

Survivor Guide to Magdalen Commission

On February 19th 2013, An Taoiseach Enda Kenny apologised on behalf of the State to women who were incarcerated in Ireland's Magdalene Laundries. The government has asked Mr Justice John Quirke to undertake a three-month review and make recommendations to the Government about the criteria for applying to the Magdalen Fund for payments and other supports.

If you have not already registered with the Magdalen Commission, you are encouraged to do so. **Before registering, you should consider seeking independent advice or assistance in filling out the form from a local resource centre or family solicitor.**

You can obtain a registration form from this website address:

<http://www.idcmagdalen.ie/en/MLW/Pages/MagdalenFundForm>

or by phoning 01-476 8649. While it is possible to register by phone, we strongly recommend that you do so in writing and that you keep a photocopy for your own records.

Once a woman has registered with The Magdalen Commission, she will be contacted by a person from the Commission about her present-day needs. There may also be someone made available from the Commission to visit the surviving woman and hear about what she needs.

This guide is for the personal use of Survivors to assist them in making an account of their current needs and their experiences in the Laundry system. We hope that it will be helpful in assisting Magdalene Survivors to correspond with the Commission. JFM encourages Survivors to have a written record of their present day needs and their experiences of the institutions and to correspond with the Commission on these matters in writing rather than depending on phone calls or verbal communication. We also encourage survivors to keep a photocopy of this document if you decide to submit it once completed.

This Guide is prepared by Justice for Magdalenes (JFM), an all-volunteer survivor advocacy organisation. JFM makes no legal representations and this form is in no way intended to supplant or replace any official documents created by the Irish State. This is simply a guide to help women to prepare to engage with the Magdalene Commission

My Personal Details	
First Name	
Surname	
Maiden name (if applicable)	
Date of birth	
Address	
E-mail address	

My Entry into the Laundry

Please know that it is common among survivors not to know dates of entry or exit. The *Report of the Inter-Departmental Committee to establish the facts of State involvement with the Magdalen Laundries* acknowledges that registers of the congregations are incomplete. JFM has been told that there are other records available to the Commission which will assist in clarifying the relevant dates. The list below has been taken from the Registration Form of the Magdalen Commission.

Sisters of Our Lady of Charity of Refuge	From	To	Age	House Name/No	Multiple entry?
St Mary's Refuge, High Park, Grace Park Road, Drumcondra, Dublin.					
Monastery of Our Lady of Charity Sean McDermott Street (formerly Gloucester Street), Dublin 1.					

Congregation of the Sisters of Mercy	From	To	Age	House Name/No	Multiple entry?
Magdalen Asylum / Magdalen Home, No. 47 Forster Street, Galway.					
St Patrick's Refuge, Crofton Road, Dun Laoghaire, Co. Dublin.					

Religious Sisters of Charity	From	To	Age	House Name/No	Multiple entry?
St Mary Magdalen's, Floraville Road, Donnybrook, Dublin.					
St Vincent's, St Mary's Road, Peacock Lane, Cork.					
St Mary's, Stanhope Street, Dublin 7					

Sisters of the Good Shepherd	From	To	Age	House Name/No	Multiple entry?
St Mary's, Cork Road, Waterford.					
St Mary's, New Ross, Wexford.					
St Mary's, Pennywell Road, Limerick.					
St Mary's, Sunday's Well, Cork.					

The following is a checklist of some important points that you may wish to bring to the attention of the Commission

My Financial needs

Pensions

Do you currently have a pension from the Irish State?

Yes No

Does that pension reflect the time you worked in the Magdalene Laundry?

Yes No

Have you tried to apply for a pension that includes your time in the Laundry? :

Yes No

If "yes," was your application successful?

Yes No

If not, please supply any relevant details, e.g. the reason you were given for being refused.

Lost Wages

How many days a week did you work and approximately how many hours a day?

How many weeks, months or years did you work in a Magdalene Laundry and receive no pay?

Did you receive 'pocket money' while you were in the Laundry?

Yes No

If yes, for what period of weeks, months or years did you receive 'pocket money' in return for your work?

If yes, do you consider it adequate payment for the work you did?

Yes No

If you did receive 'pocket money' please state how much it was and what you could have purchased with it (e.g., was it enough to buy sweets or enough to buy a bus fare or more?) Please also state if it was 'real money' – i.e., were you given actual money or were you given a token to purchase items in the laundry tuck shop? Please provide any relevant details.

Do you wish to receive lost wages for the time you spent working in the Laundries?

Yes No

Do you have enough money to live on?

Yes No

Are you dependent on others for financial assistance? Tick all that apply.

Charities

Family

Friends

Community Welfare

Voluntary groups

Money lenders

Other

Please state any other relevant details here:

My General Needs

Confidentiality

If you have particular concerns around confidentiality, make a note of it here:

In communicating or corresponding with the Magdalen Commission, would you:

Prefer to use a friend or relative's address

Prefer to use a P.O. Box Number

Prefer to use e-mail

Prefer to use telephone*

Prefer to be contacted via an advocate/other

**please note, we encourage survivors to deal with the Magdalen Commission in writing only.*

Please state the name of that person here:

Make a list here of any other confidentiality requirements:

Helpline

Would it help you if the government set up a dedicated helpline for Magdalene survivors as a single point of access for all to information and services?

Yes No

Would you use such a service?

Yes No

Counselling/psychotherapy

If provided, would you be interested in availing of Counselling/psychotherapy?

Yes No

Would you avail of Counselling/psychotherapy if it was provided and or funded by the Catholic Church and/or religious congregations?

Yes No

Have you paid for counselling/psychotherapy in the past and can you offer an estimate as to how much you have spent on such services?

Yes No

If yes: I have spent €_____ on counselling/psychotherapy services.

Do you have receipts for this expenditure?

Yes No

Can you revisit the service you attended and acquire a note confirming attendance and costs involved?

Yes No

Legal Advice

Do you feel the need for independent legal advice as you engage with the Magdalen Commission?

Yes No

Do you want a family solicitor/family member/friend/other to assist you when engaging with the Magdalen Commission?

Yes No

If yes, you can name the individual(s) here: _____

Have you paid for legal advice related to the time you spent in a Magdalene Laundry in the past?

Yes No

If yes: I have spent €_____ on legal advice.

Access to records

Have you tried to access your state/religious records?

Yes No

If yes, did you encounter any problems? (You may make a note of the problems below).

If you were not successful in accessing your state/religious records would you like assistance from the Magdalen Commission?

Yes No

Medical Needs

Do you have medical needs?

Yes No

If yes, make a note of the details (please attach an additional sheet if necessary):

Are you on a waiting list for treatment(s)?

Yes No

If yes, make a note of the details (please attach an additional sheet if necessary):

Do you require disability supports or assistance with daily living?

Yes No

If yes, please tick all that apply:

Mobility

Personal care

Communication

Access to transport

Access to services

Access to your community

Housekeeping needs

Maintenance needs

Shopping (groceries/clothing) needs

Make a note of any other details here:

Do you currently have an Irish Medical Card?

Yes No

If you do not, do you need one for you and your family?

Yes No

Do you have transportation needs in getting to and from medical and/or other appointments?

Yes No

Housing needs

Do you have particular housing needs?

Yes No

If yes, make a note of relevant details.

Do you currently rent your home?

Yes No

If yes, do you need assistance paying the rent?

Yes No

Make a note here of any details, e.g. arrears, hardship, difficulty with entitlements:

Do you have heating issues in your house?

Yes No

If yes, make a note of relevant details.

Do you require alternative accommodation?

Yes No

If yes, make a note of relevant details.

For survivors who have emigrated – would you like to be repatriated to Ireland, or have visits to Ireland facilitated?

Yes No

If yes, make a note of any relevant details.

Other needs

Peer support

Would you like to attend a support group where you could meet other Magdalene survivors for support and to share experiences?

Yes No

If yes, would you be happy to attend such meetings at a local or regional community facility?

Yes No

If no, would you be happy to attend such meetings at a community facility elsewhere?

Yes No

Please make a note of any other wishes you have about peer support:

Education

Would you like the opportunity for continued education?

Yes No

If yes, what sorts of educational assistance would you like?

Literacy (reading and/or writing)

Using a computer

Using e-mail

Accessing the internet

Other

Please state any other educational needs here:

Would you like your children/grandchildren to have access to funding for their education?

Yes No

Mediated reconciliation services with the religious congregations

Is this something that would interest you?

Yes No

Inter-Departmental Committee Report

Have you received a copy of the Report?

Yes No

If not, would you like one sent to you?

Yes No

Do you have any particular wishes that would help you in recovering from your experience in the Magdalene Laundry? E.g., a particular holiday you would like to take? Tick all that apply.

Holiday

Pilgrimage

Family mediation

Reconciliation support

Dedicated service to find family members

Dedicated service to find children lost to adoption

Dedicated services to find friends

Gravestone inscriptions

Please make a note of any other wishes here:

End of life concerns

Do you worry about end of life issues, e.g., burial costs and suitable headstone?

Yes No

Would you like assistance putting a plan in place addressing these issues?

Yes No

Do you have a preference as to whether the religious congregation(s) should have a role to play in these issues?

Yes No

Other needs (attach an additional sheet if necessary)

Survivors who remain in institutional care settings

Please note, the National Advocacy Service may be of assistance to women who are institutional care. It is an independent, confidential and free advocacy service for people with disabilities. They can be contacted on 086-8378757.

Are you aware of women who are still institutionalised?

Yes No

If yes, do they have family members or advocates who will assist them in engaging with the Magdalen Commission? If not, please see details above about the National Advocacy Service.

Yes No

Are you aware of any institutionalised women who are still working?

Yes No

Conditions in the laundry

Were you free to leave the laundry?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were you there of your own free will?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were you paid a wage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you left and were returned, did you return of your own free will?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Was the heating adequate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were the meals sufficient?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you were sick, did you receive medical attention?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were you given adequate washing and other hygiene facilities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were you beaten?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you see others beaten?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were you sexually abused?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you have any serious accidents in the laundry?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, were you given medical treatment for these accidents?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you see others having serious accidents in the laundry?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were they given medical treatment for these accidents?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Don't know	<input type="checkbox"/>		
Did you have your hair cut against your will?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were you locked up in solitary confinement?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were you allowed to maintain contact with family/friends/society?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were you deprived of food and/or water?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you lose a child/children to adoption?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Were you subjected to other forms of physical abuse?

Yes No

Please give any other relevant details here:

Signed: _____

Date: _____