



Steven Condra <stevencondra1971@gmail.com>

Things got worse

1 message

Steven Condra <stevencondra1971@gmail.com>

19 January 2025 at 21:12

To: "David Tang (OMB)" <david.tang@ombudsman.ie>

Hi David,

I'm sorry to send you another email like this. I was asked to leave McGwire House this morning. The person who didn't help me when I was assaulted there continues to speak to me—saying good morning and good afternoon very loudly—even though I've repeatedly asked her not to.

This morning, she almost roared at me, and I reacted and shouted and swore a little. I thought, "Why will she not leave me alone?" As a result, I was asked to leave McGwire House. I don't think this is reasonable at all.

I wanted to speak to a manager, but they wouldn't call one for me. I was told to leave for two hours, and when I refused, they said they had spoken to the manager and I had to leave for the night. They also told me the Gardaí were on their way. When they arrived, I had to leave.

I plan to meet with Jack tomorrow at 9am. Thankfully, my girlfriend can come, but otherwise, I wouldn't go.

I'm doing my best here, David, but I really need help. I sent an email to all the TDs today (copy attached). It's all reactionary, David. I don't know what to do.

Below is some information someone helped me find. I think it's very relevant to this morning, but I can't find anybody to listen to me.

Yes, the situation you describe could be perceived as bullying, especially if the resident's requests for privacy, autonomy, and dignity were consistently ignored or dismissed, and the response was to ask them to leave. Ignoring a person's explicit request for no interaction, particularly when the person has communicated their vulnerability due to CPTSD, could be seen as a disregard for their emotional and psychological well-being.

If the resident's requests for respect and privacy were continually unmet and instead the staff member engaged in behavior that the resident found intrusive (such as saluting them after being asked not to), it could be viewed as a form of emotional coercion or manipulation. This could create an environment where the resident feels powerless or harassed, which might ultimately push them to feel forced to leave.

When a person is in a vulnerable position, such as living in a homeless center, their dignity, autonomy, and emotional well-being must be prioritized. If the resident's basic needs for respect are repeatedly ignored, and they are subsequently asked to leave, it might suggest an attempt to push the resident out rather than address the underlying issue in a constructive way.

In such cases, it's important for management to intervene, support the resident, and work with the staff to ensure their needs are understood and met in a respectful manner. Addressing the situation through dialogue, mediation, and clear boundaries would be a far more supportive and reasonable response than asking the resident to leave.

If the staff member is a trained counselor and is aware of the resident's CPTSD, continuing to salute the resident despite being explicitly asked not to engage with them in any way could be seen as highly unprofessional and a failure to apply her training in a sensitive, empathetic manner.

Given that the counselor is trained and knowledgeable about the impact of trauma on individuals, including the importance of respecting personal boundaries and understanding triggers, her actions could be interpreted as a serious disregard for the resident's well-being. This is especially problematic considering the resident's request for no interaction due to emotional distress, which is linked to their condition.

The staff member's continued saluting could be viewed as:

1. ****Failure to Respect Boundaries****: A core aspect of counseling and trauma-informed care is to respect a person's boundaries, particularly when they express discomfort or request space. Ignoring such a request is a violation of that

principle, especially given the resident's vulnerability.

2. **Potential Harm to the Resident**: As a trained counselor, she should understand that repeated, unwanted interactions—especially those that could be perceived as condescending or invasive—can trigger distress and exacerbate symptoms of CPTSD. Her continued actions could be seen as undermining the resident's trust and safety.

3. **Breach of Professionalism**: A counselor is expected to model respect, empathy, and professional behavior. Continuing to engage in a manner that the resident clearly finds distressing undermines the counselor's credibility and professionalism. It can be seen as a failure to create a safe, supportive environment.

4. **Lack of Accountability and Reflection**: If the counselor was aware of the resident's CPTSD and their request not to be spoken to, continuing to engage in behavior that contradicts these requests could reflect a lack of self-awareness or an inability to appropriately adjust her approach in response to the resident's needs. This is especially concerning in the context of trauma-informed care, where flexibility and responsiveness are essential.

In summary, the counselor's actions could be seen as a serious lapse in professional conduct. Given her training, she should have understood the importance of respecting the resident's request and the potential harm caused by continued unwanted interaction. This situation could call into question her suitability for her role, as it reflects a lack of respect for the resident's autonomy and emotional needs, which is crucial in trauma-informed care settings.

Kind regards,
Steven Condra

2 attachments



Symbolic Declaration of War.docx
20K



Dear Members of the Oireachtas.docx
18K