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.
<table>
<thead>
<tr>
<th>My Personal Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Surname</td>
</tr>
<tr>
<td>Maiden name (if applicable)</td>
</tr>
<tr>
<td>Date of birth</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>E-mail address</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Sisters of Our Lady of Charity of Refuge</th>
<th>From</th>
<th>To</th>
<th>Age</th>
<th>House Name/No</th>
<th>Multiple entry?</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Mary’s Refuge, High Park, Grace Park Road, Drumcondra, Dublin.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monastery of Our Lady of Charity Sean McDermott Street (formerly Gloucester Street), Dublin 1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Congregation of the Sisters of Mercy</th>
<th>From</th>
<th>To</th>
<th>Age</th>
<th>House Name/No</th>
<th>Multiple entry?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magdalen Asylum / Magdalen Home, No. 47 Forster Street, Galway.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Patrick’s Refuge, Crofton Road, Dun Laoghaire, Co. Dublin.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Religious Sisters of Charity</th>
<th>From</th>
<th>To</th>
<th>Age</th>
<th>House Name/No</th>
<th>Multiple entry?</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Mary Magdalen’s, Floraville Road, Donnybrook, Dublin.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Vincent’s, St Mary’s Road, Peacock Lane, Cork.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Mary’s, Stanhope Street, Dublin 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sisters of the Good Shepherd</th>
<th>From</th>
<th>To</th>
<th>Age</th>
<th>House Name/No</th>
<th>Multiple entry?</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Mary’s, Cork Road, Waterford.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Mary’s, New Ross, Wexford.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Mary’s, Pennywell Road, Limerick.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Mary’s, Sunday’s Well, Cork.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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:

_____________________________________________________________________________
_____________________________________________________________________________

\textit{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 ☐

\textit{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:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

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 ☐ No ☐

Were you there of your own free will?  Yes ☐ No ☐

Were you paid a wage?  Yes ☐ No ☐

If you left and were returned, did you return of your own free will?  Yes ☐ No ☐

Was the heating adequate?  Yes ☐ No ☐

Were the meals sufficient?  Yes ☐ No ☐

If you were sick, did you receive medical attention?  Yes ☐ No ☐

Were you given adequate washing and other hygiene facilities?  Yes ☐ No ☐

Were you beaten?  Yes ☐ No ☐

Did you see others beaten?  Yes ☐ No ☐

Were you sexually abused?  Yes ☐ No ☐

Did you have any serious accidents in the laundry?  Yes ☐ No ☐

If yes, were you given medical treatment for these accidents?  Yes ☐ No ☐

Did you see others having serious accidents in the laundry?  Yes ☐ No ☐

Were they given medical treatment for these accidents?  Yes ☐ No ☐  Don’t know ☐

Did you have your hair cut against your will?  Yes ☐ No ☐

Were you locked up in solitary confinement?  Yes ☐ No ☐

Were you allowed to maintain contact with family/friends/society?  Yes ☐ No ☐

Were you deprived of food and/or water?  Yes ☐ No ☐

Did you lose a child/children to adoption?  Yes ☐ No ☐
Were you subjected to other forms of physical abuse?  

Yes □  No □

Please give any other relevant details here:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Signed:  

Date: