

The Legacy of the Northern Irish 'Troubles' and Disability¹

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INTRODUCTION

Disability rates are significantly higher in Northern Ireland (NI) than in Great Britain (Devlin et al., 2023). There are a range of potential reasons for this, but one important factor is the legacy of the region's thirty-year civil conflict—commonly known as 'the Troubles'—which has had enduring impacts on the physical and mental health of those affected (French & Cruise, 2021). This paper examines, for the first time, the relationship between exposure to the Troubles and receipt of Disability Living Allowance (DLA) in later life. Prior to its replacement by Personal Independence Payment (PIP), DLA receipt in NI significantly exceeded rates elsewhere in the UK. In 2014/15, older adults in NI were more than twice as likely to receive DLA or PIP compared to their counterparts in England (Devlin et al., 2023), with rates peaking in August 2016 at 11% of the population and especially high among those aged 50–64 (19%) (DfC, 2016). Importantly, claims were concentrated in socially deprived areas—many of which experienced intense conflict during the Troubles (Devlin et al., 2023).

DATA AND METHODS

This paper uses the Northern Ireland Cohort of Longitudinal Ageing, NICOLA, study as its main data source. NICOLA is a study of people aged 50 and over in NI which covers a wide range of topics including health, finance, and socio-economic indicators. It is designed to be representative of the over 50 population in NI and has a sample size in wave 1 of around 8,500 respondents. NICOLA is the first

¹ This Bulletin summarises the findings from: Devlin, A., French F. & McVicar, D. (2025) The Legacy of the Northern Irish 'Troubles' on Disability Rolls, *Social Science & Medicine*, 383, 118447.

Available at: <https://doi.org/10.1016/j.socscimed.2025.118447>

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representative study of its kind to include extensive questions on exposure to the Troubles.

We also use an area-based proxy for conflict intensity – the number of Troubles-related fatalities during the period 1969-1998 per 1,000 population at District Electoral Area (DEA)² level. To do so, fatalities from the ‘Index of Deaths from the Conflict in Ireland’ (Sutton, 2002) were geocoded.

RESULTS

We find that those personally exposed to the Troubles were significantly more likely to claim DLA later in life, increasing the likelihood by 21 percentage points. This accounts for roughly a third of the gap between NI and England in older adult DLA rates. Similar patterns emerge among individuals reporting that their communities were affected by the conflict. Those who are older, less educated, unmarried or living in Belfast are all more likely to be in receipt of DLA. Those living in areas of income deprivation amongst older people are also much more likely to be in receipt of DLA. Religion, on the other hand, has no significant effect on the likelihood of DLA receipt after controlling for Troubles exposure and these other characteristics.

We also examine the effect of personal exposure to the Troubles on a range of specific health conditions. There is clear evidence that the probability of being diagnosed with a mental health condition is impacted by Troubles exposure: persons who report high levels of exposure to the conflict are 38 percentage points more likely to be diagnosed with a mental health condition than those not exposed to the conflict to the same degree. This provides at least a partial explanation for the higher prevalence of mental ill-health in NI (DHSSPS, 2014). This is particularly concerning given the large literature in NI which finds evidence of intergenerational transmission of trauma (Downes et al., 2012) and of mental ill-health (O’Neill et al., 2015) and as such these conflict impacts may continue to persist.

CONCLUSIONS

We find that DLA rates are higher amongst those who were exposed to the conflict in NI. This is an important research finding given the consistently high rates of disability in NI regardless of measure used. DLA has long been politically sensitive in NI, with higher claim rates among Catholics compared to Protestants. While unemployment gaps between the communities have narrowed over time, disparities in disability claims persist. These differences are rooted in both historical exposure to conflict and entrenched socio-economic inequalities.

² There are 80 DEA’s in Northern Ireland with an average population of 23,000 although this varies considerably between the urban and rural DEA’s.

We also explore links between the Troubles and diagnosed health outcomes. Individuals who directly experienced the conflict were more likely to report poor mental health and, to a lesser extent, cancer. Given existing strains on NI's health system—such as long waiting times and funding shortfalls—understanding the drivers of disability and poor health is vital. Interventions to address intergenerational trauma could reduce future reliance on disability-related benefits. These findings are especially important amid renewed debates on welfare reform, where NI's unique context must be considered.