right – I'll get you girl, I'll get you for what you did"*.

64. Mrs Coppin's grandfather came to visit her once when she was around 7 years old. She was made by Sister Enda to wear long sleeves to hide marks of physical assaults. Her grandfather asked her to remove her dress and saw the marks and swore and screamed at Sister Enda. He did not visit again.
65. Mrs Coppin's mother came to visit her every two to three years, prevented by her husband from visiting her more often. Her mother would check her body for marks of abuse and cried whenever she saw her daughter's injuries and bruises. Mrs Coppin longed to tell her mother of the extent of the abuse but was afraid of being further beaten, after her mother left. She recalled that Sister Enda always stood outside the door when her mother was with her, listening to their conversations. As an adult, she reflected that her mother herself was helpless and in an abusive and controlling relationship. She said her mother came to see her around three or four times and on the last occasion she was filled with a sense of dread, knowing she would not see her mother again. When she cried after her mother left Sister Enda shouted at her and threatened *"you keep your tears for when you leave here girl because that's when you'll need them"*. Mrs Coppin became visibly upset when she described this feeling of desperation, intense dread and resignation, feeling *"totally alone"* and that her *"I knew then, my life and childhood had ended, "gone forever"*.

St Mary's Magdalene/Peacock Lane, Cork, Ireland

66. On 19th March 1964 Mrs Coppin was sent to the first Magdalene Laundry – though at the time she did not know these places were called the Magdalene Laundries. She recalled *"feeling very afraid. I knew I was going somewhere terrible – I was taken by Sister Enda and another nun, not given any food or drink. I knew something awful awaited me."*
67. She described the terror she felt when left in the large, imposing building: *"I felt fear. Terrified. Panic. Dread. I knew I was here for life."* She was taken to her cell (called cells), which was approximately 1.8 meters x 3 meters. The cell contained a small bed with one blanket, a shelf with a jug with water and a basin for sanitation. They had no access to proper toilets and had to empty their basins every morning *"and the stench was awful, unbearable"*. There was one window with wire meshing. She said that some of the rooms had bars, except for the rooms facing the road, where the public might see. The windows could only be opened at the top by approximately 4cm. She could not see anything outside, except a brick wall. Each night she and the other girls were locked in their individual cells, doors bolted and lights switched off from 9pm. Mrs Coppin described it as a prison cell, with nothing to do except lie in darkness, unable to communicate with others, although she sometimes tried to speak to the girl in the adjacent cell through the wire mesh.
68. She recalled how terrifying and desperate she felt every night, lying in the dark, always being extremely cold, lonely and in so much pain in her legs that she *"wanted to saw off my legs"*. She said *"it was a prison. You were locked away in a cell, a child. You could hear some of the other girls, crying and screaming at night. It was torment."*
69. Her daily, unpaid work as a young girl included washing sheets and clothing in large industrial machines, whilst wearing heavy rubber aprons. She worked six days a week, long days until 6pm each day. The work was in silence, whilst being watched by a nun.
70. On one occasion, she was accused of stealing sweets from another girl who was given sweets by her visitor. She denied taking the sweet and remembered how she was dragged to the *"padded cell"* and that *"I screamed and screamed, I didn't do it, I knew what awaited me, I*

was so terrified". She was locked in this padded cell, in total isolation, with no bed, darkness at night, a tin cup of water and one slice of dry bread a day, for three days and three nights. She described this as one of the darkest and most traumatising experiences she had ever had. She felt *"broken. That's what they wanted to. To punish me for something I didn't do. To break me. It was just cruel, so cruel, like I wasn't a human being"*.

71. In 1966, she escaped with another girl, through the window of another room where there was no wire mesh or bars. She sought a job at a hospital in Cork, and subsequently discovered then that the hospital was run by nuns of the same order as Sister Enda. They reported her to Sister Enda, who had informed the Education Department and the Irish Society for the Prevention of Cruelty to Children (ISPCC).
72. She remembered how she was later taken by a man in uniform, who she later learned was from the ISPCC. She said *"I was so broken, I had no idea what was happening to me, but I was broken. I had given up"*. In the car, the official from the ISPCC threatened her that *"because you've run away you'll now go to a place you will never get out"*.

Sunday's Well Magdalene Laundry

73. On 4 November 1966 Mrs Coppin was taken to the Sunday's Well Magdalene Laundry. She was told she would take the name Enda from then on – a name she hated because it was a man's name and the name of Sister Enda *"my tormentor"*. She was not allowed to use her own name or to wear her own clothes. She was forced to wear a brown sack as a uniform and her head was forcibly sheared. She described feeling *"completely broken – they took my name, they took my identity, cut my hair off, took away my clothes. I became nothing, nobody – just what Sister Enda wanted. My hair was gone, I looked like a prisoner, no name, no identity, they finally broke me"*.
74. She slept in a dormitory with approximately fourteen other girls, with one adjacent toilet. They were given three meals a day. She described how she resisted the regime imposed on them by refusing to answer to the name Enda, forced on her: *"My name is Betty [REDACTED] It is not Enda"*. She said *"it was all mind games to them, tormenting me, punishing me psychologically"*.

Waterford Magdalene laundry

75. On 8 March 1967, Mrs Coppin was taken by a nun to another institution, the Waterford Magdalene Laundry.
76. She was detained there, worked there but described the food as better *"but basic and not enough – I was always hungry"*. She described the nuns as *"nice to me"*. She slept in a dormitory with other girls but the rooms were not locked, which she described as *"an open prison – the doors were not locked but we were still locked up, we weren't allowed to leave"*. She added that *"I had my name - my own clothes – but it was an open prison. Still a prison"*.
77. When she arrived at Waterford the nun in charge had said *"My God, what have they done to you?"*. Mrs Coppin said she felt emboldened and asked her if she worked well for 12 months if she could be allowed to get a paid job one day. Later, the nun found her a job: *"She kept her word. But the job was in Tralee, where Sister Enda was – I was terrified of her, following and controlling me. She had such power over me and terrified me still."* She described how *"if I had stayed in the first Magdalene she would have still been locked there until they closed it down: 'I'm sure of it. Sister Enda had it in for me and she had such power. I would have ended up in a madhouse. I was broken, so broken by all this."*
78. When she left Waterford Laundry for the job she got at the Bons Secour Hospital, she was scrubbing the floor in the hospital and looked up to see Sister Enda walking towards her. *"I was terrified, on my hands and knees where she wanted me – she still had total control over"*

me and I was petrified and in shock. She told me to come and see her on a specific day. When I went to her she said to me 'aren't you sorry now for all the trouble you caused?' I sobbed and said 'yes' to her. Years later, she could break me still".

Stigma and bullying

79. Mrs Coppin described many examples in her adult life of where she had suffered stigma and derogatory innuendos referring to her past as a *"fallen woman"* and *"sinner"*. In Ireland, she said it was impossible to openly talk to anyone about what she had endured, for fear that she would be judged, blamed and ostracised as being a *"girl from there"* [the Magdalene Laundries]. She described how she lived with the daily fear, that somehow at any moment her life, Sister Enda or the authorities would *"control my life again"*.
80. In England, she was warned by someone to never tell anyone about her past in Ireland because it would lead to being *"judged and treated differently"* (discriminated against). She said she did not want to believe this at first, but had several experiences of workplace bullying. In one school where she worked during 2003, she was subjected to sexual harassment by her appointed mentor when he learnt that she had previously worked in the Magdalene Laundries. The sexual harassment became so frequent and deliberately hurtful (e.g. being told she was a *"sinner"*) and threatening (e.g. being confronted with her mentor lying on her desk, in a sexually provocative way and making lewd comments). She felt unable to tell anyone, including her husband, and became depressed and unable to continue working there. She was forced to leave this job, but felt *"too shamed to complain or tell anyone. It's the Magdalene shame and fear. I was made to feel guilty and shamed for something I hadn't done. Like I was worthless"*.
81. At a subsequent school where she worked during 2004-2005, the school principal learnt of her past in the Magdalene laundries, from someone else, and she was subsequently bullied at work to the extent that Mrs Coppin became depressed and unable to continue working there: *"Once they know they do treat you differently – I never thought this would happen, and others [from the Laundries] warned me, and there it was. I felt broken again. My confidence destroyed, again. It never leaves you. You are never allowed to be free from that past"*.

Seeking redress

82. As an adult, later in life, after she had met her husband Peter, Mrs Coppin felt determined to confront her past and to pursue justice for being detained and subjected to *"abuse and cruelty"* in the Industrial school and in the Magdalene Laundries.
83. She described how she made a complaint in 1997 to the police in Tralee, but nothing came of it. She said *"I vowed I would get justice. It was eating away at me, what they had done to me. I didn't know even then they were called the Magdalene Laundries, I just knew what they did to me was wrong, unjust and abusive. But Sister Enda always told me 'no one will believe you' – and her words haunted me"*.
84. Looking back at the process she has undergone so far in pursuing justice, she said *"I often sit, on my own, quietly, weeping, weeping. I think of all they did to me. The emotional, physical, verbal abuse, the sexually inappropriate behaviour, the violence, being locked up, they took my childhood. They enslaved me. Made me work as a child. Deprived me of my education, a chance to make something of my life, to have a good job like I wanted. They did this for what? Why? Why? I was a child"*.
85. She said she felt she was deliberately prevented from going to school as a punishment. She feels *"they kept me uneducated, so I and others like me wouldn't ever know what they were doing so that we couldn't challenge them"*.

86. She described how she has waited for years to get justice *"I feel so angry at the injustices. They ruined my life, damaged my life and me. I am alive, living, but damaged. It raised its ugly head time and time again – at work, in everyday life, in my marriage, affected my children. I get especially angry at people in authority who abuse their power"*. Yet, her greatest fear was, as Sister Enda threatened ("no one will believe you"), that *"maybe no one would believe me, and if they did they would do nothing"*. For her, Sister Enda, the church and the schools and Laundries they ran, the Education Department, the Justice Department and the NSPCC *"all failed. They failed to protect me. They abused me. A life of violence and torment, locked up – for what? Being a child"*.
87. She said she felt that her experiences to date in seeking justice *"takes it out of me"* and that her trust in others and in the authorities, was broken by her experiences in the Industrial School and Magdalene Laundries. She feels that she *"can't forgive them – no one has been made accountable. That feels to me like an ongoing punishment – to me. And I did nothing wrong"*.
88. She said she felt that what was also punishing and devastating was *"no one believes us. They would believe the nuns and the Church, but not us. I did nothing wrong, and I am being punished still"*.
89. She described feeling that she and others are ageing, dying *"and that's what the Irish government wants – for us to drop off one by one so they never have to admit the wrongs, the violence, the incarceration, the slave labour of us, children, all the injustices they were responsible for. This hurts me daily. I weep. I will carry this to my grave"*.
90. When she returned to Ireland with her husband to search for her mother, she also resolved to seek out Sister Enda and see the Laundries again. Supported by her husband's presence and encouraged by him to say what she wanted, she confronted Sister Enda, *"I was so distraught that no one would believe me. I had to confront her. I shouted, I told her I would go to the newspapers and to the courts, she said 'they'll never believe you' – and she didn't care. She was right. The truth to this day is that no one has done anything about it. They all got away with it"*. Whilst the confrontation gave temporary relief, she described this as *"devastating – because still, there is no justice. The damage was done. And still no justice"*.
91. She described the apology by the Irish government as: *"Important, yes. But it was an apology. It is not justice."* She described how she felt angry at being *"pressured and blackmailed by the Irish government to sign a waiver"*, something she says *"I still feel angry about this and deeply hurt"*, feeling that she had been coerced and effectively told to shut up, just as she was in the Laundries.

PHYSICAL HEALTH

92. Mrs Coppin described her physical health currently as very poor.
93. Mrs Coppin said she suffered poor health as a child, with at least one long period of hospitalisation, though no records are available for this and she does not know why.
94. She said that she suffered, like many of the other girls, chronic coughs and respiratory problems. She continues to suffer from respiratory problems and is currently undergoing investigation for chronic obstructive pulmonary disease, which is also triggered by psychological stress.
95. She suffered chronic hunger as a child, chronic constipation, poor digestion and a distended and painful abdomen.

96. She described suffering from intense and frequent pain in both her legs throughout her time in the Industrial School and in the first Magdalene Laundries. She believes this may have been a form of rheumatism, as a result of the conditions in which she worked. But she also believes that she and the other girls were subjected to pharmaceutical testing, including what she believes to be vaccine and other tests. She continues to suffer from pain in her legs.
97. Mrs Coppin said that when she was around 13 years old she had suffered severe burns on her thighs when she attempted suicide, but had never received any medical treatment for them.
98. She suffered a miscarriage for unknown reasons with her first pregnancy in 1978.
99. In 2000, she had suspected gall stones and during surgery part of her liver was apparently removed *"because they said it was rotted"*.
100. In 2011 she became extremely unwell, with vomiting, delirium and chest pain. In hospital, she was told the scan revealed she had atherosclerosis (*"blocked, furred arteries"*). She was also found to have a benign tumour, *"the size of a grapefruit"* on one of her fallopian tubes.
101. In 2012, she underwent surgery to remove the tumour and her fallopian tube.
102. In 2013, she was hospitalised and had surgery for chronic piles. The surgery led to other complications, resulting in further surgery.
103. In 2017, she was investigated for cancer, but instead diagnosed with diverticulitis (digestive disease with inflammation or infection in the lining of the intestine).
104. She has macular degeneration in her right eye for which she has undergone investigation and seen two medical specialists, one in Ireland in 2015 and another in England more recently. Both have told her that this was likely a result of a head injury sustained by a blow to the head, when she was a child. She has prescribed medication for this.
105. Mrs Coppin also suffers from problems in both her ears, which began around 2007. She describes these problems as *"infections, red, raw ears, agony – it causes so much pain it keeps me awake at night"*. She suffers from tinnitus, which started in 1979 and sinusitis which also causes her significant pain. She believes that her respiratory and ear problems are connected to *"being tested on when in the County Home or when hospitalised in the Industrial school"*.

PSYCHOLOGICAL HEALTH

History of psychological care

106. Mrs Coppin has never before received any psychological therapy, counselling or psychiatric care.
107. She was once referred for counselling. She saw a woman once, but at the end of the appointment Mrs Coppin asked her *"so who's paying for this?"* to which the counsellor replied *"the Mercy nuns"*. Mrs Coppin told her she would definitely not be returning to see her.
108. She recalls that once her doctor (general practitioner) prescribed her a mild sedative for a week when she was extremely anxious and due to take her driving test which she had failed seven times previously due to severe anxiety.

Sleep disturbance

109. Mrs Coppin described her sleep as *“generally erratic with bad phases”*. She described these bad phases as being aggravated by stress and worries, and as characterised by frequent awakening during the night, sometimes triggered by any sound or light (e.g. from the neighbour). She described waking up startled and immediately panicked that *“someone was outside, someone was coming to get me”*.
110. She suffers from middle insomnia several times a week, often lasting several hours and usually cannot return to sleep *“worrying, watching the door or windows like a hawk”*.
111. She suffers from nightmares, sometimes daily, sometimes once a week or fortnight. Her nightmares are invariably about her experiences in the Magdalene Laundries, and often feature *“a nun, standing over me, about to beat me”* or *“someone, the nuns, coming up the garden path to get me, to drag me back to the Magdalenes. I can see them, coming to a gate, and as I tell you I feel so frightened again, like it’s about to happen right now”*. When describing the content of her nightmares Mrs Coppin was visibly shaking, tearful and anxious, with rapid shallow breathing.
112. The nightmares usually result in her waking up startled and screaming. She said, and confirmed by her husband, that she is jumpy, terrified, screaming, with shallow breathing, hyperventilating and rapid heartbeat. She said she was extremely afraid of sleeping alone and was always *“jumpy and nervous”*, explaining that *“as a child I lived with my nerves and terror. I never knew what each day would bring, a look, mistake, or just nothing I did would trigger punishment, abuse and violence. It was like growing up with constant fear.”*
113. She said that when her children were born her nightmares worsened for a time, she was afraid that someone would take or harm her children: *“I was always so afraid, I wanted to protect them, not to let anything happen to them like what I went through growing up.”* She said she would *“jump out of bed when I had a nightmare, run into the children’s room to check they were still there, that they were alright”*.
114. Mr Coppin said he would always wake up from her nightmares and try to console and calm her, but that often she was inconsolable, and unable to sleep again. He reported feeling distressed himself and helpless, watching her in this state *“it’s been going on for years, as long as I’ve known her certainly. It takes its toll on me. But she needs me, and I am here for her”*.

Anxiety and Irritability

115. Mrs Coppin described herself as *“nervy”*. When asked what she meant she said she was always anxious, *“living on nerves, always on the edge and jumpy”*. This is made worse *“when I think somebody’s out to harm me. That’s why I don’t like to go out, to be alone, anywhere”*. She described examples of when a slight gesture or look from a stranger would trigger her fear and anger, saying *“as a child I daren’t open my mouth, I was so afraid. Now, when I get afraid, or think someone’s going to get me or my kids, I would speak up, get irritable, cross - angry, especially at strangers”*.
116. Mrs Coppin suffers from general anxiety, almost on a daily basis, although this is slightly less when she is in the home, with her husband. The anxiety is severe when she is outdoors, and she avoids walking anywhere. She said *“I’m a nervous wreck when I am outside, on edge, constantly looking around or looking out of the car window, terrified that someone will punch me, or drag me away.”*
117. She goes out only when necessary, once a week to the shops for groceries or every few months to visit her children, although she only goes out when in the car, with her husband. Mr Coppin described her as *“constantly anxious. Jumpy, irritable. She’s worse in the car.”*

constantly looking around worried something will happen or someone will get her. – she grips the handle inside the car the whole journey, white with fear”.

Withdrawal and isolation

118. Mrs Coppin explained that the constant fear, nervousness and jumpiness made her very reluctant to go outside her home, except when strictly necessary and only with her husband. It had also made her *“keep myself to myself, I don’t really have or see friends, I don’t go out or anywhere”*. She described how she had become somewhat isolated, in her attempts to cope: *“I have some contact with some people on the phone, but not friends, I wouldn’t tell them about me, how I feel. I weep quietly by myself, for years, nights, it never ends”*.

Appetite

119. Mrs Coppin described her appetite currently as *“good. I eat well. Now”*. Although after the birth of her son when she was depressed she said her appetite was very poor. When discussing her appetite, she became very sad, tearful and distant. She said *“I was starved as a child, starved growing up”*. She feels this affected how she raised her own children, and how her maternal vigilance over their diet sometimes veered into sinister warnings to them: *“Eat your food. If you don’t you’ll die”*. She said she felt bad after saying that to her children but she felt she could not control herself and that the dread of starvation was pervasive, remembering *“what it felt like when I was younger to be so hungry, starved, desperate”*. She remarked *“food was a matter of life or death for us. Living on a piece of bread and water mostly. You ate to stay alive. But on the edge of life”*.

Cognitive difficulties

120. Mrs Coppin described her concentration as *“good”* though her attention as *“very bad”*. During the interview, she took regular breaks but she was able to concentrate. When distressed, talking about some of her experiences in the Industrial School and the Magdalene Laundries, at times she would become distracted, anxious and agitated, losing her attention. She would ask for the question to be repeated.
121. Her long-term narrative memory seemed remarkably good, and she was able to describe events from her past with vivid detail and with consistency, even when she talked about the same experiences at different times. Occasionally she would check her papers for dates she had given me (e.g. hospital appointments), to be sure she had remembered correctly. She was frank in saying, when she did not remember specific details: *“I don’t know, I can’t be sure – I just don’t remember that”*. Sometimes she seemed to become emotionally distant whilst describing these experiences, saying she had *“slipped into a daze, like I’m momentarily there again”*, and at other times she was visibly anxious, trembling and tearful.
122. Her short-term memory seems very poor, and this was confirmed by her husband. She often forgets where she has put things, keys, papers and everyday household objects. During the interview she sometimes repeated herself, forgetting that she had explained the same issue just minutes or an hour earlier. Often, she forgets recent events from hours earlier or days earlier.

Behavioural difficulties

123. Mrs Coppin said that sometimes her anxiety was so debilitating that she would frantically and repeatedly go around their home, checking the doors, locks and windows, worrying that *“someone might get in. We need to be safe”*. She said this behaviour began after she left the Magdalene Laundries, when she felt she had *“finally escaped”*. She felt *“so frightened, even if the house is locked. I don’t want anyone to come get me or to hurt me”*.

Avoidance behaviour

124. Mrs Coppin avoided for many years any places, people or conversations which reminded her of her past experiences. Talking about her past with her husband often triggered episodes of *"blinking out"* or of *"feeling like I was there again, in the Laundries, like I was being beaten, petrified."*
125. In England, as an adult, she has actively diverted conversations which were probing about her past and felt she had to lie to anyone who asked her where she grew up in Ireland. She said this distressed her enormously, and made her frightened in case she was reminded more of her past, if she was judged and criticised.

Shame

126. Mrs Coppin described feeling ashamed of her past. She said she avoided for many years talking about her past experiences to anyone, including her husband. She said *"I felt such shame – I was illegitimate, a Magdalene girl, it was terrible, you carry this shame with you"*.

Mood

127. Mrs Coppin objectively appeared as anxious and intermittently very low in mood. She described how she often felt very low, *"it gets me down, wears me down. Living like this, always afraid, not being able to see my children more often, being isolated from them because of the distance."* She described how throughout her adult life, her mood worsened often unexpectedly, and she would weep by herself: *"I feel so sad, I ask myself over and over again, why did this happen to me? Why did they do this to me? Why me? How dare they – I don't know if this will ever leave me, I will carry it to my grave. That makes me weep – they took away my innocence, my childhood, they forced me to work, hard labour, denied me an education and the chance to really do what I wanted in life. The beatings, starvation – why me?"*
128. She said she has learnt over the years to weep quietly and to shield others from how she feels and to not show others because she fears being judged and more so, that no one would understand or believe her. She said *"I don't want others to look down at me, to think I am a lunatic. I was a teacher – working with children. I was afraid that if anyone knew how desperate I felt sometimes that they would stop me from working as a teacher. I carry this pain, everyday ... everyday"*.

Intrusive phenomena

129. Mrs Coppin reported that for years after she left the Magdalene Laundries she would suffer from intrusive phenomena, characterised by intrusive memories, images and thoughts related to the events she experienced during her time at the Industrial School and the Magdalenes. They often resulted in acute anxiety and a sense of not being able to control the images. These intrusions can be described as 'flashbacks', memories which are involuntarily triggered by any external or internal cues.
130. For Mrs Coppin, the sound of footsteps on a hard floor, or the smell of cleaning fluids for bathrooms or the smell of soap and laundry still trigger intrusive recollections which in turn trigger a severe anxiety response. She described how in one of the Laundries, they would hear songs played by the priest who visited once a week. Hearing one of these songs, in particular Ray Charles' song lyrics *'take these chains from my heart and set me free'* evoked a powerful, involuntary reaction and ensuing anxiety. She explained *"I felt chained in the Magdalenes. I was locked up. Couldn't speak up, couldn't leave and I was drowning in despair – makes me very sad, emotional and makes me cry every time afterwards"*.

131. She still suffers from flashbacks, usually involving being locked in her room, scrubbing the floor and being beaten. She experiences flashbacks of her time in the Magdalenes, for example, when she is watching television and a scene involves a child being beaten, abused or exploited, or a child being separated from the mother, which *“reminds me of me, what they did to me”*. She also experiences flashbacks when she hears footsteps in the dark: *“I am straight back there in that punishment cell, in the dark, alone, waiting for the footsteps, terrified”*. When describing these flashbacks Mrs Coppin became distressed and requested a break. Currently, these flashbacks occur every three to four months, though this depends on *“my state of mind, it is always worse when I get low again, they come a lot then”*.
132. These intrusive phenomena are followed by intense anxiety and fear reaction, characterised by acute physiological arousal, including shortness of breath, and palpitations.

Hyperarousal

133. Mrs Coppin continues to suffer from hyperarousal (heightened state of alertness, physiological and psychological), characterised by heightened anxiety in certain situations which she experiences as threatening. She also suffers from irritability and has a very low frustration threshold. She suffers from hypervigilance in relation to any triggers which lead to a flashback or severe anxiety response, sometimes to the extent that it is debilitating in everyday life, preventing her from going outside of her home.

Social functioning

134. Mrs Coppin seems to cope well generally, as long as she is at home, with her husband beside her. She can manage daily tasks but has not felt well enough to work for some years, feeling her “nerves” in particular, put significant strain on her health and her capacity to trust others, including neighbours, acquaintances and former colleagues.
135. She reported that whilst she did paid work for various periods of her adult life, after she left the Magdalene Laundries, that she struggled with the fear of *“people finding out”* and the fear of being taunted or judged. After her experiences of workplace bullying, which she believes to be directly related to her history of being in the Magdalene Laundries, she felt her self-confidence had plummeted, leading to regular bouts of depression and crippling anxiety, and fear of the same experiences being repeated in other jobs.
136. Her decision around 2015 to take ‘supply teaching’ jobs (temporary, part-time positions) was largely due to the emotional strain of having to cope with her past experiences, fear of colleagues getting too close and being intrusive about her past and the fear of workplace bullying – which she felt was not only shaming and demeaning, but reminded her of being demeaned whilst working as a child.
137. She also said that she was living with constant fear that if she *“gave in”* (to her experiences of trauma, depression and anxiety) that she would *“be institutionalised again. I never want to be locked up again. I never want to be in an institution. I’d rather die than go into an institution of any kind again. I can’t trust people in institutions - that was what that abuse has done to me. I live in fear always”*. This debilitating fear has compounded her anxiety, depression and trauma and prevented her from regular work and from trusting others beyond her husband.

Risk of self-harm

138. Mrs Coppin has a history of past suicidal ideas, plans and had attempted suicide once as a young girl in the Industrial School in Tralee.

139. Since her childhood, she has experienced suicidal ideation many times, including when her children were young and she suffered from post-natal depression; when she was bullied at work; and more recently.
140. Recently, she described how at many times when her efforts to seek justice were met “*with no justice*” she has experienced recurrent bouts of what seems to have been severe depression, characterised by profound sadness, helplessness, hopelessness, lethargy, sleep disturbance and daily suicidal ideation with thoughts such as “*there is no point in carrying on in life, I will never get justice, I feel ignored, I may as well end it now*” [meaning commit suicide].
141. When asked what prevented her from acting on these suicidal thoughts, she replied “*I have to keep going. I have to – but it’s a vicious circle, I keep trying to get justice, there is no action, and I feel suicidal*”. She emphasised that her children and grandson are the most significant factor in what prevents her from attempting suicide, the desire to “*not abandon them, I need to be there to support them – not like what I had, I had no one. I want and need to be closer [geographically] to them – they are my life and what keeps me going*”.
142. Her husband also noted that her driving force was her family, and her need to be able to give her children the kind of everyday support and emotional support she felt she never had. He felt that he shared this desire and wanted to do everything he could to support his wife and family. He also commented that he has witnessed over the years, and in particular in recent years when she was seeking redress, that “*It’s awful to see what it does to her. After all she went through, it was horrendous, and she still lives with being told as a child that no one will believe her, and that no one will do anything. That is what breaks her still*”.
143. There is no current suicidal ideation or indication of intent. There is however, always a risk for her, and in light of what she reported, that the continued absence or thwarting of justice, as she perceives it, will elevate the risk of suicide.

Impact on husband

144. When interviewed separately, Mr Coppin was clearly distressed and tearful at times. He described how he had tried to support and encourage his wife over the 47 years they had been together. He said that “*sometimes we both breakdown and cry when she talks about her past. Sometimes we have rows – it gets too much, but I try my best*”.
145. He reported how he used to smoke heavily and drink alcohol, both to cope with the emotional strain and “*when I get stressed, seeing her so upset, not being able to do anything to help her*”. He said, tearfully, that he knew that trying to support his wife over the years with her past and her memories “*has been an emotional strain, but I don’t say anything to her or our children. I try not to show it to her. I just bottle it up*”.
146. He reported that for much of their married life, Mrs Coppin would tell him not to tell anyone about her or “*where I’m from, or about you*”, for fear of the judgement and shame. He said he would reassure her it was not her fault, what happened to her, but “*she was petrified, felt ashamed, questioned herself- kept asking herself, did she do something to be subjected to that kind of treatment*”.
147. His physical health is currently poor. He no longer smokes and only occasionally drinks alcohol. He suffers from angina (which he says is aggravated by stress and emotional strain) and from chronic obstructive pulmonary disease. The latter is also aggravated by stress and anxiety, which in turn creates further anxiety and fear, which also then worsens the disease.

OPINION

148. My professional opinion is based on twelve and a half hours of interview over two days and my objective assessment with Mrs Coppin, and an additional half an hour interview and objective assessment with Mr Coppin. It is my opinion that Mrs Coppin is suffering from a range of chronic, and some severe and debilitating, psychological health difficulties, related to the traumatic experiences during her childhood in the Industrial School and the three Magdalene Laundries. It is also my opinion that these psychological health problems have been aggravated, by the various proceedings involved in her pursuit of justice over many years.
149. Her psychological difficulties include anxiety, depressed mood, sleep disturbance, cognitive difficulties (in particular poor short-term memory and poor attention), avoidance behaviours, other behavioural difficulties, hypervigilance, intrusive phenomena including nightmares and hyperarousal, poor social functioning and difficulties in trusting others and thereby, isolation and poor social support (with the exception of the support from her husband).
150. In my clinical opinion Mrs Coppin's current psychological difficulties are characteristic of (a) chronic and severe anxiety; (b) post-trauma stress; (c) recurrent depression; (d) poor social functioning; (e) interpersonal difficulties, including difficulties in trusting others.

(a) Anxiety

151. Mrs Coppin suffers from daily, chronic, generalised anxiety. This impacts on her everyday functioning and prevents her from leaving her home, except when strictly necessary – and only if accompanied by her husband.
152. In addition, she suffers from recurrent bouts of severe and acute anxiety, including panic attacks characterised by hyperventilation, rapid heart rate, blurred vision and inability to focus. This is often in relation to situations where she feels threatened (e.g. seeing the lights turn on from a neighbour's home, during the night, which she thinks may be someone "coming to get me"; hearing a sound which she thinks is "someone coming to hurt me or drag me away").

(b) Post-trauma stress

153. Mrs Coppin has suffered for many years, since her time in the Industrial School and the Magdalene Laundries, from various features of post-trauma stress. It is not unusual following traumatic events for some people to develop trauma-related symptoms, though these usually diminish substantially within a month and resolve without professional intervention for a significant proportion of people within a year. For Mrs Coppin, her experiences of repeated traumatic events, over many years whilst a minor, until she left the Magdalene Laundries, meant that she developed what could be considered complex, chronic and severe trauma responses. For her, there was no opportunity to be in a place of safety where one could consider the trauma to be over, or 'post' – and this lack of safety and ongoing traumatic experiences over many years seems to have led to the severity and chronicity of the trauma responses.
154. These post-trauma responses for her, include intrusive phenomena, including flashbacks and nightmares, the content of which relate to her being held against her will in the Magdalene Laundries, the verbal threats, taunts and physical abuse she experienced and being locked in an isolated, padded cell, feeling starved and bitterly cold in her cell). In the first five years after she left the Magdalene Laundries, she suffered from what seem to be frequent intrusive and traumatic memories of her time in the Laundries. Following the birth of her children, many of these traumatic memories returned and increased in frequency and intensity, likely because of her intense and uncontrollable fear that something bad may happen to her

own children, that they may be at risk of harm. Her need to protect them, and the accompanying intense anxiety she seemed to have experienced, was highly likely due to the fear that they might endure the kind of suffering she experienced – and that she would be helpless in protecting them, as she herself had not felt protected by anyone, in particular any adult in charge of her welfare.

155. The intrusive phenomena Mrs Coppin continues to suffer are mostly nightmares and flashbacks which can be both understood as a way a person attempts to process traumatic memories, which are often suppressed in the unconscious and unavailable to conscious processing. Whilst the psychological mechanism for these phenomena are thought to differ, the flashbacks can be involuntarily triggered by external cues (such as watching something on the television, hearing the sound of footsteps on a hard floor, seeing a nun or someone in uniform, certain smells such as the smell of soap and disinfectants, the sight or smell of porridge); or internal cues (such as thoughts related to her time in the Laundries, thoughts of being locked in isolation in a padded cell).
156. Other post-trauma symptoms Mrs Coppin continues to experience include prolonged and acute hyperarousal (e.g. severe anxiety response after a nightmare or flashback, jumpiness at any loud sounds or bright lights or total darkness, irritability); and hypervigilance (e.g. anxiously scanning any unfamiliar room or setting or her surroundings when outside in the car, to check she is safe and there is no one in sight who could harm her).
157. The avoidance behaviour Mrs Coppin also experiences are a key feature of post-traumatic stress. She continues to avoid going out, in order to avoid any interactions or questions from others on her background – for fear that she will be judged or reminded of her past at a time she does not want to, and that this will trigger a flashback or nightmares and disturbed sleep. Avoidance behaviour can be understood as a conscious or unconscious attempt to avoid any situations, reminders, people or places which may evoke involuntary recollection of the traumatic events which create overwhelming and acute anxiety.
158. The ongoing nature of the trauma experiences are important to note. In Mrs Coppin's case, the trauma was not a single, one-off event, but a series of recurrent traumatic events whilst she was in the Industrial School and in the Magdalene Laundries. This seems to have been compounded by the experience of being returned, by adults she believed to be the police and whom she thought she could trust, against her will to the Laundries when she escaped.
159. Her experiences of seeking justice are significant to note as part of the trauma. Her first attempt at making a complaint to the police was what she felt to be a first step in confronting what had happened to her. But the lack of response was experienced as a trauma, causing her to believe that perhaps no one would believe her, or take any action for what she had suffered. This sense of being ignored or dismissed then became a repeated traumatic experience, each time feeling that the injustices against her were not recognised as abuse and injustice; each time feeling that her wounds had been re-opened, afresh. The recurrent intrusive phenomena, hypervigilance and hyperarousal are evidence of the repeated triggering and continuation of the traumatic response.
160. Further, various responses by the Irish government, such as the official apology and redress scheme were experienced as a step towards acknowledgment of the suffering she and others had endured, but not as accountability for the injustices she felt she had to endure as a child and young adult, whilst in the Magdalene Laundries. For her, this has been repeatedly a deeply traumatic experience, feeling that each time the gravity and duration of what she endured was somehow implicitly deemed acceptable, not as a wrong.
161. That she was denied the chance to continue her education, continues to be part of her trauma. She has felt deprived of the right to fulfil her potential, to pursue a career as a health professional. Her experiences of workplace bullying, explicitly linked to her history of working in the Laundries, has added further pain, believing that the past has and will always

follow and haunt her, always make her vulnerable to societal judgement, disbelief and marginalisation as a lesser being. For Mrs Coppin, being threatened when younger that she would never get out, that no one would believe her and that she would come to nothing in life continue to haunt her and re-traumatise her, with experiences such as at work and by the thwarting of her pursuit of justice as ‘evidence’ to her, that indeed, she and her life have “come to nothing”, as Sister Enda had told her.

162. These experiences must be understood as a continuous and linked series of multiple traumas, also known as ‘sequential traumatization’⁴, whereby each traumatic event has its own distinct contextual features, and temporal phases, which define and shape the nature of each specific trauma and its connection to the earlier traumatic events, which for her began in her conscious memory when she was at the Industrial school, and continued during her time in the Laundries. In essence, what Mrs Coppin continues to suffer from is a prolonged series of traumatic experiences, sequential and cumulative, a continued trauma and wound, never allowed to heal – and as she believes, something she will “*carry to the grave*”.
163. For her, the absence of any accountability and justice for over fifty years has meant that she continues to live with the traumas of the past, and the present traumas related to seeking justice. It is significant, that despite this, and despite the repeated triggering of her traumatic memories of her time in the Laundries, she has been determined to continue the quest for justice. For her, this determination is an active stance against the perpetrators of the suffering, an act of defiance against their threats and edict that no one would believe her or do anything. In other words, for her it is a survival strategy, for if she were to surrender to her fears and totally seclude herself from others and the outside world, she would become “*nothing*”, her dignity, sense of self as a human being and her self-respect destroyed, as she felt they were when in the Laundries.
164. However, the emotional turmoil and further trauma she experiences the longer she waits for justice, add to her sense that there is continuous and deliberate indifference, cruelty, inhumanity and dismissal of what she and other women endured in the Laundries. This has compounded her poor self-esteem and the feeling that she is being made to carry the shame, guilt and anguish for something she did not do, but for what others in authority and at the behest of the State vested with the responsibility to care for and protect her, did to her.
165. At the very least, justice for her is important to enable her to live in peace, not tormented by this burden of shame and pain she feels forced to carry. This is not unusual, and for many, a sense of justice is central to being able to emotionally process the psychological traumas related to past wrongdoings and to related losses (in her case, loss of family life, loss of education, loss of a childhood, loss of her freedom, loss of a future).⁵
166. In particular, when a sense of justice is denied, including the obstruction of access to justice, it is not uncommon for a person to feel further traumatised, as if there is an added insult to injury. For Mrs Coppin, the absence of justice is experienced as a deliberate and ongoing denial of justice, which is for her a deep psychological injury. The feeling of a deep wound forced to remain open and further provoked is experienced as yet another intentional cruelty as well as an insult to injury. This seems to have unnecessarily maintained the trauma response and protracted and intensified her grief at the loss of her childhood, education opportunities and hopes for her future, further compounding her recurrent depression.
167. Not having any access to justice for many years, nor access to appropriate health and social care, are highly likely, together, to also account for the continued psychological health difficulties Mrs Coppin experiences.

⁴ Keilson, H. (1979) *Sequentielle Traumatisierung bei Kindern*. Struttgart: Verlag.

⁵ Patel, N. (2011) Justice and Reparation for torture survivors. *Journal of Critical Psychology, Counselling and Psychotherapy*, vol.11, no.3, 135-147.

(c) Depression

168. When post-trauma stress continues over extended periods of time, more than fifty years in Mrs Coppin's case, it is not uncommon for a person to develop chronic and severe depression. Mrs Coppin has suffered from recurrent bouts of severe depression and in-between she continues to suffer from depressive mood, persistent sadness, tearfulness, a sense of helplessness and hopelessness, lethargy, sleep disturbance and poor cognitive functioning. The absence of a resolution to her pursuit of justice has undoubtedly contributed to her depression, adding to the feeling that her life is worthless. Fortunately, her close relationship with her husband and her children has provided her with a sense of purpose in life and a commitment to "*keep fighting*", to live, to seek peace and claim back her sense of dignity, self-respect and worth as a human being.
169. Her experience of post-natal depression is highly significant, particularly in light of her traumatic experiences in the Industrial School and the Laundries. The absence of her mother in her life, and the deliberate displacement of her mother by nuns, "*now supposed to be our 'mothers'*", had left her bereft of a close and secure attachment, a bond between a child and their mother or primary carer, which often affects relationships in adult life. For Mrs Coppin, the mother figures were far from nurturing, caring, protective figures, but instead adults who imposed their will, subjected her to cruelty, hardship, verbal threats and taunts, physical punishment, deprivation of adequate food and fluid and who locked her up in inhumane conditions. Becoming a mother for her no doubt triggered the traumas she experienced in the Industrial School and in the Laundries, reminding her of the absence of her own mother when she was a child, and of the cruel version of 'mothering' – which she knew to be wrong, but yet did not know how to escape her past so as to not repeat the harm to her children that she had endured. Not having her mother, or close friends or siblings, compounded her profound sense of loss and isolation and sense that she was still, truly alone. Yet, she was determined to overcome her own suffering, in order to nurture her own children. It is remarkable that despite this deep sense of grief, loss and trauma, and the related depression, she managed to "*fight back*", without any professional psychological or medical help, to be the kind of mother to her children that she felt she was denied herself.
170. Mrs Coppin's experience of being denied the freedom to leave the Laundries, also meant that she felt she was not allowed to visit her mother and grandfather or to know her step-siblings (or indeed that they existed). Mrs Coppin has felt alone in all senses during her time at the Industrial School and the Laundries, and that she was denied family life. The absence of close supportive relationships, known to be highly significant to health psychological functioning, throughout her life in school and the Laundries has also likely contributed to her recurrent and at times severe depression.

(d) Social functioning

171. That Mrs Coppin has coped as a mother and at home and work is testimony to her resilience and tenacity – which have helped her to continue to all she can to support her own children. Whilst she can appear outwardly to be functioning reasonably from time to time, this has clearly been intermittently disrupted by her experience of depression and post-trauma stress, whilst also being key features of those psychological problems.
172. Currently, her social functioning is limited, severely hampered by her hypervigilance and intense anxiety at being away or outside her home and related avoidance behaviour. Her behaviour of constantly checking that doors and windows are locked and secure psychologically are her attempts to manage her terror that someone may enter her private space and literally "*drag me away, lock me up or do something to me.*" Her husband's calm reassurance and refrain from interference in these behaviours has helped allay her anxiety temporarily, though it continues to hinder her from getting on with daily life and makes her highly dependent on her husband to accompany her everywhere, at all times.

(e) Trust and interpersonal relationships

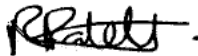
173. It is evident that Mrs Coppin continues to suffer from her inability to trust others, which is undoubtedly related to her experiences of trust being broken again and again, when growing up. Not being able to trust any of the adults under whose care and protection she was, never knowing who she could trust, and who she could trust to not betray her and to not to cause her physical and emotional harm has impacted on her profoundly and it seems, in enduring ways throughout her life. Children learn how to trust others, to establish and maintain relational bonds through their own experience of trusting relationships with adults who provide love, care and show unconditional and positive regard. Children also learn to build and maintain friendships when allowed to interact with other children, to talk, to play, to explore and to learn. Mrs Coppin feels she was deprived both family life and friendships when growing up, particularly in the Laundries. Peer interactions, conversations and connections were restricted, and in one Laundry severely restricted by separating and forcing Mrs Coppin and other girls to live in secluded cells, locked away, until it was morning and time to resume their working day. It is highly likely that Mrs Coppin has never established close friendships as a result, although she seems extremely warm, caring and concerned for the welfare of others. Her inability to trust others in her adult life even extended to her husband when they first met. It took her some years before she felt able to share more of her past with him, emboldened by his love, loyalty and devotion to her.
174. Unfortunately, these experiences of being denied the opportunity to form friendships and close, trusting bonds when growing up has also no doubt contributed significantly to Mrs Coppin's own isolation and lack of strong interpersonal relationships beyond those with her husband and children.
175. Both Mrs Coppin and Mr Coppin agreed that Mrs Coppin's psychological difficulties related to her past in the Industrial School and Laundries has adversely affected their marriage over the last 47 years. They both recognise that all marriages suffer from time to time, and that these "*normal troubles*" they have managed with some ease. However, the difficulties related to Mrs Coppin's past have repeatedly led to marital conflict, which has added to Mrs Coppin's depression, whilst also heightening her anxiety and fear that she simply would not cope without her husband's presence and support. The resulting strain on them both, and on their marriage, has thus meant that they have chosen to keep themselves to themselves, somehow seeking to protect themselves and each other and minimising additional threats (in the form of intrusive questions), stigma and judgement from others. Whilst this has helped to protect their bond they have become somewhat isolated from others, except their own children. Nevertheless, Mrs Coppin's capacity to emotionally invest in her children and grandson is a testament to her absolute determination to protect them and to provide them with support, in a way she herself was deprived.

SUMMARY AND RECOMMENDATIONS

176. It is my professional, objective opinion that Mrs Coppin is a woman who has endured to date immense and severe psychological suffering as a result of her experiences in the Industrial school and the Magdalene Laundries. This psychological suffering is characterised by anxiety, post-trauma stress, depression, poor social functioning and interpersonal problems.
177. It is also my opinion that the absence of accountability for what she has suffered has been a significant factor in the continued psychological difficulties, wounds forced to remain open and aggravated.
178. That she has coped all these years without any professional psychological intervention is testimony to her fierce determination to survive, as well as to protect herself with the support of the person she trusts most – her husband. However, the absence of professional support is

likely to have led to the chronicity of some of her psychological difficulties, and further impacted on her marital relationship; and on her husband's own psychological well-being.

179. I would strongly recommend that she is offered specialist professional psychological therapy to address the anxiety, post-trauma stress, depression and to address her poor social functioning and self-esteem. It is highly recommended that Mrs Coppin is provided professional psychological therapy with a qualified, senior and experienced clinical psychologist or a suitably qualified and experienced psychological therapist.
180. It may be that she is unable to utilise such support until a time when she feels emotionally safe and ready to engage in a deeper exploration of her past and current suffering. It is my opinion that whilst there is no formal resolution to her pursuit of justice, she will not be able to engage in professional psychological help – for she needs the ‘wound’ to be closed, so that the healing may begin.
181. I would also strongly recommend that if she and her husband are both willing, that they be both provided with professional couple psychological therapy to help them to together address the impact Mrs Coppin's past has on their relationship and her daily functioning – which has adversely impacted on their daily life together.
182. Individual psychological therapy for Mrs Coppin would need to be at least weekly, or fortnightly and may be a minimum of for 18 months. If both Mrs Coppin and Mr Coppin were willing and able to pursue couple therapy/counselling this may be fortnightly for approximately 6-12 months.



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Dated: 16 August 2017

APPENDIX A

Prof. Nimisha Patel's educational history includes a Bachelor of Science (with honours) (1987), a Master of Science (1989) and a Doctorate in Clinical Psychology (1998), all from Hull University, UK. In addition, she has considerable post-qualification specialist training and gained many other qualifications related to clinical psychology practice and management. In 2007, she was awarded a Master of Arts degree in the Theory and Practice of Human Rights from the Human Rights Centre, University of Essex, UK.

Prof. Nimisha Patel qualified as a Chartered Clinical Psychologist in 1989, and has since worked in the National Health Service, UK in Adult Mental Health and in Primary Care Services, in a variety of out-patient, in-patient and community-based services. She worked at the Medical Foundation for the Care of Victims of Torture between April 1997 and August 2011, establishing their clinical psychology service, as Head of Clinical Psychology, Lead Consultant Clinical Psychologist, as well as the Head of Audit and Evaluation Research.

She is currently Director of the International Centre for Health and Human Rights; and Professor in Clinical Psychology at the University of East London, where she has worked since 1996 in a variety of positions, including as Clinical Director, on the Professional Doctorate in Clinical Psychology Programme, training British clinical psychologists to work in the National Health Service in the UK.

Prof. Nimisha Patel is a Fellow of the Royal Society of Medicine. She is an Associate Fellow of the British Psychological Society. In 2011, she was awarded the prestigious award for 'Distinguished Contributions to Professional Psychology' by the British Psychological Society.

She has extensive clinical experience with survivors of torture and cruel, inhuman and degrading treatment or punishment, experience spanning over 20 years. She is regularly invited to provide international consultancy to many international organisations, including UNWRA, UNHCR and to the only international umbrella organisation for torture rehabilitation centres globally, the International Rehabilitation Council for Torture Victims (IRCT), Denmark; as well as to numerous rehabilitation and legal organisations, globally, on providing documentation of torture and rehabilitation to survivors of torture or other cruel, inhuman or degrading treatment or punishment.

She provides professional supervision and training to both health professionals and legal professionals working with torture survivors, in the UK and internationally. She is regularly invited to give formal presentations, including nearly forty keynotes to date, both nationally and internationally, to clinical and legal practitioners, academics, policy-makers and other decision-makers.

She has provided over 350 medico-legal reports and submitted expert witness statements in several high-profile cases, including successfully challenging the UK government's medical evidence in the Supreme court in Chile (in the case of Pinochet); providing an amicus brief in the landmark case of Garcia Lucero vs Chile in the Inter-American Court of Human Rights; providing psychological evidence in the individual complaint of Mellet v Ireland to the UN's Human Rights Committee; as well as in several domestic courts.

She has published extensively since 1991 on the subject of clinical psychology, torture and a human rights approach to rehabilitation of torture survivors. She is a reviewer for numerous peer-reviewed academic journals as well as being on the Editorial Board of two international, multidisciplinary academic journals.

Sample publications include:

Patel, N. (2003) Clinical psychology: Reinforcing inequalities or facilitating empowerment? *The International Journal of Human Rights*, vol.7, no.1, 16-39.

- Patel, N. & Mahtani, A. (2004) Psychological Approach to Rape as Torture. In M. Peel (ed.) Rape as Torture, Medical Foundation Publications.
- Patel, N. (2007) The BPS should do more: Science and Ethics, the case of Psychology and Torture. Science and Public Affairs, March 2007, p. 11.
- Patel, N. & Mahtani, A. (2007) The politics of working with refugee survivors of torture. In Patel, N. & Tribe, R. (eds.) 'Special Issue: Refugees and Asylum seekers', The Psychologist, March 2007, vol. 20, no. 3, p.164-166.
- Patel, N. (2007) Torture, Psychology and the 'War on Terror'. In R. Roberts (ed.) 'Just War, Iraq and Psychology'. PCCS: Ross-on-Wye.
- Patel, N. (2007) The Prevention of Torture: Role of Clinical Psychology. International Journal of Critical Psychology, Counselling and Psychotherapy, vol. 7, no.4: 229-246.
- Patel, N. (2008) Developing psychological services in the NHS for refugee survivors of torture. In S. Fernando and F. Keating (eds.) Mental Health in a Multi-ethnic Society. Routledge: London.
- Patel, N. (2008) Rape as torture. Clinical Psychology Forum, December, p.14-16.
- Patel, N. & Granville-Chapman, C. (2010) Good Practice Guidelines for the Health Assessment and Documentation of survivors of torture. Medical Foundation with the Department of Health (UK): London.
- Smith, E., Patel, N. and MacMillan, L. (2010) A Remedy for Torture Survivors in International Law: Interpreting Rehabilitation. London: Medical Foundation.
- Patel, N. (2011) The psychologisation of torture. In M. Rapley, J. Moncrieff & J. Dillon (eds.) De-Medicalising Misery: Psychiatry, psychology and the human condition. London: Palgrave Macmillan.
- Montgomery, E. and Patel, N. (2011) Reflections on treatment outcome studies in torture rehabilitation field. Torture, vol. 21, no. 2, 141-145.
- Patel, N. (2011) Justice and Reparation for torture survivors. Journal of Critical Psychology, Counselling and Psychotherapy, vol.11, no.3, 135-147.
- Patel, N. & Verghese, A. (2014) Good Practice in Torture Rehabilitation Services. IRCT: Copenhagen.
- Patel, N. and Williams, A. (2014) Conducting Monitoring and Evaluation for Torture Rehabilitation Services: A Handbook for Service Providers. ICHHR: London.
- Patel, N., Kellezi, B. and Williams, AC de C. (2014) Psychological, social and welfare interventions for psychological health and well-being of torture survivors. Cochrane Database of Systematic Reviews, Issue 10. Art.No.: CD009317.
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009317.pub2/abstract>
- Patel, N. (2015) Psychological assessment and documentation of torture. In J. Payne-James, R.W. Byard (eds.). Encyclopaedia of Forensic and Legal Medicine, second edition. Amsterdam: Elsevier.p.578-587.
- Patel, N., Williams, AC de C. and Kellezi, B. (2016) Reviewing outcomes of psychological interventions with torture survivors: Conceptual, methodological and ethical issues. Torture, vol.26, no.1, 2-16.

Patel, N. and Cohen, J. (2016) Identification, assessment and documentation of rape and sexual violence as torture: A handbook for health professionals. ICHHR: London.

Patel, N. (2016) Identification and documentation of rape and sexual violence as torture: Guidance for legal professionals. ICHHR: London.

Patel, N. (2017) Psychological Assessment and Documentation of Torture in Detention. In Beynon, J. & Payne-James, J. (eds.). *Monitoring and Documenting Conditions of Detention, Custody, Torture and Ill-Treatment: a practical guide*. London: Taylor-Francis.

Bittenbinder, E. and Patel, N. (2017) Working as psychological therapists in global systems - Between solidarity and defense. *Journal of Family Processes*, vol.1 (42), 18-26.

APPENDIX B

The contents of this report are true to the best of my knowledge and belief. I understand that in preparing this report I have an overriding duty to the United Nations Committee of the Convention Against Torture and I can confirm that I have complied with this duty.