



Uncertain Legacies: Resilience and Institutional Child Abuse

A Literature Review

UNCERTAIN LEGACIES: RESILIENCE AND INSTITUTIONAL CHILD ABUSE

A LITERATURE REVIEW

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GLOSSARY

| | |
|--------|---|
| CELCIS | Centre for excellence for looked after children in Scotland |
| GIRFEC | Getting it right for every child and young person |
| ICA | Institutional child abuse |
| ICSSS | In Care Survivors Service Scotland |
| NRCCI | National Residential Child Care Initiative |
| SIRCC | Scottish Institute for Residential Child Care |

1 EXECUTIVE SUMMARY

Background

- 1.1 This report summarises the findings from a literature review on resilience and institutional abuse, specifically the abuse of children in residential care. The study was conducted in response to a recommendation in the Report on Time To Be Heard: A Pilot Forum (2011), which heard evidence from adults who had been looked after in Quarriers children's homes at various times between the 1930s and the 1980s. The Forum recorded the testimonies of ninety eight individuals, some of whom had experienced abuse while resident in the homes, and provided a means publicly to acknowledge the distress and suffering they had endured. The Report noted that while many survivors had struggled to cope with the after-effects of abuse well into adulthood, others reported fewer lingering impacts. It was therefore recommended that research should be carried out to identify factors which seemed to increase resilience in some survivors.
- 1.2 Professional practice has changed significantly in the last few decades, and is now underpinned by a public ethos which seeks to safeguard the wellbeing of children in all care settings – evidenced by, for example, efforts to promote safer recruitment practices, registration of care workers, closer monitoring and inspection of residential homes and the introduction of the Scottish Government's Getting It Right For Every Child strategy (GIRFEC). However it is acknowledged that abuse of children while in institutional care has occurred and requires appropriate state responses. Initiatives like In Care Survivors Service Scotland (ICSSS), which offers counselling and support to survivors and their families, are in recognition of the specific needs of those who took part in the Pilot Forum and those who might come forward in the future.
- 1.3 The aim of the study was to review the existing academic literature in order to identify definitions of resilience, the factors that are associated with resilience, and how this knowledge might contribute to our understanding of adult survivors of childhood abuse while in residential care. The objectives were: to examine key definitions of resilience; to identify and discuss the factors which affect resilience; to establish the extent to which these have been explored in relation to survivors of abuse; and to examine resilience factors from the perspective of adult survivors of childhood abuse in institutional care.
- 1.4 The review focussed on academic literature published between 1990 and 2011 relating to resilience, surviving abuse, and residential care, and included articles based on primary research, as well as discussion and practice papers. Database searches indicated a very large literature on resilience, and this was purposively sampled by focussing on literature relating to resilience and adult survivors of various types of childhood abuse, and residential care.
- 1.5 In light of a dearth of primary data addressing this particular group of survivors, the review attempted to draw together literature from a broad range of disciplines, focussing primarily on 21 papers which reflected findings from original research. The review assessed the potential relevance of these

studies to adults who have experienced abuse in residential care settings as children. The conclusions drawn are therefore preliminary, and, it is hoped, will provide the stimulus for subsequent constructive deliberation and discussion, as well as the foundations for future development.

Note of Caution

- 1.6 There is a dearth of primary data addressing this group of survivors, and this review focussed on a small, methodically identified selection of academic papers. The conclusions drawn are therefore preliminary, with a view to stimulating subsequent constructive deliberation and discussion for future development.
- 1.7 The issue of definition is a complex one, and a standardised definition of resilience is absent in the literature. So too is a universal acknowledgement of what constitutes 'successful' survival; given the complexity of highly individualised responses to personal experiences, this will inevitably vary from individual to individual. Some care must be taken, therefore, to distinguish between academic definitions of 'resilience', and how resilience might be perceived by individuals themselves.

Findings

Defining Resilience

- 1.8 Survivors of childhood maltreatment frequently suffer long term negative impacts which result in physical, psychological and social impairments. However researchers have also noted that a proportion of survivors report few or no persisting problems as a consequence of their abuse experiences: in the studies reviewed, figures varied from 13 percent to almost one third. The concept of resilience is seen as helpful in explaining why survival experiences might vary from individual to individual.
- 1.9 Despite extensive research and developmental work, it has proved impossible to establish a single, comprehensive, universally accepted definition of resilience. Nevertheless the literature reviewed overwhelmingly identified resilience as a process, rather than an individual character trait, or a particular outcome. Two elements were apparent in all the proposed definitions: they described *positive personal responses* in the face of *adverse external events*.
- 1.10 Although there is no single definition, it is possible to identify a range of interlinking characteristics that might be associated with resilience: it is dynamic; it is contingent; it is longitudinal; it is multidimensional; and it is highly individualised yet dependent on interactions with other people. It is, therefore, a fluid, lifelong process that is context specific, yet fluctuates both within and between individuals across multiple aspects of their lives, and is shaped by personal circumstances and social interactions.

Factors affecting resilience

- 1.11 The literature reviewed discussed an extensive list of factors relating to resilience. These were generally classified as being either 'risk' or 'protective'. Risk factors were those associated with heightened chances of suffering negative outcomes as a result of adverse events or experiences, while protective factors acted as a buffer, offsetting the depth of harm caused. What is important is the balance of these different factors at any one time, and in any given situation, which leads to particular responses from individuals.
- 1.12 The review found that resilience was dependent on interactions between intrinsic personality characteristics and individual circumstances (internal/personal factors), and interpersonal relationships and exchanges (external/social factors), which take place within broader social, economic and political frameworks (structural factors). These aspects fluctuate over time, and the literature consistently reiterates their interactive nature.
- 1.13 Internal/personal factors included: self image; control; meaningfulness; and hope. They relate to how we see ourselves, the world around us, and also how we perceive the past, the present and the future. External/social factors were concerned with relationships with family, friends, and the wider community. For abuse survivors, it was found that safe, caring, supportive relationships could accelerate recovery and enhance resilience. Finally, structural factors influence experiences and responses to them. Gender was the most explicitly discussed structural factor, and the literature reviewed demonstrated potential differences in how men and women respond to and recover from abuse experiences.

Institutional Child Abuse

- 1.14 The Scottish Government describes five categories of harm which constitute child abuse: physical injury; physical neglect; emotional abuse; sexual abuse; and non organic failure to thrive. When any of these harms are inflicted on a child in any of a range of care settings provided by the public, voluntary or private sector, they are defined as institutional abuse. This review focussed on institutional abuse in a very specific circumstance: that which occurs in residential care. The rates of all forms of child abuse, including institutional child abuse, are unknown, and there is a distinct lack of research relating to institutional child abuse in particular.
- 1.15 Residential care can bring many benefits into children's lives, including stability and the opportunity to build good, caring relationships with adults, particularly as many who do come into care have been subjected to abuse and neglect within the family. However, it is wrong to assume that residential settings are inevitably safe, secure and nurturing, and revelations from high profile national investigations into abuse have clearly demonstrated the risk associated with being in residential care.
- 1.16 Many papers reviewed addressed resilience and looked after children, but on the assumption that any abuse experienced happened prior to admission. Although it is difficult to unravel abuse experiences of children who may have

been previously abused and then further victimised in residential care, the literature suggests that there are circumstantial aspects of institutional child abuse which might complicate recovery trajectories and subsequently the development of resilience in adult survivors. Institutionalisation itself, for example, might compound the harm caused by abuse (Wolters, 2010), affecting self esteem and confidence, and diminishing a sense of control. While all abuse in childhood has the potential to impact on adult relationships, institutional child abuse, the literature suggests, might instil a universal distrust of institutions and those in authority – including caring professionals – exacerbated by feelings of impotence and powerlessness (Wolfe, 2006). Stigmatisation on grounds of class, race and disability, and gendered perspectives on both survivors and perpetrators might shape public responses to claims of abuse in care (Colton et al, 2002; Perry et al, 2005). Despite an absence of literature directly relating to resilience and survivors of institutional child abuse in residential care, therefore, specific characteristics of residential care might hamper the development of resilience, and there are particular difficulties associated with disclosure, a process which may be prolonged over a period of many years and which, if met with disbelief or rebuff, has the potential to cause further traumatisation to the adult survivor.

Conclusions

- 1.17 Resilience is most helpfully seen as an ongoing, long term process rather than an inherent personality trait or definitive outcome: a complex journey, rather than a destination. This concept draws our attention to the fact that negative outcomes are not always an inevitable consequence of encountering adverse events and experiences. There is no single overarching definition of resilience, and although this review set out to investigate the factors which affect its development, it might be more useful to view ‘factors’ as supple facets, which configure differently between individuals, varying across time and according to circumstance, to create fluctuating, personalised, patterns of resilience.
- 1.18 However the absence of a single overarching definition means that the concept is open to interpretation by researchers, policy makers and practitioners, and these interpretations may conflict with how individuals perceive themselves. Particular attention should be paid to how it is to be defined and measured among adult survivors of abuse in residential settings.
- 1.19 Much of the literature reviewed related to young people’s experiences in institutional care, but institutional child abuse is under-researched and there are distinct gaps in our knowledge, including men’s experiences of recovery and resilience processes. There may be particular aspects of this form of maltreatment which merit further consideration, including the distinctive public dimension to disclosure which is absent in other forms of abuse and structural facets which shape both experiences of abuse and public responses to them. This has implications for developing existing avenues of support beyond those already offered to survivors who take part in public inquiries and investigations.

1.20 There is some convergence between contemporary policy strategies and resilience, namely assets-based approaches in health which focus on reinforcing and developing existing community strengths and resources, as well as the Scottish Government's Getting It Right For Every Child framework. There are two reasons which make resilience a useful concept when focussing on children who experience abuse in residential child care settings: it raises awareness of the needs of children who are currently in care, and for whom much can be done to nurture and develop longer term resilience as they grow into adulthood; and it offers a meaningful framework for understanding the diverse reactions of adult survivors who have already disclosed or are likely to disclose in the future.

2 INTRODUCTION AND BACKGROUND TO THE REVIEW

- 2.1 This report summarises the findings from a literature review on resilience and institutional abuse in residential childcare which was conducted in response to a recommendation in the Report on Time To Be Heard: A Pilot Forum (Scottish Government, 2011a). Tom Shaw, who chaired the Pilot Forum, was appointed by the Minister for Public Health and had previously conducted an in depth, historic review of residential childcare in Scotland (Scottish Government, 2007). His independent Report recorded the experiences of those who took part in the Pilot Forum, which was set up by the Scottish Government in 2009, in order to listen and respond to former residents of Quarriers children's homes. This provided an opportunity to record their testimonies of in-care experiences, whether or not they were survivors of abuse while resident in the homes, as well as offering a means of publicly acknowledging the distress and suffering of those who had been abused.
- 2.2 Ninety eight individuals participated, recounting their childhood experiences of living in Quarriers residential homes at various times between the 1930s and the 1980s. Participants who experienced abuse during their time in residential care reported a range of different longer term impacts: while some continued to struggle to cope with the after-effects of the abuse well into adulthood, it was also found that: "*many participants had managed to go on to lead very fruitful existences despite their very traumatic experiences in childhood.*" (Scottish Government, 2011a, p70).
- 2.3 This is consistent with the wider literature relating to surviving childhood abuse: for some the negative impacts of abuse are endured long beyond childhood into adult life; others seem more able to flourish despite suffering similarly traumatic experiences at a young age. One possible explanation for such disparate outcomes is the presence or otherwise of a combination of personal, community and social elements which "*seem to contribute to an individual's extraordinary ability to "bounce back" from trauma experiences...*" (Bogar and Hulse-Killacky, 2006, p319). These elements collectively affect an individual's ability to maintain "*stability under significant adverse conditions*" (Liepold and Greve, 2009, p40): that is, their resilience.
- 2.4 Professional practice has changed significantly in the last few decades, and is now underpinned by a public ethos which seeks to safeguard the wellbeing of children in the institutional care system. In 2008, the Scottish Government introduced Getting It Right For Every Child, which promotes collaboration between public services in order to safeguard all children across Scotland, whatever their care context. Following the Shaw Report in the same year, the Scottish Government commissioned a strategic review of residential childcare - the National Residential Child Care Initiative (NRCCI) - which highlighted issues relating to professional training, advocacy on behalf of children in care, and the need for collaborative working, and this is being taken forward by the Looked After Children Strategic Implementation Group managed by the Centre for Excellence for Looked After Children in Scotland CELCIS), previously the Scottish Institute for Residential Child Care (SIRCC) (Celcis, 10/02/12). In addition, the Scottish Government established the In Care

Survivors Service Scotland (ICSSS), which offers ongoing counselling, advocacy and befriending support to both survivors and their families who are living with the long term effects of abuse in care. As a consequence of recognising the potential for retraumatisation which revisiting and recalling such distressing life events might provoke (Karatzias, 2010), the services of ICSSS were made available to participants at all stages of the Time To Be Heard Pilot Forum.

2.5 Our knowledge and understanding of the nature and role of resilience in surviving different forms of abuse has grown in the last few decades, and the Time To Be Heard Pilot Forum recommended that: *“The Scottish Government should fund research to identify which factors make some individuals more resilient to the effects of abuse”* (Scottish Government, 2011a, p111). This project sought to respond to that recommendation. Following on from the Forum’s note that a proportion of participants reported resilient survival stories, the rationale for the study was to review the existing literature on resilience in the context of child abuse in residential care, in order to identify potentially significant gaps in our knowledge. The aim of the study was:

- to review the existing academic literature to identify concepts of resilience; the factors that are associated with resilience; and how this might contribute to our knowledge and understanding of adult survivors of childhood abuse in residential care.

As a consequence, the objectives were:

- to examine key definitions of resilience;
- to identify and discuss the factors which affect resilience;
- to establish the extent to which these have been explored in relation to survivors of abuse;
- to examine resilience factors from the perspective of adult survivors of childhood abuse in residential care.

Definitions

2.6 There is no single, universal concept of **child abuse**. However the Scottish Government lists five forms of harm: physical injury; physical neglect; emotional abuse; sexual abuse; and non-organic failure to thrive (Scottish Government, 2002). These individual strands commonly intertwine to create unique patterns of abuse for individual children (ibid). Children might be subjected to abuse at the hands of family members, professionals whom they encounter in their daily lives, other children or, more rarely, strangers (Hobbs et al, 1999). Recovery trajectories can be influenced by aspects of abuse such as the “timing, duration, frequency, severity, degree of threat and relationship to the perpetrator” (Collishaw et al, 2007, p214; Lev-Wiesel, 2008; Wolfe et al, 2003).

- 2.7 The family can be a dangerous arena for the many children who are exposed to cruelty, neglect and violence within their own homes, and child protection has become a central concern of policy makers and academics across a range of disciplines, initiating interventions in a variety of policy domains (Colton et al, 2002; Scottish Government, 2002). However, it has become apparent that children have also been at acute risk within State-created substitute families, whose primary purpose is to provide refuge and shelter for children who have experienced, or are at risk of experiencing, abuse from their primary carers (Hobbs et al, 1999).
- 2.8 In recent years, voices raised both in the UK and further afield have disclosed accounts of widespread and systematic abuse of children of all ages who have resided in public and third sector institutions principally designed to protect them (Australian Parliament, 2004; Commission to Inquire into Child Abuse, 2009; Scottish Government, 2011a). When child abuse, of any form, occurs in these particular settings it is described as ***institutional abuse***, differentiated from familial and stranger abuse because it is perpetrated by those who: *“may be employed in a paid or voluntary capacity; in the public, voluntary or private sector; in a residential or non-residential setting; and may work either directly with children or be in an ancillary role.”* (Gallagher, 2000).
- 2.9 This definition reflects the variety of institutional settings in which children are ‘looked after’ by the State; these include residential care facilities (those which accommodate larger groups of children and young people communally within a purpose built or adapted ‘home’), and non residential arrangements, which include fostering, for example. In light of emerging revelations of abuse in residential settings of other population groups – for example, adults with learning difficulties and the elderly – this document will refer to ***institutional child abuse (ICA)*** to differentiate it from harm inflicted in other types of residential care. The number of children being placed in residential institutions has fallen in recent times, while the number of children in community settings, such as foster and adoptive families, has correspondingly risen (Scottish Government, 2011b). However in light of the context of the Time To Be Heard Pilot Forum, this review is specifically concerned with the survivors of abuse which has occurred in residential care settings, and how the particular circumstances of those experiences might affect them in the longer term.

Note of caution

- 2.10 Much of the literature sampled in this study cites a significant piece of empirical research on resilience conducted by Werner and her colleagues in the United States in the 1950s. This study was longitudinal in nature, following the lives of more than 600 participants from the general population over three decades. There has never been a subsequent study of this scale or scope, and while the concept of resilience has become honed and increasingly applied to specific research populations, this literature review found an absence of empirical evidence relating to resilience and adult survivors of ICA. In light of a dearth of primary data addressing this particular group of survivors, this review attempted to draw together literature from a broad range of disciplines, focussing primarily on 21 papers which reflected

findings from original research, and to demonstrate their potential relevance in relation to adults who have experienced abuse in residential care settings as children. The conclusions drawn are therefore preliminary, and, it is hoped, will provide the stimulus for subsequent constructive deliberation and discussion, as well as the foundations for future development.

- 2.11 The issue of definition is a complex one, and this is reflected in the variety of attempts in the literature reviewed adequately to capture and describe resilience. Many of the definitions in the literature imply that resilience reflects more than just survival or coping, referring to an individual's 'successful' transition, adaptation or development in the aftermath of traumatic experiences (for example, Hauser, 1999; Roman et al, 2008; Simpson, 2010). A standardised definition of resilience is absent, and so too is a universal acknowledgement of what constitutes 'successful' survival; given the complexity of highly individualised responses to personal experiences, this will inevitably vary from individual to individual. Authors such as Ungar (2001) and Roman et al (2008) draw attention to the inevitability of subjectivity in defining and measuring resilience, and some of the papers in the review adopt a feminist approach, emphasising the need to allow participants the right to self-identify and evaluate. This is one strategy which overcomes the problem of imposing definitive categorisations on individuals as either 'resilient' or 'unresilient', and reduces the risk of misusing the concept to make subjective judgements about individuals' efforts to overcome adversities. Some care must be taken, therefore, to distinguish between academic definitions of 'resilience', and how resilience might be perceived by individuals themselves.
- 2.12 A further caveat relates to the complex life histories of many survivors of ICA. The literature highlighted that many of those who enter the care system have experienced abuse prior to their admission, and as a result are already suffering the negative impacts of that abuse (Daniel, 2008; Hobbs et al, 1999; Jackson and Martin, 1998; Lösel and Bliesener, 1990; Rutter, 2000). In addition, adult survivors of ICA may have encountered many additional trials and challenges following their childhood experiences in care. As a consequence, it is almost certainly impossible to unravel the longer term impacts of one set of traumatic experiences from another. While ICA is the focus of this study, it is acknowledged that this might capture only one source of trauma from a diverse range of adversities experienced by individuals.
- 2.13 With these caveats in mind, the rest of this report outlines the design of the study, its findings, and the conclusions that might reasonably be drawn from the available evidence. The next chapter describes the methods employed in the study in order to identify and select relevant literature for the review.

3 METHODS

- 3.1 The study was conducted over a period of 13 weeks, and during this time the literature was sampled and purposively selected, and the data extracted, analysed and written up. The time limitations of this study therefore ruled out the possibility of a systematic review of the literature. Instead, the intention was to conduct a small scale evidence review, purposively and strategically sampling the literature in order to identify relevant data which might inform our understanding of adult survivors of childhood abuse in care. The aim therefore was to devise a research strategy which would generate reliable findings as far as was practicable within the available timescale. The final report was then subject to external peer review before publication.
- 3.2 The original recommendation in the Report on Time to Be Heard did not prescribe the manner of research that should be carried out. This allowed flexibility for the supervisory team and the researcher to design an achievable project within the timescale which would produce robust data from which meaningful and informative conclusions could be drawn. A search strategy was refined in consultation with academic and professional members of the supervisory panel, which consisted of members of the SurvivorScotland team, a senior researcher from the Scottish Government's Health and Analytical Services Division, and an academic from Edinburgh Napier University (see Appendix 1). It was decided that the focus should remain firmly on the factors relating to resilience, in keeping with the original recommendation. Consequently, keywords such as 'resilience', 'factors', and 'adult', 'institutional and/or residential' were used to search academic databases across a broad range of medical and social science disciplines (see Table 1) for material published between 1990 and 2011.
- 3.3 Initial searches revealed a very large literature addressing concepts of resilience in general, and relating these to various vulnerable groups including abused children who are admitted to the care system, and who are subsequently looked after in a variety of institutional settings, such as residential and foster care. There is an equally large body of evidence addressing survival processes of individuals who have been subjected to different forms of abuse experienced across the lifespan. However, there is a distinct lack of evidence examining the concept of resilience in relation to children who experience abuse while in residential care.
- 3.4 The search was narrowed by excluding papers which did not address interpersonal abuse (for example, those discussing political persecution); abuse in a non-care setting (the creation of pornographic images, for instance); and for abuse experienced as an adult – for example, the substantial literature relating to domestic abuse. It is of course acknowledged that children suffer abuse in these circumstances and that such literature might well contribute to our understanding of children's recovery processes as they grow into adulthood. However, due to the timescale of the review, it was agreed that selected papers should address a combination of aspects of resilience, explore the experiences of adult survivors who were subject to

various categories of abuse in childhood, and, where possible, focus on residential care.

- 3.5 This search strategy produced a final bibliography of 61 papers and book chapters: Table 1 indicates the databases accessed and the volume of papers identified at each point in the searches. Papers removed from the initial search included those which addressed resilience among those exposed to, for example, political persecution or natural disasters. The 61 finalised titles were circulated among members of the team for feedback and comments.

Table 1: Volume of papers identified from database searches

| | Resilience AND Factors | Institutional/Residential Care/Adults |
|--------------------------------|-------------------------------|--|
| Database | Initial Search | Refined Search |
| Assia | 423 | 3 |
| IBSS | 236 | 2 |
| Social Services Abstracts | 360 | 7 |
| Psych and Behavioural Sciences | 447 | 5 |
| Medline | 1489 | 4 |
| Cinahl | 933 | 3 |
| Psycarticles | 0 | 0 |
| PsycInfo | 3428 | 17 |
| SocIndex | 773 | 20 |
| | | |
| Totals | 8089 | 61 |

- 3.6 The abstract from each paper was reviewed in more depth by the researcher in order to evaluate their relevance for the study, and duplicate papers which had appeared in more than one database were removed, as well as multiple papers drawing on a single study unless they contributed additional relevant information within the research parameters of this project. This reduced the number of papers to 35. A further 3 were unobtainable via available sources: this further reduced the number of papers to 32. The database searches found no papers which spoke of resilience in direct relation to ICA, and therefore these were augmented with hand searches of bibliographies and citation searches, and 6 additional papers were selected using this method. Therefore a total of 38 papers were identified as directly relevant to resilience and institutional abuse, and from which the data discussed in the findings chapters were drawn. Appendix 2 is a more detailed supplement to the full bibliography which lists all the literature used to inform this Report, and contains a table with detailed information on each of these 38 key papers, with those identified in addition to the database searches indicated in italics.

3.7 The aim of the study was to identify literature which addressed resilience in the adult survivors of institutional child abuse (ICA). The database searches failed to identify any papers or studies which distinctly addressed resilience in relation to ICA. However, the majority of papers selected discussed resilience either directly or indirectly – for example, referring to related concepts of thriving or coping - in the context of childhood abuse more generally, or children in the care system whose vulnerability was heightened because of pre-admission experiences. Table 2 offers a breakdown of the subject matter of the 38 papers:

Table 2: Subject of papers included in the final review

| Subject of paper | Number |
|---|---------------|
| Childhood abuse/adversity and resilience (direct reference) | 8 |
| Childhood abuse/adversity and resilience (indirect reference) | 8 |
| General resilience from childhood into adulthood | 3 |
| Residential/Institutional Care and resilience | 12 |
| Institutional abuse | 7 |
| Institutional abuse and resilience | 0 |
| Total | 38 |

3.8 Despite the absence of data directly addressing resilience and ICA, it was possible to use findings in the sampled literature which discussed resilience more generally to draw constructive conclusions about the possible impact of this specific type of abuse on survivors' longer term recoveries. The final bibliography of 38 papers included 21 papers which reflected findings from primary research, and the remaining 17 papers comprised theoretical, discussion, and practice papers. Of the 21 original studies, one focussed on children, adolescents and young adults affected by a range of adversities in early life; 8 related to children or adolescents in institutional care; a further 8 examined the experiences of adult survivors of various forms of childhood abuse; and 4 specifically addressed ICA. The majority of data in these 21 primary studies was drawn from qualitative research (14 papers); the remaining 7 employed mixed or quantitative methods. While it was not feasible in the timeframe to individually evaluate the literature selected, all journal articles were published in peer reviewed academic journals. Papers were however assessed prior to inclusion for their relevance and usefulness in the context of this review, and on the quality of research methods used in the individual studies. The nature, scale and scope of those papers which employed data from primary research are indicated in the table in Appendix 2.

3.9 A literature template was used to organise the data extracted from the finalised body of literature reviewed. This assisted in identifying and organising key themes from the data, the analysis of which is presented in the following chapters, appearing under three main headings: Defining Resilience; Factors Affecting Resilience; and Abuse in Institutional Care.

4 DEFINING RESILIENCE

Introduction

- 4.1 This chapter describes the way in which the concept of resilience has developed in recent years and, in the absence of a single, firm definition, suggests some key characteristics associated with resilience.

Background

- 4.2 In common with many other forms of abuse, the scale and scope of child abuse is unknown (Davidson et al, 2010). Collishaw et al (2007) conducted a longitudinal survey of a general population sample in the Isle of Wight to evaluate rates of psychiatric disorder, social and family functioning, and childhood maltreatment. The original Isle of Wight study was an epidemiological investigation in child psychiatry initiated in 1968 which, in its first wave, involved 571 adolescents and their parents, and the majority of participants were subsequently revisited in mid-life, generating comparative data between adolescence and adulthood. Ten percent of participants reported experiencing abuse as children, and by retrospectively comparing the data of abused and non abused participants in this particular study, Collishaw and colleagues demonstrate a potential link between childhood abuse and elevated risk of compromised mental ill health in adulthood.
- 4.3 The literature reviewed illustrates the well-documented outcomes and impacts many children suffer as a consequence of their abuse. These include physical and psychological problems which can impact in the longer term such as mental health issues, including Post Traumatic Stress Disorder (PTSD) and depression, gynaecological problems, loss of religious or spiritual faith, and emotional disturbances (for example, Davidson et al, 2010; Wolfe et al, 2003; Collishaw et al, 2007; Hall, 2003). As a consequence, the impacts of the experience of abuse as a child can be longstanding, and lead to difficulties in forming intimate and caring relationships; substance and alcohol abuse; suicidal thoughts or attempts; criminal offending; and problems finding and maintaining employment, which lead to higher risks of poverty and homelessness (Wolfe et al, 2003; Lev-Weisel, 2008; Jackson and Martin, 1998; Roman et al, 2008). While some of these impacts may be alternatively perceived as short term coping strategies – for example, drug or alcohol use may be mild, temporary and ameliorative in nature, rather than inevitably damaging (Flanagan-Howard et al, 2009 et al; O’Leary, 2009) – there is little doubt in the literature that those exposed to abuse as a child remain at enduring risk of compromised physical and mental health, impaired social functioning and constrained economic circumstances long after the abuse has ceased and the child has reached adulthood.
- 4.4 Many adult survivors describe ongoing struggles to come to terms with the harm inflicted on them as children, but researchers have also observed significant proportions of adult survivors of abuse who report few or no such persisting problems (Collishaw et al, 2007; Daniel, 2010). Of the papers reviewed for this report, the proportion of such participants ranged from 13% in one study to as high as one third in another (Hauser, 1999; Simpson, 2010;

Werner, 1992). That substantial numbers of survivors have gone on to live lives which are happy and stable despite suffering severe trauma was seen as surprising. Some authors drew attention to the unexpectedness of resilient responses. These are described as, for example, “better-than-expected outcomes” (Hauser and Allen, 2006, p551), and refer to participants achieving in their lives in ways which “far surpassed what their backgrounds would predict” (Thomas and Hall, 2008, p162).

- 4.5 A research focus which has prioritised – understandably – an exploration of the difficulties and needs of those who continue to suffer negative impacts into adulthood means that “We currently know more about posttraumatic problems than strengths” (Hall, 2003, p648). In recent years, attention has been drawn to these diverse narratives of survival, and prompted interest in what might explain differential experiences. The concept of resilience is increasingly seen as helpful in understanding why survival experiences might vary from individual to individual.

What is resilience?

- 4.6 Before assessing the utility of the concept of resilience in understanding the experiences of adult survivors of ICA, it is important to establish what is meant by ‘resilience’. The papers used in this review reflected two decades of conceptual development, during which time resilience has been variously perceived to be an individual personality trait, an outcome or state of being, and a process (Roman et al, 2008). Over this period, theoretical work has increasingly focussed on resilience as a process, drawing on empirical studies such as the work of Werner and colleagues who conducted a longitudinal, developmental study of almost 700 babies born on the island of Kauai in 1955, and monitored them regularly for the first thirty years of their lives. The study set out to examine the impact on human development of a variety of life adversities on individuals, examining their exposure to a range of different risks, and what helped them recover when risk translated into harm. The Kauai study categorised one third of the participants as ‘resilient’, observing that despite their ‘high risk’ status as children, by young adulthood they “loved well, worked well, played well, and expected well.” (Werner, 1992, p263). Moreover it “...identified...protective buffers and mechanisms that operated in the lives of vulnerable youths who succeeded ‘against the odds’” (ibid, p265). Although originally conducted half a century ago, and within a particular cultural context, this work is cited regularly in the literature used in this review, and the research trajectory over the last two decades has shown a move away from identifying resilience as an inherent identity trait which individuals either possess or lack, towards understanding it as a complex, conditional, interactive response process between adverse experiences and coping strategies. Roman et al (2008), for example, describe a longitudinal process of “becoming resolute” (p187), whereby individuals were not unscathed by their abuse experiences but nevertheless reported a sense of contentment, stability and success in aspects of their adult lives which sustained them through times during which they struggled. As a result, difficult periods could be navigated without denying or dwelling upon the past. Thomas and Hall’s paper supports this, drawing on triple in depth interviews conducted with 44

women over a 9 month period, and reporting that participants were not necessarily free of psychological difficulties yet were able to thrive (2008). What was noted was a marked “resolute determination” (p162), a commitment to persevere and work hard to overcome the impacts of abuse, and to move beyond those experiences.

- 4.7 Twenty one of the papers reviewed offered definitions of resilience, some original, some drawing on the work of others to produce a composite definition. Many of these referred to an absence of significant psychological ill-health (Collishaw et al, 2007; Simpson, 2010), but moreover described a process of positive adaptation in spite of difficulties: “successful developmental adaptation despite serious risk and adversity” (Hauser, 1999, p2); “favourable development in unfavourable circumstances” (Gilligan, 2008, p37); “successful adaptation in spite of experiencing a high-risk trauma” (Simpson, 2010, p241); and “positive adaptation to significant risk” (Dearden, 2004, p187). However, Houston (2010) refers simply to “normal development under difficult conditions” (p358), reinforcing Liepold and Staudinger’s (2006) argument that resilience is simply the persistence of a “normal’ (or stable or successful) developmental course under potentially endangering circumstances” (in Liepold and Greve, 2009, p44). Nevertheless, it can be seen that the various definitions proposed in the literature reviewed broadly converge in substance: two elements were apparent in all definitions: they described positive personal responses in the face of adverse external events. For example, resilient individuals displayed “positive adaptation” (Dearden, 2004, P187) and “persistence” (Laursen and Birmingham, 2003, P242), made “affirmative changes” (Hall, 2003, p663), and were “functioning exceptionally well” (Hauser, 1999, p11). These positive reactions were in response to, and in spite of, potentially damaging events and traumatic experiences.
- 4.8 However, despite extensive research and developmental work, it has proved impossible to establish a single, comprehensive, universally accepted definition that captures ‘resilience’ (Smith-Osborne, 2007; Daniel, 2010). Nevertheless, although the literature reviewed here proposed a variety of definitions, it overwhelmingly identifies resilience as a process and, despite a lack of a single overarching definition there are a range of interlinking characteristics which might be associated with resilience: while the concept remains persistently nebulous, we can describe what it looks like. In so doing, some of the difficulties of providing a concrete definition become apparent:
- **Dynamic**: If resilience is neither a static personality trait nor a discrete outcome but rather a process, this in itself suggests an element of dynamism. Simply expressed, resilience is demonstrated when an external stimulus appears to prompt a positive personal reaction in an individual. However, although resilience might be exhibited in the presence of external provocation, whether it exists as a response to, or in spite of, adversity is unknown. It would be wrong to conceive resilience, therefore, as a simple and consistent stimulus/response pattern intrinsic to particular individuals, and absent in others. Rather, engagement and effort is involved: this might include actively resisting particular life choices; making changes in one’s life; and trying to understand events

and the actions of others, for example (Bender et al, 1996; Hall, 2003; Hauser, 1999). Many authors choose words which imply change, growth, movement and vitality to describe positive responses when faced with challenges and trauma: individuals might learn, adjust, adapt, and as a consequence, develop (Bender et al, 1996; Colton et al, 2002; Gilligan, 2008; Hall, 2003; Laursen and Birmingham, 2003; Roman et al, 2008). It would seem that through the enactment of positive responses, individuals themselves are altered: the process is *transformative*. Resilience is not merely a state of being, nor is it simply reflexive, an inherent response to a negative experience or event: it is “*an evolutionary process*” (Thomas and Hall, 2008, p153).

- **Contingent**: As it is dynamic and highly individualised in nature, resilience is dependent on a range of factors which shape personal responses. In the first instance, resilience is demonstrated in someone’s reaction to negative stimulus which acts as a catalyst, provoking response. Resilience is therefore dependent on exposure to potential dangers or challenges, which the literature broadly describes collectively as ‘risks’: that is, adverse events and experiences that may increase the chance of poor outcomes. Encountering risks in life may not necessarily be damaging: Rutter argues that repeated encounters with mildly stressful situations might help to incrementally strengthen an individual’s ability to respond resiliently (in Daniel et al, 1999; Daniel, 2010). However, exposure to similar risks prompts diverse reactions among individuals; thus those who have been subjected to childhood abuse in similar circumstances by the same perpetrator may recount vastly different narratives of survival, some negative, some positive (Lev-Weisel, 2008). The diversity of responses to similar risk suggests that resilience might either be facilitated or constrained by a range of other context-specific factors, affecting unique individuals in particular circumstances.
- **Longitudinal**: This evolutionary process is inevitably conducted throughout a lifetime: resilience is not a permanent feature of particular individuals, and might be unpredictable and inconsistent within them: it ebbs and flows in response to different sets of circumstances throughout life, but can also be nurtured and strengthened at any age (Daniel et al, 1999; Daniel, 2010; Thomas and Hall, 2008).
- **Multidimensional**: Not only does resilience fluctuate across time, it also varies across different areas of an individual’s life. Stress, adverse events and challenges might be experienced across multiple domains of life, and an individual may respond resiliently in one area, while struggling to cope in another (Gilligan, 2008; Perkins and Jones, 2004). Resilience is not fixed in personality, nor is it anchored within specific personal domains.
- **Highly individualized - yet dependent on others**: The characteristics described above help to explain why a formal and comprehensive definition of resilience is hard to achieve. This final characteristic further

compounds that difficulty: “*Development and resilience are rooted in human relationships and interactions.*” (Daniel et al, 1999, p14). Factors that affect resilience will be discussed in the next section, but it is clear from the headings – internal/personal, external/social, and structural – that understanding the impacts of traumatic experiences, and individual responses to them, must be grounded in distinct personal and social environments that alter over time. Daniel suggested that resilience is: “*the ability to know where, how and when to put your energies to improve things for yourself and how to recruit help in that endeavour.*” (2008, p61). This implies knowledge, availability, and accessibility to social resources, yet we know that tapping into such resources may be constrained for individuals for many reasons: another contingency in the development of resilience.

- 4.9 A single, comprehensive, widely accepted definition of resilience remains elusive and these qualities which delineate it help to explain why: they suggest a fluid, lifelong process that is context-specific, yet fluctuates both within and between individuals across multiple aspects of their lives, and is subjectively shaped by personal circumstances and social interactions. A simplistic perception of resilience as a dimension of personality overlooks the existence of these interlinking, overlapping characteristics that contribute to resilience (Liepold and Greve, 2009). Although the nebulousness of existing definitions may prove challenging for policy development, it does, however, allow a more sophisticated understanding of what appears to be a highly complex process. Werner’s seminal study identified distinctive features that appeared to have a buffering effect, shielding the child against permanent, deeper damage than might be expected (Werner, 1992). The next chapter discusses factors which were identified in the literature as potentially protective and which combine and interact to influence the development of resilience in individuals.

5 FACTORS AFFECTING RESILIENCE

Introduction

- 5.1 This chapter outlines the various factors associated with resilience. Although the chapter is divided into three sections – internal/personal, external/social, and structural factors – the literature emphasises that varying elements from each of these domains intertwine to produce what is perceived to be resilience in individuals.
- 5.2 Werner's original research in Kauai identified a range of factors relating to personal characteristics, interpersonal relationships and environmental circumstances which seemed to affect the development of resilience across the lifespan of the individuals who took part in the study (1992). The literature which has emerged since that study provides an extensive list of factors which might be associated with resilience, and these are often categorised as 'risk' or 'protective' factors. Daniel defined risk as "*the chances of adversity translating into actual negative outcomes*" (2010, p233), while protective factors are resources, both personal and social, which may moderate the negative impacts of harm for individuals (Hauser, 1999). These include supportive, secure relationships with family and friends, and connections to wider social and community networks (Daniel, 2008; Werner, 1992; Laursen and Birmingham, 2003). Many risk factors are seen to be immutable – for example, living in a dysfunctional family – but are also only indicative of the potential for harm rather than a guarantee – those who experience abuse in childhood are at higher risk of developing post-traumatic stress disorder, for example, but not all survivors go on to do so. There has been a shift of emphasis, therefore, from a research focus on risk factors to the protective factors which seem to offset potentially negative outcomes and encourage resilience (Dearden, 2004).
- 5.3 However, just as the presence of risk factors does not inevitably translate into harm nor does access to protective factors automatically result in resilience. Instead, the balance between risk and protective factors mediates responses in any particular situation (Simpson, 2010). Laursen and Birmingham (2003) described this as a "*dynamic tug of war*" (p240) among a diverse array of personal, social and structural elements which help to shape an individual's response to traumatic events and experiences (Bogar and Hulse-Killacky, 2006; Collishaw et al, 2007; Hauser, 1999; Laursen and Birmingham, 2003; Simpson, 2010). Masten, cited in Hauser (1999), points to two criteria which indicate resilience: an internal sense of well-being; and effective environmental functioning (p4). The relationship between the internal and external is therefore crucial to understanding how individuals respond to harmful experiences.
- 5.4 The interactive nature of a range of internal and external elements demonstrated in the literature suggests it is impossible to single out any one factor, or group of factors, which makes an individual more or less likely to demonstrate resilience. Furthermore, the presence of specific protective factors does not indicate resilience; the literature suggests a looser

association rather than a direct correlation (Bender et al, 1996). That is, the presence of any of these elements in someone's life may help to increase their ability successfully to process harm done, but does not act as a concrete safeguard. Instead it is useful to see resilience as being generated by conditional interactions between intrinsic characteristics and individual circumstances (**internal/personal**), and interpersonal relationships and exchanges (**external/social**), which take place within broader social, economic and political frameworks (**structural**). None of these individual elements remain fixed over time; they can and do fluctuate and, crucially, might be compromised or reinforced (Gilligan, 2008; Dearden, 2004). This chapter organises the factors referred to in the literature under these three headings, and argues they can be seen as individual threads which, when combined, produce unique patterns of human response to adversities.

Internal/personal

- 5.5 This first category relates to factors which are associated with the individual. These include aspects of personality, perceptions of oneself and of the world, and they form four broad categories: self image; control; meaningfulness; and hope.
- 5.6 **Self Image:** A positive self image was seen by the majority of papers as vitally important to the development and maintenance of resilience. **Self esteem** and **self efficacy** were the most commonly cited personality traits in the literature (Daniel, 2008; Hauser, 1999; Heller et al, 1999; Houston, 2010; Laursen and Birmingham, 2003; Lev-Wiesel, 2008; Lösel and Bliesener, 1990; Werner, 1992). Having high self esteem, an ability to value and appreciate one's own worth, seems important in offsetting the negative impacts of external threats. Self efficacy, that is the confidence that one can act effectively, can be seen to underpin the process of recovery from trauma, as it reinforces the belief that healing is achievable. What seems to be important is not just a secure sense of self worth, but having confidence that one can capably negotiate life's challenges. These may be mutually reinforcing: individuals with a positive self-image see themselves as capable of overcoming hurdles, which generates determination and persistence, and consequently increases the likelihood that they will succeed, further enhancing **self confidence** and esteem (Hall, 2003; Hauser, 1999). Hall's secondary analysis of open-ended interviews with 55 women survivors of abusive childhoods reported that they were able to put themselves at the centre of their lives, prioritising their own needs, and were also able to harness momentum from positive life events and experiences in order to maintain **self-focus** (2003). Not only did they express a sense of control over their own destinies, but also over their environments (ibid). This resonates with other authors, who outline the various forms of control which are associated with resilience.
- 5.7 **Control:** The literature stressed the importance of an individual's perception of control, and of where and with whom power lies. The ability to exercise **agency** - to act independently of others, to make autonomous decisions, and therefore to feel in control of one's life - is associated with resilience (Gilligan, 2008; Hauser, 1999; Heller et al, 1999; Laursen and Birmingham, 2003; Lev-

Wiesel, 2008). **Self determination** is therefore central (Gilligan, 2008), but many of the definitions of resilience also referred to **adaptability**, and it is important not only that individuals can make independent choices about their lives, but also that they can react effectively should unexpected events dictate a change of direction (Bogar and Hulse-Killacky, 2006; Liepold and Greve, 2009), reflecting the unavoidable interactions between individual and environment which sometimes result in negative experiences. Bogar and Hulse-Killacky's participants, 10 women who self-identified as resilient following childhood experiences of sexual abuse, described confidence in the temporary nature of events and emotions, and drew comfort from the impermanence of negative feelings they experienced as a consequence of further challenging life events (2006). When discussing resilience in relation to survivors of abuse, the literature draws attention to the importance of the ability to **externally attribute blame** for the abuse as characteristic of resilience (Bogar and Hulse-Killacky, 2006; Heller et al, 1999; Lev-Wiesel, 2008). Projecting responsibility onto the abuser contributed to an externalisation of anger and hatred, rather than absorbing it inwards (Lev-Wiesel, 2008). Simpson (2010) found surprisingly high levels of resilience among her participants, 134 women who had all been sexually abused as children and who completed a web based survey questionnaire, and partially attributed this to the fact that her study involved women who had publicly acknowledged their abuse; that is, they had disclosed their experiences to an external individual or agency. This was consistent with Bogar and Hulse-Killacky's study (2006), which similarly identified **disclosure** of abuse as a key factor, enabling participants to access support both formally through therapy or more informally with others, and to reach acceptance. Being actively engaged in, and controlling, the process of recovery and healing can be seen as a desire to care for oneself, and this might be linked to self esteem. An ability to **self protect** may also therefore be associated with resilience. Hall (2003) describes this as "*interpersonal insulation*" (p657): the ability to identify and avoid potentially dangerous people, and to build healthy supportive social networks instead.

- 5.8 **Meaningfulness:** Making sense of the world, **finding meaning** and order in broader social organisation and in one's own life were also central to resilience (Laursen and Birmingham, 2003; Lev-Wiesel, 2008). This might be achieved through **altruistic acts**: Werner's Kauai study found that a desire to work to prevent or lessen the suffering of others was evident in resilient participants (1992), and this is echoed in studies which examined experiences of female survivors of various forms of childhood abuse, and in Colton et al's study of predominantly male survivors of ICA (Colton et al, 2002; Thomas and Hall, 2008; Werner, 1992). Several sources noted that **spirituality** is an important facet of resilience, providing, for some, comfort and strength (Hall, 2003; Heller et al, 1999; Laursen and Birmingham, 2003). This may be expressed by involvement with mainstream religion, or take the form of more generalised spirituality (Hall, 2003). As well as the comfort of faith, the former offers access to community support and relationships, as well as a forum for engaging in social activities (Laursen and Birmingham, 2003; Hall, 2003) which may promote feelings of self esteem and a positive self image. Moreover, recognition of a spiritual dimension offered some a means by which

experiences of abuse could be effectively reconciled within a broader context, leading to a sense of acceptance and personal peace.

- 5.9 **Hope:** One resilience factor evident in several studies was the ability to look forward and see a positive future ahead, not just in terms of imagining life with an absence of abuse, but more broadly in terms of education, work and relationships (Hall, 2003; Laursen and Birmingham, 2003; Werner, 1992). This was associated with being able to perceive “*achievable futures*” (Hall, 2003, p654), which sparked **ambitions** and **aspirations**, and motivated **persistence** in pursuing them (Dearden, 2004; Hall, 2003; Hauser, 1999, Laursen and Birmingham, 2003). Werner (1992) characterised this as a general faith in the future. For the participants in Laursen and Birmingham’s (2003) and Dearden’s (2004) studies, both of which involved interviews with young people who had lived in residential care, a sense of optimism was externally reinforced by close and caring adults. Supportive adults played a significant role in “*facilitating high expectations, and supporting participation in activities that afford opportunities for success*” (Laursen and Birmingham, 2003, p246) and maintained “*positive expectations of what [participants] could achieve in the future.*” (Dearden, 2004, p192). There was, therefore, an anticipation of a better future despite suffering hurt and trauma and, relating back to self image, a conviction that it was merited and achievable (Bogar and Hulse-Killacky, 2006).
- 5.10 These factors may be associated with the personal and internal aspects of individuals, and relate to how we see ourselves, the world around us, and also how we perceive the past, the present and the future. Yet they can be informed by people and events beyond the individual, and the literature reviewed for this study firmly contends that the quality and consistency of relationships are crucial to the development of resilience.

External/social

- 5.11 Following on from personal perceptions, this category addresses how individuals relate to and interact with others. The literature suggests that relationships with others provide a sense of interconnectedness: our personal relationships with those in our families and wider communities help to establish our place in the world, grounding us both in our particular social environment and in broader society (Hauser 1999; Heller et al, 1999). This section discusses how social interactions affect resilience, and illustrates their reciprocal relationship with personal perceptions and beliefs.

Relationships through the lifespan

- 5.12 The literature reviewed focused on individuals at many different points in the lifespan, from childhood through adolescence and into adulthood, and consistently identified the quality of relationships as a pivotal influence on resilience (Collishaw et al, 2007; Daniel et al, 1999; Daniel, 2008; Gilligan, 2008; Heller et al, 1999; Laursen and Birmingham, 2003; Perkins and Jones, 2004; Roman et al, 2008; Rutter, 2000). Supportive relationships appear to be crucial throughout the lifespan, in terms of reinforcing protective factors such as self esteem. Laursen and Birmingham (2003) interviewed 23 young

people in the US in order to examine the potential protective role caring relationships might have, and found that such external relationships, particularly with adults, were vital. This is echoed in studies which focus on the quality of relationships between adults: for example Roman et al (2008) found supportive interpersonal relationships were crucial to the resilience of female survivors of childhood sexual abuse in their American study of 44 women survivors. This suggests that relationships might be pivotal throughout life, and may even mitigate the negative impacts of adversity, including experiences of abuse, providing support to safely reflect upon and process negative experiences, and potentially accelerating recovery (Gilligan, 2008; Roman et al, 2008; Rutter, 2000).

Early years relationships

- 5.13 A close, supportive, committed relationship between a child and at least one trustworthy adult was critical to the longer term development of resilience. Bowlby's attachment theory outlines the role of the relationship between a young child and its primary care giver in influencing levels of self esteem, a sense of security and longer term social aptitude as the child grows older (Heller et al, 1999). For children and young people, the quality of parental and familial relationships might be important (Collishaw et al, 2007; Daniel, 2008; Laursen and Birmingham, 2003; Lev-Wiesel, 2008; Roman et al, 2008). However the majority of papers referred more generally to the role of relationships with significant adults, who may or may not be relatives (Daniel et al, 1999; Daniel, 2008; Dearden, 2004; Gilligan, 2008; Heller et al, 1999; Jackson and Martin, 1998; Werner, 1992). In the absence of, or as a complement to, a healthy relationship with at least one parent, adults outwith the family can be effective role models and mentors (Daniel, 2008; Dearden, 2004; Jackson and Martin, 1998). Such adults "*can provide [children] with the secure basis for the development of trust, autonomy, and initiative*" (Werner, 1992, p267), particularly if relationships are based on unconditional acceptance, and offer non-judgemental support, encouragement and understanding (Laursen and Birmingham, 2003; Werner, 1992). Ideally, good interpersonal relationships with a range of people, peers and adults both within and outside a child's family, provide the security, stability and continuity associated with the development of resilience (Collishaw et al, 2007; Perkins and Jones, 2004; Daniel et al, 1999; Dearden, 2004; Lösel and Bliesener, 1990). These wider social networks, premised on reciprocal caring, offer opportunities to develop social skills, to respond to expectations, and to learn to cope with responsibilities in safe, secure environments (Daniel et al, 1999; Dearden, 2004; Gilligan, 2008; Lösel and Bliesener, 1990; Werner, 1992).

Adults and relationships

- 5.14 The literature reviewed underlined the importance for adults of caring, supportive relationships with others in the ongoing process of coping with the effects of childhood maltreatment (Collishaw et al, 2007; Hall, 2003). Roman et al (2008) identified two types of relationships with key adults that proved particularly important to the participants in their qualitative study of adult female survivors of childhood sexual abuse: 'no matter what' connections, which provided long term "*constancy, reliability and acceptance*" (p191); and

'saw something in me' bonds, which increased self esteem through a sense of being loved for "*uniqueness or competence*" (p190). Collishaw et al, whose secondary analysis study focussed on adults who had experienced physical and sexual abuse in childhood concluded that good quality relationships, including friendships, which occurred throughout childhood and continued into adulthood were important (2007). While many of the papers discussed this in relation to children and young people, several papers highlighted the continuing importance of peer relationships into adulthood, and how experiences earlier in life shape the way in which an individual "*seeks, recruits, and maintains ties with others*" (Hauser, 1999, p14) as life goes on beyond traumatic experiences (Collishaw et al, 2007; Smith-Osborne, 2007; Roman et al, 2008).

- 5.15 The first two sections of this chapter demonstrate the personal and social factors associated with resilience which interact with one another, shaping resilience in individuals. Moreover they demonstrate the integrated nature of the personal and the social throughout the lifespan: factors which affect resilience in children are also relevant for adults. What happens in childhood affects resilience beyond childhood, throughout youth, and into adult life, demonstrating the longitudinal nature of the process. However, the individual cannot be excised from his or her social environment, and the literature also refers to structural factors which might affect resilience; the following section discusses these.

Structural

- 5.16 Ungar (2005) cites Guerra (1998) who argues that risk and protective factors associated with resilience are influenced by individual socioeconomic contexts: categories of difference which shape identities and through which power is exercised, such as class, gender and race, inevitably mediate perceptions, values and attitudes. Overarching social, political and economic constructs frame individual experiences, and therefore cannot be overlooked when trying to understand them; indeed, Werner's original research identified poverty as a risk factor associated with compromised resilience. Yet the literature reviewed for this study did not explicitly discuss structural factors. Dearden (2004) suggests that the shift of emphasis from risk factors embedded at socio-political structural levels towards effective interventions at individual levels has been motivated by pragmatism since "in many cases it is more realistic to do this than to eliminate risk" (p187). Nevertheless, some papers refer to the role of participation in paid work, for example, as a means to elevate self esteem and promote social inclusion (Gilligan, 2008) potentially contributing to a sense of meaningfulness in one's life, and the raised risk of unemployment and homelessness among adult survivors of abuse (Wolfe et al, 2006; Colton et al, 2002). However, while the sampled literature touched briefly on issues of poverty and aspects of social identity such as race and ethnicity, gender was the factor which was most frequently discussed.
- 5.17 Abuse causes suffering to all individuals who are subjected to it, irrespective of gender (Collishaw et al, 2007). However there were gendered differences apparent in the literatures which have implications for recovery trajectories,

relating to some of the factors outlined in the previous sections (Colton et al, 2002; Gilligan, 2008; Werner, 1992).

- 5.18 Although it was not a specifically gendered study, Werner's work in Kauai highlighted gendered risk factors which influenced the resilience of participants: teenage motherhood for girls, and 'delinquency' for boys - criminal records were almost three times as common among boys than girls - and concluded that boys were especially at risk of encountering longer term problems in coping with a range of childhood adversities (1992). The majority of papers included in this study researched non gender-specific populations, and of the gender-specific remainder, five were based on the experiences of women survivors while only two focussed on those of men. In contrast with an extensive body of predominantly feminist research which has studied women's experiences of diverse forms of abuse in a variety of contexts, there is a dearth of research on men's experiences of abuse and recovery (Wolfe et al, 2006; Roman et al, 2008). Although the scale of this study prevents drawing definitive conclusions, reflecting on the differential recovery trajectories of men and women described in the literature permits tentative speculation about the potential impact of gender on resilience.
- 5.19 Lev-Wiesel's study (2008) examined the experiences of 52 male and female adult survivors of paternal sexual abuse, synthesising this data with that from a larger survey of 93 female survivors of childhood abuse, to reveal significant gender differences in perceptions of culpability: while more men than women blamed their abuse on the personality of the perpetrator or attributed it to the negative circumstances in which it occurred, 40% of male participants blamed themselves, compared to less than 20% of the women (pp151-152). Given that externalisation of blame appears to be a critical factor in recovery from abuse (ibid) and the consequent development of resilience, this could hamper some men's ability to recuperate in later life, encouraging internalisation of blame, driven by feelings of shame and guilt.
- 5.20 Although both male and female survivors of abuse frequently suffer longer term impacts on their mental health and physical wellbeing, a significant gender difference found in the literature relates to relationships. While women had a preference and aptitude for forming close, informal friendship networks, men tended to favour more formalised, less intimate social connections (Laursen and Birmingham, 2003; Gilligan, 2008; Roman et al, 2008). The participants in Wolfe et al's study, 76 men who had experienced childhood abuse in Irish institutions, expressed intense difficulties in forming and sustaining close, meaningful relationships in adulthood. This has direct significance for resilience, since warm and caring relationships are so critical for its development (Wolfe et al, 2006).
- 5.21 There is therefore the basis for an argument that gender is an important factor in resilience. This conclusion should be considered cautious however: there were no comparative data in the literature reviewed specifically relating to male survivors who demonstrated resilience, nor on women who did not. Nevertheless, there is some evidence of gendered dimensions to resilience which might prove fruitful in expanding our knowledge and understanding of successful recovery processes, and of adult survivors more generally, and

which to date remain under-researched. Moreover, while gender was the main social characteristic discussed in the literature sampled for this review, other categories of social identity, such as class and race, alongside other structural issues such as allocation of public resources – the availability of easily accessible and adequately funded service support for example - are likely to be of equal relevance to resilience and would benefit from closer attention (Ungar, 2005; Smith-Osborne, 2007).

- 5.22 This chapter has outlined and discussed the various factors affecting resilience identified in the literature reviewed. Although organised under discrete headings, the interactive nature of all of these factors is consistently reiterated, and as such it might be useful to perceive them as discrete threads, none of which make an individual more or less resilient on their own, but instead interweave to create unique “*patterns of recovery*” (Hauser and Allen, 2006, p553) across the lifespan. The literature highlighted that research into resilience has increasingly focussed on the experiences of specific population groups, but so far these have not included survivors of ICA (Simpson, 2010). The following chapter discusses resilience in relation to this group, and suggests how the concept might aid understanding of their disparate survival stories.

6 INSTITUTIONAL CHILD ABUSE

Introduction

- 6.1 All abuse of children, in whichever context it occurs, is damaging, dangerous and distressing to those who are subjected to it. However, aspects of particular forms of abuse can present specific difficulties and challenges for individuals who struggle to recover (Collishaw et al, 2007; Lev-Wiesel, 2008; Wolfe et al, 2003). This section outlines what is meant by institutional child abuse (ICA), and discusses the way in which some of the distinctive features of abuse which takes place in residential childcare settings might affect the development of resilience across the lifespan of those who experience it, with reference to some of the factors discussed in Chapter Five.
- 6.2 As previously outlined, the Scottish Government identifies five categories of harm which constitute child abuse: physical injury; physical neglect; emotional abuse; sexual abuse; and non organic failure to thrive (Scottish Government, 2002). When these harms are inflicted on children in any of a range of care settings provided by the public, voluntary or private sector, they are defined as institutional abuse. Wolfe et al (2003) highlighted an acute lack of research material relating to ICA, pointing out that:

...governments have had to rely on public enquiries to gain a better understanding of the causes and consequences of child abuse in nonfamilial settings, to reduce the likelihood of future incidents, and to address the needs of survivors of past abuse (p180).

- 6.3 This continuing knowledge deficit means that there is limited data relating to the recovery processes and resilience of survivors of ICA. Seven of the papers reviewed here related to ICA, four of which were based on primary research, but none directly discussed resilience and ICA. Nevertheless, it is possible to draw out some inferences from that literature, and to relate these to the concept of resilience.
- 6.4 There has been significant reform of social work, childcare and institutional practice and structures in recent years, and many of the papers reviewed highlighted the positive benefits institutional care can bring into children's lives. Children who are in residential care often come from already disrupted and often abusive family backgrounds, and are more likely to suffer from higher levels of emotional, behavioural and social difficulties as a result (Daniel, 2008; Hobbs et al, 1999; Jackson and Martin, 1998; Lösel and Bliesener, 1990; Rutter, 2000). Residential institutions can - and frequently do - provide a stable environment and consistent care to children and young people (Daniel, 2008; Gilligan, 2008). They might offer opportunities to build close trust relationships with staff members who recognise and respond to their needs appropriately and sensitively, as well as providing a safe, secure base from which to develop wider social networks (Houston, 2010; Roman et al, 2008). In such instances, the experience of residential care can prove to be a positive, resilience-enhancing turning point in the lives of vulnerable children (Rutter, 2000).

- 6.5 However, there are grounds for some reservations when assessing the contribution to children's wellbeing made by residential care. It would be wrong to assume that residential settings are inevitably safe, secure and nurturing. Those whose wellbeing has already been compromised by their experiences, including abuse, in "*adverse environments, often seriously risky ones, before coming into care*" (Rutter, 2000, p686) are at higher risk of experiencing further maltreatment once in State care (Hobbs et al, 1999; Gallagher, 2000). Known rates are, once more, elusive – Gallagher (2000) suggests it is a "*small but significant problem*" (p797), while highlighting an acute lack of research. Revelations in recent years regarding child abuse in formal institutions, in Scotland and around the world, have clearly demonstrated that there may be distinct risk associated with residential childcare, and as a consequence there can be no certainty that such care settings will be "*benign and protective*" (Rutter, 2000, p687).
- 6.6 Lev-Weisel suggested that resilience involves a process of transitional identities: from initial denial, to the acceptance of an identity as a victim, towards that of a survivor (2008). This might occur over an unpredictable period of time, but depends on an individual's cognitive and emotional abilities to contextualise, analyse and understand abuse experiences (ibid). For many children, the impacts of abuse take years to surface, emerging only once they are mature enough to recognise and articulate the corruption of power and rupture of trust which underpinned their experiences: there is therefore a link between childhood abuse and adult maladjustment. This was evidenced in several primary studies reviewed here, for example Flanagan-Howard et al's study of 247 survivors of childhood abuse in Irish institutions (2009), Losel and Bliesner's interviews with 244 adolescents in Germany (1990), and Perry et al's work with 81 Canadian participants who had been raised in institutions from birth (2005).
- 6.7 When this abuse occurs within a residential childcare setting, there are particular aspects which cause acute problems for survivors, and which have direct implications for the development of resilience. These are discussed at length by Wolfe et al (2003), who referred to them as "*dimensions of harm*": betrayal and diminished trust; shame, guilt and humiliation; fear of or disrespect for authority; avoidance of reminders; and injury and vicarious trauma (pp184-187). Some of these might apply to adult survivors of childhood abuse in other settings. However, also discussed in the paper are unique circumstantial aspects of residential care which might contribute to these particular impacts in specific ways. Wolfe et al point out that these dimensions of harm are only proposed rather than empirically tested and therefore should be approached with caution. Nevertheless, there is resonance with the other literature reviewed, including primary studies, which offers some corroboration to Wolfe et al's ideas and which can be correlated with aspects of resilience and its development in survivors of ICA.

Internal/personal factors

- **Self Image:** Children who are in residential care are often already victims of various forms of maltreatment (Hobbs et al, 1999), and feelings of shame, guilt and humiliation are common among children who are subjected to all types of abuse. Consequently those who enter the residential care system may already be trying to cope with the impacts of those earlier experiences, a process potentially complicated by ambivalent feelings towards admission and the stigma associated with being a 'young person in care' (Gilligan, 2008; Colton et al, 2002). Participants in Wolters' (2008) small study of ten counsellors working with survivors of ICA reported a perception among their clients that damage was caused by institutionalisation in the first instance, and abuse experiences once in care compounded that harm. Hobbs et al's (1999) retrospective survey of paediatricians' records relating to the institutional abuse of 158 children between 1990 and 1995 found that 80% had been abused prior to admission, demonstrating the pre-established vulnerability of many who enter the care system (Jackson and Martin, 1998; Daniel, 2010). Those who have been harmed prior to admission may therefore already be suffering the common, well-documented emotional and psychological outcomes associated with abusive trauma as outlined in paragraphs 4.2 to 4.5 above. As a result, **self esteem** and **confidence** might already be eroded, and a sense of **control** diminished: subsequent admission to care and exposure to abuse in an institutional setting might further compound and reinforce this negative self image.
- **Control:** In Chapter Five, aspects associated with control were described, including **agency** and **self determination**, both of which relate to the ability to make autonomous decisions and act effectively upon them. The literature reviewed emphasized the need for professional childcare practice to facilitate the empowerment of those in care (for example, Dearden, 2004; Gilligan, 2008). However, child abuse in any context is associated with a shift of the locus of power and control away from the victim so that it becomes concentrated in the hands of the perpetrator, in order that the child can be effectively entrapped into an abusive situation, isolated from sources of support and intervention (Gallagher, 2000; Wolfe et al, 2006). This might be more easily achieved in residential care settings, where contact with family and community sources of support can be more easily restricted (Gallagher, 2000). Wolfe et al (2006) found in their study of 76 male adult survivors of childhood sexual and physical abuse in Irish religious institutions that perpetrators often invoked God's will as a means to ensure compliance, thereby presenting victims with a conflict between a desire to **self protect** with that of accepting what God had apparently ordained. Unchecked power and authority, and therefore control, is often invested in residential care institutions by society, communities, individual families, and the child itself, and the literature suggests that this is one aspect which explains some of the specific difficulties experienced by ICA survivors as they grow into adulthood (Wolfe et al, 2006; Colton et al, 2002; Gallagher, 2000).
- **External attribution of blame and disclosure:** The potential for longer term traumatisation of abuse survivors was widely documented in the literature

and, as has already been pointed out, there is an extensive body of research relating to the negative outcomes of childhood abuse. It was suggested in Chapter Four that disclosure might be a key moment in recovery journeys, enabling access to and utilisation of support which helps with the process of projecting blame outwards onto the perpetrator rather than inwards towards oneself. However, disclosure processes of ICA might be associated with heightened risks of retraumatisation. Colton et al (2002) interviewed 24 survivors of child abuse in residential institutions, all of whom had taken part in large-scale retrospective investigations into ICA. The researchers found that there may be a public dimension to disclosure absent in other forms of abuse: revelations of persistent abuse of children at particular care homes, for example, may threaten the privacy of prior residents who may or may not have suffered abuse, and prompt defensive denial or forced disclosure from those who were victims. At the very least, revelations may force long-buried memories to the surface, provoking unpredictable responses among those who have been abused (ibid).

In a discussion paper, Wolfe et al (2003) suggest specific dangers in revealing ICA: if the abuse occurred in a respected institution or was inflicted by highly regarded individuals, disclosure may spark accusations of fabrication or explicit community hostility, reinforced by institutional retraumatisation if claims are met with disbelief and rebuffed by public bodies such as the police or criminal justice services. This assertion was reinforced by Colton et al's (2002) participants, some of whom cited fear of disbelief or recounted experiences of outright rejection when disclosure had previously been attempted. The nature of child abuse, the full impacts of which may not be fully comprehended by the survivor until later in life, often leads to delayed disclosure, fuelling public reservations about their veracity (Wolfe et al, 2003). Some authors acknowledge the inherent difficulties of reflecting upon memories of abuse in childhood from the perspective of adulthood, highlighting the risk of "*distortion and memory biases*" (Wolfe et al, 2006) at the very least, and the danger of "*the social construction of memories of abuse*" (Smith, 2010, p313) at worst. However O'Leary (2009) conducted a survey among 147 adult men who had experienced sexual abuse in childhood, and noted higher rates of post traumatic stress disorder in those whose claims of abuse were negatively received, and therefore it might be reasonable to surmise that, despite the challenge and complexity associated with disclosure, initial responses from those listening to narratives of abuse are critical, affecting recovery processes and the longer term development of resilience.

Nevertheless, there are documented benefits to disclosure. Lev-Weisel (2008) drew on the work of Forward (1990) to illustrate that by analysing and understanding the personality of the perpetrator of their abuse, survivors can more effectively externalise blame and this might be one outcome of participating in formalised investigations into ICA, where experiences are contextualised with those of other survivors. Although some of the 24 participants in Colton et al's (2002) study, all of whom had taken part in public investigations of ICA, reported feeling significant distress as a result of their participation, others overcame initial ambivalence and gained benefit, seeing

it as an altruistic act, for example, whereby the sharing of their experiences contributed to the future protection of children. The researchers assert that:

The stories of survivors bring into sharp relief the fact that historical investigations into child abuse are finely balanced between, on the one hand, addressing the harm that has been caused, and on the other hand, causing further harm. (2002, p548).

There is a need therefore for particular attention to the process of disclosure from those responding to revelations of ICA, especially within public institutions and bodies, as its impacts might be unpredictable. Wolfe et al (2006) found extremely high levels of distress among their 76 participants who had been subject to particularly severe abuse in residential care, suggesting sensitivity in responses is paramount. However, differential experiences of survival indicate that the impacts of abuse may recede and resurface over a period of years, suggesting there is a need for the provision of ongoing, freely available, reflexive and responsive support services for survivors (Hall, 2003) according to need at any given time. The literature therefore points to the potential significance of disclosure in recovering from abuse experiences, as well as diverse outcomes for individuals possibly as a consequence of their disclosure, and the role sensitive, supportive responses might play in nurturing resilience.

- **Meaningfulness:** Wolfe et al (2006) interviewed 76 male survivors of institutional abuse and found that the majority displayed a “*global loss of trust*” (p209), whereby feelings of distrust extended beyond individual perpetrators to the organisations in which abuse occurred, radiating out towards other community institutions and perpetuating into adulthood. The extremity of abuse both experienced and witnessed by clients of Wolters’ (2008) counsellors had contributed to a conviction that no-one and nowhere was safe. One outcome of the betrayal of an unspoken contract of care between child and institution, ruptured when individuals who have authority within that contract inflict abuse, might be that:

What once made sense no longer makes sense and what was once safe is no longer safe. Abuse survivors have explained that this loss of a sense of safety causes the world to seem chaotic or unstructured. (Wolfe et al, 2003, p185).

This might consequently jeopardise a belief in **social order** and stability, a sense that the environment – and correspondingly, one’s own life - is regulated and relatively predictable, one of the factors associated with higher levels of resilience. Moreover, trust is associated with the ability to function in terms of relationships at every level – intimate, social and professional – and a lack of trust can have an acute affect on individual lives in both private and public spheres, an issue which is further discussed in a following section.

- **Spirituality:** Three of the four primary studies involved participants from Ireland, where large scale institutional abuse often took place in a religious context, with many of the care facilities being operated by the Catholic Church (Wolfe et al, 2006; Wolters, 2008; Flanagan-Howard et al, 2009). All three

reported loss of religious faith in the aftermath of abuse, with anger and disillusionment towards the Church perpetuating into adulthood. Wolfe et al (2006) emphasise the role of the Church as a focal point for community, as well as individual identity, demonstrating the potential rupture between the survivor and their wider social networks, reinforcing their isolation into adulthood. This might be particularly acute as the Church could be seen as an organisation invested with “*implicit trust*” (Wolfe et al, 2003, p183), its faith-based care believed by most to be loving, benign and inherently trustworthy.

- **Hope:** Wolfe et al (2006) found that many male survivors of various forms of childhood abuse in religious organisations who took part in their primary study had a bleak view of the future, which they associated with “*the years of silence and inaction regarding their abuse*” (p209). An inability to envisage a positive future was echoed in Wolters’ (2008) study, where counsellors reported that clients who had experienced abuse in institutional settings demonstrated higher levels of hopelessness compared to those who had been abused as children in familial settings. However, in Wolters’ paper, this was attributed to a profound and diffuse inability to trust others on a personal, social or professional level. Relationships with others, therefore, known to be critical in establishing and sustaining faith in the future (Werner, 1992), were severely compromised by participants’ childhood experiences of abuse in care.

External/social factors: looked-after children and relationships

- 6.8 For looked-after children, the quality of parental or familial relationships is often compromised (Rutter, 2000), but the literature showed that other non-related adults can provide adequate support to offset this deficit, alongside the good peer relationships which are equally critical for looked-after children (Daniel, 2008; Dearden, 2004). What is important is the existence of “a sensitive, consistent, and safe care-giving environment” (Heller et al, 1999, p322), and care staff were seen as playing a central role in providing supportive relationships (Daniel et al, 1999; Daniel, 2008; Dearden, 2004; Gilligan, 2008). The 23 at-risk young people interviewed in Laursen and Birmingham’s study (2003) repeatedly expressed a need to spend time with adults, to be listened and responded to, appreciated and valued. Relationships which provide this have positive impacts on self worth, and empowering practices such as active consultation and shared decision making between young people and care workers are likely to build self confidence and instil a sense of autonomy and control in looked-after children (Daniel, 2008; Laursen and Birmingham, 2003), thus promoting the development of resilience in the longer term.
- 6.9 Several authors, however, highlighted the tendency for residential settings to focus on structured, practical care – ensuring school attendance, for example – while the importance of informal support - of spending time with residents, talking and listening to them – is often overlooked (Daniel, 2008; Gilligan, 2008; Jackson and Martin, 1998). Although supportive relationships may occur informally and routinely, they are often absent from formal care plans, and consequently simply spending time with young people can become a neglected aspect of residential care (Gilligan, 2008) and may subsequently

run the risk of being under-valued and under-resourced (Daniel, 2008). Ungar (2001) conducted secondary analysis on a piece of primary research which involved double interviews with 43 youths in care, and highlighted a tendency to focus on the “*problem-saturated identities*” (p138) of participants, while Daniel et al (1999) drew on a participatory study with 11 social workers to argue that adopting a resilience framework would allow a shift of emphasis from problem based approaches, to one which works with the existing and potential strengths of individuals in order to develop their resilience. Moreover, Dearden (2004) used data from a small qualitative study with 15 young people to argue that concentrating on reducing risk factors, many of which are embedded at socioeconomic and structural levels, is impossible for both local authorities and practitioners, and therefore it is pragmatic to prioritise practice which reinforces protective factors such as relationship-building. These arguments chime with current developments in health policy, in particular assets-based approaches, premised on the notion that channelling efforts to mobilise and fortify pre-existing personal, community and social strengths and resources can offset the negative impacts of larger, structural problems in developing overall health and wellbeing (Sigerson and Gruer, 2011). Contemporary work with children in residential care settings may already be resilience-enhancing, building on the work of NCRRI and influenced by GIRFEC. Daniel (2008) therefore proposed that developing frameworks with the purpose of identifying and invigorating resilience in young people in the care system would enable formal integration of such practices, an approach congruent with strengths-based theory.

The impact of institutional child abuse on relationships

- 6.10 The literature reviewed points out that there is currently scope for the development of good, healthy, nurturing relationships between looked-after children and adult care staff. Contemporary policy responses, underpinned by the work of the NRCCI and CELCIS, promote safer recruitment practices, registration of care workers, and closer monitoring and inspection of residential homes than occurred in the past. However, there remains an increased opportunity for perpetrators of institutional abuse to groom or forcibly inflict harm on children and young people living in residential care, and to escape subsequent detection particularly in light of the power dynamics of the child/care worker relationship. The reviewed literature consistently highlighted the long-term impact experiences of childhood abuse have on adult relationships. Abuse by figures of respect and authority is much more likely to result in longer term fear and/or disrespect for those in authority in later life (Wolfe et al, 2003; Wolfe et al, 2006; Wolters, 2008). Feelings of powerlessness and impotence may translate into mistrust and disengagement with authority figures and formal public institutions, for example in educational or workplace environments (Wolfe et al, 2006). There has been historical concern about the overall educational attainment rates of looked-after children – although there has been some improvement in recent years - which may be lower than those of non-looked after children, increasing the likelihood of experiencing poverty later in life (Jackson and Martin, 1998; Rutter, 2000). This suggests possible intergenerational implications, both in terms of the difficulties associated with raising children in poverty, but also because

mistrust and disengagement may affect relationships with those who teach survivors' children, increasing the possibility of cyclical disadvantage (Wolfe et al, 2003).

- 6.11 This loss of trust might also impact on longer term recovery, and affect both the ability to build and maintain healthy relationships with other adults, as well as with healing professionals such as counsellors. For example in Wolters' (2008) study, which examined therapists' experiences of working with survivors of ICA, participants reported that it was harder to build trust relationships with this group of clients, compared to those who were abused in non-institutional settings. An acute lack of trust, referred to repeatedly in the literature, can impact on survivors in every domain of their life, and hamper access to resources and support that might help to aid recovery and contribute to the development of resilience.

Structural factors

- 6.12 Colton et al (2002) conducted a study comprising interviews with 24 survivors of institutional abuse who had taken part in large scale public investigations. The authors highlight the "long-standing anxiety about the threat to social order represented by troubled and troublesome youth" (p549) arguing that the demographic background of many of those in care – drawn overwhelmingly from the poorest and most disadvantaged homes and communities - shade experiences of abuse, shaped as they are by the "deeply embedded social attitudes and associated structures of social injustice" (p549). Just as the process of resilience itself is multifaceted and dynamic, so too are the parallel political discourses which shape attitudes towards specific social groups. Therefore the stigmatisation of sections of society on socioeconomic grounds – the 'underclass' discourse – as well as negative attitudes based on race or disability might prompt ambivalence in public attitudes towards children who have been in care, and subsequently those individuals who have experienced abuse in institutions.
- 6.13 The extremity of the impacts of ICA on the health and wellbeing of many survivors is clearly demonstrated in this literature review (Wolfe et al, 2006; Colton et al, 2002; Wolters, 2008). In particular mental health can be severely compromised, and this can negatively affect many aspects of personal and public life, including the ability to maintain employment, for example. This might be further complicated by coping responses to abuse experiences, which may include drugs misuse and criminal behaviour (O'Leary, 2009; Wolfe et al, 2006), and consequently the chances of living in poverty in later life are increased (Jackson and Martin, 1998; Rutter, 2000). Long term mental health problems and potentially damaging and dangerous coping strategies such as these might limit the ability to participate and fully engage in social and work activities, impeding the development and maintenance of self esteem and a sense of purpose – and therefore meaningfulness – in life.
- 6.14 Issues of gender already discussed in Chapter Five might be equally pertinent to survivors of ICA. There is some evidence in the literature reviewed that coping strategies following child abuse, including ICA, are differentiated by gender – for example, men are more likely to use drugs than women (Wolfe et

al, 2006; O’Leary 2009). Although there were no direct comparisons of gender in the literature reviewed, some studies focussed specifically on men because of an acknowledged lack of research relating to male survivors of many types of abuse (Colton et al, 2002; Wolfe et al, 2006; O’Leary, 2009). Colton et al (2002) interviewed 24 survivors of abuse in residential care, 22 of whom were male, and reported that participants felt that institutional responses varied between male and female survivors based on assumptions that abuse of boys by men was worse than that of girls by men, or boys by women, attitudes which were seen as reflected in the varying amounts of compensation paid. Moreover, the authors found that those who were in charge of the investigation – mostly men - were believed to “regard[ed] female perpetrators as less dangerous and less of a problem than male abusers” (p546), an assumption which might have significant impacts on the likelihood of a survivor being believed, or the longer term effects of their abuse being seen as equally damaging and distressing.

- 6.15 Perceptions of the severity of abuse based on gendered assumptions were also apparent in attitudes towards perpetrators: Perry et al (2005) interviewed 81 adults who grew up in institutions in Canada from birth, most of whom reported experiencing a variety of forms of abuse while in care, and found that men reported more sexual abuse compared to women, who were much more likely to experience emotional abuse and neglect. The authors attribute this discrepancy to the higher number of male care workers working with boys, and who are much more likely to sexually abuse children than female care workers. There is some indication, therefore, that children in different care contexts might be more likely to be subjected to different forms of maltreatment, may respond in diverse ways, and may face different value judgements from those to whom they disclose, depending on gendered perceptions of childhood abuse. A reluctance to disclose and seek help might be driven by perceptions such as these, further compounding the stigmatisation of male survivors of abuse or survivors of female abusers, and might increase a tendency to internalise blame, driven by feelings of shame and guilt, underpinned by public discourses of ‘normal’ masculinity and femininity.
- 6.16 In common with other forms of abuse, there is little evidence available relating to the frequency and severity of ICA (Rutter, 2000; Wolters, 2008; Gallagher, 2000) and scant literature directly addressing resilience and adults survivors of abuse in institutional care. This may be because the locus of abuse is not seen as a distinctive feature in other types of abuse. However, this section has highlighted some of the unique aspects of residential care which may well have significant impacts on the recovery processes of survivors of this type of childhood maltreatment.
- 6.17 Many papers reviewed address resilience and looked after children, but on the assumption that any abuse experienced happened prior to admission. Care and protective practices have been reformed in recent years, in light of what has emerged in the aftermath of public investigations into historical abuse in residential facilities, and modern frameworks of care can provide opportunities to increase the resilience of children who are currently looked-

after. However, what we know of abuse in general – the enforced secrecy, the manipulation and corruption of adult/child power dynamics, and the delayed realisation of harm – means abuse in any setting, including residential care, is likely to continue to occur, and that survivors will continue to emerge in years ahead. Although it is difficult to unravel abuse experiences of children who may have been abused prior to admission and further victimised once in care (Rutter, 2000), this review has highlighted aspects peculiar to this particular type of child abuse which may have longer term implications for survivors who strive to live well in its aftermath. Ungar asserts that:

we do not yet know what constellation of interventions and protective processes positively influence children's development, while under the care and/or supervision of formal and/or informal service providers (2005, p441).

- 6.18 There is a corresponding gap in our knowledge about what might contribute to the healthy and robust recoveries of those children exposed to abuse in these environments as they grow into adulthood. However, based on a synthesis of the available evidence, some reasonable conclusions about the impact of ICA on the resilience of adult survivors might be drawn.

7 CONCLUSIONS

- 7.1 The Report of Time To Be Heard: A Pilot Forum recommended that research should be done to identify factors which affect the resilience of survivors of abuse. This review has identified a variety of indicators of resilience from a range of literature across academic disciplines, and has also highlighted how diverse these are: resilience is affected by personal characteristics, life circumstances, social interactions, and structural frames. It is further influenced by situational factors, including the unique aspects of individual abuse experiences. Furthermore, consequent responses to adversity are shaped by prior life experiences.
- 7.2 A single, comprehensive, universally accepted definition of resilience does not exist. Nevertheless, the evidence in this review suggests that despite this, we can recognise and describe resilience as *highly individualised, positive personal reactions in response to adverse external events*. The original recommendation for this review was to explore the factors which affect resilience. Given that we have a more descriptive understanding of resilience rather than a universal definition, it might be more useful to view ‘factors’ as *supple facets*, which configure differently between individuals, varying across time and according to circumstance, to create fluctuating, personalised patterns of resilience. Much research has investigated the various personal, social and structural facets that intertwine to create these patterns of responses. Given its interactivity and fluidity, resilience is most helpfully seen as an ongoing, long term process rather than an inherent personality trait or definitive outcome: a journey, rather than a destination. This review has highlighted the enduring complexity of that journey.
- 7.3 Although harmful and distressing events and experiences are an unavoidable if regrettable part of life, the concept of resilience draws our attention to the fact that negative outcomes are not always inevitable in their aftermath, and that appropriate interventions can and will help those who experience them to recover and to live stable, happy lives. The development of resilience is dependent on a balance between a range of internal and external risk and protective factors; conditional on exposure to particular forms of harm; and invigorated or thwarted by wider social processes and structural frameworks. There is therefore reason to be hopeful: for a proportion of individuals, recovery from trauma will be robust, and for others it is possible that policy and practice interventions might encourage and support healthy survival.
- 7.4 This review has also highlighted reasons for caution. The first is in the definition of resilience itself: its fluidity leaves substantial scope for research, policy and practitioner interpretation. There is a danger that resilience goes unrecognised in some individuals if attention and resources remain problem-focussed; or that their efforts are dismissed as researchers and practitioners project their own definitions, and consequently analyses of needs, onto survivors. Resilience does not mean lives are trouble- or trauma-free: healthy recovery might mean “*struggling successfully*” (Roman et al, 2008). Individuals who describe themselves as resilient might be receiving ongoing treatment for depression, or adopt short term coping strategies which can be

externally perceived as dysfunctional, but which are nevertheless felt to provide effective and temporary relief. There is a need, particularly in light of the importance for survivors to maintain control and exercise agency, to adopt person-centred, reflexive approaches which seek to understand and empower the individual, in research, in policy making, and in professional responses to survivors.

- 7.5 A further reason for caution is that there is a variation in the evidence relating to different categories of factors. There is considerable data focussing on internal/personal and external/social factors, but there appears to be less attention paid to structural aspects which may equally shape experiences of abuse and affect recovery trajectories (see, for example, Ungar, 2011). One widely acknowledged key absence is research which explores men's experiences of many forms of child abuse, and any future studies which have a broader remit might identify additional groups whose experiences are, at present, under-represented: this currently includes survivors of ICA. In this review, gender was the most apparent structural factor which affected responses to abuse, but there was also evidence of other elements which could be relevant: poverty, despite its well documented negative impacts in the broader academic literature and across policy domains, was only referred to briefly and tangentially in a very small number of papers. Furthermore, all the papers which explicitly identified religion and spirituality as a significant positive facet of resilience for survivors were American, for example, which may indicate the potential for cultural differences in resilience processes. This presents challenges for this type of literature review in terms of the generalisability of data located across academic disciplines, conducted in a variety of countries and consequently cultures, and which is methodologically diverse, as well as varying in scale and scope. Nevertheless in light of the well-documented difficulties experienced by specific equalities groups, attention might be paid in future to wider structural factors absent in the existing literature, since these may compromise access to the very resources and support services that might play a role in developing longer term resilience.
- 7.6 Much of the literature reviewed relating to experiences in institutional care focussed on young people. However, this review has demonstrated the importance of perceiving resilience as a longitudinal, conditional process, and experiences beyond care and into independent adulthood are critically important. While many reap positive benefits from residential care, a significant minority will be subjected to harm, and the process of recovery from many forms of child abuse, including ICA, may involve a prolonged process of acceptance prior to disclosure, as the full implications and impacts from those experiences emerge over unpredictable periods of time. There is a distinctive public dimension to disclosure of ICA: privacy may be unsustainable should allegations emerge from fellow residents, leading to what might be perceived as forced disclosure; claims of abuse are more likely to be evaluated by public bodies and institutions; and resultant investigations and court cases given prominent media coverage. Consequently, the impacts and implications of disclosure processes for ICA merit ongoing consideration,

particularly as the literature suggested there is potential for it to contribute to the retraumatisation of survivors.

- 7.7 Nevertheless, there is convergence with some existing policy approaches, namely the assets-based focus in health, where pre-existing community strengths and resources are identified, fostered and cultivated. Contemporary childcare practice may already be contributing much to the development of resilience in looked-after children. However for adult survivors of abuse in residential care, this review has suggested several points which merit attention: the dearth of evidence relating to this particular population; the lack of research into survivors of all types of abuse who go onto live stable, secure lives and who describe themselves as resilient; and the need for continuing attention to and investment in developing disclosure and support processes in future public investigations into institutional child abuse.

Suggested future development

- 7.8 Institutional child abuse is thought to be under-reported and under-researched. Despite recent developments in child protection strategies and the introduction of frameworks such as Getting It Right For Every Child which seek to improve the safety of all children, it is reasonable to assume that survivors of ICA will continue to emerge. It could be argued that there are two reasons why resilience is a useful concept when focussing on children who experience abuse in residential child care settings: it raises awareness of the needs of children who are currently in residential institutions, and for whom much can be done to nurture and develop longer term resilience as they grow into adulthood; and it offers a meaningful frame for understanding the diverse reactions of adult survivors who have already disclosed or who are likely to emerge in the future. However, future studies might refine existing definitions of resilience, developing the concept in operational and academic contexts, thus providing a platform for coherent policy development in the future.
- 7.9 This review found evidence that participation in public investigations and inquiries can be potentially disruptive and destructive for some individuals, while for others it may be revelatory and healing. Given the critical importance of disclosure of ICA for the ongoing recovery processes of survivors, further work is needed in order to design and establish effective, reflexive mechanisms and support systems for disclosure which should underpin future inquiries and forums. In light of potential trust issues, and the importance of empowerment of a population whose past experiences are marked by significant disempowerment, this should actively involve existing and emerging survivors in order that their needs and the needs of future survivors are effectively and sensitively met. In addition, examination of specialised services and initiatives for survivors of other forms of abuse, as well as the current specialised services provided by ICSSS, may offer starting points for the development of specific support models for survivors of ICA, and could potentially enrich current good practice in broader public services.
- 7.10 There is a need for further exploration of resilience as a journey: longitudinal empirical research, which embeds experiences in a wider context beyond individual life stages, and which might further augment and refine the current

definitions of resilience. A significant minority of survivors in empirical studies relating to different forms of abuse are identified as 'resilient', and there is a need for research which focuses specifically on this population. There appears to be some convergence between existing assets-based approaches and resilience theory. This is one avenue of future enquiry which might prove fruitful, particularly in light of existing strengths-based resilience work among young people in care, such as the work undertaken as part of NRCCI.

- 7.11 Finally, there is a significant gap in our knowledge relating to men's recovery experiences from child abuse, including ICA. Given the substantial numbers of male survivors of this form of abuse and some evidence presented in this review that there may be gendered differences in the resilience processes of men and women, there is a pressing need for specifically gendered work in order to investigate men and women's differential experiences. This might contribute to a better understanding and more effective responses to the potentially varying needs of male and female survivors in the future.

8 BIBLIOGRAPHY

Australian Parliament, (2004), *Forgotten Australians: A Report on Australians who experienced institutional or out-of-home care as children*, http://www.aph.gov.au/senate/committee/clac_ctte/completed_inquiries/2004-07/inst_care/report/index.htm, 15/09/2100

Bender D, Bliesener T and Lösel F, (1996), 'Deviance or resilience? A longitudinal study of adolescents in residential care', in Davies G, Lloyd-Bostock S, McMurrin M, and Wilson C (eds) (1996), *Psychology, law, and criminal justice: International developments in research and practice*, New York: Walter de Gruyter, 410-423

Bogar C B and Hulse-Killacky D, (2006), 'Resiliency Determinants and Resiliency Processes Among Female Adult Survivors of Childhood Sexual Abuse', *Journal of Counseling and Development*, 84, 318-327

Collishaw S, Pickles A, Messer J, Rutter M, Shearer C and Maughan B (2007), 'Resilience to adult psychopathology following childhood maltreatment: Evidence from a community sample', *Child Abuse & Neglect*, 31, 3, 211-229

Colton M, Vanstone M and Walby C, (2002), 'Victimization, Care and Justice: Reflections on the Experiences of Victims/Survivors Involved in Large-Scale Historical Investigations of Child Sexual Abuse in Residential Institutions', *British Journal of Social Work*, 32, 5, 541-551

Commission to Inquire into Child Abuse (2009), <http://www.childabusecommission.com/rpt/>, 15/09/2011

Daniel B, Wassell S and Gilligan R, (1999), "It's just common sense, isn't it?" Exploring ways of putting the theory of resilience into practice', *Adoption and Fostering*, 23, 3, 1999, 6-15

Daniel B, (2006), 'Operationalizing the concept of resilience in child neglect: case study research', *Child: Care, Health and Development*, 32, 3, 303-309

Daniel B, (2008), 'The Concept of Resilience, Messages for Residential Child Care', in Kendrick A (ed) (2008), *Residential Child Care, Prospects and Challenges*, London: Jessica Kingsley

Daniel B, (2010), 'Concepts of Adversity, Risk, Vulnerability and Resilience: A Discussion in the Context of the 'Child Protection System'', *Social Policy and Society*, 9, 2, 231-241

Davidson G, Devaney J, and Spratt T, (2010), 'The Impact of Adversity in Childhood on Outcomes in Adulthood', *Journal of Social Work*, 10, 4, 369-390

Dearden J, (2004), 'Resilience: a study of risk and protective factors from the perspective of young people with experience of local authority care', *Support for Learning*, 19, 4, 187-193

Flanagan-Howard R, Carr A, Shevlin M, Dooley B, Fitzpatrick M, Flanagan E, Tierney K, White M, Daly M and Egan J, (2009), 'Development and initial validation of the institutional child abuse processes and coping inventory among a sample of Irish adult survivors of institutional abuse', *Child Abuse & Neglect*, 33, 9, 586-597

Gallagher B, (2000), 'The Extent and Nature of Known Cases of Institutional Child Sexual Abuse', *British Journal of Social Work*, 30, 795-817

Getting it right for every child and young person,
<http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright>, 26/04/2012

Gilligan R, (2008), 'Promoting resilience in young people in long-term care - the relevance of roles and relationships in the domains of recreation and work', *Journal of Social Work Practice*, 22, 1, 37-50

Hall J M, (2003), 'Positive Self-Transitions in Women Child Abuse Survivors', *Issues in Mental Health Nursing*, 24, 6-7, 647-666

Hauser S T, (1999), 'Understanding resilient outcomes: Adolescent Lives Across Time and Generations', *Journal of Research on Adolescence*, 9, 1, 1-24

Hauser S T and Allen J P, (2006), 'Overcoming Adversity in Adolescence: Narratives of Resilience', *Psychoanalytic Inquiry*, 26, 4, 549-576

Heller S S, Larrieu J A, D'Imperio R and Boris N W, (1999), 'Research on Resilience to Child Maltreatment: Empirical Considerations', *Child Abuse & Neglect*, 23, 4, 321-338

Hobbs G F, Hobbs C J and Wynne J M, (1999), 'Abuse of Children in Foster and Residential Care', *Child Abuse & Neglect*, 23, 12, 1239-1252

Houston S, (2010), 'Building resilience in a children's home: results from an action research project', *Child and family social work*, 15, 3, 357-368

Jackson S and Martin P Y, (1998), 'Surviving the care system: education and resilience', *Journal of adolescence*, 21, 5, 569-583

Karatzias T, (2009), Advisory Group Paper 9 Retraumatization, SurvivorScotland,
<http://www.survivorscotland.org.uk/research-library/item/advisory-group-paper-9---retraumatization/>, 14/02/12

Laursen E K and Birmingham S M, (2003), 'Caring Relationships as a Protective Factor for At-Risk Youth: An Ethnographic Study', *Families in Society*, 84, 2, 240-246

Lev-Wiesel R, (2008), 'Beyond survival: Growing out of childhood sexual abuse', in Joseph S and Linley P A (eds), (2008), *Trauma, recovery, and growth: Positive psychological perspectives on posttraumatic stress*, Hoboken New Jersey: John Wiley and Sons Inc.

Liebold B and Greve W, (2009), 'Resilience: A conceptual bridge between coping and development', *European Psychologist*, 14, 1, 40-50

Lösel F and Bliesener T, (1990), 'Resilience in adolescence: A study on the generalizability of protective factors', in Hurrellman K and Lösel F (eds), *Health Hazards in Adolescence*, 299-320, New York: De Gruyter

National Residential Childcare Initiative,
http://www.sircc.org.uk/sites/default/files/NRCCI_Briefing_Paper_1.pdf, 26/04/2012

O'Leary P J, (2009), Men who were sexually abused in childhood: Coping strategies and comparisons in psychological functioning, *Child Abuse & Neglect*, 33, 7, 471-479

Perkins D F and Jones K R, (2004), 'Risk Behaviors and Resiliency within Physically Abused Adolescents', *Child Abuse & Neglect*, 28, 5, 547-563

Perry J C, Sigal J J, Boucher S, Pare N and Ouimet M C, (2005), 'Personal Strengths and Traumatic Experiences Among Institutionalized Children Given Up at Birth', *The Journal of Nervous and Mental Disease* 193, 12, 777-782

Roman M W, Hall J M and Bolton K S, (2008), 'Nurturing natural resources: The ecology of interpersonal relationships in women who have thrived despite childhood maltreatment', *Advances in Nursing Science*, 31, 3, 184-197

Rutter M, (2000), 'Children in substitute care: some conceptual considerations and research implications', *Children and Youth Services Review*, 22, 9/10, 685-703

Scottish Government, (2002), "It's everyone's job to make sure I'm alright" – Report of the Child Protection Audit and Review,
<http://www.scotland.gov.uk/Publications/2002/11/15820/14015> , 15/09/2011

Scottish Government, (2007), Historic Abuse Systemic Review: An independent review led by Tom Shaw,
<http://www.scotland.gov.uk/Publications/2007/11/20104729/20>, 20/11/2007

Scottish Government (2011a), Time to Be Heard: A Pilot Forum,
<http://www.scotland.gov.uk/Publications/2011/03/07122331/0>, 15/09/2011

Scottish Government (2011b), Statistics Publication Notice: Health and Care Series: Children Looked After Statistics, 2009-2101,
<http://www.scotland.gov.uk/Publications/2011/02/18105352/4>, 18/11/11

Sigerson D and Gruer L (2011), *Assets-based approaches to health improvement*, NHS Scotland, <http://www.healthscotland.com/documents/5535.aspx>, 15/11/11

Simpson C L, (2010), 'Resilience in Women Sexually Abused as Children', *Families in Society*, 91, 3, 214-247

Smith M (2010), 'Victim Narratives of Historical Abuse in Residential Child Care, Do We Really Know What We Think We Know?', *Qualitative Social Work*, September 2010, 9, 3, 303-320

Smith-Osborne A, (2007), 'Life Span and Resiliency Theory: A Critical Review', *Advances in Social Work*, 8, 1, 152-168

Thomas S P and Hall J M, (2008), 'Life Trajectories of Female Child Abuse Survivors Thriving in Adulthood', *Qualitative Health research*, 18, 2, 149-166

Ungar M, (2001), 'The social construction of resilience among 'problem' youth in out-of-home placement: a study of health-enhancing deviance', *Child & Youth Care Forum*, 30, 3, 137-154

Ungar M, (2005), 'Pathways to Resilience Among Children in Child Welfare, Corrections, Mental Health and Educational Settings: Navigation and Negotiation', *Child & Youth Care Forum*, 34, 6, 423-444

Ungar M, (2011), 'The Social Ecology of Resilience: Addressing Contextual and Cultural Ambiguity of a Nascent Construct', *American Journal of Orthopsychiatry*, 81, 1, 1-17

Werner E E, (1992), 'The Children of Kauai: Resiliency and Recovery in Adolescence and Adulthood', *Journal of Adolescent Health*, 13, 262-268

Wolfe D A, Jaffe P G, Jette J L and Poisson S E, (2003), 'The impact of child abuse in community institutions and organizations: Advancing professional and scientific understanding', *Clinical Psychology: Science and Practice*, 10, 2, 179-191

Wolfe D A, Francis K J and Straatman A-L, (2006), 'Child Abuse in Religiously-Affiliated Institutions: Long-Term Impact on Men's Mental Health', *Child Abuse & Neglect*, 30, 2, 205-212

Wolters M G, (2008), 'Counseling Adult Survivors of Childhood Institutional Abuse: A phenomenological exploration of therapists' perceptions and experiences in Ireland', *Person-Centred and Experiential Psychotherapies*, 7, 3, 185-199

APPENDIX 1: SUPERVISORY TEAM

Members of supervisory team

Fiona Hodgkiss: Senior Researcher, Care Team (Research), Health Finance Directorate/Health Analytical Services Division, Scottish Government

Professor Thanos Karatzias: Health and Clinical Psychologist, Edinburgh Napier University

Anne MacDonald: SurvivorScotland Team, Adult Care and Support Division, Scottish Government

Sue Moody: SurvivorScotland Team, Adult Care and Support Division, Scottish Government

APPENDIX 2: DETAILS OF PAPERS USED IN THIS REVIEW

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| 1 |
| Author: Bender D, Bliesener T and Lösel F |
| Title and Source: 'Deviance or resilience? A longitudinal study of adolescents in residential care', in Davies G, Lloyd-Bostock S, McMurran M, and Wilson C (eds) (1996), <i>Psychology, law, and criminal justice: International developments in research and practice</i> , Walter de Gruyter: New York, 410-423 |
| Primary Research: Yes |
| Methods: Semi structured interviews, questionnaires, tests; longitudinal, two wave study |
| Participants: First wave: 144 teenagers in German residential institutions and education workers; second wave: 114 of the original participants. |
| Key Findings: The paper found that resilient adolescents saw themselves as less helpless, had a more positive self-image, and were proactive in problem solving. They were accepting of their residential situation, saw it in a positive light, and were satisfied with their school environments and achievements there. They were flexible and had a significant person outside of their family. |

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| 2 |
| Author: Bogar C B and Hulse-Killacky D |
| Title and Source: Resiliency Determinants and Resiliency Processes Among Female Adult Survivors of Childhood Sexual Abuse, <i>Journal of Counseling and Development</i> , 84, (2006), 318-327 |
| Primary Research: Yes |
| Methods: Semi structured interviews |
| Participants: 10 American women |
| Key Findings: The study identified five determinant clusters (interpersonally skilled; competent; high self-regard; spiritual; and helpful life circumstances) and four process clusters (coping strategies, refocusing and moving on, active healing and achieving closure) which facilitated resilience in participants' lives. |

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| 3 |
| Author: Collishaw S, Pickles A, Messer J, Rutter M, Shearer C and Maughan B |
| Title and Source: Resilience to adult psychopathology following childhood maltreatment: Evidence from a community sample, <i>Child Abuse & Neglect</i> , 31, 3, (2007), 211-229 |
| Primary Research: No |
| Methods: Secondary analysis of data from previous two stage, longitudinal study |
| Participants: General population sample in the Isle of Wight, England. First wave: 571 adolescents and their parents; second wave, 378 original participants. |
| Key Findings: Ten percent of participants had experienced childhood abuse, and there was a higher rate of adolescent psychiatric disorders as well as higher rates of adult mental health disorders. A "substantial minority", however, reported no mental health problems in adulthood. This was found to |

be related to perceptions of parental care, adolescent peer relationships, the quality of love relationships in adulthood, and aspects of personality.

4

Author: Colton M, Vanstone M and Walby C

Title and Source: Victimization, Care and Justice: Reflections on the Experiences of Victims/Survivors Involved in Large-Scale Historical Investigations of Child Sexual Abuse in Residential Institutions, *The British Journal of Social Work*, 32, 5, (2002) 541-551

Primary Research: Yes

Methods: Interviews

Participants: 24 survivors (22 male/2 female) in the UK

Key Findings: Paper explores the impact of participating in formal investigations of residential childcare abuse and explores participants' motivations for doing so, concluding that financial gain was not a motivating factor. Reactions to participation in formal investigations were varied among those who took part in this study, leading to conclusions that revisiting memories in these circumstance had unpredictable impacts on individuals, and that this calls for sensitivity and support when conducting public investigations.

5

Author: Daniel B, Wassell S and Gilligan R

Title and Source: 'It's just common sense, isn't it?' Exploring ways of putting the theory of resilience into practice, *Adoption and Fostering*, 23, 3, (1999), 6-15

Primary Research: Yes

Methods: Five half-day participative workshops

Participants: Eleven social workers in the UK

Key Findings: The study found that a framework of professional practice which recognised and incorporated resilience-enhancing practice – much of which was already in evidence – contributed to better outcomes for children in care. However adequate resources, including time, needed to be allocated to enhance resilience practice among social workers.

6

Author: Daniel B

Title and Source: Operationalizing the concept of resilience in child neglect: case study research, *Child: Care, Health and Development*, 32, 3, (2006), 303-309

Primary Research: Yes

Methods: Questionnaires and semi structured interviews

Participants: Eight children between the ages of 5 and 11 living in Scotland, and the social workers involved in their care

Key Findings: This exploratory project, drawing on case studies, found that the concept of resilience can be effectively applied in the field of social work, in relation to neglected children.

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| 7 |
| Author: Daniel B |
| Title and Source: The Concept of Resilience, Messages for Residential Child Care, in Kendrick A (ed) (2008), <i>Residential Child Care, Prospects and Challenges</i> , Jessica Kingsley : London |
| Primary Research: No |
| Methods: Conceptual discussion paper |
| Participants: |
| Key Findings: This book chapter offers a critical overview of the concept of resilience, relating it to a framework for social work practice. |

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| 8 |
| Author: Daniel B |
| Title and Source: Concepts of Adversity, Risk, Vulnerability and Resilience: A Discussion in the Context of the 'Child Protection System', <i>Social Policy and Society</i> , 9, 2, (2010), 231-241 |
| Primary Research: No |
| Methods: Conceptual discussion paper |
| Participants: |
| Key Findings: This paper discusses the concepts of adversity, risk, vulnerability and resilience in relation to systems of child protection, and explores how the concepts of 'risk' and 'harm' are understood at different points in the lifespan, and across different groups. The paper discusses how different conceptualisations of these issues affect contemporary child protection systems in the UK. |

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| 9 |
| Author: Davidson G, Devaney J, and Spratt T |
| Title and Source: The Impact of Adversity in Childhood on Outcomes in Adulthood, <i>Journal of Social Work</i> , 10, 4, (2010), 369-390 |
| Primary Research: No |
| Methods: Review of existing studies |
| Participants: |
| Key Findings: A review of the research which examines the impact of childhood adversity on longer term adult outcomes and suggests that existing research is limited by a focus on specific forms of adversity – mainly abuse and neglect - and either specific populations and general outcomes; or general populations and specific outcomes. The paper argues that it is important for social work researchers to become involved in debates relating to the prevention of childhood adversity, and identifies a gap in the literature, namely interdisciplinary large-scale general population studies. |

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| 10 |
| Author: Dearden J |
| Title and Source: Resilience: a study of risk and protective factors from the perspective of young people with experience of local authority care, <i>Support for Learning</i> , 19, 4, (2004), 187-193 |
| Primary Research: Yes |
| Methods: Interviews |
| Participants: Fifteen 13-19 year olds in the UK |
| Key Findings: The study asked young people who had been in local authority care to identify factors which were most and least helpful to them in learning to adapt positively to stressful situations. Helpful factors included the presence of adults who listened to and believed in them, and who took their views seriously; a sense of hopefulness about the future; and access to resources. The paper concludes the study raised questions of how local authorities might routinely consult with young people in their care. |

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| 11 |
| Author: Flanagan-Howard R, Carr A, Shevlin M, Dooley B, Fitzpatrick M, Flanagan E, Tierney K, White M, Daly M and Egan J |
| Title and Source: Development and initial validation of the institutional child abuse processes and coping inventory among a sample of Irish adult survivors of institutional abuse, <i>Child Abuse & Neglect</i> , 33, 9, (2009), 586-597 |
| Primary Research: Yes |
| Methods: Interviews using standard assessment protocols |
| Participants: 247 Irish survivors of childhood abuse in institutions |
| Key Findings: This study sought to develop and evaluate a psychometric instrument to assess psychological processes relating to institutional abuse and individual coping strategies used to deal with it, the Institutional Child Abuse Processes and Coping Inventory. This was found to be effective and relevant, as the only scale developed to be applied in this population group. |

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| 12 |
| Author: <i>Gallagher B</i> |
| Title and Source: The Extent and Nature of Known Cases of Institutional Child Sexual Abuse, <i>British Journal of Social Work</i> , 30, (2000), 795-817 |
| Primary Research: No |
| Methods: Analysis of child protection referrals |
| Participants: 20,000 files searched across eight areas and regions of England and Wales between 1988 and 1992 |
| Key Findings: The study reviewed ICA case referrals to social services departments or the police in eight local authority areas and noted that while cases were fairly rare, where they did occur they involved large numbers of victims and abusers. Similarities with familial abuse cases were observed, but so too were significant differences, and it was also found that abuse took place in a much broader range of institutions than reflected in media coverage of the issue. |

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| 13 |
| Author: Gilligan R |
| Title and Source: Promoting resilience in young people in long-term care - the relevance of roles and relationships in the domains of recreation and work, <i>Journal of Social Work Practice</i> , 22, 1, (2008), 37-50 |
| Primary Research: No |
| Methods: Practice discussion paper |
| Participants: |
| Key Findings: This paper explored how roles and relationships in the domains of recreation and work could enhance the resilience of vulnerable young people, particularly those in long term care. It highlighted practice implications for carers and professionals working with young adults in care which might enable them to more effectively benefit from participation in employment and recreational activities. |

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| 14 |
| Author: Hall J M |
| Title and Source: Positive Self-Transitions in Women Child Abuse Survivors, <i>Issues in Mental Health Nursing</i> , 24, 6-7, (2003), 647-666 |
| Primary Research: No |
| Methods: Secondary analysis of open-ended interviews |
| Participants: 55 American women |
| Key Findings: This paper assessed the positive life transitions of women who had experienced abuse as children. Findings identified two processes, epiphanies and maintaining momentum, and six elements relating to self-change – self-centring, ownership, interpersonal insulation, wilfulness, seeing options and spiritual connection – which were significant in participants' recoveries. |

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| 15 |
| Author: Hauser S T |
| Title and Source: Understanding resilient outcomes: Adolescent Lives Across Time and Generations, <i>Journal of Research on Adolescence</i> , 9, 1, (1999) pp1-24 |
| Primary Research: No |
| Methods: Secondary analysis of interviews conducted over 20 year period |
| Participants: 146 American adolescents and their families in the initial sample, 80% retained and revisited |
| Key Findings: Adopting a longitudinal approach, this study sets out to examine the process by which resilience is played out in the lives of young people who have encountered adversity. It explores connections between contexts, subsequent developmental trajectories and variable outcomes in adulthood, and identifies variables which influence these including reflectiveness, relationships and agency. |

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| 16 |
| Author: Hauser S T and Allen J P |
| Title and Source: Overcoming Adversity in Adolescence: Narratives of |

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| Resilience, <i>Psychoanalytic Inquiry</i> , 26, 4, (2006), 549-576 |
| Primary Research: No |
| Methods: As Hauser |
| Participants: As Hauser |
| Key Findings: Transcripts from interviews with resilient young adults were examined to identify key themes which differentiated them from their less resilient peers. These included agency, quality of relationships and reflectiveness. This paper drew on the same study as paper 15. |

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| 17 |
| Author: Heller S S, Larrieu J A, D'Imperio R and Boris N W |
| Title and Source: Research on Resilience to Child Maltreatment: Empirical Considerations, <i>Child Abuse & Neglect</i> , 23, 4, (1999), 321-338 |
| Primary Research: No |
| Methods: Literature review |
| Participants: |
| Key Findings: A literature review focussing on existing research at that time relating to resilience and the maltreatment of children and adolescents, this paper identified factors associated with resilience and discussed them in a longitudinal context, before concluding that there is a need to move beyond factors towards process when considering resilience. |

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| 18 |
| Author: Hobbs G F, Hobbs C J and Wynne J M |
| Title and Source: Abuse of Children in Foster and Residential Care, <i>Child Abuse & Neglect</i> , 23, 12,(1999), 1239-1252 |
| Primary Research: No |
| Methods: Retrospective study of medical records |
| Participants: 158 children in England |
| Key Findings: The study focussed on the characteristics of physical and sexual abuse experienced by children in foster and residential care in Leeds, England. The authors concluded that children in these situations are at particular risk of abuse, and that their special circumstances require specific measures to protect them from abuse. |

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| 19 |
| Author: Houston S |
| Title and Source: Building resilience in a children's home: results from an action research project, <i>Child and family social work</i> , 15, 3, (2010), 357-368 |
| Primary Research: Yes |
| Methods: Participatory action research |
| Participants: Nine UK professionals |
| Key Findings: This study looked at how resilience could be developed among young people in a residential children's home, focussing on two core areas: practice which was felt to be effective; and constraints and limitations placed on social workers which limited their interventions. Participants were found to act creatively in order to make best use of resources and tools, impacting positively on young people's lives even within the constraints of their frameworks of practice. |

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| 20 |
| Author: Jackson S and Martin P Y |
| Title and Source: Surviving the care system: education and resilience, <i>Journal of adolescence</i> , 21, 5, (1998), 569-583 |
| Primary Research: Yes |
| Methods: Questionnaires and in-depth interviews |
| Participants: 256 adults who had spent more than five years in care in the UK sent questionnaires; subsample followed up with interviews |
| Key Findings: This study used educational achievement to identify resilient adults who had been in local authority care in their youth. A risk and resilience framework was used to establish which factors seemed protective, and which altered outcomes among the more resilient adults. The study concludes that adolescence is a time of particular risk but also of opportunities, and that educational success was critical in determining lifestyle outcomes in adulthood. |

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| 21 |
| Author: Laursen E K and Birmingham S M |
| Title and Source: Caring Relationships as a Protective Factor for At-Risk Youth: An Ethnographic Study, <i>Families in Society</i> , 84, 2, (2003), 240-246 |
| Primary Research: Yes |
| Methods: Open ended interviews |
| Participants: 23 young people in the USA |
| Key Findings: This study sought to investigate the importance of caring relationships with adults as a key factor in the development of resilience among young people, and found they did play a significant role, describing elements of trust, attention, empathy, availability, affirmation, respect and virtue which define them. |

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| 22 |
| Author: Lev-Wiesel R |
| Title and Source: Beyond survival: Growing out of childhood sexual abuse , in Joseph S and Linley P A (eds), (2008), <i>Trauma, recovery, and growth: Positive psychological perspectives on posttraumatic stress</i> , Hoboken New Jersey: John Wiley and Sons Inc. |
| Primary Research: Yes |
| Methods: Two studies conducted in the USA: 1) qualitative interviews; 2) questionnaires |
| Participants: 1) 52 adult survivors of paternal abuse; 2) 246 female survivors of childhood sexual abuse; second questionnaire administered to 93 from this original sample |
| Key Findings: This study set out to explain why there are variations in adjusting in adulthood among different groups of adult survivors of child abuse. The paper argues of central importance is whether blame is internalised or externalised, and that the development of resilience depended not on denying the abuse or its impacts, but in accepting and incorporating these experiences into new self identities. |

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| 23 |
| Author: Liepold B and Greve W |
| Title and Source: Resilience: A conceptual bridge between coping and development, <i>European Psychologist</i> , 14, 1, (2009), 40-50 |
| Primary Research: No |
| Methods: Theoretical/conceptual discussion paper |
| Participants: |
| Key Findings: The authors argue that the ability to maintain stability in spite of adversity is the result of individual coping processes, which are influenced by both personal aspects and external circumstances, and make a link between coping and development. |

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| 24 |
| Author: Lösel F and Bliesener T |
| Title and Source: Resilience in adolescence: A study on the generalizability of protective factors, in Hurrellman K and Losel F (eds), (1990), <i>Health Hazards in Adolescence</i> , pp 299-320, New York: De Gruyter |
| Primary Research: Yes |
| Methods: Semi structured interviews and tests |
| Participants: 244 adolescents in Germany |
| Key Findings: This paper draws on the same data as paper 1, examining specific factors which differentiate between those deemed 'resilient' or 'delinquent'. It found self regulation was key, and that access to social and personal resources, as well as personality traits, acted as protective factors. |

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| 25 |
| Author: O'Leary P J |
| Title and Source: Men who were sexually abused in childhood: Coping strategies and comparisons in psychological functioning, <i>Child Abuse & Neglect</i> , Vol 33, 7, (2009), 471-479 |
| Primary Research: Yes |
| Methods: Questionnaires |
| Participants: Primary purposive sample of 147 Australian men; secondary random sample of 1231 men |
| Key Findings: This study examined the coping strategies of men who were sexually abused in childhood to establish the relationship with clinical diagnoses in adulthood. It found that coping strategies which include internalisation, acceptance and disengagement are more likely to result in a clinical outcome, compared with those which focussed on external engagement and self development. The author concludes that coping strategies play an important role in the likelihood of clinical outcomes in adulthood. |

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| 26 |
| Author: Perkins D F and Jones K R |
| Title and Source: Risk Behaviors and Resiliency within Physically Abused Adolescents, <i>Child Abuse & Neglect</i> , 28, 5, (2004), 547-563 |
| Primary Research: Yes |
| Methods: Self report surveys |

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| Participants: 16,313 American school children in seventh, ninth and eleventh grade |
| Key Findings: This study examined a variety of relationships between risk factors, thriving behaviours and protective factors. It found that the majority of participants were not engaged in risk behaviours – with the exception of sexual activity – but of those who were, a significant number had suffered physical abuse. |

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| 27 |
| Author: Perry J C, Sigal J J, Boucher S, Pare N and Ouimet M C |
| Title and Source: Personal Strengths and Traumatic Experiences Among Institutionalized Children Given Up at Birth, <i>The Journal of Nervous and Mental Disease</i> , 193, 12, (2005), 777-78 |
| Primary Research: Yes |
| Methods: Interviews |
| Participants: 81 (41 women/40 men) Canadian adults who had been placed in institutions as children |
| Key Findings: This study focussed on the strengths and adverse experiences of orphans who had been adopted on or shortly after birth who grew up in institutional care. The older adults reported high levels of adverse or trauma experienced in childhood, which was mediated to varying degrees by individual strengths and attachment relationships. |

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| 28 |
| Author: Roman M W, Hall J M and Bolton K S |
| Title and Source: Nurturing natural resources: The ecology of interpersonal relationships in women who have thrived despite childhood maltreatment, <i>Advances in Nursing Science</i> , 31, 3, (2008), pp184-197 |
| Primary Research: Yes |
| Methods: Three in depth interviews per participant over a nine month period |
| Participants: 44 American female survivors of childhood abuse |
| Key Findings: This study looked at the role of relationships in the lives of women who defined themselves as thriving despite experiencing maltreatment. It found that two distinct forms of relationship were particularly important in contributing to participants wellbeing and stability: 'Saw something in me' and 'No matter what' relationships. |

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| 29 |
| Author: Rutter M |
| Title and Source: Children in substitute care: some conceptual considerations and research implications, <i>Children and Youth Services Review</i> , 22, 9/10, (2000), 685-703 |
| Primary Research: No |
| Methods: Discussion paper |
| Participants: |
| Key Findings: Discussion of the risk and protective factors which affect children in substitute care, and outlines suggested key challenges which relate to children in a variety of institutional care settings. |

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| 30 |
| Author: Simpson C L |
| Title and Source: Resilience in Women Sexually Abused as Children, <i>Families in Society</i> , 91, 3, (2010), 214-247 |
| Primary Research: Yes |
| Methods: Web-based survey questionnaire |
| Participants: 134 American women |
| Key Findings: This study set out to identify the protective factors which most accurately predicted resilience in women who had been sexually abused as children. It found a combination of individual protective factors – such as high levels of self control and self belief – were most indicative of resilience. |

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| 31 |
| Author: Smith-Osborne A |
| Title and Source: Life Span and Resiliency Theory: A Critical Review, <i>Advances in Social Work</i> , 8, 1, (2007), 152-168 |
| Primary Research: No |
| Methods: Conceptual discussion paper |
| Participants: |
| Key Findings: The author examines the historical and conceptual development of lifespan theory and resilience theory in the context of social work practice and education in human behaviour within social environments. It concludes that resilience theory might be particularly effective in refining evidence based developmental theory in the field of social work. |

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| 32 |
| Author: Thomas S P and Hall J M |
| Title and Source: Life Trajectories of Female Child Abuse Survivors Thriving in Adulthood, <i>Qualitative Health research</i> , 18, 2, (2008), 149-166 |
| Primary Research: Yes: same study as Roman et al |
| Methods: |
| Participants: |
| Key Findings: This narrative study examined how thriving adult female survivors of childhood adversity had achieved success. Healing journeys varied from slow and consistent to chaotic and unpredictable. While many participants did suffer ill effects into adulthood – such as depression – they had achieved in the field of work and education, and were especially effective in parenting and working as mentors to young women who had also been subject to abuse. |

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| 33 |
| Author: Ungar M |
| Title and Source: The social construction of resilience among 'problem' youth in out-of-home placement: a study of health-enhancing deviance, <i>Child & Youth Care Forum</i> , 30, 3, (2001), 137-154 |
| Primary Research: No |
| Methods: Secondary analysis of original study: double interviews |
| Participants: 43 youths in care in Canada |
| Key Findings: This study set out to examine the ways in which resilience is |

constructed by young people who have had contact with child care and protection agencies, and their carers. It found that experiences of entering and leaving care can shape identities, positively or negatively, and that care providers have an impact on the construction of both positive and negative identities of youth in their care.

34

Author: Ungar M

Title and Source: Pathways to Resilience Among Children in Child Welfare, Corrections, Mental Health and Educational Settings: Navigation and Negotiation, *Child & Youth Care Forum*, 34, 6, (2005), 423-444

Primary Research: No

Methods: Case studies conducted in Canada

Participants: One male, one female case study

Key Findings: This paper examines the impact of social service delivery systems on children's development of resilience. Case studies are used to illustrate resilience enhancing and challenging patterns of service delivery and utilisation among young people. Finally, the paper outlines what services children themselves felt they needed to achieve resilience, and how the structure of service provision affects the ability of children to access health resources necessary to develop resilience.

35

Author: Werner E E

Title and Source: The Children of Kauai: Resiliency and Recovery in Adolescence and Adulthood, *Journal of Adolescent Health*, 13, (1992), 262-268

Primary Research: Yes

Methods: Longitudinal study including review of medical and school records, and interviews

Participants: 698 children born on island of Kauai, Hawaii, in 1955

Key Findings: This article outlines the longitudinal study undertaken by Werner and colleagues which tracked the life narratives of participants from birth to adulthood in order to determine what aided recovery from adversity. The paper outlines a range of factors which contribute to resilient outcomes in adulthood, and established a link between these and successful longer term adaptation.

36

Author: Wolfe D A, Jaffe P G, Jette J L and Poisson S E

Title and Source: The impact of child abuse in community institutions and organizations: Advancing professional and scientific understanding, *Clinical Psychology: Science and Practice*, 10, 2, (2003), 179-191

Primary Research: No

Methods: Conceptual synthesis using case studies, clinical experience, and consultative panels

Participants: Panels consisted of abuse survivors, practitioners and researchers

Key Findings: The paper proposes a conceptual framework, developed from child abuse studies, the authors' own clinical experiences, and two panels of survivors, practitioners and researchers involved in the field of abuse, which identifies abuse-related factors associated with negative outcomes, and corresponding dimensions of harm.

37

Author: Wolfe D A, Francis K J and Straatman A-L

Title and Source: Child Abuse in Religiously-Affiliated Institutions: Long-Term Impact on Men's Mental Health, *Child Abuse & Neglect*, 30, 2, (2006), 205-212

Primary Research: Yes

Methods: Clinical interviews and psychological tests

Participants: 76 men who had experienced physical/sexual abuse in Irish institutions with religious affiliations

Key Findings: This study looked at the long-term impact of sexual and physical abuse of boys in a non familial setting. It found adult survivors suffered high rates of a range of psychological disorders, alcohol misuse, criminal behaviour and chronic sexual problems. The authors note a need for awareness, prevention and treatment for those who have been subject to ICA.

38

Author: Wolters M G

Title and Source: Counselling Adult Survivors of Childhood Institutional Abuse: A phenomenological exploration of therapists' perceptions and experiences in Ireland, *Person-Centred and Experiential Psychotherapies*, 7, 3, (2008), 185-199

Primary Research: Yes

Methods: Interviews

Participants: 10 practicing counselling therapists in Ireland

Key Findings: This study explored therapists' perceptions and experiences of working with adult survivors of ICA, compared with working with adult survivors of childhood abuse in non institutional settings. It found that those who grew up in institutional settings might have particular difficulty taking part in therapy, and this is related to trust issues.

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