Profiles of Resilient Survivors of Institutional Abuse in Ireland

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Abstract

In a group of 247 survivors of institutional abuse in Ireland, 45 cases (18%) did not meet the diagnostic criteria for common DSM IV axis I or II disorders. This resilient group was compared with a poorly adjusted group of 119 participants who met the criteria for 1-3 DSM IV axis I or II diagnoses, and a very poorly adjusted group of 83 participants who had 4 or more disorders. Compared with the very poorly adjusted group, the resilient group was older and of higher socio-economic status; had suffered less sexual and emotional institutional abuse; experienced less traumatization and re-enactment of institutional abuse; had fewer trauma symptoms and life problems; had a higher quality of life and global level of functioning; engaged in less avoidant coping; and more resilient survivors had a secure adult attachment style. The resilient group differed from the poorly adjusted group on a subset of these variables. The results of this study require replication in other contexts. Therapeutic interventions with survivors should focus on facilitating the use of non-avoidant coping strategies and the development of a secure adult attachment style.

Key Words: Resilience, institutional abuse, child abuse, adult survivors of child abuse

Introduction

For the majority of individuals, institutional upbringing and abuse is associated with impaired psychological development (Gallagher, 1999; Gilligan, 2000; Powers et al., 1990; Rutter, Quinton & Hill, 1990; Rutter, Kreppner et al., 2001; Wolfe, Francis, & Straatman, 2006). Wolfe et al. (2006) found that 88% of a group of 76 Canadian adult survivors of institutional abuse, at some point in their lives, suffered from a DSM IV disorder. Mood, anxiety and substance use disorders were the most common conditions. However, an important corollary of the negative impact of institutional abuse for the majority of individuals in this study, is the fact that 12% of survivors were resilient and showed good adaptation, despite institutional abuse. Similar results have emerged from studies of survivors of intrafamilial child abuse and neglect (Cicchetti, Rogosch et al., 1993; Haskett Nears et al., 2006; McGloin & Widom, 2001); and also in studies of children who have endured other developmental adversities (Goldstein & Brooks, 2005; Masten & Reed, 2002).

Within the field of positive psychology, research on resilience (Masten, 2001; Masten & Coatsworth, 1998; Masten & Powell, 2003; Masten & Reed, 2002) and post-traumatic growth (Joseph & Linley, 2005, 2006; Linley & Joseph, 2004) has identified factors associated with positive adjustment following adversity and trauma. Masten and her team have shown that certain personal and contextual factors are associated with resilience in children facing adversity (Masten, 2001; Masten & Coatsworth, 1998; Masten & Powell, 2003; Masten & Reed, 2002). Personal factors include cognitive ability, self-regulation skills, a positive view of the self, and a positive outlook on life. Important contextual factors include connections to cohesive networks of supportive parents or caregivers, prosocial peers, effective schools and supportive recreational, social and health-care community organizations. In a review of 39 empirical studies Linley and Joseph (2004) found that cognitive appraisal of threat, harm, and controllability; problem-focused, acceptance and positive reinterpretation coping; optimism; religion; cognitive processing; and positive affect were consistently associated with post-traumatic growth. They also found that people who maintained post-traumatic growth over time were less distressed subsequently. Joseph and Linley's (2005) argue that an intrinsic motivation toward growth underpins intrusion and avoidance aspects of cognitive-emotional processing of traumatic material, which if successful leads to positive accommodation and the development of a more meaningful world view, provided that the social environment supports this process by meeting needs for autonomy, competence and relatedness.

In a previous paper we described a sample of 247 Irish adult survivors of institutional abuse (the first of its kind to be conducted in Ireland) (Carr, Dooley et al., submitted). Eighteen percent had no current or past psychological disorders. Also, within the whole sample there was considerable variability in terms of history of child abuse and various aspects of adult adjustment. The aim of the present paper was to investigate this heterogeneity by profiling resilient survivors who had no current or lifetime DSM IV diagnoses, and comparing them with their poorly adjusted counterparts. We expected resilient survivors of institutional abuse to have experienced less trauma; to report more personal and contextual protective factors; and in addition to the absence of psychological disorders to show better overall psychological adjustment in their lives (Goldstein & Brooks, 2005; Joseph & Linley, 2005; Linley & Joseph, 2004; Luthar, 2003; Masten, 2001; Masten & Coatsworth, 1998; Masten & Powell, 2003; Masten & Reed, 2002; Wolfe, Jaffe, et al., 2003).

Method

Participants and procedure

The participants were 247 adult survivors of institutional abuse recruited through CICA (the Commission to Inquire into Child Abuse), a statutory body established by the Irish Government in 2000 to investigate and report on institutional abuse (Ryan, 2009). 55% were male and 54% were female. The mean age of the group was 60.05 years (SD = 8.3). For 67%, unskilled or semiskilled manual labour was the highest socio-economic status achieved. 49% had no school, college or university qualifications. 55% were married or in a long-term cohabiting relationship. The study was designed to comply with the code of ethics of the Psychological Society of Ireland and ethical approval for the study was obtained through the UCD Human Research Ethics Committee. A team of 29 interviewers, all of whom had psychology degrees, conducted face-to-face interviews of about 2 hours duration at multiple sites in Ireland (N = 126) and the UK (N = 121). Participants were reimbursed for travel and subsistence expenses. Protocol data were not used for clinical or litigation purposes. Inter-rater reliability of all protocol scales was evaluated for 52 cases.

Instruments

Participants were interviewed with a standard assessment protocol which elicited information on demographic characteristics and history of institutional experiences and also contained the instruments described below.

Structured Clinical Interview for Axis I Disorders of DSM IV (SCID I)

SCID I (First et al., 1996) modules for assessing DSM IV (American Psychiatric Association, 2000) anxiety, mood and substance use disorders were used in this study, since past research suggests that these are the main axis I disorders shown by adult survivors of child abuse. The presence of both current disorders and past (or lifetime) disorders were assessed. Diagnoses were reliably made with inter-rater reliabilities between .77 and 1.00.

Structured Clinical Interview for DSM IV Personality Disorders (SCID II)

SCID II (First et al., 1997) modules for assessing DSM IV (American Psychiatric Association, 2000) antisocial, borderline, avoidant and dependent personality disorders were used in the present study, since previous research suggests that these are the main axis II personality disorders associated with adult survival of child abuse. With the SCID II, only current (but not past) personality disorders were assessed. Diagnoses were reliably made with inter-rater reliabilities between .96 and 1.00.

Childhood Trauma Questionnaire (CTQ)

The CTQ is a 28-item inventory that provides a reliable and valid assessment of recollections of childhood abuse and neglect (Bernstein & Fink,1998). It yields scores for physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect scales. In the present study participants completed two versions of the CTQ, one to evaluate their recollections of abuse within their families (if they spent any time in their families as children) and one to evaluate their recollections of abuse while living in institutions. Internal consistency and inter-rater reliability co-efficients for all CTQ scales were greater than .90.

Trauma symptom Inventory (TSI)

The 100 item TSI is a reliable and valid instrument which evaluates posttraumatic symptomatology (Briere, 1996). A four point response format was used for all items from 0 = never to 3 = often. The TSI yields scores for ten clinical scales. Internal consistency and inter-rater reliability coefficients above .90 were obtained in the present study for scores on all TSI clinical scales.

Life problem checklist (LPC)

The LPC is a 14 item list, which was constructed for the present study, provided a rapid survey of 10 key problem areas including unemployment, homelessness, frequent illness, frequent hospitalization for physical and mental health problems, psychiatric disorders, substance use, self-harm, anger control in close relationships and criminality. Internal consistency and inter-rater reliability coefficients above .90 were obtained in the present study for total scores on the LPC.

World Health Organization Quality of Life Scale 100 UK (WHOQOL 100)

The UK version of the WHOQOL 100 is a reliable and valid 102 item instrument which yields an overall quality of life score along with scores for 6 domains and 24 facets (Skevington, 2005). All items are rated on five point scales. The domains are physical well-being; psychological well-being; level of independence; quality of social relationships; quality of the environment; and quality of spiritual life. Because a similar pattern emerged for all domains, only analyses of total scores are reported below. Internal consistency and inter-rater reliability for the WHOQOL 100 were .99 in the present study.

Global Assessment of Functioning Scale (GAF)

The GAF is a reliable and valid rating scale for recording a global judgement about a person's overall psychological, social, and occupational functioning, excluding impairment due to physical or environmental factors (Luborsky, 1962). It is included in DSM-IV-TR as the Axis V assessment and forms part of the SCID. In the present study interviewers gave a single rating from 1-100. Inter-rater reliability of the GAF was .90.

Kansas Marital and Parenting Satisfaction Scales (KMS, KPS)

The 3 item KMS (Schumm et al., 1986) and the 3 item KPS (James et al., 1985) are reliable and valid measures of the quality of marital or long-term cohabiting relationships, and parents' perceptions of the quality of their relationship with their children respectively. For both scales, seven point response formats were used for all items ranging from 1 = extremely dissatisfied to 7 = extremely satisfied. In the present study internal consistency and inter-rater reliability co-efficients of .99 were obtained for each scale.

Experiences in Close Relationships scale (ECRI)

The 36-item ECRI is a reliable and valid instrument for assessing adult romantic attachment style and yields scores on interpersonal anxiety and interpersonal avoidance dimensions (Brennan et al., 1998). On the basis of scores on these two dimensions, using an SPSS algorithm, cases may be assigned to one of four adult attachment style categories: secure, fearful, dismissive and preoccupied. Seven point response formats are used for all items ranging from 1 =

disagree strongly to 7 = agree strongly. The ECRI was developed from a pool of over 600 items identified in a review of 14 self-report measures of adult attachment. The avoidance and anxiety factors were identified by factor analyses, so there is evidence for the construct validity of the scale. Internal consistency and inter-rater reliability coefficients above .90 were obtained in the present study for scores on ECRI anxiety and avoidance scales.

Institutional Abuse Processes and Coping Inventory (IAPCI)

The IAPCI is a 43 item instrument developed within the context of the present study to assess psychological processes and coping strategies theoretically purported to be associated with institutional abuse (Wolfe et al., 2003), institutional rearing (Rutter et al., 1990), stress and coping in the face of childhood adversity (Luthar, 2003) and clerical abuse (Bottoms et al., 1995; Farrell & Taylor, 2000; Fater & Mullaney, 2000; McLaughlin, 1994; Wolfe et al., 2006). It has six factor scales, all of which have adequate internal consistency and inter-rater reliability (Flanagan-Howard, Carr et al., in press). These are: (1) traumatization, (2) re-enactment, (3) spiritual disengagement, (4) positive coping, (5) coping by complying, and (6) avoidant coping. Participants completed two versions the IACPI. The first inquired about processes and coping strategies used in childhood while living in institutions, and the second inquired about the same processes and coping strategies in adulthood. For all items, five point response formats were used from 1 = never true to 5 = very often true.

Results

Classification of cases

45 of the 247 cases did not meet the diagnostic criteria for any of the DSM IV axis I or II disorders assessed. This resilient group was compared with a second group of 119 participants who met the criteria for 1-3 DSM IV axis I or II current or lifetime diagnoses, and a third group of 83 participants who had 4 or more disorders. These two comparison groups represented survivors of institutional abuse who displayed poor and very poor psychological adjustment in adulthood.

Analytic strategy

The statistical significance of intergroup differences was determined with chi square tests for categorical variables and one-way ANOVAs for continuous variables, with p values set conservatively at $p < .01$ to reduce the probability of type 1 error. Where chi square tests were significant at $p < .01$, group differences were interpreted as significant if standardised residuals in table cells exceeded an absolute value of 2. Scheffé post-hoc comparison tests for unequal cell sizes were conducted to identify significant intergroup differences in those instances where ANOVAs yielded significant F values. Dunnett's test was used instead of Scheffé's, where the assumption of homogeneity of variance was violated. To aid profiling, scores on scales were transformed to T scores with means of 50 and standard deviations of 10.

Table 1
Demographic and historical characteristics

Variable	Categories	Group 1 0 Diagnoses N = 45	Group 2 1-3 Diagnoses N = 119	Group 3 4+ Diagnoses N = 83	χ^2 or F	Group Differences
Gender					3.31	NS
Male	f	30.00	63.00	42.00		
	%	66.67	52.94	50.60		
Female	f	15.00	56.00	41.00		
	%	33.33	47.06	49.40		
Age in years					8.26***	1 > 3
	M	63.67	60.37	57.64		
	SD	8.04	8.53	7.47		
Years with family before entering institution					1.80	NS
	M	6.23	4.86	5.73		
	SD	4.95	4.32	4.60		
Years in institution					1.18	NS
	M	9.86	10.54	9.42		
	SD	5.44	5.05	5.27		
Reason for entering institution (N = 240)					14.18	NS
Illegitimate	f	11.00	26.00	11.00		
	%	25.58	22.41	13.58		
Put in by authorities for petty crime	f	12.00	23.00	23.00		
	%	27.91	19.83	28.40		
Put in because parents could not provide care	f	9.00	52.00	38.00		
	%	20.93	44.83	46.91		

Variable	Categories	Group 1 0 Diagnoses N = 45	Group 2 1-3 Diagnoses N = 119	Group 3 4+ Diagnoses N = 83	χ^2 or F	Group Differences
Put in because parent(s) died	f	11.00	15.00	9.00		
	%	25.58	12.93	11.11		
Institution management					7.51	NS
Nuns	f	15.00	62.00	44.00		
	%	33.30	52.10	53.00		
Brothers/ Bros + Priests	f	19.00	31.00	27.00		
	%	42.20	26.10	32.50		
Nuns + Bros/Priests/Others	f	11.00	26.00	12.00		
	%	24.40	21.80	14.50		
Current socio-economic status (N = 241)					20.96**	
Unemployed	f	5.00	27.00	28.00		1 = 2 < 3
	%	11.10	22.70	36.40		
Unskilled manual	f	8.00	14.00	16.00		
	%	17.80	11.80	20.80		
Semi-skilled manual / farmers owning less than 30 acres	f	3.00	18.00	7.00		
	%	6.70	15.10	9.10		
Skilled manual / farmers owning 30-49 acres to Higher Professional & Higher Managerial/ farmers 50-200+ acres	f	10.00	13.00	7.00		
	%	22.20	10.90	9.10		
Retired	f	19.00	47.00	19.00		
	%	42.20	39.50	24.70		
Marital status					7.98	NS
Single & never married of cohabited	f	4.00	16.00	8.00		
	%	9.10	13.60	9.60		

Variable	Categories	Group 1 0 Diagnoses N = 45	Group 2 1-3 Diagnoses N = 119	Group 3 4+ Diagnoses N = 83	χ^2 or F	Group Differences
Single & separated/divorced from first marital/cohabiting partner	f	7.00	21.00	19.00		
	%	15.90	17.80	22.90		
Single & separated/ divorced from 2nd/later partner	f	2.00	3.00	6.00		
	%	4.50	2.50	7.20		
Single & Widowed	f	3.00	12.00	7.00		
	%	6.80	10.20	8.40		
Married/cohabiting in 2nd or later long term marriage/relationship	f	10.00	14.00	13.00		
	%	22.70	11.90	15.70		
Married/cohabiting in first long term relationship	f	18.00	52.00	30.00		
	%	40.90	44.10	36.10		
Years with current partner (N = 134)					0.69	NS
	N	28.00	64.00	42.00		
	M	33.07	30.20	31.14		
	SD	9.69	11.02	11.03		
Number of children (N = 212)					0.01	NS
	N	39.00	98.00	75.00		
	M	3.39	3.40	3.36		
	SD	1.82	1.74	2.20		

Note: Diagnoses were made with the SCID-I and SCID-II. N = number of cases. M = mean. SD = Standard deviation. f = frequency. Socio-economic status (SES) was assessed with O'Hare et al.'s (1991) Irish census-based social class scale. Group diffs. = statistically significant intergroup differences. For continuous variables F-values are from one-way analysis of variance and inter-group differences are based on Scheffé post hoc tests for comparing groups with unequal Ns that were significant at $p < .05$. For categorical variables, where chi square tests were significant at $p < .05$, group differences were interpreted as significant if standardised residuals equalled or exceeded an absolute value of 2.00. *$p < 0.05$ **$p < 0.01$ ***$p < 0.001$. NS = not significant.

Table 2
Recollections of institutional and intrafamilial child abuse on the Childhood Trauma Questionnaire

Scale		Group 1 0 Diagnoses N = 45	Group 2 1-3 Diagnoses N = 119	Group 3 4+ Diagnoses N = 83	F	Group Differences
Institutional abuse (N = 247)						
Total institutional abuse	M	46.83	48.38	54.04	11.51***	1 = 2 > 3
	SD	10.58	9.37	9.37		
Physical abuse	M	48.67	49.06	52.06	2.73	NS
	SD	9.66	10.21	9.66		
Sexual abuse	M	47.92	48.23	53.69	9.06***	1 = 2 > 3
	SD	8.42	8.92	11.25		
Emotional abuse	M	45.43	49.32	53.46	10.73***	1 = 2 > 3
	SD	12.48	9.75	7.46		
Physical neglect	M	50.14	49.06	51.23	1.16	NS
	SD	10.55	10.40	9.07		
Emotional neglect	M	48.51	49.73	51.21	1.14	NS
	SD	9.98	10.09	9.90		
Intrafamiilial child abuse (N = 121)						
Total intrafamilial abuse	M	46.31	51.31	50.46	2.16	NS
	SD	5.52	11.56	9.66		
Physical abuse	M	46.37	50.63	51.20	2.06	NS
	SD	5.88	10.80	10.49		
Sexual abuse	M	47.44	52.47	48.58	2.89	NS
	SD	1.91	14.15	5.48		
Emotional abuse	M	45.49	51.30	50.90	3.17	NS
	SD	4.10	10.95	10.55		
Physical neglect	M	49.57	49.66	50.60	0.13	NS
	SD	9.34	10.17	10.32		
Emotional neglect	M	47.91	50.72	50.28	0.67	NS
	SD	7.97	10.24	10.72		

Note: Diagnoses were made with the SCID-I and SCID-II. M = mean. SD = Standard deviation. All variables were transformed to T-scores with means of 50 and standard deviations of 10. Group diffs. = statistically significant intergroup differences. F-values are from one-way analysis of variance and inter-group differences are based on Scheffé post hoc tests for comparing groups with unequal Ns that were significant at $p < .05$. ***$p < .001$. NS = not significant.

Demographic and historical characteristics

From Table 1 it may be seen that the resilient group was remarkably similar to the other two groups on a range of demographic and historical variables. The groups did not differ significantly on gender; the number of years they spent with their families before entering institutions; the number of years spent in institutions; whether institutions were managed by nuns, brothers or priests; marital status; years with current marital partner; or number of children. However, the

resilient group differed significantly from the other two groups on age and current socio-economic status. The mean age of the resilient group was significantly higher than that of group 3 (in which participants had 4 or more diagnoses). Also, compared with the resilient group and group 2 (in which participants had 1-3 diagnoses) a higher proportion of group 3 was unemployed.

Recollections of child abuse

From table 2 it may be seen that on the total, sexual and emotional abuse scales of the version of the CTQ which assessed recollections of institutional abuse, the mean scores of the resilient group were significantly lower than those of group 3 (in which participants had 4 or more diagnoses). However, mean scores of the resilient group did not differ significantly from those of either of the other two groups on any of the CTQ scales which assessed recollections of intrafamilial child abuse, for the 121 cases who had lived with their families long enough to have recollections of family life before entering institutions.

Trauma symptoms, life problems, quality of life, global functioning, and marital and parenting satisfaction

From Table 3 it may be seen that on the TSI and the LPC, the mean scores of the resilient group were significantly lower than those of group 2 (in which participants had 1-3 diagnoses), which in turn were lower than those of group 3 (in which participants had 4 or more diagnoses). On the WHOQOL 100 and the GAF, the mean scores of the resilient group were significantly higher than those of group 2 which in turn were significantly higher than those of group 3. The scores of the three groups on the KMS and KPS did not differ significantly from each other.

Adult attachment style

From Table 4 it may be seen that on the ECRI, the distribution of adult attachment styles differed significantly across the three groups. Significantly more members of the resilient group had a secure adult attachment style compared with group 2 (in which participants had 1-3 diagnoses), which in turn contained significantly more members with this attachment style compared with group 3 (in which participants had 4 or more diagnoses). Significantly more members of the resilient group and group 2 had a dismissive adult attachment style compared with group 3. Finally, compared with group 3, significantly fewer members of the resilient group and group 2 had a fearful adult attachment style.

Institutional abuse processes and coping strategies

From Table 5 it may be seen that on the present traumatization and re-enactment scales of the IAPCI, the mean scores of the resilient group were significantly lower than those of group 2 (in which participants had 1-3 diagnoses), which in turn were significantly lower than those of group 3 (in which participants had 4 or more diagnoses). On the past traumatization and re-enactment scales of the IAPCI, the mean scores of the resilient group were significantly lower than those of group 3, but not group 2. On the present avoidant coping scale, the mean score of the resilient group was significantly lower than that of group 3. Also, on the present positive coping scale, the mean score of group 2 was significantly higher than that of group 3.

Table 3
Trauma symptoms, life problems, quality of life, global functioning, and marital and parenting satisfaction

Variable		Group 3 0 Diagnoses N = 45	Group 2 1-3 Diagnoses N = 119	Group 1 4+ Diagnoses N = 83	F	Group Differences
Trauma Symptom Inventory total (N = 247)	M	39.66	48.51	57.74	84.28***	1 < 2 < 3
	SD	5.83	8.21	7.89		
Life problem Checklist total (N = 247)	M	43.99	48.27	55.73	28.92***	1 < 2 < 3
	SD	6.30	8.93	10.30		
WHOQoL 100 UK Total (N = 247)	M	57.79	52.12	42.74	54.86***	1 > 2 > 3
	SD	7.32	8.45	8.69		
Global Assessment of Functioning (N = 235)	M	58.87	51.40	42.98	56.43***	1 > 2 > 3
	SD	6.44	8.00	9.39		
Kansas Marital Satisfaction Scale total (N = 136)	M	53.51	51.62	50.56	0.68	NS
	SD	10.26	10.90	9.98		
Kansas Parenting Satisfaction Scale total (N = 212)	M	49.43	50.70	47.33	1.93	NS
	SD	12.59	10.21	11.61		

Note: Diagnoses were made with the SCID-I and SCID-II. M = mean. SD = Standard deviation. All variables were transformed to T-scores with means of 50 and standard deviations of 10. Group diffs. = statistically significant intergroup differences. F-values are from one-way analysis of variance and inter-group differences are based on Scheffé post hoc tests for comparing groups with unequal Ns that were significant at $p < .05$. ***$p < .001$. NS = not significant.

Table 4
Adult attachment styles

Adult Attachment Style		Group 1 0 Diagnoses N = 45	Group 2 1-3 Diagnoses N = 119	Group 3 4+ Diagnoses N = 83	Group Differences
Secure	f	13.00	22.00	6.00	1 > 2 > 3
	%	28.90	18.50	7.20	
Dismissive	f	17.00	39.00	10.00	1 = 2 > 3
	%	37.80	32.80	12.00	
Fearful	f	12.00	43.00	54.00	1 = 2 < 3
	%	26.70	36.10	65.10	
Preoccupied	f	3.00	15.00	13.00	NS
	%	6.70	12.60	15.70	

Note: Diagnoses were made with the SCID-I and SCID-II. Cases were classified into adult attachment styles using the SPSS algorithm for the Experiences in Close Relationships Inventory in Brennan, Clark, & Shaver (1998). Chi Square (6, N = 247) = 34.07, $p < .001$. Within each group the percentages sum to approximately 100. Minor deviations from 100 are due to rounding of decimals to two places. Percentages across rows do not sum to 100. Group differences were interpreted as significant where cell standardised residuals exceeded an absolute value of 2.00.

Table 5
Institutional Abuse Processes and Coping Strategies

		Group 1 0 Diagnoses N = 45	Group 2 1-3 Diagnoses N = 119	Group 3 4 + Diagnoses N = 83	F	Group Differences
Past traumatisation	M	46.87	50.84	54.47	9.39***	3 > 1 = 2
	SD	11.92	9.71	7.98		
Present traumatisation	M	37.20	47.65	60.12	30.91***	3 > 2 > 1
	SD	18.54	17.01	13.95		
Past re-enactment	M	45.89	47.79	55.32	21.74***	3 > 1 = 2
	SD	8.10	8.12	11.06		
Present re-enactment	M	43.16	47.61	57.08	48.90***	3 > 2 > 1
	SD	4.75	7.23	11.12		
Past spiritual disengagement	M	50.27	49.15	51.02	0.87	NS
	SD	10.28	10.01	9.91		
Present spiritual disengage	M	47.97	50.04	50.92	1.28	NS
	SD	11.87	9.69	9.34		
Past positive coping	M	51.04	50.77	48.47	1.57	NS
	SD	9.92	9.29	10.97		
Present positive coping	M	48.87	52.21	47.44	6.14**	2 > 3
	SD	10.18	9.56	9.98		
Past coping by complying	M	49.68	49.53	50.75	0.38	NS
	SD	10.81	10.30	9.30		
Present coping by complying	M	51.11	50.67	48.50	1.48	NS
	SD	10.01	10.22	9.52		
Past avoidant coping	M	47.66	50.64	50.27	1.52	NS
	SD	9.95	9.35	10.73		
Present avoidant coping	M	45.82	50.43	51.50	5.14**	1 < 3
	SD	11.70	9.22	9.57		

Note: Diagnoses were made with the SCID-I and SCID-II. M = mean. SD = Standard deviation. All variables were transformed to T-scores with means of 50 and standard deviations of 10. Group diffs. = statistically significant intergroup differences. F-values are from one-way analysis of variance and inter-group differences are based on Scheffé post hoc tests for comparing groups with unequal Ns that were significant at $p < .05$. $^{**}p < .01$ $^{***}p < .001$. NS = not significant.

Discussion

The summary profiles of resilient survivors of institutional abuse and two comparison groups is given in Table 6. The resilient group differed significantly from the very poorly adjusted comparison group (in which participants had 4 or more diagnoses) on many more variables than the poorly adjusted comparison group (in which participants had 1-3 diagnoses).

Table 6
Summary profile of resilient survivors of institutional abuse, and two comparison groups

	Resilient group with no Diagnoses	Poorly adjusted roup with 1-3 Diagnoses	Very poorly adjusted group with 4+ Diagnoses
Demographic and historical factors			
Older (over 60)	++	+	–
Higher socio economic status	++	++	–
Institutional child abuse & neglect			
Less total institutional abuse	++	++	–
Less sexual institutional abuse	++	++	–
Less emotional institutional abuse	++	++	–
Trauma processes			
Low level of past traumatization	++	++	–
Low level of past re-enactment	++	++	–
Low level of present traumatization	++	+	–
Low level of present re-enactment	++	+	–
Coping strategies			
Low level of present avoidant coping	++	+	–
Adult psychological adjustment			
Lower trauma symptoms	++	+	–
Fewer life problems	++	+	–
Higher quality of life	++	+	–
Higher global functioning	++	+	–
Secure adult attachment style	++	+	–

Note: Diagnoses were made with the SCID-I and SCID-II. ++ = The group had the highest level of this attribute compared with other 2 groups. – = The group had the lowest level of this attribute compared with the other two groups. + = The group had an intermediate level of this attribute if the other groups were marked ++ or –, or a lower level of this attribute than a group marked ++.

Compared with the very poorly adjusted group, the resilient group was older and of higher socio-economic status; had suffered less total, sexual and emotional institutional abuse; experienced less past and present traumatization and re-enactment institutional abuse psychological processes; engaged in less avoidant coping; had fewer trauma symptoms and life problems; had a higher quality of life and global level of functioning; and more resilient survivors had a secure adult attachment style.

Compared with the poorly adjusted group (in which participants had 1-3 diagnoses), the resilient group was older; experienced less present traumatization and re-enactment institutional abuse psychological processes; had fewer trauma symptoms *and* life problems; had a higher quality of life and global level of functioning; and more resilient survivors had a secure adult attachment style.

Comparison with past research

Our finding that about 18% of adult survivors of institutional abuse were resilient, and showed an absence of psychological disorders is consistent with those of Wolfe et al. (2006) who found

that 12% of a group of 76 adult males with a mean age of 39 years who had been abused in religiously affiliated institutions also showed an absence of DSM IV disorders. That 82% of our sample had mood, anxiety, substance use, and personality disorders is consistent with findings of increased rates of child abuse in people with psychological disorders identified in community-based epidemiological studies (e.g. Duncan, Saunders et al., 1996; Hanson, Saunders et al., 2001; MacMillan, Fleming et al., 2001; Molnar, Buka & Kessler, 2000).

The profile of the resilient group in the present study compared with the poorly, and very poorly adjusted groups suggests that resilience was in part associated with a lower overall level of past institutional abuse, and in particular with the overall level of sexual and emotional abuse. This is consistent with past findings relating severity of abuse with current adjustment (e.g., Higgins, 2004). Resilience was associated with fewer current general trauma symptoms on the TSI, a finding consistent with those from Wolfe et al's (2006) study. Resilience was also associated with a lower level of institutional specific abuse-related psychological processing of traumatization and re-enactment, a finding consistent with Wolfe et al.'s (2003) theoretical predictions.

The association between resilience as defined by the absence of psychological disorders, and other indices of positive adjustment such as a higher quality of life, fewer life problems, and a better global functioning highlight the fact that the resilient group did not show only an absence of disorders, but also the presence of positive functioning compared with the comparison groups, a finding consistent with many studies of resilient survivors of a variety of trauma (Goldstein & Brooks, 2005; Luthar, 2003; Masten, 2001; Masten & Coatsworth, 1998; Masten & Powell, 2003; Masten & Reed, 2002) and studies of post-traumatic growth (Joseph & Linley, 2005, 2006; Linley & Joseph, 2004).

The association between resilience and a secure or dismissive adult attachment style is consistent with studies that have linked a secure attachment style to positive adjustment (Rholes & Simpson, 2004). This finding suggests that the quality of romantic relationships in adult life may in part account for resilience. This finding is also supportive of Joseph and Linley's (2005) organismic valuing theory which proposes that the availability of supportive relationships or the meeting of relational needs is one of the preconditions for positively accommodating traumatic experiences and achieving post-traumatic growth (Joseph & Linley, 2006). Finally, the association between resilience and a low level of avoidant coping is consistent with past research linking non-avoidant coping with post-traumatic growth (Linley & Joseph, 2004) and avoidant coping with problematic post-traumatic adjustment (e.g., Bal, Van Oost, et al., 2003, Banyard, 2003; Rosenthal, Rasmussen Hall, et al., 2005).

There were some counter-intuitive negative findings about both past and present family life deserving mention. The resilient group did not differ significantly from the comparison groups in terms of the amount of time spent with the family or origin; the level of intrafamilial abuse within the family of origin; current marital status; number of children in current family; or current marital and parenting satisfaction. These are surprising findings, since supportive family of origin experiences and current membership of a supportive family have been found to be associated with resilience (Goldstein & Brooks, 2005; Luthar, 2003; Masten, 2001; Masten & Coatsworth, 1998; Masten & Powell, 2003; Masten & Reed, 2002).

There were also some counter-intuitive negative findings about institutional experiences deserving mention. The resilient group did not differ significantly from either comparison groups in terms of the circumstances leading to entry to institutions; the amount of time spent in institutions; institution management; level of physical institutional abuse; and levels of physical and emotional neglect within institutions. The resilient group also did not report significantly different levels of past or present spiritual disengagement, or the use of positive or compliant coping strategies. These are surprising findings since longer exposure to greater levels of abuse or neglect, the process of spiritual disengagement, and the types of coping strategies used, would be expected to impact on resilience (Bottoms et al., 1995; Farrell & Taylor, 2000; Fater & Mullaney, 2000; McLaughlin, 1994, Rutter et al., 1990; Rutter et al., 2001; Wolf et al., 2003).

Limitations

The non-representativeness of the sample, the retrospective nature of the childhood data, and the absence of control groups were the principal limitations of this study. Participants were a self-selected group who volunteered for the study in response to an invitation from CICA and this limits the results' generalizability. Recollections of institutional abuse and other life events may have been influenced by participants' current mental health and psychological adjustment. The absence of a control group precludes making comparative statements about the resilient survivors and normal controls. A prospective longitudinal study, of a randomly chosen representative sample and a demographically matched normal control group would have been methodologically (though not ethically) preferable to the retrospective design we used. On the positive side, ours is the largest study of its kind to date and the only such study conducted within an Irish context.

Interpretation

The results of the present study show that some remarkable individuals are highly resilient in the face of horrific institutional abuse. These individuals do not develop psychological disorders and live lives characterized by positive psychological adjustment, resilience, and post-traumatic growth. Their resilience may in part be due to experiencing somewhat lower levels of emotional and sexual abuse than their non-resilient counterparts, to their development of secure or dismissive adult attachment styles, and to their use of coping strategies for dealing with trauma which are not avoidant.

Implications

The results of this study require replication in other contexts. Further investigation of the roles of secure and dismissive adult attachment styles, and the use of non-avoidant coping strategies in fostering resilience should also be prioritised. Therapeutic interventions with survivors should focus on facilitating the use of non-avoidant coping strategies and the development of a secure adult attachment style.

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