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THE PSYCHOLOGICAL ADJUSTMENT OF ADULT SURVIVORS OF INSTITUTIONAL ABUSE IN IRELAND

Report submitted to
The Commission to Inquire into Child Abuse

by

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June 2006
(Revised for minor inaccuracies in December 2008)

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EXECUTIVE SUMMARY

The present report describes a research project which was commissioned by the Commission to Inquire into Child Abuse (hereafter referred to as CICA).

In 2005 and 2006 247 adult survivors of institutional abuse in industrial and reformatory schools recruited through CICA were interviewed. Other witnesses to the Commission who reported institutional abuse in other institutions and out-of-home care settings were not included in this study. There were approximately equal numbers of men and women who were about 60 years of age, and who had entered institutions run by nuns or religious brothers due to family adversity or petty criminality.

Participants had spent, on average, about 5 years living with their families before entering institutions and about 10 years living in institutions. More than 90% had experienced institutional physical and emotional child abuse and about half, institutional child sexual abuse. Just over a third of those who had memories of having lived with their families reported family-based child abuse or neglect.

All participants had experienced one or more significant life problems with mental health problems, unemployment and substance use being the most common. More than four fifths of participants had an insecure adult attachment style, indicative of having problems making and maintaining satisfying intimate relationships.

About four fifths of participants at some point in their life had had a psychological disorder including anxiety, mood, substance use and personality disorders. The overall rates of psychological disorders among survivors of institutional living, for most disorders, were double those found in normal community populations in Europe and North America.

Participants with multiple co-morbid psychological disorders had experienced more institutional abuse and showed poorer adult psychological adjustment than those with fewer disorders. Those with no diagnoses were the best adjusted as adults. Subgroups selected by specific diagnosis showed an intermediate level of adult psychological adjustment between these extremes.

In the analysis of groups of participants who had spent different amounts of time in institutions and entered under different circumstances, the most poorly adjusted as adults were not those who had spent longest living in institutions (more than 12 years), but rather, those who had spent less time in institutions (under 11 years), entered institutions through the courts and reported institutional sexual abuse, in addition to physical abuse within their families.

The psychological processes of traumatization and re-enactment of abuse on self and others were associated with multiple difficulties in adult life and a history of institutional abuse, but not family-based child abuse.

Having spent more time living within a family context in childhood and using positive coping strategies such as planning, developing skills and developing a social support network in adulthood were associated with a good quality of life.

This study had three main limitations: (1) there was a high exclusion rate and a low response rate; (2) there was no control group; and (3) the study used a crossectional, not a longitudinal design. There were also three strengths: (1) it was the largest study of its kind conducted to date; (2) an extensive reliable and valid interview protocol was used; (3) interviews were conducted by qualified psychologists. These strengths and weaknesses allow confidence to be placed in the associations found between indices of childhood institutional abuse and adult adjustment. However, they limit the strength with which causal statements may be made about institutional abuse and adult adjustment. They also limit the confidence with which statements may be made about the generalizability of the findings. Our informed judgement, in which we have a moderate degree of confidence, is that the abusive experiences caused the adult adjustment problems. But of course, we are cautious about making a definitive statement in this regard.

The first recommendation is that legislation, policies, practices and procedures be regularly reviewed and revised to maximize protection of children and adolescents in institutional care in Ireland from all forms of abuse and neglect.

The second recommendation is that evidence-based psychological treatment continue to be made available to adult survivors of Irish institutional abuse.

The third recommendation is that staff at centres which provide psychological treatment for adult survivors of Irish institutional abuse have regular continuing professional education and training to keep them abreast of developments in the field of evidence-based treatment of survivors of childhood trauma.

The fourth recommendation is that research be conducted to evaluate the effectiveness of psychological treatment for adult survivors of institutional abuse.

ACKNOWLEDGEMENTS

This project involved the co-operation of a large number of people. Thanks to all who contributed. Some deserve special mention

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Finally our gratitude goes to all 247 participants who contributed generously to the project and without whose co-operation it could not have been conducted.

Alan Carr
June 2006

ACKNOWLEDGMENT TO PARTICPANTS FROM THE INTERVIEWING TEAM

We, the interviewers, would like to thank the many courageous individuals who took part in this study.

We were deeply moved, inspired and humbled by our contact with you.

We recognise the personal cost to so many of you in taking part in this project. In coming forward to tell your stories, you knew you ran the risk of re-awakening emotional pain. However your desire that your experiences be heard and recorded was stronger. We acknowledge the generosity in your decision to take part in this project so that future generations of children might be protected from the horrors you had endured.

Although we spent only a few hours with you, meeting with you and listening to your stories was a moving and enriching experience for all of us. We felt privileged and honoured that you trusted us with such intensely personal and private experiences. You told us of the isolation and loneliness you experienced as young children, of the hardships you endured, of abuse and violence – often sadistic and brutal- at emotional, psychological, physical and spiritual levels.

At times it was heartbreaking to listen to the stories you told. We grieved for your childhoods and we grieved that, for many of you, the legacy of your early experiences continue to affect your relationships, your work and your social lives.

But more than anything we were moved and inspired by the power of the human spirit you demonstrated in the face of the terrible adversities you suffered. Alongside your pain, anger and sadness was an inner strength and resilience that clearly sustained you and that allowed many of you to move on beyond your suffering.

We offer you our gratitude, respect and admiration.

The Interviewing Team
June 2006

SUMMARY OF THE INSTITUTIONAL ABUSE SURVEY

Professor Alan Carr

School of Psychology UCD

December 2008

SUMMARY OF THE INSTITUTIONAL ABUSE SURVEY

What follows is a summary of key findings from the survey contained in appendix X, which was commissioned by CICA and conducted by Professor Alan Carr, from the UCD School of Psychology.

PAST RESEARCH

Past international research on child abuse, institutional living, institutional abuse and clerical abuse suggests that children brought up in institutions and abused as children may show a range of problems as adults. However, no large-scale studies have been conducted to investigate whether or not these tentative findings from the international literature reflect the experiences of survivors of institutional living in Ireland.

AIMS OF THE CURRENT STUDY

The aim of the present study was to profile survivors of institutional child abuse in industrial and reformatory schools on demographic, historical and psychological variables.

METHODOLOGY

Between May 2005 and February 2006 just under 250 adult survivors of institutional living recruited through CICA were interviewed in Ireland and the UK by a team which included 29 trained interviewers, all of whom had degrees in psychology. The overall exclusion rate was 26% (326 of 1267). The participation rate was 20% (246 of 1267). The response rate for the study was 26% (246 of 941). (This low response rate is not unusual. A response rate of 9% was obtained in the *Time to Listen Report on Confronting Child Sexual Abuse by Catholic Clergy* (Goode, McGee & O'Boyle, 2003)).

The sample of participants interviewed was not representative of all CICA attenders, or indeed of adult survivors of institutional living. It is probable that participants were better adjusted than CICA attenders who did not take part, because the old and the ill were excluded from the study. The interview protocol covered demographic characteristics, history of family and institutional living, recollections of child abuse within

the family and institutions, psychological processes associated with institutional life, coping strategies used to deal with institutional life, current trauma symptoms, current and past diagnoses of psychological and personality disorders, relationships with partners and children, adult attachment style, main life problems, current quality of life, and global level of functioning. Interviews were conducted in an ethical way that safeguarded participants' wellbeing. Data were managed in a way to safeguard participants' anonymity.

PROFILE OF OVERALL SAMPLE

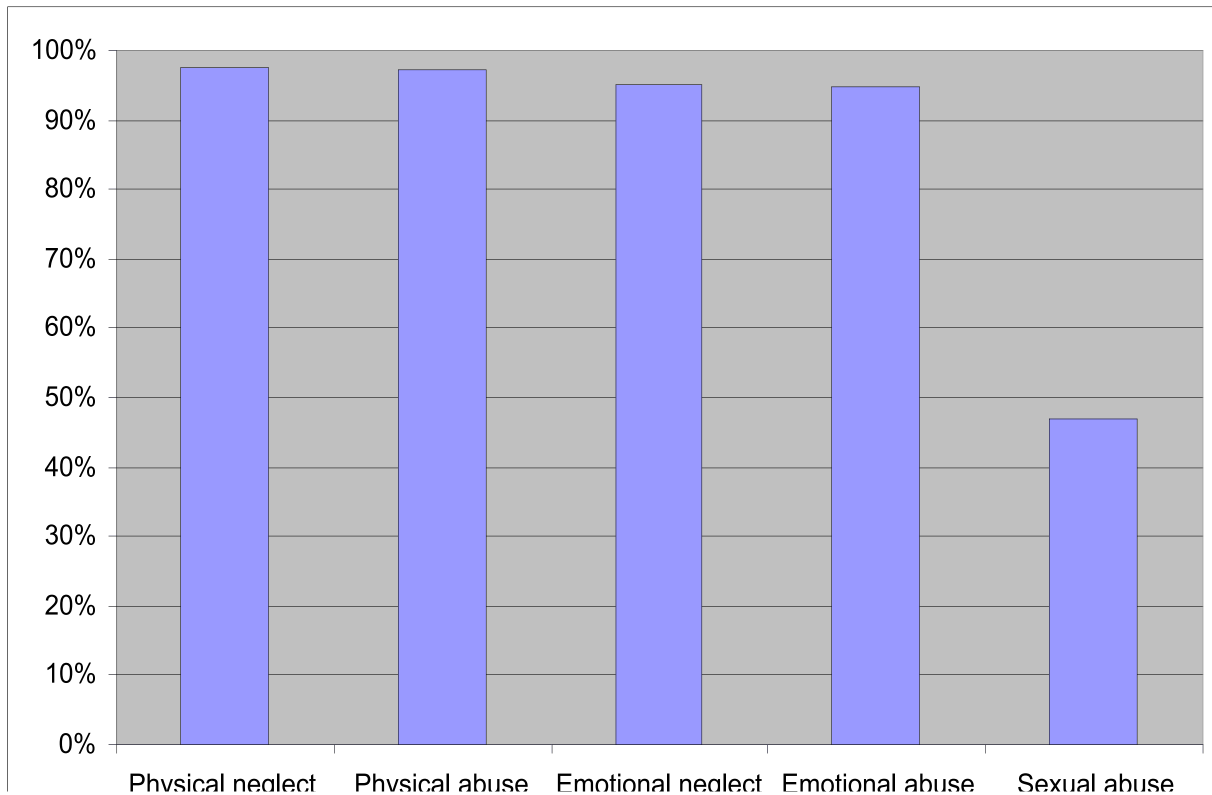
Demographic characteristics

The 247 participants in this study included roughly equal numbers of men and women of about 60 years of age, who had entered institutions run by nuns, religious brothers or priests due to family adversity or petty criminality. Participants had spent an average of 5.4 years living with their families before entering an institution and on average spent 10 years living in an institution. The majority were of lower socioeconomic status and low educational attainment. The majority had been, or were currently married or in a long-term relationships, with a high rate of relationship stability. Most married participants had children, with three children being the average, and most had brought up their own children.

Institutional abuse

From Figure 1 it may be seen that on the institutional version of the Childhood Trauma Questionnaire, more than 90% of participants were classified as having experienced physical and emotional child abuse and neglect within institutions, and about half as having experienced institutional child sexual abuse. For about 40% of participants, severe physical abuse was the worst thing that happened to them in an institution. For a further third it was humiliation and degradation. For 16% it was sexual abuse and for about a tenth it was combined physical and sexual abuse. Worst institutional abusive experiences began at about 9 years and lasted for 5 about years.

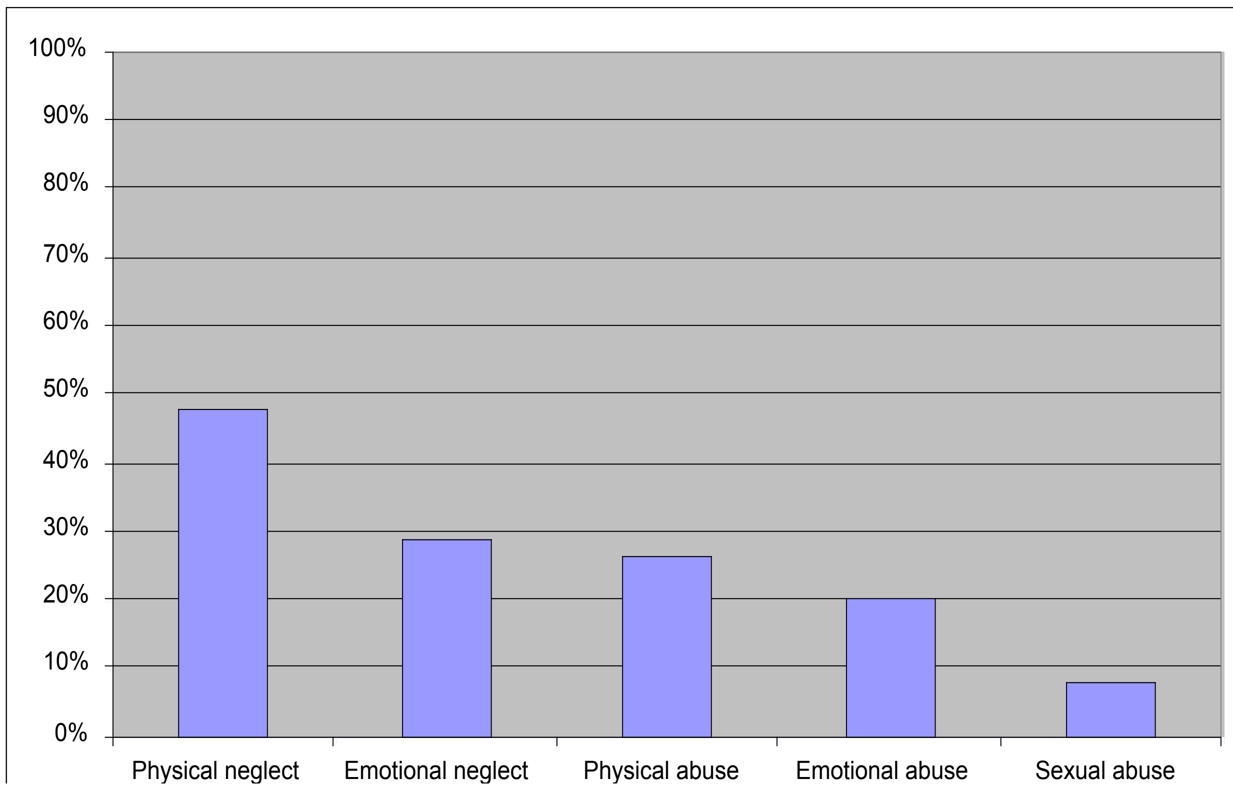
Figure 1. Rates of institutional child maltreatment on the institutional version of the childhood trauma scale among all 247 participants



Family-based child abuse

From Figure 2 it may be seen that on the family version of the Childhood Trauma Questionnaire almost half of the 121 participants who had memories of having lived with their families were classified as having experienced physical neglect; about a quarter as having suffered emotional neglect or physical abuse; about a fifth as having suffered emotional abuse; and under a tenth as having suffered sexual abuse.

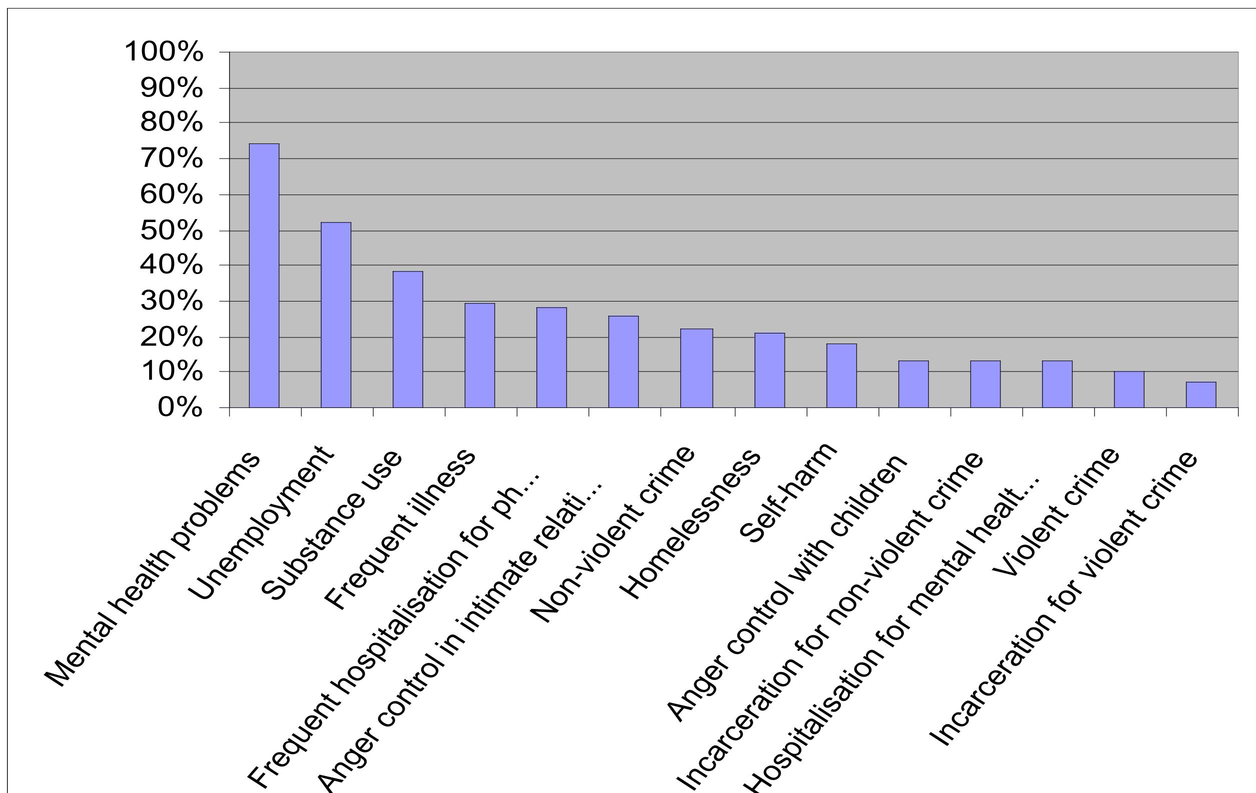
Figure 2. Rates of family-based child maltreatment on the family version of the childhood trauma scale among the 121 participants who had memories of having lived with their families.



Life problems

All participants had experienced one or more significant life problems. From Figure 3 it may be seen that mental health problems, unemployment and substance use were the three most common difficulties and were reported by a third to three quarters of participants.

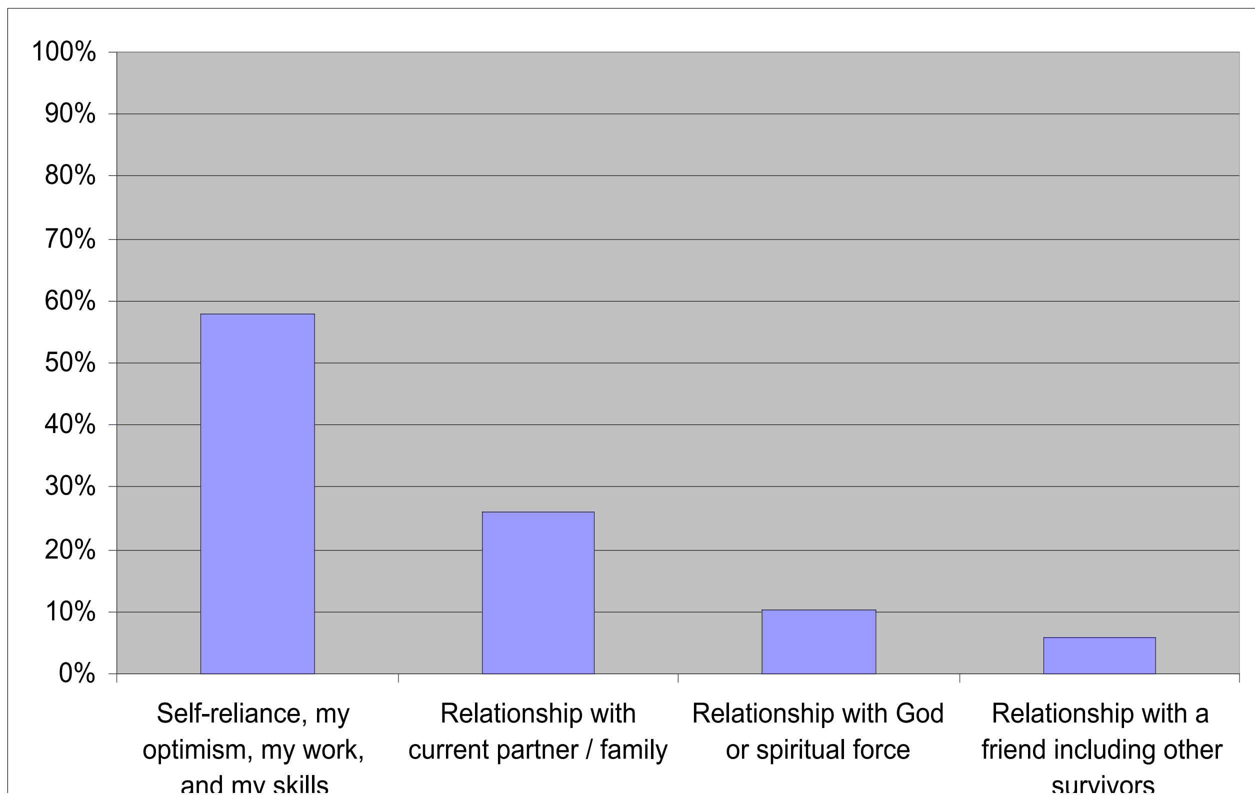
Figure 3. Rates of life problems among all 247 participants.



Strengths

From figure 4 it may be seen that self-reliance, optimism, work and skills were the most frequently reported resources that helped participants most in facing life challenges.

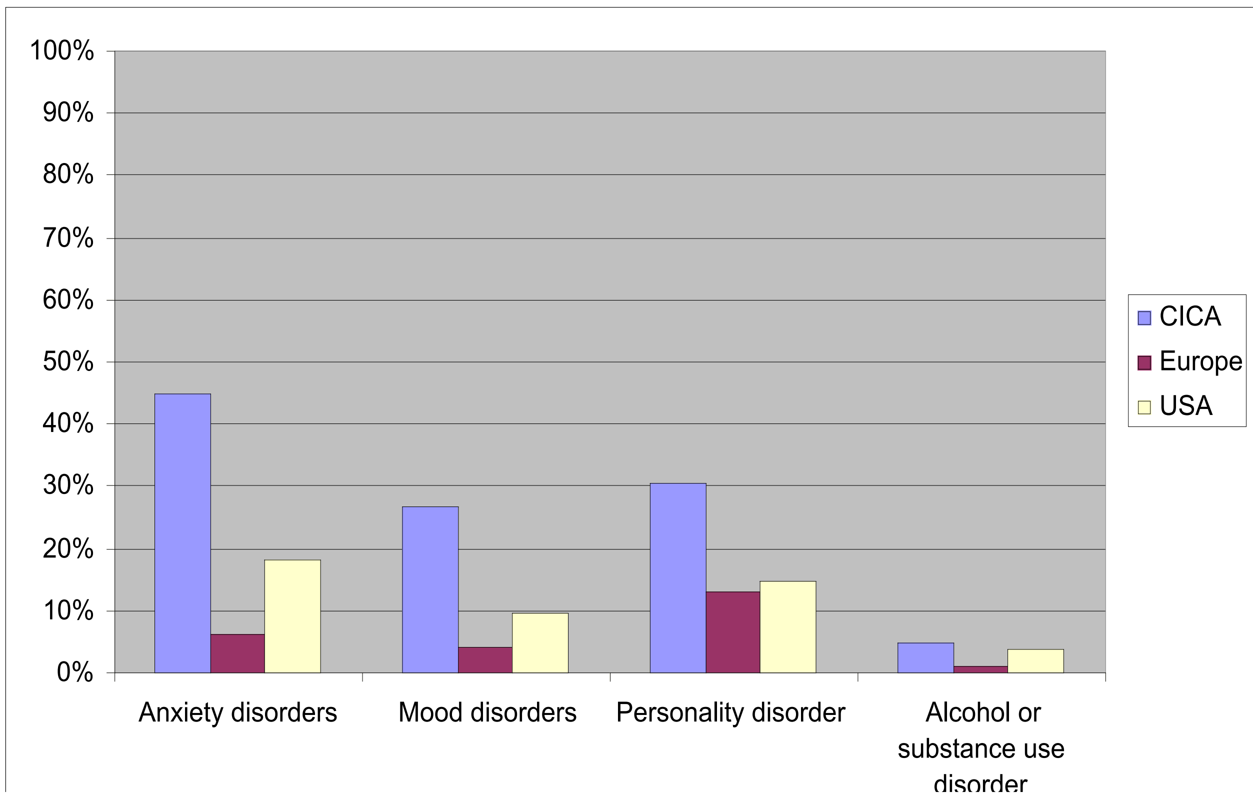
Figure 4. Factors that helped participants most in facing life challenges



Psychological disorders

81.78% of participants at some point in their life had had a psychological disorder and only under a fifth had never had any psychological disorder. Anxiety disorders were the most common, followed by mood disorders. From Figure 5 it may be seen that rates of current anxiety, mood and substance use disorders were more than double those found in community surveys in Europe and the USA.

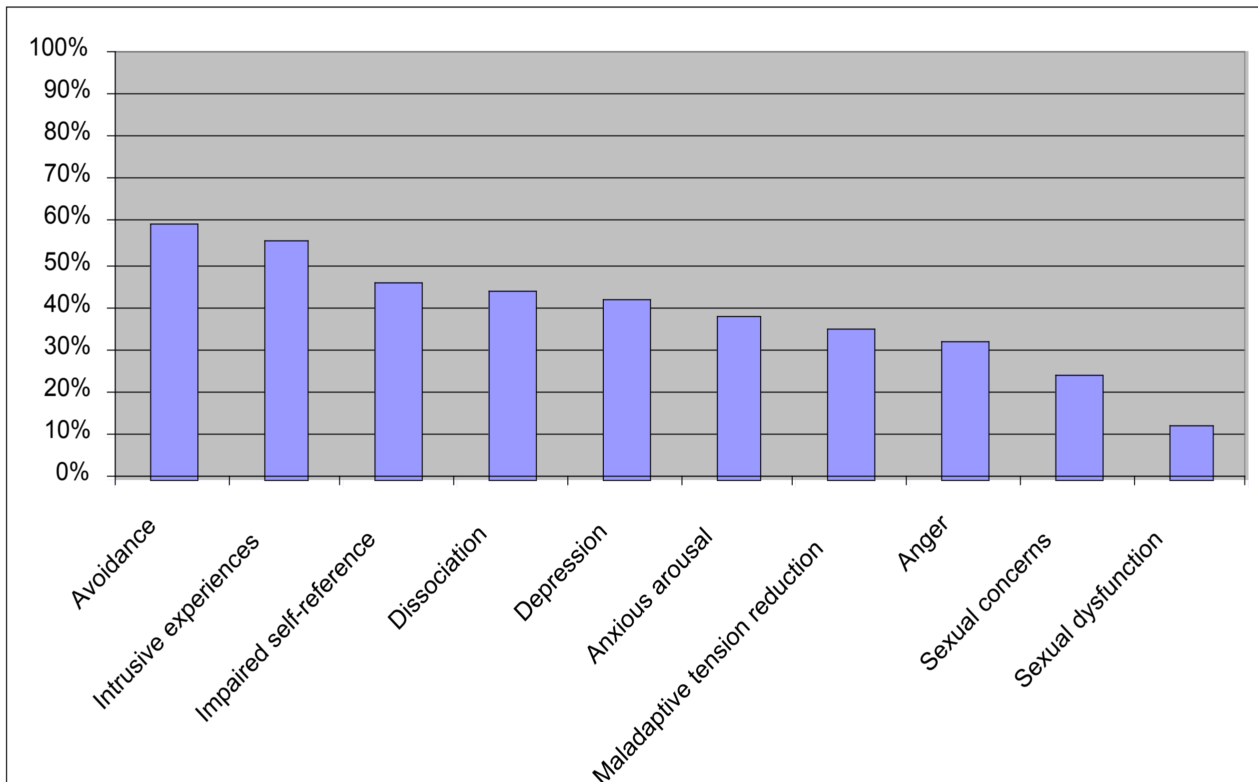
Figure 5. Rates of current psychological disorders among survivors of institutional living compared with rates in normal community samples in Europe and the USA.



Trauma symptoms

From Figure 6 it may be seen that the majority of participants showed clinically significant posttraumatic symptomatology on the Trauma Symptom Inventory, indicative of continuing posttraumatic adjustment difficulties.

Figure 6. Rates of trauma symptoms on the Trauma Symptom Inventory



Adult attachment styles

On the Experiences in Close Relationships Inventory more than four fifths (93.41%) of participants were classified as having an insecure adult attachment style, indicative of having problems making and maintaining satisfying intimate relationships. A fearful attachment style characterized by high interpersonal anxiety and avoidance was by far the most common. Less than a fifth of cases (16.59%) were classified as having a secure adult attachment style.

MALE AND FEMALE SURVIVORS

Male (N=135) and female (N=112) participants had different profiles. Male participants spent longer living with their families before entering institutions and fewer years in institutions. More entered institutions run by religious brothers or priests for petty crime and left because their sentence was over, while more females lived in institutions run by nuns. Male participants achieved a higher socio-economic status than females, and more had children who spent time living separately from them with the child's other parent. While worst abusive experiences began at an older age, for male participants, they

reported more institutional sexual abuse. While female participants had significantly more current panic disorder with agoraphobia, significantly more male participants had lifetime diagnoses of alcohol and substance use disorders, especially alcohol dependence. Male participants had significantly higher numbers of life problems, but also higher levels of global functioning and marital satisfaction than females.

OLDER AND YOUNGER SURVIVORS

Older participants (N=134) in their 60s and younger participants in their 50s (N=113) had distinct profiles. More older participants left their institutions because they were too old to stay on and more were now retired. They had longer relationships with their current partners and were older when their first children were born. Younger participants reported greater institutional, physical, sexual and emotional abuse. More had current anxiety, mood and personality disorders, especially PTSD, generalized anxiety disorder and avoidant personality disorder. Younger participants had more trauma symptoms, adult life problems, a lower quality of life and lower level of global functioning compared with older participants.

PARTICIPANTS FROM THE CICA CONFIDENTIAL AND INVESTIGATION COMMITTEES

Participants from the confidential (N=175) and investigation (N=71) committees had distinct profiles. Participants from the confidential committee had spent fewer years with their families before entering an institution and more years in institutions run by nuns. More entered because they were illegitimate and left because they were too old to stay on. They were younger when their worst experiences began. More had maintained stable long-term relationships with their partners and provided their own children with a stable family in which to grow up. More participants from the investigation committee entered intuitions run by religious brothers or priests through the courts for petty crime and left because their sentences were over. They reported greater institutional sexual abuse than participants from the confidential committee. More participants from the investigation committee had a current diagnosis of major depression.

SUBGROUPS DEFINED BY DURATION OF TIME IN AN INSTITUTION AND CIRCUMSTANCES OF ENTRY

The following four subgroups, defined by duration of time in an institution and circumstances of entry, were compared:

Group 1 included those who had spent more than 12 years in an institution and entered before 5 years of age (N=110).

Group 2 included participants who had spent 5-11 years in institutions because of family problems (N=67).

Group 3 included participants who had spent 5-11 years in institution and entered through the courts (N=22).

Group 4 included participants who had spent 4 or fewer years in institution (N=48).

In the analysis of these four groups the most poorly adjusted as adults were not those who had spent longest living in institutions (more than 12 years), but rather those who had spent less time in institutions (under 11 years), entered institutions through the courts, and reported institutional sexual abuse, in addition to physical abuse within their families. These had more antisocial personality disorders, substance use disorders and life problems such as unemployment and criminality. What follows is a summary of the profiles of the four groups from this analysis.

Group 1 included those who had spent more than 12 years in an institution and entered before 5 years of age

They had spent the least time with their families (under one and a half years) and the longest time living in institutions (about fifteen years) of any of the four groups. Compared to groups 3 and 4, more were girls placed in orphanages run by nuns because they were illegitimate, or because their parents had died or could not look after them. More left because they were too old to stay on, and more had mixed feelings about leaving. More had experienced physical abuse which began at a younger age and persisted longer than in group 4. Severe emotional abuse was most commonly cited as the worst thing that happened to this group and it began at an earlier age and lasted longer than worst

experiences of other groups. Compared with groups 3 and 4, this group reported fewer psychological disorders and life problems. They identified relationships with friends, self-reliance, optimism, and their work and skills as the sources of their strength.

Group 2 included participants who had spent 5-11 years in institutions because of family problems

Participants in this group entered institutions run predominantly by nuns because their parents could not cope or died, and left when they were too old to stay. Compared with groups 3 and 4, more members of group 2 were female, younger when their most severe form of sexual abuse began, and more identified severe emotional abuse as the worst thing that had happened to them. Compared with group 4 more identified self-reliance, optimism, and their work and skills as the source of their strength.

Group 3 included participants who had spent 5-11 years in institution and entered through the courts

Compared with groups 1 and 2, more members of this group were male, lived in institutions run by religious brothers or priests, and were survivors of institutional sexual abuse. Compared to the other three groups they identified sexual abuse as the worst thing that had happened to them, and more had experienced physical abuse within their families. Compared with groups 1 and 2, this group had more alcohol and substance use disorders, antisocial personality disorders, violent and non-violent crime, imprisonment for violent and non-violent crime, and unemployment. For this group, their self-reliance, optimism, and their work and skills were identified as the main sources of their strength in adulthood, compared with group 4.

Group 4 included participants who had spent 4 or fewer years in institution

Participants in this group spent the most time with their families (more than ten and a half years) and the shortest time living in an institution (just under three years) compared with the other three groups. Most were boys placed in institutions run by religious brothers or priests because of petty crime and left because their short sentences were over, or

because their families wanted them back, and few had mixed feelings about leaving. Institutional sexual abuse was the form of maltreatment that distinguished this group, and compared with groups 1 and 2, they showed more alcohol and substance use disorders, antisocial personality disorders, non-violent crime, imprisonment for non-violent crime and unemployment. Their relationships with their partners was identified as the main source of their strength in adulthood.

SUBGROUPS DEFINED BY WORST FORM OF INSTITUTIONAL ABUSE

The following subgroups, defined by worst form of institutional abuse, were compared:
Group 1 included participants for whom severe sexual and physical abuse was the worst thing they had experienced (N=23).
Group 2 included participants for whom severe physical abuse was the worst thing they had experienced (N=99).
Group 3 included participants for whom severe sexual abuse was the worst thing they had experienced (N=40).
Group 4 included participants for whom severe emotional abuse was the worst thing they had experienced (N=85).

In this analysis the most poorly adjusted as adults were not those who reported severe combined physical and sexual abuse, but rather, those who pinpointed severe sexual abuse as the worst thing that had happened to them while living in an institution. In this analysis, the best adjusted were those who had suffered severe emotional abuse. What follows is a summary of the profiles of the four groups from this analysis.

Group 1 included participants for whom severe sexual and physical abuse was the worst thing they had experienced

Participants in this group had experienced more physical and sexual institutional abuse than at least two of the other 3 groups (in this analysis). They had spent less time with their families before entering an institution than group 3. Like members of group 3, more had children who spent some time living separately with the child’s other parent.

Compared with groups 2 and 4, more had a current diagnosis of posttraumatic stress disorder (PTSD) and multiple trauma symptoms.

Group 2 included participants for whom severe physical abuse was the worst thing they had experienced

Participants in this group had the lowest educational achievement, were older than groups 1 and 3 (in this analysis), and more had put their own children up for adoption. Compared with group 3, their worst abusive experience had lasted longer. Like group 4, fewer had PTSD than groups 1 and 3, and they had fewer life problems than group 3.

Group 3 included participants for whom severe sexual abuse was the worst thing they had experienced

Compared with group 4 (in this analysis), more participants in group 3 were male and were admitted through the courts to institutions run by religious brothers for petty crime. Like group 1, more had children who spent time with their other parent who lived separately compared to group 4. Also, compared to group 4, more had PTSD, multiple trauma symptoms, lifetime alcohol and substance use disorders, antisocial personality disorders and multiple life problems.

Group 4 included participants for whom severe emotional abuse was the worst thing they had experienced

Compared to group 3 (in this analysis), more participants in this group were female and on average had spent the longer living in institutions run by nuns. Their worst experiences began at an earlier age than any other group and more had mixed feelings about leaving.

PROFILES ASSOCIATED WITH PATTERNS OF ADULT PSYCHOLOGICAL DISORDERS

There was an association between having psychological disorders and reporting both institutional and family-based child abuse and neglect. Certain patterns of psychological disorders were associated with institutional abuse alone, and other patterns were

associated with institutional family-based child abuse and neglect. For participants with 4 or more co-existing diagnoses, and for those with mood disorders, greater institutional, but not family-based physical, sexual and emotional abuse was reported. Participants with PTSD, alcohol and substance use disorders, avoidant and antisocial personality disorder reported both institutional and family-based abuse or neglect. Participants with multiple diagnoses had the poorest adult psychological adjustment and those with no diagnoses were the best adjusted. Subgroups selected by diagnosis showed an intermediate level of adult psychological adjustment between these extremes. What follows are brief profiles of groups with different patterns or types of psychological disorders.

Multiple diagnoses

Participants with 4 or more diagnoses (N=83), were compared with those who had 1-3 diagnoses (N=119), and with those who had no diagnoses (N=45). Those with 4 or more diagnoses reported greater institutional sexual and emotional abuse (but not more family-based abuse) than participants with fewer diagnoses. Participants with 4 or more diagnoses had more trauma symptoms and life problems, and a lower quality of life and global level of functioning, than participants with 1-3 diagnoses, who in turn were less well adjusted than participants with no diagnoses. More participants with 4 or more diagnoses had a fearful adult attachment style, and fewer had secure or dismissive adult attachment styles. On average more participants with 4 or more diagnoses were in their 50s compared with those with no diagnoses who where were in their 60s. Also, more participants with 4 or more diagnoses were unemployed and of lower socio-economic status than participants with fewer diagnoses.

Mood disorders

Participants with mood disorders (N=142), more than half of whom had co-existing anxiety disorders, reported greater institutional sexual and emotional abuse and greater institutional severe physical and sexual abuse (but not family-based child abuse) than participants with no diagnoses (N=45). Participants with mood disorders had more trauma symptoms and life problems, and a lower quality of life and global level of functioning than

participants with no diagnoses. More participants with mood disorders had a fearful adult attachment style, and fewer had a secure adult attachment style. On average participants with mood disorders were in their late 50s while those with no diagnoses were in their 60s. Also, on average, participants with mood disorders had had their first child in their mid-20s, while those with no diagnoses had their first children a couple of years later.

Posttraumatic stress disorder

Participants with PTSD (N=63), more than half of whom had other co-existing anxiety disorders and alcohol or substance use disorders, reported greater institutional physical, sexual and emotional abuse, and greater institutional severe physical and sexual abuse than participants with no diagnoses (N=45). They also reported having experienced greater family-based emotional abuse. Participants with PTSD had more trauma symptoms and life problems, and a lower quality of life and global level of functioning, than participants with no diagnoses. Fewer participants with PTSD had a dismissive adult attachment style. On average participants with PTSD were in their 50s while those with no disorders were in their 60s.

Alcohol and substance use disorders

Participants with alcohol and substance use disorders (N=99), more than half of whom had a co-existing anxiety disorder, reported greater institutional sexual and emotional abuse, and greater institutional severe sexual abuse than participants with no diagnoses (N=45). They also reported having experienced greater family-based physical and emotional abuse. Participants with alcohol and substance use disorders had more trauma symptoms and life problems, and a lower quality of life and global level of functioning than participants with no diagnoses. Compared with those with no diagnoses, participants with alcohol and substance use disorders were younger (in their 50s not their 60s); had had their first children at a younger age (in early, not their late 20s); were of lower socio-economic status; and fewer had entered an institution because their parents had died.

Avoidant personality disorder

Participants with avoidant personality disorders (N=52) reported greater institutional and family-based emotional abuse than those with no diagnoses (N=45). Almost all participants with an avoidant personality disorder had a co-existing anxiety, mood or substance use disorder. Participants with avoidant personality disorder had more trauma symptoms and life problems, and a lower quality of life and global level of functioning, than participants with no diagnoses. Compared to those with no diagnoses, more participants with an avoidant personality disorder had a fearful adult attachment style and fewer had a secure adult attachment style. Compared to participants with no diagnoses, participants with avoidant personality disorder were younger (in their 50s, not their 60s) and more had been placed in institutions run by nuns because their parents could not care for them.

Antisocial personality disorder

Participants with antisocial personality disorder (N=17) reported greater institutional sexual abuse than participants with no diagnoses (N=45). All participants with antisocial personality disorder had co-existing anxiety, mood or substance use disorders. Participants with antisocial personality disorder had more trauma symptoms, more life problems, a lower quality of life, a lower global level of functioning, and lower parental satisfaction than participants with no diagnoses. Compared to those with no diagnoses, participants with antisocial personality disorder were younger (in their 50s, not their 60s); had spent fewer years in institutions (5 ½ not nearly 10 years); more were unemployed; and more were of low socio-economic status.

Borderline personality disorder

Participants with borderline personality disorder (N=14) and those with no diagnoses (N=45), did not differ in their reported levels of institutional or family-based child abuse, although both reported a high level of child abuse. All participants with borderline personality disorder had co-existing anxiety, mood or substance use disorders. Participants with borderline personality disorders had more trauma symptoms, more life problems, a lower quality of life, a lower global level of functioning, and more had a fearful adult attachment style than participants with no diagnoses. Compared to those with no

diagnoses, participants with borderline personality disorder were younger (in their 50s, not 60s), more were unemployed, and on average reported being abused from an earlier age.

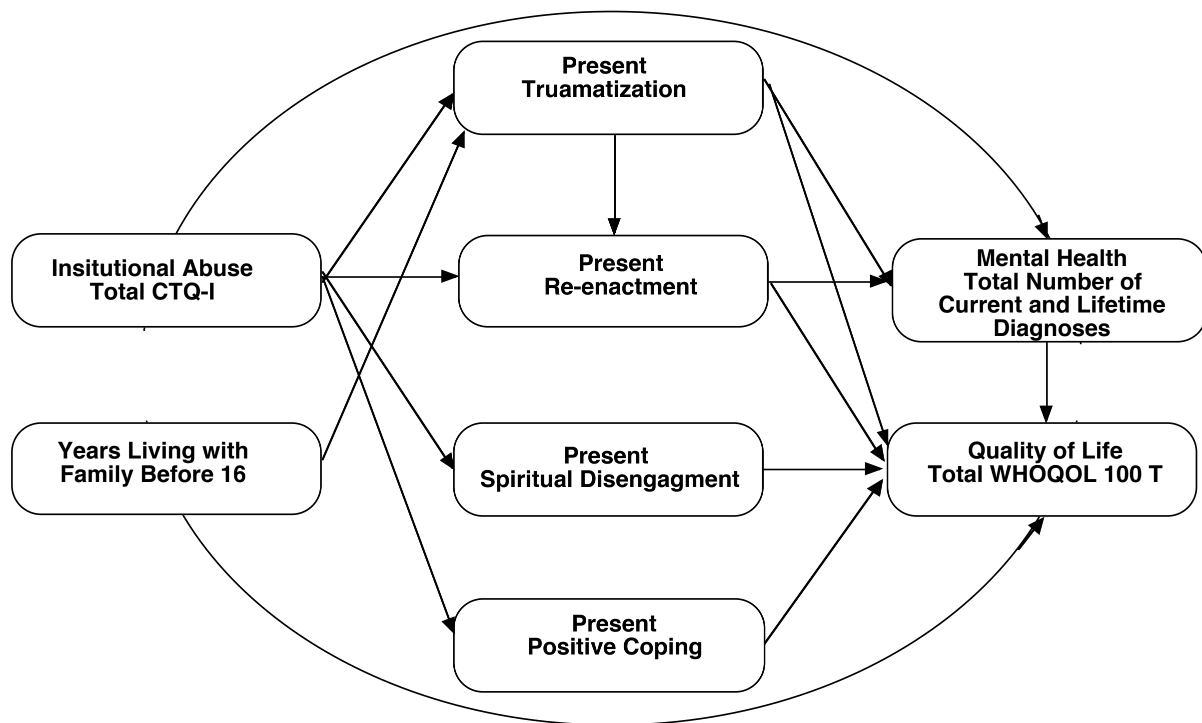
INSTITUTIONAL ABUSE PROCESSES AND COPING STRATEGIES

Scales were developed to assess the psychological processes of traumatization, re-enactment of abuse and spiritual disengagement; as well as positive and negative coping strategies. Participants completed versions of these scales to reflect their current experience and their recollection of their experiences when living in institutions as children. Participants reported a reduction in the psychological processes of traumatization, re-enactment of abuse and an increase in spiritual disengagement from childhood to adult life. Participants also reported an increase in the use of positive coping strategies and a reduction in the use of coping by complying and avoidant coping strategies from childhood to adulthood.

A MODEL OF INSTITUTIONAL ABUSE, PSYCHOLOGICAL PROCESSES AND ADULT ADJUSTMENT

Figure 7 represents a model which shows that a history of childhood institutional abuse is associated with current psychological processes of traumatization, re-enactment and spiritual disengagement, which in turn are associated with current adult mental health and quality of life. The model also shows that a history of having spent more childhood years within the family and current use of positive coping strategies are positively associated with quality of life and low levels of present traumatization. This model was developed by first correlating all factors within the model, and then testing the fit of the proposed model to the pattern of correlations between its constituent factors using structural equation modelling.

Figure 7. A path diagram of the model of institutional abuse



STRENGTHS AND LIMITATIONS

This study had three main limitations: (1) there was a high exclusion rate and a low response rate; (2) there was no control group; and (3) the study used a crossectional not a longitudinal design. There were also four main strengths: (1) it was the largest study of its kind conducted to date; (2) an extensive reliable and valid interview protocol was used; (3) data were collected by psychologists trained in using the interview protocol; (4) in the statistical analyses, steps were taken to reduce type 1 error (interpreting non-significant results as significant)

RECOMMENDATIONS

Recommendations arising from this research fall into four broad categories: prevention, treatment, training and research.

Prevention

The first recommendation is that legislation, policies, practices and procedures be regularly reviewed and revised to maximize protection of children and adolescents in institutional care in Ireland from all forms of abuse and neglect. Specifically the *Children First: National*

Guidelines for the Protection and Welfare of Children (Department of Health and Children, 1999) require regular review and revision to insure that they are being properly implemented and that children and adolescents in institutional care, and other forms of substitutive care in Ireland are being adequately protected.

Treatment

The second recommendation is that evidence-based psychological treatment continue to be made available to adult survivors of Irish institutional abuse. Specifically the National Counselling Service for adult survivors of child abuse in Ireland and similar appropriate services in the UK should continue to be accessible to Irish survivors of institutional abuse. Staff in such services should be appropriately qualified and trained to offer services to clients with complex difficulties, such as multiple co-existing disorders including anxiety disorders, mood disorders, substance use disorders and personality disorders. It is important the these services be evidence-based (Carr, 2006).

Staff training

The third recommendation is that staff at centres which provide psychological treatment for adult survivors of Irish institutional abuse have regular continuing professional education and training to keep them abreast of developments in the field of evidence-based treatment of survivors of childhood trauma.

Research

The fourth recommendation is that research be conducted to evaluate the effectiveness of psychological treatment for adult survivors of institutional abuse. The report of *Survivors' Experiences of the National Counselling Service for Adults who Experienced Childhood Abuse* (Leigh et al., 2003) was an important first step in evaluating client satisfaction with the National Counselling Service. However, it did not address the critical issue of the effectiveness of the service provided. Such research is urgently required. Research is also required on levels of child abuse among looked after children (including all categories of children in care and children living in a variety of health, educational, correctional and

social services institutions).

OTHER DOCUMENTS ARISING FROM THE PROJECT

Three theses and a series of academic papers have been written based on this study.

Flanagan, E. (2006). Psychological disorders in adult survivors of institutional living. Thesis for the degree of Doctor of Psychological Science in Clinical Psychology, UCD, Dublin. In this thesis the profiles of subgroups of survivors with different psychological disorders are presented.

Fitzpatrick, M. (2007) Psychological profiles of adult survivors of childhood institutional living in Ireland. Thesis for the degree of Doctor of Psychological Science in Clinical Psychology, UCD, Dublin. In this thesis the profiles of subgroups of survivors who had spent different amounts of time in institutions and experienced different types of abuse are presented.

Flanagan-Howard, R. (2007). Psychometric Properties of the Institutional Abuse Processes and Coping Inventory. Thesis for the degree of Doctor of Psychological Science in Clinical Psychology, UCD, Dublin. In this thesis the development of scales to measure psychological processes associated with institutional abuse and coping strategies is presented.

Carr, A., Dooley, B., Fitzpatrick, M, Flanagan, E.,. Flanagan-Howard, R., Tierney, K., White, M., Daly, M. & Egan, J. (2007). Adult adjustment of survivors of institutional child abuse in Ireland. This paper documents the adult adjustment of survivors of childhood institutional abuse.

Fitzpatrick, M., Carr, A., Dooley, B., Flanagan-Howard, R., Flanagan, E., Shevlin, K., Tierney, K., & White, M., Daly, M. & Egan J. (2007). Profiles of adult survivors of severe sexual, physical and emotional institutional abuse in Ireland. This paper establishes the unique profiles Irish adult survivors of severe sexual, physical and emotional institutional abuse.

Flanagan-Howard, R., Carr, A., Shevlin, M., Dooley, B., Fitzpatrick, M. Flanagan, E., Tierney, K., White, M., Daly, M. & Egan, J. (2007). Development and Initial validation of the Institutional Child Abuse Processes and Coping Inventory among a sample of

Irish adult survivors of institutional abuse. This paper documents the development a psychometric instrument to evaluate psychological processes associated with institutional abuse and coping strategies used to deal with such abuse.

Flanagan, E., Carr, A., Dooley, B., Fitzpatrick, M. Flanagan-Howard, R., Shevlin, M., Tierney, K., & White, M., Daly, M. & Egan, J. (2007). Profiles of resilient survivors of institutional abuse in Ireland. This paper documents the profiles of resilient survivors of institutional abuse, who had no psychological disorders.

Carr, A., Flanagan, E., Dooley, B., Fitzpatrick, M. Flanagan-Howard, R., Shevlin, M., Tierney, K., & White, M., Daly, M. & Egan, J. (2007). Profiles of Irish survivors of institutional abuse with different adult attachment styles. This paper documents the profiles of Irish survivors of institutional abuse with different adult attachment styles

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CHAPTER 1
INTRODUCTION

SUMMARY OF CHAPTER 1

A number of tentative conclusions may be drawn from the cursory literature review in chapter 1. Negative childhood experiences may lead to significant adult adjustment problems. These include psychological and personality disorders, relationship and parenting problems, occupational and health difficulties, self-harm and an impoverished quality of life. The negative effects of such early adversity is probably strongly related to the variety, severity, frequency, and duration of negative experiences. The long-term outcomes of negative childhood experiences may be mediated by critical psychological processes including traumatization, betrayal, disrespect for authority, stigmatization, powerlessness, avoidance of reminders of trauma and re-enactment of negative experiences on self or others. If the negative childhood experiences occur within the context of a religious institution, religious disengagement may also occur. The negative effects of adversity may be attenuated by the use of functional coping strategies such as developing social support, mastering skills, and effectively planning escape from adversity. In contrast, the adverse effects of negative experiences may be exacerbated by the use of dysfunctional coping strategies such as overcompliance, excessive opposition, or substance abuse.

OPENING COMMENTS

This report presents the results of a research study which investigated the adult adjustment of people who had negative childhood experiences while living in institutions in Ireland. A key aim of the study was to profile subgroups of adult survivors of institutional child abuse on historical and psychological variables with a view to detecting associations between recollections of institutional living and current adjustment.

In chapter 2 the methodology used in the study is described. The overall characteristics of the sample are presented in chapter 3. In chapter 4 profiles of subgroups of participants with different histories of institutional living and institutional abuse are presented. Chapter 5 contains a description of profiles of participants with different patterns of psychological disorders. In chapter 6 the focus is on psychological processes associated with institutional abuse and related coping strategies. Conclusions and recommendations are given in chapter 7. In this, the first chapter, a summary of relevant national and international literature in the field is given.

WHAT IS KNOWN ABOUT THE LONG TERM IMPACT OF CHILD ABUSE AND INSTITUTIONAL LIVING?

Within an Irish context no major studies of the effects of living in an institution in childhood on adult adjustment have been conducted. Only one major study of the characteristics of

children and adolescents living in institutions in Ireland in the 60s has been completed. In Appendix F of Justice Eileen Kennedy's (1970) Reformatory and Industrial School System's Report, Professor Fechín O'Doherty concluded from a survey of over 300 participants aged 6-15 years that rates of learning difficulties and intellectual disability were higher in reformatories and industrial schools than in the normal population.

A number of areas of the international and national scientific literature are relevant to the research project described in the present report. These include the

- Long-term effects of child abuse
- Differential effects of the extent of abuse
- Effects of institutional rearing
- Processes mediating the long-term effects of child abuse
- Clerical abuse
- Functional and dysfunctional coping strategies.

What follows is a summary of key findings in each of these areas.

Long-term effect of child abuse

The international research literature on the long-term effects of child abuse and neglect indicates that it affects functioning in a wide range of areas (Berliner & Elliott, 2002; Carr, 2006a; Carr & O'Reilly, 2004; Kolko, 2002; NCCANI & NAIC, 2004; Wekerle & Wolfe, 2003). These include:

- Psychological adjustment – as indexed by the presence of psychological disorders notably anxiety disorders (including PTSD), depression, and alcohol and substance abuse (e.g. McMillan et al., 2001; Wolfe et al, 2006)
- Personality functioning – as indexed by the presence of antisocial, borderline and other personality disorders. People with antisocial personality disorder typically have been involved in criminality (e.g. Battle et al., 2004; Bierer et al., 2003)
- Self-harming – as indexed by self-injury and parasuicidal behaviour (e.g. Brodsky et al., 2001). People with borderline personality disorder typically have a history of self-harm (e.g. Soloff et al., 2002)
- Intimate relationships – as indexed by problems with marital or co-habiting relationships, sexuality and domestic violence (e.g., Colman & Widom, 2004; Davis & Petretic-Jackson, 2000; White & Widom, 2003)
- Parenting relationships – as indexed by inability to adequately parent, having children in care, and victimization of children (e.g., DiLillo & Damashek, 2003; Newcomb & Locke, 2001; Quinton & Rutter, 1988)
- Educational and occupational functioning – as indexed by low educational and occupational performance (e.g., Perez & Wodom, 1994)

- Health – as indexed by a history of frequent illness, health service usage and risky health behaviour (Kendall-Tackett, 2002).

The *Sexual Abuse and Violence in Ireland (SAVI)* report on a nationally representative survey of over 3,000 adults in 2002 confirmed that in Ireland, for a sizeable minority of survivors, child sexual abuse leads to significant mental health problems including post-traumatic stress disorder (McGee, Garavan, deBarra, Byrne, and Conroy, 2002).

Differential effects of the extent of abuse

Attempts to identify the unique effects of different types of maltreatment (physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect) have not yielded a clear pattern. In contrast the investigation of the effects of the extent of abuse clearly indicates that the variety, severity, frequency, and duration of abuse affects adjustment (Berliner & Elliott, 2002; Carr, 2006a; Kolko, 2002; NCCANI & NAIC, 2004; Wekerle & Wolfe, 2003). Poorer adjustment is associated with

- Multiple forms of abuse and neglect
- Severe abuse and neglect
- Frequent abuse and neglect
- Abuse and neglect carried out over longer time periods, and
- Abuse and neglect occurring with multiple perpetrators in multiple contexts.

Effects of institutional rearing

The scientific literature on the effects of institutional living, abuse and neglect is sparse (Gallagher, 1999; Gilligan, 2000; Powers et al., 1990; Rutter et al., 1990; Rutter et al., 2001; Wolfe et al., 2006). In the short-term, institutional rearing has profound effects on cognitive and social development and some of these difficulties do not resolve when youngsters are placed for adoption. Children reared in institutions from birth until 2 years and then adopted, at 4 and 6 years showed impaired cognitive development, attachment problems, inattention and overactivity, and quasi-autistic features (Rutter et al., 2001). 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 psychological disorder (as defined in the fourth edition of the American Psychiatric Association Diagnostic and Statistical Manual (DSM IV, American Psychiatric Association, 2000). PTSD, other anxiety disorders, depression and alcohol abuse were the most common disorders. The international literature on the long-term effects of being reared in an institution has shown that compared with children reared in families, those reared in institutions had poorer adjustment (Rutter et al., 1990; Rutter, 2002). This was shown by

- Personality disorder
- Criminality (especially in men)
- Marked marital problems
- Multiple broken co-habitations
- Teenage pregnancy (in women), and
- Having one's children taken into care (for women).

Processes mediating the long-term effects of child abuse

The long-term outcomes of child abuse are probably mediated by psychological processes (Wolfe et al., 2003), particularly the following:

- Traumatization and humiliation - as indexed by accounts of having been strongly negatively affected by physical, sexual and emotional abuse and neglect
- Betrayal and loss of trust in others – as indexed by accounts of loss of trust in others, and an insecure adult attachment style
- Fear of, and disrespect for authority – as indexed by accounts of being anxious or angry about authority figures
- Stigmatization, shame and guilt – as indexed by low self-esteem, a sense of being 'dirty' or 'used goods' and self-blaming
- Powerlessness - as indexed by accounts of feeling one has no influence in the world, an external locus of control, and low self-efficacy
- Avoidance of reminders of abuse – as indexed by accounts of avoiding abuse-related situations
- Re-enactment of abuse on self or others – as indexed by accounts of urges or actions involving harming the self or others in ways similar to the abuse suffered.

Clerical abuse

The small international research literature on clerical abuse indicates that this may have a detrimental effect on spirituality and lead to a disengagement from religious and spiritual beliefs and practices. This includes a loss of faith in God and organized religion; abandonment of the practice of private prayer; and withdrawal from public religious rituals such as mass attendance (e.g. Bottoms et al., 1995; Farrell & Taylor, 2000; Fater & Mullaney, 2000; McLaughlin, 1994, Rossetti, 1997; Wolfe et al., 2006). This may be conceptualized as an aspect of disrespect for authority (mentioned above) uniquely associated with clerical abuse.

In Ireland, a small qualitative study of 22 survivors of clerical abuse is contained in the *Time to Listen Report on Confronting Child Sexual Abuse by Catholic Clergy* (Goode, McGee & O'Boyle, 2003). Some but not all, survivors in this study experienced anxiety,

depression, suicidal ideation, intimacy difficulties, family relationship problems, a decline in confidence in the Church and loss of faith. These findings are consistent with those from international studies.

Functional and dysfunctional coping strategies

The international scientific literature on stress, coping, risk and resilience in children exposed to early childhood adversity suggests that children may engage in functional and dysfunctional coping strategies to deal with adversity including the process of institutional rearing and institutional abuse (Luthar, 2003; Rutter et al., 1990). Functional coping strategies, which may protect children from the negative impact of abuse, include

- Social support
- Skill mastery
- Planning, and
- Spiritual support.

Social support refers to developing socially supportive relationships which make enduring abuse more tolerable. Skill mastery involves having positive experiences in which academic, sporting, musical or technical skills are developed and refined, usually within the context of mentoring relationships with teachers who foster such achievement. Planning skills refer to short and long-term planning to avoid abuse and escape from adversity. In the short-term this may mean organizing each day to keep away from abusers and have basic needs met. In the long-term it involves making an active and reasoned vocational choice, and choice of marital or co-habiting partner. Active vocational choice means deciding what sort of work one might be good at and then trying to find such work rather than drifting into various jobs opportunistically. Active choice of partner means knowing a partner for more than 6 months before deciding that they are suitable for a long-term relationship, rather than impulsively entering a long-term relationship. A supportive marital relationship refers to developing a relationship with a non-deviant, marital partner in whom the person can confide. Spiritual support involves deriving a sense of support from religious practices such as praying or talking with priests.

Dysfunctional coping strategies may include either fully complying with the abusive regime or aggressively opposing it without due regard to the risks of further abuse entailed by this. Excessive consumption of alcohol, drugs and food are other potentially dysfunctional coping strategies.

CONCLUSIONS

From this cursory review, a number of tentative conclusions may be drawn. Negative childhood experiences may lead to significant adult adjustment problems including psychological disorders and an impoverished quality of life. The negative effects of such early adversity is probably strongly related to the variety, severity, frequency, and duration of negative experiences. The long-term outcomes of negative childhood experiences may

be mediated by critical psychological processes for example, traumatization and re-enactment of negative experiences on self or others. If the negative childhood experiences occur within the context of a religious institution, religious disengagement may also occur. The negative effects of adversity may be attenuated by the use of functional coping strategies such as developing social support or mastering skills. In contrast, the adverse effects of negative experiences may be exacerbated by the use of dysfunctional coping strategies such as overcompliance or avoidance. These conclusions are summarized in the model presented in Figure 1.1.

Figure 1.1. A model of the effects of childhood institutional abuse on adult adjustment.

CHAPTER 2
METHODOLOGY

SUMMARY OF CHAPTER 2

The overarching aim of the present study was to profile subgroups of adult survivors of institutional child abuse on demographic, historical and psychological variables with a view to detecting associations between recollections of institutional living and current adjustment. In particular the aim was to profile subgroups of survivors defined by (1) the number of years spent in an institution and the circumstances under which admission occurred; (2) the worst type of institutional abuse experienced; and (3) the number and type of psychological disorders displayed. An additional aim was to develop a way to assess psychological processes and coping strategies associated with institutional abuse, and establish the correlates of these processes and coping strategies.

Between May 2005 and February 2006 just under 250 adult survivors of institutional living recruited through CICA were interviewed in Ireland and the UK by a team which included 29 trained interviewers, all of whom had degrees in psychology. The overall exclusion rate was 26% (326 of 1267); the participation rate was 20% (246 of 1267); and the response rate for the study was 26% (246 of 941). (This low response is not unusual. A response rate of 9% was obtained in the *Time to Listen Report on Confronting Child Sexual Abuse by Catholic Clergy* (Goode, McGee & O'Boyle, 2003)).

The sample of participants interviewed was not representative of all CICA attenders, or indeed of adult survivors of institutional living. It is probable that participants were better adjusted than CICA attenders who did not take part because the old and the ill were excluded. The interview protocol covered demographic characteristics, history of family and institutional living, recollections of child abuse within the family and institutions, psychological processes associated with institutional life, coping strategies used to deal with institutional life, current trauma symptoms, current and past diagnoses of psychological and personality disorders, relationships with partners and children, adult attachment style, main life problems, current quality of life, and global level of functioning. Interviews were conducted in an ethical way that safeguarded participants' wellbeing. Data were managed in a way to safeguard participants' anonymity.

AIMS OF THE STUDY

Survivors of institutional living who have attended CICA are by no means a homogeneous group. They may be classified in a variety of ways. For example, they may be classified by historical factors such as the number of years they have spent in an institution, the circumstances under which they were admitted and the type of institutional abuse they experienced. They may also be classified by their current psychological status, for example, by the number and type of psychological disorders they display. The overarching aim of the present study was to investigate this variability shown by groups of adult

survivors of institutional living with a view to profiling these groups and detecting associations between recollections of child abuse and current adjustment.

In the first instance we set out to profile subgroups of participants with different histories of institutional living, specifically**:**

- People raised in institutions from birth
- People who entered institutions in childhood or early adolescence because parents could no longer care for them
- People who entered institutions in childhood or adolescence through the courts
- People who spent only a brief period in institutions in childhood or adolescence.

In profiling subgroups our interest was in the status of these groups on historical and demographic factors, recollections of child abuse, psychological disorders, trauma symptoms, life problems, quality of life, global functioning, current family relationships, and attachment style. The main hypothesis suggested by the literature review was that people who had spent more time living in an institution would show poorer adjustment that those who had spent only a brief period living in an institution.

Next, we aimed to profile subgroups of participants with different histories of institutional abuse, specifically those whose worst abusive experience was multiple forms of severe abuse, versus those who identified their worst experience as involving a single form of abuse: physical, sexual or emotional.

The third aim was to profile subgroups of participants with different numbers and types of psychological disorders.

The fourth aim of the study was to develop a way to assess psychological processes and coping strategies associated with institutional abuse, and investigate the relationships between these processes and coping strategies on the one hand, and past abuse and current adjustment on the other.

To achieve these aims, the methodology described in this chapter was used. A project team was established. An assessment protocol was developed. Participants were recruited into the study by CICA and the research team. Interviewers engaged participants in interviews using the assessment protocol. Data from the protocol were analysed by computer using statistical procedures appropriate to address the aims of the study outlined above. Procedures were built into the methodology to safeguarded the welfare of participants. These procedures were consistent with the ethics code of the Psychological Society of Ireland and the research plan was approved by the UCD human research ethics committee. This chapter contains a detailed description of these research methods. Data analysis and results are presented in subsequent chapters.

TIME FRAME

This research project was planned between January and April 2005. Data were collected between May 2005 and February 2006, and the report was produced between March and June 2006.

RESEARCH TEAM

The research team included

- A project director and administrator
- Three postgraduate clinical psychology doctoral candidates
- A panel of 29 interviewers, all of whom had degrees in psychology
- Two appointment organizers
- Four project consultants.

Project director and administrator

Professor Alan Carr, PhD, Director of the Doctoral programme in Clinical psychology UCD, was the Principal Investigator and Project Director. Muriel Keegan, MA, Administrator for the Doctoral Programme in Clinical Psychology was the Project administrator. She managed communication within the project team and between the team, CICA and participants. She also administered project finances and arranged document production.

Three clinical psychology postgraduates

Mark Fitzpatrick, BA, MSc, DipCounsPsych; Edel Flanagan, BA, MSc, and Roisín Flanagan, BA, MSc, all of whom were doctoral postgraduates in clinical psychology at UCD trained, supervised and supported a team of interviewers (mentioned below). They conducted a portion of the interviews. They also checked all interview protocols for completeness, conducted data entry, managed data analysis, and tabulated statistical results. In addition, at the time of writing this report, each of these three postgraduates are in the process of writing doctoral theses and articles for publication in peer reviewed journals based on analyses of specific aspects of the data set arising form the project. All three postgraduates are members of cohorts of 10 candidates selected bi-annually from over 150 applicants to the UCD doctoral programme in clinical psychology. They are highly qualified, having masters degrees in psychology, and a significant amount of clinical experienced and training.

Interview organizers

Kevin Tierney, BA (Hons Psych) and Megan White BA (Hons Psych) organized and scheduled interviews linking with participants, the interview team, and contact people at the various regional interview sites. They also offered back-up support to interviewers in meeting and greeting participants at UCD where this was appropriate.

Panel of interviewers

Interviews were conducted by a panel of 29 interviewers which included the three clinical psychology postgraduates, the two interview organizers and the following 24 interviewers: 1. Carmel Howard, HDipPsych; 2. Susan Gavin, BA ; 3. Philomena Crotty, HDipPsych; 4.

Anne Donnelan, HDipPsych; 5. Tara Davis, MLitt; 6. Aongus McGrane, HDipPsych; 7. Mimi Tatlow, HDipPsych; 8. Dervalla Mannion, HDipPsych; 9. Barbara Hernon, BA; 10. Maria Mannion, HDipPsych; 11. Su Yin Yap, BA; 12. Eimear McMahon, HDipPsych; 13. Aoife McCann, HDipPsych; 14. Evita O'Malley, HDipPsych; 15. Mairead Dowling, HDipPsych; 16. Marie McGrath, BA; 17. Mary Keating, BA; 18. Eoin O'Connell, MLitt; 19. Faye Scanlan, BA; 20. Lynsey O'Keeffe, BA; 21. Elaine Smith, PhD; 22. Lucy Smith, MA; 23. Brid O'Donoghue, BA; and 24. Julie Grace, BA. All interviewers had an honours degree in psychology or a higher diploma in psychology and were eligible for graduate membership of the Psychological Society of Ireland. All interviewers were trained in administering the interview protocol by the clinical psychology postgraduates, who in turn were trained by the project director.

Project consultants

Dr Barbara Dooley, PhD, Director of Postgraduate Research and Head of the School of Psychology at UCD and Dr Mark Shevlin, PhD, Senior Lecturer, School of Psychology, University of Ulster provided statistical consultancy to the project. Dr Jonathon Egan, M Psych Sc, PsyD, Director of NCS Arches Counselling Service, National Health Executive, liaised between the project team and the directors of the network of National Counselling Service centres around the country. He advised on how best to arrange counselling for those participants who required referral to the NCS following participation in the study. He also advised on how to make the interviewing process as user-friendly and minimally distressing as possible. Margaret Daly, MPsychSc, Lecturer in Psychology UCD, provided interviewer support consultancy to the project.

PARTICIPANTS

247 adult survivors of institutional abuse in industrial and reformatory schools participated in this study. All but one had attended the Commission to Inquire into Child Abuse (CICA). The one non-CICA attender, was the sibling of a person who attended CICA. Both siblings came to the interview centre together and asked that each be interviewed and that data from both be included in the study. For ethical reasons, an exception was made in this one case and the data from this non-CICA attender has been included in the analysis.

Of the 246 CICA attenders, 175 were recruited from the confidential committee and 71 from the investigation committee. 126 were living and interviewed in Ireland. 120 were living and interviewed in the UK.

The path of recruitment and attrition for both the confidential and investigation committees is presented in Figure 2.1. The 175 confidential committee attenders were recruited in the following way. 1086 people had attended the confidential committee when recruitment into the research study began in 2005. Of these 1086, 775 reported abuse in industrial and reformatory schools and 311 reported abuse in other institutional and out of home care settings such as children's homes, residential institutions for children with

special needs, hospitals, national and secondary schools and foster care. Of the 775 who reported institutional abuse in industrial and reformatory schools, 571 were invited to participate in the research study. Invitations were not sent to 204 cases who met at least one of the following criteria: whereabouts unknown; resident outside Ireland and UK; previously stated they did not want to participate in research project; previously stated they did not want to be contacted by CICA; known to be deceased; or known to be in poor health or to have a significant disability. Of the 571 cases invited, 347 replied, and 224 did not. Of those that did not, 9 invitations were returned as unknown at address and 2 were returned without any identifying details. Of the 347 who replied, 225 agreed to participate and 122 declined the invitation. Of the 225 who agree to participate, 175 attended interviews and 50 did not.

The 71 investigation committee attenders were recruited in the following way. The investigation committee had heard, or had scheduled to hear, or had interviewed, or had scheduled for interview 492 complainants prior to December 2005. Of these 492 complainants, invitations were sent to 370 between July and November 2005. These 370 complainants were within the remit of the research project; were resident in Ireland or UK or contactable through a solicitor; had decided to remain with the investigation committee; and were not likely to submit additional evidence to the investigation committee hearings after December 2005. Of the 370 complainants, the investigation committee received 110 positive replies. Of the 110 replies, 11 were not forwarded to the research team because they were not resident in Ireland or UK; were not proceeding with the investigation committee; or had indicated they did not wish to take part in the research project. Of the 99 who agreed to participate, 71 attended interviews and 28 did not. The path of recruitment and attrition for the combined confidential and investigation committees is presented in Figure 2.2.

The overall exclusion rate was 26%. 326 of 1267 potential participants who attended CICA and reported abuse were excluded from the study for various reasons such as living outside Ireland and the UK, being untraceable, being too ill or disabled to participate, and not wishing to take part in the study.

Approximately 20% of CICA attenders participated in this study. Out of a total pool of 1267 people who attended either of CICAs committees and reported institutional abuse, 246 completed interviews. This group were clearly not a representative sample of CICA attenders, or of the total population of adult survivors of institutional living of whom CICA attenders form a subgroup. Our sample is not representative of the very ill, those who live outside Ireland and the UK, those who were untraceable, and those who did not wish to participate in the study. It is probable that the group who participated in the study were better adjusted than those who did not take part.

The response rate for the study was 26%. Out of a pool of 941 people invited for interview, 246 were actually interviewed.

ASSESSMENT INTERVIEW

Participants were interviewed with a standard assessment protocol which is contained in appendix 1. This protocol covered the following domains

- Demographic profile
- History of family and institutional life
- Recollections of negative experiences
- Personal strenghts
- Psychological processes associated with institutional abuse
- Coping strategies used to deal with institutional abuse
- Current and past diagnoses of psychological and personality disorders
- Current trauma symptoms
- Main life problems
- Current quality of life.
- Global functioning
- Relationships with partners and children, and
- Adult attachment style

The protocol included the following instruments:

- Demographic and historical questionnaire (DHQ)
- Institutional Abuse Scale (IAS)
- Childhood Trauma Questionnaire (CTQ, Bernstein & Fink,1998)
- Most Severe forms of Physical and Sexual Abuse (SPSA)
- Institutional Abuse Processes and Coping Inventory (IAPCI)
- Personal strengths (PS)
- Structured Clinical Interview for Axis I Disorders of DSM IV (SCID I, First et al., 1996)
- Structured Clinical Interview for DSM IV Personality Disorders (SCID II, First et al., 1997)
- Trauma Symptom Inventory (TSI, Briere, 1996).
- Life problem checklist (LPC)
- World Health Organization Quality of Life 100 UK (WHOQOL, Skevington, 2005).
- Global Assessment of Functioning (GAF, Luborsky, 1962).
- Kansas Marital Satisfaction Scale (KMS, Schumm et al , 1986)
- Kansas Parenting Satisfaction Scale (KPS, James et al , 1985)
- Experiences in Close Relationships Inventory (ECRI, Brennan, et al., 1998)

A description of each of these instruments is given below.

Demographic and historical questionnaire

The DHQ was used to obtain information on age, gender , education, occupational status, marital status, parental status, children, socioeconomic status, and dates and circumstances of entering and leaving institutional care.

Institutional abuse Scale

The 13 item IAS covered items unique to institutional settings and predominantly involving emotional abuse. The items were identified during pilot testing of the original interview protocol, when participants indicated that the Childhood Trauma Questionnaire did not cover areas unique to the institutional setting. These items cover fear of unpredictable punishment; being told that the self and parents are bad; that the parents no longer love the child; separation from siblings; having clothes and treasured possessions taken away; and the experience of having hope taken away. The reliability of the instrument was confirmed in the present study and reliability data are contained in Table 3.11.

Childhood Trauma Questionnaire

The CTQ is a 28-item self-report inventory that provides a reliable and valid assessment of current recollection of the overall pattern of childhood abuse and neglect (Bernstein & Fink,1998). It yields scores for five maltreatment scales: (1) physical abuse, (2) sexual abuse, (3) emotional abuse, (4) physical neglect, and (5) emotional neglect. Also included is a 3 item minimization and denial scale for detecting false-negative trauma reports. CTQ scores for any case can be compared to norms from more than 2,200 males and females from seven different clinical and community samples, representing a broad range of ages, socioeconomic status and different racial and ethnic groups. In the present study cut-off scores for the CTQ were based on norms developed in a large community study of 1007 18-65 year old men and women in Memphis, USA (Scher et al., 2001). The CTQ has good test-retest reliability and scores from it are very stable over time. It has good convergent and divergent validity with trauma histories from other measures. It is highly sensitive to identifying individuals with verified histories of abuse. 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 an institution.

Most severe forms of physical and sexual abuse

For the SPSA participants were asked to recall the most severe forms of physical and sexual abuse to which they were subjected in both their families and institutions and these were rated on scales derived from Slep and Heyman's severity rating system (2004). In each instance they were asked to indicate the frequency and duration of this most severe form of physical and sexual abuse and the age at which it began. Retrospective reports of such events tend to be more valid than those of events open to greater interpretation. In a

review of 8 studies of the validity of retrospective reports of abuse, Hardt and Rutter (2004) found a substantial rate of false negatives among adult reports of major adverse experiences in childhood that allowed a reasonable operationalisation (such as most severe events). Thus, retrospective reports of clearly describable episodes of child abuse are a conservative index of abuse in adult survivors. In the studies Hardt and Rutter reviewed, validity was assessed by means of comparisons with contemporaneous, prospectively obtained, court or clinic or research records; by agreement between retrospective reports of two siblings; and by the examination of possible bias with respect to differences between retrospective and prospective reports in their correlates and consequences. Hardt and Rutter (2004) in a further review of 6 studies found that over periods of at least 6 months, adult retrospective reports of child abuse showed good test-retest reliability. These results justify the use retrospective reports of abuse in the current study. The reliability of the institution version of the SPSA was confirmed in the present study, but the family version of the SPSA had low reliability, so cautious interpretation of the family version is warranted. Reliability data are contained in Table 3.11.

Institutional Abuse Processes and Coping Inventory

The 58 item IAPCI was designed specifically for this study to evaluate psychological processes and coping strategies associated with the experience of institutional abuse and later life difficulties. The following processes were covered in a series of rational scales: (1) traumatization, (2) betrayal, (3) disrespect of authority, (4) religious disengagement, (5) stigmatization, (6) powerlessness, (7) avoidance, and (8) re-enactment. The following functional coping strategies were covered: (1) social support, (2) skill mastery, (3) planning; and (4) spiritual support. The inventory also assessed these dysfunctional coping strategies: (1) overcomplying; (2) aggressively opposing, and (3) substance abuse. Five point response formats were used for all items ranging from 1=never true to 5=very often true. In the present study two versions the IACPI were used. The first inquired about processes and coping strategies used while living in an institution and the second inquired about the same processes and coping strategies in the person's present life.

The factorial structure and reliability of the IAPCI were evaluated in the present study and this is described in chapter 6. Six factors scales with moderate to good reliability were developed. The scales were (1) traumatization which assesses negative emotions arising from abuse, betrayal and loss of trust, stigmatization, shame, guilt, and disrespect of authority; (2) re-enactment which assesses re-enactment of abuse, powerlessness, coping by opposing and coping by using alcohol and drugs; (3) spiritual disengagement which assesses disengagement from religious practice and not using spiritual coping strategies; (4) positive coping which assesses coping through planning, skill mastery and social support; (5) coping by complying which assesses coping by complying with the wishes of people in authority; and (6) avoidant coping which assesses coping by avoiding thoughts and situations associated with abuse.

Personal strengths

Participants' views of their personal strengths and resources that have helped them to cope with life's challenges were evaluated with three items. These were included at the end of the interview so that participants closed the interview with an awareness of their strengths rather than their deficits.

Structured Clinical Interview for Axis I Disorders of DSM IV

The SCID I (First et al., 1996) is a reliable and valid semistructured interview for assessing psychological disorders listed in the text revision of the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV TR, APA, 2000). In this study the modules for assessing anxiety, mood and substance use disorders were used, since previous studies suggest that these are the main psychological disorders shown by adult survivors of child abuse. The anxiety disorders module yields diagnoses for posttraumatic stress disorder, panic disorder with and without agoraphobia, agoraphobia, social phobia, specific phobias, obsessive compulsive disorder, and generalized anxiety disorder. The mood disorders module yields diagnoses for major depression and dysthymia. The substance use module yields diagnoses for alcohol and other substance dependence and abuse disorders. 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 as shown in Table 3.7.

Structured Clinical Interview for DSM IV Personality Disorders

The SCID II is a reliable and valid semistructured interview for assessing all DSM-IV-TR axis II personality disorders (First et al., 1997). In this study the modules for antisocial, borderline, avoidant and dependent personality disorders were used, since previous studies suggest that these are the main 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 as shown in Table 3.7.

Trauma symptom Inventory

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 three validity scales and ten clinical scales. The three validity scales are: (1) response level which assesses a tendency toward defensiveness or a need to appear unusually symptom-free; (2) atypical response which assesses attempts to appear very dysfunctional; and (3) inconsistent response which reflects a random response set or difficulty understanding items. The clinical scales are (1) anxious arousal; (2) depression; (3) anger and irritability; (4) intrusive experiences which

assesses PTSD symptoms such as flashbacks, nightmares, and intrusive thoughts; (5) defensive avoidance of cues that remind the person of trauma ; (6) dissociation which covers depersonalization, out-of-body experiences, and psychic numbing; (7) sexual concerns which covers distress associated with sexual dissatisfaction, sexual dysfunction, and unwanted sexual thoughts or feelings; (8) dysfunctional sexual behaviour ; (9) impaired self-reference which covers identity confusion; and (10) tension reduction behaviour which covers self-harm, and anger control problems. Sex- and age-normed T scores are provided for all 13 scales. These allow statements to be made about the percentage of cases that scored outside the normal range compared with specific reference groups.

Life problem checklist

The LPC is a 14 item list constructed for the present study. It provided a rapid survey of key problem areas including unemployment, homelessness, frequent illness, frequent hospitalization for physical and mental health problems, psychological disorders, substance use, self-harm, anger control in close relationships and criminality. The reliability of the instrument was confirmed in the present study and reliability data are contained in Table 3.11.

World Health Organization Quality of Life 100 UK Version

The WHOQOL is a reliable and valid instrument which yields an overall quality of life score along with scores for 6 domains and 24 facets (Skevington, 2005). Four items are included for each facet, as well as four general items covering overall QOL and health, and there are 2 items unique to the UK version of the instrument, producing a total of 102 items. All items were 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. The 24 facets are classified by domain. The following facets fall within the physical well-being domain: (1) pain and discomfort, (2) energy and fatigue, and (3) sleep and rest. The following facets fall within the psychological well-being domain: (4) positive feelings, (5) thinking, learning, memory and concentration, (6) self-esteem, (7) bodily image and appearance, and (8) negative feelings. These facets fall within the level of independence domain: (9) mobility, (10) activities of daily living, (11) dependence on medication or treatments, and (12) work capacity. The domain of social relationships contains the following facets: (13) personal relationships, (14) social support, and (15) sexual activity. The environment domain contains these facets: (16) physical safety and security, (17) home environment, (18) financial resources, (19) accessibility and quality of health and social care, (20) opportunities for acquiring new information and skills, (21) participation in and opportunities for recreation/ leisure activities, (22) physical environment (pollution/noise/traffic/climate), and (23) transport. The spiritual domain contains the single

facet of spirituality. The reliability of the instrument was confirmed in the present study and reliability data are contained in Table 3.11.

Global assessment of functioning

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 following a semi-structured interview (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. The scale was divided into ten ranges of functioning, but intermediate scores were given when applicable.

Kansas Marital Satisfaction Scale

The 3 item KMS assesses perceptions of the quality of marital or long-term cohabiting relationships (Schumm et al., 1986). Seven point response formats were used for the three items ranging from 1=extremely dissatisfied to 7=extremely satisfied. The items assess satisfaction with one's partner and the relationship as a whole. Despite its brevity, the KMS has been shown to correlate highly with other more extensive measures of marital satisfaction.

Kansas Parenting Satisfaction Scale

The 3 item KPS assesses parents' perceptions of the quality of their relationship with their children (James et al., 1985). Seven point response formats were used for the three items ranging from 1=extremely dissatisfied to 7=extremely satisfied. The items assess satisfaction with one's children, the parenting process and overall parent-child relationships. Despite its brevity, the KPS has been shown to correlate highly with other more extensive measures of parenting satisfaction.

Experiences in Close Relationships scale

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. Cases with low anxiety and avoidance scores are classified as having a secure attachment style. People with this attachment style tend to make and maintain stable relationships with adult romantic partners, while those with the other three styles typically have relationship difficulties. Cases with both high anxiety and avoidance scores are classified as having a fearful attachment style. Cases with high interpersonal anxiety and low avoidance scores are classified as having a preoccupied attachment style. Interpersonal anxiety leads these

people to consistently demand excessive proximity and closeness from their partners. Cases with high interpersonal avoidance and low anxiety scores are classified as having a dismissive attachment style. Such people insist on excessive emotional distance without experiencing interpersonal anxiety. 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.

PROCEDURE

Specific procedures were used for

- Recruiting participants into the study
- Pilot testing the interview protocol
- Interviewer training, supervision and support
- Interviewing process
- Conducting conjoint interrater reliability interviews
- Managing ethical issues

Recruiting participants

The CICA confidential and investigation committees invited all those who had reported institutional abuse and attended these committees prior to December 2005 to participate in the study, with some exceptions. Those resident outside Ireland or the UK, those too ill to participate, and those who indicated that they did not wish to participate were excluded (along with a small number of cases deemed unsuitable for other reasons specified in the 'Participants' section above). Confidential committee attenders were contacted personally and investigation committee attenders were contacted through their solicitors. Between June and December 2005, CICA provided the research team at UCD with lists of participants, who had agreed in writing to be contacted by the research team.
The interview organizer contacted each participant, described what participating in a research interview would involve and offered an interview, using the recruitment script in Appendix 2.

Pilot testing the interview protocol

The 3 clinical psychology postgraduates pilot-tested and fine-tuned the optimal way for conducting interviews with 3 participants prior to interviewer training. The pilot testing informed the way in which the panel of interviewers were trained.

Interviewer training, supervision and support

The three clinical psychology postgraduates under the supervision of the project director

developed and delivered an interviewer training programme to the panel of interviewers. The programme involved coaching interviewers in meeting participants; taking them to the interview room; explaining the rationale for the study; obtaining informed consent; developing rapport; conducting interviews; offering breaks and refreshments; adhering to the interview protocol; checking interviews for completeness; managing client distress; informing clients about how to contact NCS or ICAP counsellors; and parting from clients in an appropriate way with the reminder that a follow-up contact would be made. Part of the training programme involved viewing videotapes about how to rate the SCID I and II when making DSM IV diagnoses. The three postgraduates also met as required with members of the panel of interviewers during the data collection period to offer supervision and support.

Interviewing process

Interviews were conducted by the team of 29 interviewers who each conducted between 1 and 30 interviews. Interviews were conducted at 35 sites, 12 in Ireland and 23 in the UK. The sites included university psychology departments, counselling and survivor support centres, and hotels. In addition 14 cases were interviewed in their homes, 2 in Ireland and 12 in the UK. For all interviews (excluding home visits), participants met interviewers at designated meeting points arranged with the interview organizer. Interviewers identified themselves by carrying a white card with INTERVIEWER written on it, so that participants did not have to identify themselves to reception staff. This preserved the anonymity of participants. Participants were greeted warmly and escorted to interview rooms. Interviewers again explained the way the interview would be conducted and the overall context of the study. It was mentioned that the study was being conducted by a team from University College Dublin at the invitation of the Commission to Inquire into Child Abuse; that it would involve an interview of about 2 hours duration; that participation was voluntary; that the interview would be fully confidential; that participants could withdraw from the study at any time; and that they might be invited to participate in a follow-up interview. Participants then were invited to sign the consent form at the top of the interview protocol. The interviewer then worked through the interview questions in the sequence specified in the protocol.

Where participants wanted to deviate from the protocol and discuss specific issues in details, interviewers said the following script: ‘ I understand that this I something you need to discuss. However, for this study we both have to follow the questions in this questionnaire. But, if you need to talk further about this issues, we can advise you how to contact a counsellor in your area who specializes in helping survivors of institutional living address these sorts of issues.’

Where participants became distressed or tired, interviewers said this script: ‘I can see that you are distressed/tired. Would you like to take a break for a few minutes?’ Clients were offered water, soft drinks, tea or coffee during these breaks and during interviews.

The final set of questions in the interview were about personal strengths and resources. This allowed clients to focus on positive aspects of their lives and contributed to eliciting a positive mood as the interviews ended. At the conclusion of each interview, interviewers thanked participants, informed them that the independent report of the results of the study of survivors of institutional living would be submitted to the Commission to Inquire into Child Abuse and referred to in the final Report of the Commission to Inquire Into Child Abuse, to which they would have access. They were also informed that as a routine procedure all participants would be given a leaflet on how to contact a counsellor as described below under ethical issues. Participants were also given an opportunity to add further comments or ask questions. In addition they were offered the option of receiving a call in a few days to check that they were OK and that there was nothing further that they wish to add or ask at that point. This provided a way of maintaining contact with participants who may have found the interview distressing. Almost all participants availed of this offer.

Interrater reliability interviews

Inter-rater reliability of all scales was evaluated by conducting interviews with 52 participants in which 2 interviewers were present and each completed independent protocols for the same set of 52 cases. Data from pairs of independently completed interview protocols were analysed to evaluate the inter-rater reliability of the scales and items in the protocols. When inviting participants to engage in the inter-rater reliability study, interviewers said at the outset of the interview 'There will be three of us in this meeting (indicating the 2 interviewers and the participant). Each of us will be keeping a record of the interview, but only I will be talking with you.' The 52 cases involved in the reliability study constituted part of the overall sample of 247 cases.

Ethical issues

The study was designed to comply with the code of ethics of the Psychological Society of Ireland. In addition, ethical approval for the study was obtained through the Human Research Ethics Committee at University College Dublin.

Every effort was made to insure that the research interviews were carried out in a way that was minimally distressing for participants. However, for some candidates answering questions about traumatic events and life problems was distressing. All candidates were informed at the outset of the interview that they could take breaks during the interview to reduce distress, or leave the interview altogether at any time if it became too distressing. All participants were given the leaflet in Appendix 2 containing the addresses and telephone numbers of the National Counselling Service (NCS) national

network of counselling centres and contact details for the Immigrant Counselling and Psychotherapy service (ICAP) in the UK. They were advised to contact their regional office at any time if they required counselling for abuse-related issues including those arising from the research interview. Dr Jonathon Egan, Director of the NCS Midland Office, was a consultant to the proposed research project. He briefed colleagues in all NCS centres about the study, and was available to provide information on its possible impact on participants, and the appropriate NCS response to study participants who contacted the NCS following participation in the study. In the UK Teresa Gallagher, Director of ICAP was contacted for advice on referrals to ICAP centres in the UK. Over the 6 months of data collection fewer than 5% of participants required referral for counselling.

DATA MANAGEMENT

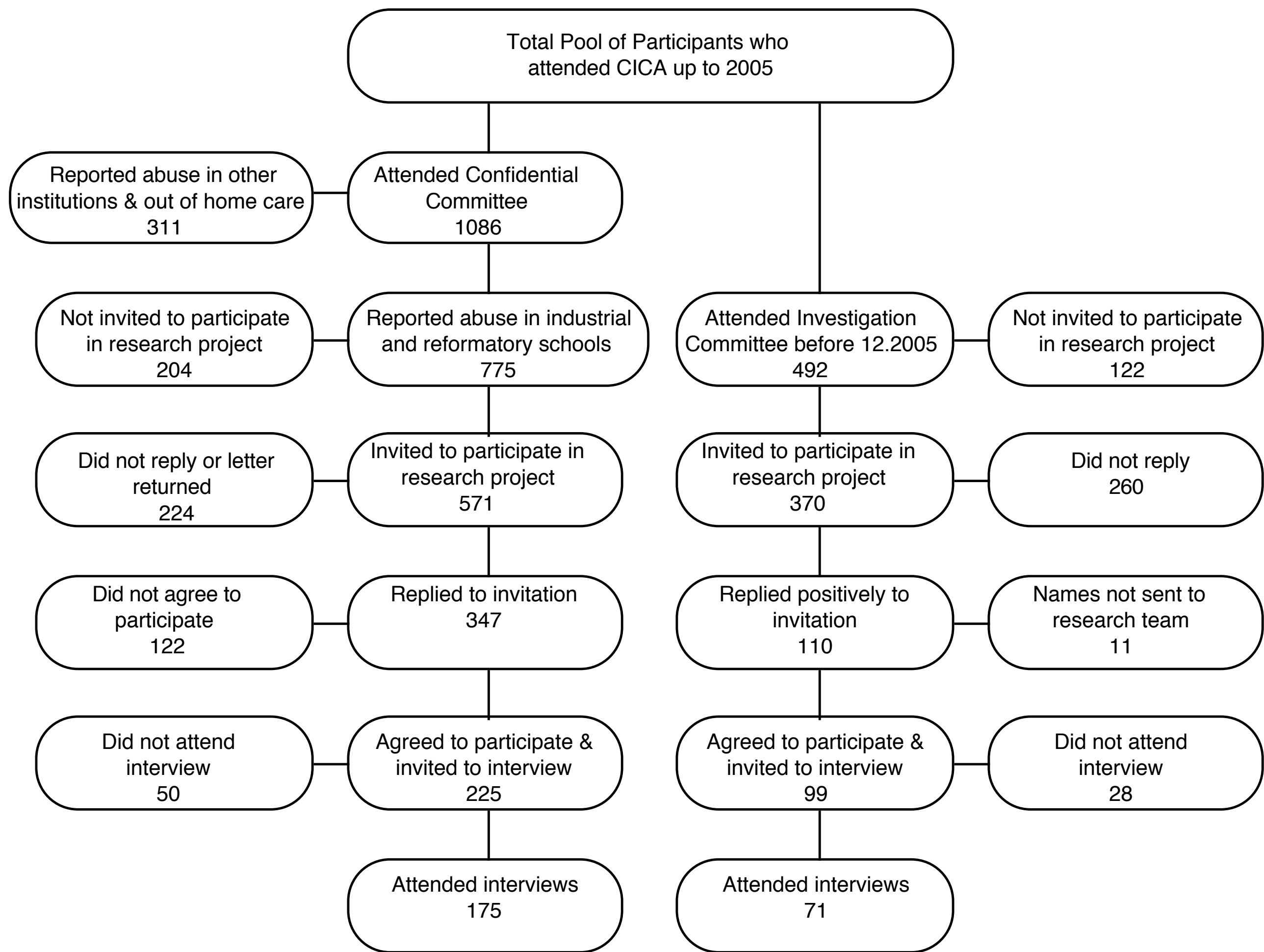
Hardcopies of interview protocols were stored in locked filing cabinets in the School of Psychology at UCD. Each protocol contained a case number. Data from each protocol identified by case number, but not the participants name were entered into an SPSS data file by the team of 3 postgraduates and interview organizer. This master SPSS data file was held on three laptop computers and each of the three Postgraduates had responsibility for these laptops. They each undertook specific data analysis tasks.
The entries in the data file followed the order in the assessment protocol. The variable names were those specified in the left column (e.g. D1, D2, D3….KMS1, KMS2, KMS3, E1, E2 etc.). The variable values for each case were the numbers associated with the responses to each question, marked in ink on the protocol. When the data file was complete, the ranges of all variables were checked to detect errors such as double keying. Missing data points were identified and a rational approach to manual mean substitution was used for missing data, where possible. For 'reverse scored' items from multi-item scales, 'recode' SPSS commands were used to reverse the direction of scoring. 'Compute' SPSS commands were used to calculate multi-item scale scores.

CONCLUSIONS

The aim of the present study was to profile subgroups of adult survivors of institutional child abuse on demographic, historical and psychological variables with a view to detecting associations between recollections of institutional living and current adjustment. In particular the aim was to profile subgroups of survivors defined by (1) the number of years spent in an institution and the circumstances under which admission occurred; (2) the worst type of institutional abuse experienced; and (3) the number and type of psychological disorders they displayed. An additional aim was to develop a way to assess psychological processes and coping strategies associated with institutional abuse, and establish the correlates of these processes and coping strategies. Between May 2005 and

February 2006 just under 250 adult survivors of institutional living recruited through CICA were interviewed in Ireland and the UK by a team which included 29 trained interviewers, all of whom had degrees in psychology. The overall exclusion rate was 26% (326 of 1267). The participation rate was 20% (246 of 1267). The response rate was 26% (246 of 941). The sample of participants interviewed was not representative of all CICA attenders, or indeed of adult survivors of institutional living. It is probable that participants were better adjusted than CICA attenders who did not take part because the old and the ill were excluded. The interview protocol covered a range of areas related to current adjustment and past history. Interviews were conducted in an ethical way that safeguarded participants' wellbeing. Data were managed in a way to safeguard participants' anonymity.

Figure 2.1. The path of recruitment and attrition for participants form the CICA confidential and investigation committees



CHAPTER 3
CHARACTERISTICS OF THE SAMPLE

SUMMARY OF CHAPTER 3

The 247 participants in this study included roughly equal numbers of men and women of about 60 years of age, who had entered institutions run by nuns or religious brothers due to family adversity or petty criminality. The majority were of lower socioeconomic status and low educational attainment. The majority had been or were currently married or in long-term relationships, with a high rate of relationship stability. Most married participants had children, with three children being the average, and most brought up their own children.

On the institutional version of the Childhood Trauma Questionnaire, more than 90% of participants were classified as having experienced institutional physical and emotional child abuse and about half as having experienced institutional child sexual abuse. More than 90% were classified as having experienced physical and emotional neglect within institutions.

For about 40% of participants, severe physical abuse was the worst thing that happened to them in an institution. For a further third it was humiliation and degradation. For 16% it was sexual abuse and for about a tenth it was combined physical and sexual abuse. On average, worst institutional abusive experiences began at about 9 years and lasted for 5 about years.

On the family version of the Childhood Trauma Questionnaire just over a third of those who had memories of having lived with their families reported family-based child abuse or neglect.

All participants had experienced one or more significant life problems. Mental health problems, unemployment and substance use were the three most common difficulties.

Self-reliance, optimism, work and skills were the most frequently reported sources of personal strength and factors that helped participants face life challenges.

About four fifths of participants at some point in their life had had a psychological disorder and only a fifth had never had any psychological disorder. Anxiety disorders were the most common, followed by mood disorders, followed by substance use disorders. Personality disorders were the least common. The overall rates of psychological disorders among survivors of institutional living in the present study, were far higher, and in most

cases double those found in normal community populations in major international epidemiological studies

The majority of participants showed clinically significant posttraumatic symptomatology on the Trauma Symptom Inventory, indicative of continuing posttraumatic adjustment difficulties.

On the Experiences in Close Relationships Inventory more than four fifths of participants were classified as having an insecure adult attachment style, indicative of having problems making and maintaining satisfying intimate relationships. A fearful attachment style characterized by high interpersonal anxiety and avoidance was by far the most common. Less than a fifth of cases were classified as having a secure adult attachment style,

Institutional sexual abuse was found to be associated with current post-traumatic symptomatology and major life problems.

Male and female participants had different profiles. Male participants spent longer living with their families before entering institutions and fewer years in institutions. More entered institutions run by religious brothers or priests for petty crime and left because their sentence was over, while more females lived in institutions run by nuns. Male participants achieved a higher SES than females and more had children who spent time living separately form them with the child's other parent. While their worst abusive experiences began at an older age for male participants, they reported more institutional sexual abuse. While significantly more female participants had lifetime diagnoses of panic disorder with agoraphobia, significantly more male participants had lifetime diagnoses of alcohol and substance use disorders, especially alcohol dependence. Male participants had significantly higher numbers of life problems, but also higher levels of global functioning and marital satisfaction than females.

Participants under and over 59 years of age (the median age for the sample) had distinct profiles. More older participants left their institutions because they were too old to stay on and more were now retired. They had longer relationships with their current partners and were older when their first children were born. Younger participants reported greater institutional, physical, sexual and emotional abuse. More had current anxiety, mood and personality disorders, especially PTSD, generalized anxiety disorder and avoidant personality disorder. Younger participants had more trauma symptoms, adult life problems, a lower quality of life and lower level of global functioning compared with older participants.

Participants from the confidential and investigation committees had distinct profiles. Participants from the confidential committee had spent fewer years with their families before entering an institution and more years in institutions run by nuns. More entered because they were illegitimate and left because they were too old to stay on. They were younger when their worst experiences began. More had maintained stable long-term relationships with their partners and provided their own children with a stable family in which to grow up. More participants from the investigation committee entered intuitions run by religious brothers or priests through the courts for petty crime and left because their sentences were over. They reported greater institutional sexual abuse than participants from the confidential committee. More participants from the investigation committee had a current diagnosis of major depression.

INTRODUCTION

The overall characteristics of the sample of 247 participants is presented in this chapter under the following headings:

- Historical characteristics
- Demographic characteristics
- History of abuse
- Life problems
- Strengths
- Psychological disorders
- Trauma symptoms on the Trauma Symptom Inventory
- Adult attachment styles
- Reliability of multi-item scales
- Correlations between indices of abuse and adjustment
- Factors associated with age, gender and CICA committee attended

HISTORICAL CHARACTERISTICS

Historical characteristics are summarized in Table 3.1. Participants had spent an average of 5.4 years living with their families before entering an institution and on average spent 10 years living in an institution. Participants reported entering institutions for various reasons including their parents being unable to look after them (42.1%), petty crime (23.5%), illegitimacy (19.43%), and parental death (14.17%). Participants gave the following

reasons for leaving institutions: I was too old to stay on (71.25%), my family wanted to take me home (13.76%), my sentence was over (7.69%), I ran away (3.23%), and the institution closed down (1.61%). About half (49%) of participants had lived in institutions managed by nuns. Just under at third (31.17%) had lived in institutions managed by religious brothers or priests. About a fifth (19.83%) had lived in both types of institutions. The majority of participants were happy to leave institutions (61.5%) or had mixed feelings (34%).

DEMOGRAPHIC CHARACTERISTICS

Demographic characteristics are summarized in Table 3.2. The sample included almost equal numbers of males (54.7%) and females (45.3%), with a mean age of 60 years.

Current Socio-economic Status

Participants were predominantly of lower socio-economic status (SES) with 24% unemployed; 15.4% unskilled manual workers; 28% semiskilled manual workers; and 12% skilled manual worker. Only 3.2% were non-manual workers. Only 3.65% were in lower professional and managerial posts, and only 0.4% had higher professional or managerial appointments. 34% of participants were retired.

Highest Socio-economic Status

Since leaving school the highest socio-economic status achieved by most participants was at the lower end of the spectrum. For 42% the highest status achieved was unskilled manual work; for 25.1% is was semiskilled manual work; and for 12.6% it was skilled manual work. Since leaving school a far smaller proportion had achieved high socio-economic status. Only 8.5% had worked in non-manual jobs. Only 6.1% had worked in lower professional and managerial posts and only 0.8% had achieved higher professional or managerial appointments.

Education

With respect to education, 49% had never passed any state, college or university examination. 25% had passed the Primary Certificate Examination which is usually taken at about 12 years of age at the end of primary school education. 6.1% had passed the Intermediate Certificate Examination, which it usually taken at about 15 or 16 years of age, midway through secondary school. Only 5.3% had passed the Leaving Certificate

Examination, which it usually taken at about 18 years of age, and marks the completion of secondary school education. Only 3.2% had a bachelors level university degree.

Marital status

With respect to marital status, 39.7% were married in their first relationship. 9.3% were married in their second relationship. 8.9% were widowed and 11.3% had never married. 19% were single and separated or divorced from their first marital or cohabiting partner. 4.5% were single and separated or divorced from second or later partner.

Stability of long term relationships

With respect to the stability of long-term romantic or marital relationships, 34.6% of the 217 participants who had long term relationships were still in these relationships. 36.4% reported that they had been in one long-term relationship that had ended. 17.1% had ended two long-term relationships. 12% reported that they had been in 3 or more long-term relationship that had ended. For the 134 participants who were currently in long-term relationships or marriages, the average duration of these relationships was 31.1 years.

Children's living arrangements

For the 212 participants with children, the average number of children was 3.38, and the average age when these participants had their first child was 25.53 years. For 76.8% of these participants, their children had lived with them while they were growing up. For 13%, the children spent sometime living with the other parent. For 2.8% the children spent some time living with relatives. Only 4.7% of parents reported that their children spent some time living in care and only 2.4% had put a child up for adoption.

HISTORY OF ABUSE

Participants' history of child abuse within institutions and families is summarized in Table 3.3.

Institution version of the Childhood Trauma Questionnaire

On the total scale of the institution version of the Childhood Trauma Questionnaire (CTQ) 99.2% of cases were classified as having experienced child abuse, with most cases experiencing multiple forms of child abuse and neglect. On the CTQ subscales, 97.2% were classified as having been physically abused; 47% as having been sexually abused;

94.7% as having been emotionally abused; 97.6% as having been physically neglected and 95.1% as having been emotionally neglected. For the CTQ scales, the following cut-off scores were used in classifying cases as abused: emotional abuse 13, emotional neglect 14, physical abuse 11, physical neglect 10, sexual abuse 9, and overall CTQ child abuse score 52. These cut-off scores were two standard deviations above the mean for combined male and female normative community samples (Scher, Stein, Asmundson, McCreary & Forde, 2001).

Institutional Abuse Scale

On the institutional abuse scale cases were classified as having experienced specific forms of abuse, particular to living in an institution, if participants rated items as often true or very true. 92.3% reported that they were punished unfairly by their carers. 88.7% reported that they were terrified of their carers. 88.3% reported that they could never predict when they would be punished by their carers. 85% noted that their carers tried to break them. 80.1% noted that their carers tried to take away their hope. 75.7% said that their carers told them that they were bad . 64.7% said that their carers took away their own clothes. 47% mentioned that their carers separated them from their siblings. 43% noted that their carers said their mothers were bad. 38% said that their carers destroyed their treasured possessions such as pictures, teddy bears, and mementoes. 30.4% reported that their carers told them that their mothers did not love them. 26.4% mentioned that their carers said that their fathers were bad and 21% reported that their carers told them that their fathers did not love them.

Most severe form of physical institutional abuse

All participants reported that they had experienced physical abuse, serious enough to mention in answer to questions about the most severe form of physical institutional abuse they had experienced. (This is close to the 97.2% rate of physical abuse obtained on the institution version of the CTQ, a normed psychometric instrument.) 42.1% reported that being assaulted to lead to medical attention was the most severe form of physical institutional abuse to which they had been exposed. For 30% it was being hit to leave bruises; for 20.6 % it was being assaulted to lead to cuts; and for 5.7% it was being hit without being bruised. 46.6% reported that the most severe form of physical institutional abuse occurred more than 100 times. 23.9% mentioned that the most severe form of physical institutional abuse occurred 11-100 times. For 19.6% it occurred 2-10 times and

for 9.7% it occurred only once. The average age when the most severe form of physical institutional abuse began was 8.5 years and the average duration was 6.7 years.

Most severe form of sexual institutional abuse

50.6% of participants reported that they had experienced sexual abuse, serious enough to mention in answer to questions about the most severe form of sexual institutional abuse they had experienced. (This is close to the 47% rate of sexual abuse obtained on the institution version of the CTQ, a normed psychometric instrument.) 21.5% reported that fondling and masturbation was the most severe form of sexual institutional abuse they had experienced. For 18.6% it was oral, anal or vaginal penetration. For 6.9% it was attempted oral, anal or vaginal penetration. For 3.2% it was non-contact sex, for example, exposure. 16.6% reported that the most severe form of sexual institutional abuse occurred more than 2-10 times. 14.2 % mentioned that the most severe form of sexual institutional abuse occurred 11-100 times. For 10.5% it occurred only once and for 9.3% it occurred more than 100 times. The average age when the most severe form of sexual institutional abuse began was 10.73 years and the average duration was 2.83 years.

Worst thing that ever happened in an institution

Answers to the open-ended question 'What was the worst thing that happened to you in the institution?' were classified into four thematically salient groups, with inter-rater agreement of over 90% for the classification of a sample of 10% of all statements. The statements from 247 participants, classified into four thematic categories, are presented in Table 3.4. For 40.1% of participants, severe physical abuse was the worst thing that happened to them in an institution. For 34.4% it was humiliation and degradation. For 16.2%, it was sexual abuse and for 9.3%, the worst thing that happened in an institution was severe combined physical and sexual abuse. Participants reported that their worst experiences began, on average, at 9.1 years and lasted, on average, for 5.3 years.

Family version of the Childhood Trauma Questionnaire

121 participants had lived with their family and had sufficient memories of that time to complete the family version of the Childhood Trauma Questionnaire (CTQ). On the total scale of the family version of the CTQ 38% of these 121 cases were classified as having experienced child abuse. On the CTQ subscales, 26.4% were classified as having been physically abused; 8.3% as having been sexually abused; 20.7% as having been

emotionally abused; 47.9% as having been physically neglected; and 28.9% as having been emotionally neglected. These rates are considerably lower than the rates of institutional abuse given by the institutional version of the CTQ reported above, most of which were above 90%.

Most severe form of physical abuse in the family

44 participants reported that they had experienced physical abuse, serious enough to mention in answer to questions about the most severe from of physical abuse they had experienced within the family. 44 is 36%, or just over a third, of the group of 121 who had sufficient memory of living with their families to answer detailed questions about this period of their lives. Expressed as percentages of 121, 18.18% reported that being hit to leave bruises was the most severe form of physical abuse to which they had been exposed within the family. For 9% it was being assaulted to lead to medical attention; for 5.78% it was being hit without being bruised; and for 3.3% it was being assaulted to lead to cuts. Expressed as percentages of 121, 14.05% reported that the most severe form of physical abuse within the family occurred 11-100 times. 11.57 % mentioned that the most severe form of physical abuse within the family occurred 2-10 times, and for 10.74% it occurred more than 100 times. The average age when the most severe form of physical abuse within the family began was 7.29 years and the average duration was 5.2 years.

Most severe form of sexual abuse within the family

14 participants reported that they had experienced sexual abuse, serious enough to mention in answer to questions about the most severe from of sexual abuse they had experienced within the family. 14 is 11.57%, or just over a tenth, of the group of 121 who had sufficient memory of living with their families to answer detailed questions about this period of their lives. Expressed as percentages of 121, 5.78% reported that fondling and masturbation was the most severe sexual abuse they had experienced within the family. For 4.13% it was oral, anal or vaginal penetration. For 1.65% it was attempted oral, anal or vaginal penetration. 4.13% reported that the most severe form of sexual abuse within the family occurred only once. 3.3 % mentioned that the most severe form of sexual abuse within the family occurred more than 100 times. For a further 3.3% it occurred 11-100 times. The average age when the most severe form of sexual abuse within the family began was 8.55 years and the average duration was 4.48 years.

LIFE PROBLEMS

All participants had experienced one or more significant life problems. Mental health problems (74.1%), unemployment (51.8%) and substance use (38.1%) were the three most common difficulties occurring in a third to three quarters of cases. Less common problems included frequent illness (29.6%), frequent hospitalisation for physical health problems (28.3%), anger control in intimate relationships (25.9%), non-violent crime (22.3%) and homelessness (21.1%). Less than a fifth of cases had problems in the following areas: self-harm (17.8%), anger control with children (13.4%), incarceration for non-violent crime (13.4%), hospitalisation for mental health problems (13%), violent crime (10.1%), and incarceration for violent crime (7.3%). The inter-rater reliability kappa coefficient for each of the life problems was above .7 indicating that the problems were reliably measured.

STRENGTHS

To assess participants perception of their own strengths they were asked - where does your strength come from?; what has helped you most in facing life challenges?; and what is the thing that means most to you in your life? A summary of responses to these questions is given in Table 3.6. Participants' self-reliance, optimism, work and skills collectively were the most frequently reported sources of personal strength (59.3%) and factors that helped participants face life challenges (58%). Their relationships with their partners and / or family were the most commonly cited things that meant most to participants in their lives (70.2%). This was also the second most common source of strength (16.19%) along with their relationship with God or a spiritual force (16.19%). Their relationships with their partners and /or family was also the second most common factor that helped them face life challenges (25.5%). Relationship with God or a spiritual force and relationship with a friend including other survivors were cited by less than 11% of participants as factors that helped them face life challenges and things that meant most to them in their lives.

PSYCHOLOGICAL DISORDERS

Anxiety, mood and alcohol or substance use disorders were assessed with the Clinical version of the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID I, First, Spitzer, Gibbon & Williams, 1996). Avoidant, antisocial, borderline and dependent personality disorders were assessed with the Structured Clinical Interview for DSM-IV

Personality Disorders (SCID-II, First, Spitzer, Gibbon & Williams, 1997). The inter-rater reliability kappa coefficient for each of the diagnostic categories assessed was above .7 indicating that the diagnoses were reliably made (Cohen, 1960).

Overall rates of psychological disorders in survivors of institutional living

81.78% of participants at some point in their life had met the diagnostic criteria for an anxiety, mood, alcohol or substance use, or personality disorder. 18.21% (or 45 participants) had never had any psychological disorder.

With respect to DSM IV Axis I disorders, 64.8% of participants had at some point in their lifetime met the diagnostic criteria for a diagnosis of an anxiety, mood, alcohol or substance use disorder. 51.4% met the diagnostic criteria for a diagnosis of an anxiety, mood, or alcohol or substance use disorder when they were interviewed. With respect to DSM IV Axis II disorders, 30.4% had a personality disorder when interviewed.

From Table 3.7 it may be seen that for combined current and lifetime diagnoses, anxiety disorders were the most common (current: 44.9%, lifetime: 34.4%); followed by mood disorders (current: 26.7%, lifetime: 36%); followed by substance use disorders (current: 4.9%, lifetime: 35.2%); with the rate of personality disorders being the lowest of all broad categories of diagnoses (30.4%). (Only current and not lifetime diagnoses of personality disorders may be made.)

Comparison with rates of psychological disorders in the community

The overall rates of psychological disorders among survivors of institutional living in the present study, were far higher than those found in major international epidemiological studies of normal community populations conducted in Europe, the USA and the UK, summarized in Table 3.8 (Alonso et al., 2004; Grant et al., 2004; Kessler, Berglund et al., 2005; Kessler, Chiu et al., 2005; Singleton et al., 2001; Torgersen et al., 2001). The prevalence of current anxiety, mood and personality disorders among survivors of institutional living was more than twice that found in normal European, North American or British populations. The prevalence of lifetime diagnoses of anxiety, mood, and substance use among survivors of institutional living exceeded those found in normal European, North American or British populations by between 5 and 30%.

Anxiety disorders

From Table 3.7 it may be seen that for anxiety disorders the three most common conditions were social phobia (current: 19.8%, lifetime: 10.9%); generalized anxiety disorder (current: 17%, lifetime: 6.9%); and posttraumatic stress disorder (current: 16.6%, lifetime: 8.5%). Other anxiety disorders were less prevalent.

Mood disorders

From Table 3.7 it may be seen that for mood disorders the current (26.7%) and lifetime (36%) prevalence rates for major depression were higher than the rate of current dysthymia (11.3%). (Only current and not lifetime diagnoses of dysthymia may be made.)

Alcohol or substance use disorders

From Table 3.7 it may be seen that for alcohol or substance use disorders 27.1% had a lifetime diagnosis of alcohol dependence and 7.7% for a lifetime diagnosis of alcohol abuse. Prevalence rates for all other current and lifetime substance use diagnoses were below 5%.

Personality disorders

From Table 3.7 it may be seen that 21% of participants had avoidant personality disorder. 6.9% had antisocial personality disorder. 5.7% had borderline personality disorder and only 1.6% had dependent personality disorder.

TRAUMA SYMPTOMS ON THE TRAUMA SYMPTOM INVENTORY

Cases were classified as showing clinically significant trauma symptoms if they scored two standard deviations above the mean for the normative sample described in Briere's (1996) manual for the Trauma Symptom Inventory (TSI). A summary of the rates of cases showing clinically significant trauma symptoms on the TSI is given in Table 3.9. More than half of all participants showed clinically significant levels of avoidance of reminders of early trauma (59.9%) and intrusive experiences such as flashbacks (55.9%). Between a third and almost a half had clinically significant problems with impaired self-reference (46.2%), dissociation (44.1%), depression (41.7%), anxious arousal (38.5%) and maladaptive tension reduction (35.2%). For less than a third, anger (32%), sexual concerns (23.9%) and sexual dysfunction (12.6%) were clinically significant problems.

ADULT ATTACHMENT STYLES

Cases were classified as falling into four adult attachment style categories using the Experiences in Close Relationships Inventory, SPSS algorithm described in Brennan, Clark, & Shaver's (1998) chapter: Self-report measures of adult attachment: An integrative overview. A summary of the numbers of cases falling into the four categories is given in Table 3.10. Using this system, only 16.59% of cases were classified as having a secure adult attachment style, with the remaining 83.41% of cases having an insecure adult attachment style. A fearful adult attachment style, characterized by high interpersonal anxiety and avoidance was by far the most common insecure style, with 44.12% of participants being classified in this way. 26.72% had dismissive, and 12.55% had preoccupied adult attachment styles. A dismissive style is characterized by low interpersonal anxiety, but a high level of interpersonal avoidance, whereas a preoccupied style is characterized by high interpersonal anxiety and a low level of interpersonal avoidance.

RELIABILITY OF MULTI-ITEM SCALES

Multi-item scales were used to assess participants' recollections of abuse and a number of aspects of current functioning. These scales were used in correlational analyses reported below, and in other analyses reported in the next chapter. Before these analyses were conducted, the reliability of the scales was evaluated. Internal consistency reliability was evaluated with Cronbach's (1951) alpha and inter-rater reliability was assessed using the split-half method, treating ratings by each rater as two halves of the same scale. The ranges, means, standard deviations and reliability coefficients for the scales used in the correlational and later analyses are summarized in Table 3. 11.

With three exceptions, internal consistency and inter-rater reliability co-efficients close to or greater than .7 were obtained, indicating that scales had acceptable levels of reliability. The exceptional scales deserve mention. The total and severe physical abuse scales of the family version of the Severe Physical and Sexual abuse yielded internal consistency reliability co-efficients of .27 and .26 respectively; and the severe sexual abuse scale of the family version of the Severe Physical and Sexual abuse yielded an inter-rater reliability co-efficient of .53. These co-efficients indicate that these scales were relatively unreliable, and so results from them should be interpreted cautiously.

CORRELATIONS BETWEEN INDICES OF ABUSE AND ADJUSTMENT

Pearson product-moment correlations were computed between indices of institutional living and institutional and family-based child abuse on the one hand, and indices of adjustment on the other. These analyses are summarized in Table 3.12. In these analyses, the indices of institutional living and abuse were: the number of years spent living in an institution; the total score on the Institutional Abuse Scale (IAS); the total, physical abuse, sexual abuse, emotional abuse, physical neglect and emotional neglect scale scores of the institution and family versions of the Childhood Trauma Questionnaire (CTQ); and the total, severe physical and severe sexual abuse scale scores of the institution and family versions of the Severe Physical and Sexual Abuse scale (SPSA). In these analyses the indices of adjustment were: total number of current and lifetime psychological disorders; the total score on the Life Problems Checklist (LPC); the score on the Global Assessment of Functioning (GAF) scale; the total score on the Trauma Symptom Inventory (TSI); Socio economic status (SES); the number of failed marital or cohabiting relationships in a participants life; the total score on the Kansas Marital Satisfaction scale (KMS); scores on the interpersonal anxiety and avoidance scales of the Experiences in Close Relationships Inventory (ECRI); the total score on the Kansas Parent Satisfaction scale; and the total score on the World health Organization Quality of Life Scale.

To avoid type 1 error (accepting spurious correlations as significant) and to identify correlations in which variables shared at least 9% of the variance, only correlations with an absolute value of .3 or greater and significant at p<.01 were interpreted as significant and meaningful.

There were two important sets of findings. First, correlations larger than .3 and significant at p<.01 occurred between the total trauma symptoms score on the TSI on the one hand and the following indices of abuse on the other: the total (r=.38), sexual (r=.35), and emotional abuse (r=.32) scales of the institution version of the CTQ; and the total (r=.34) and severe sexual institutional abuse (r=32) scales of the institution version of the SPSA. These correlations show that participants who reported greater numbers of trauma symptoms also reported greater institutional sexual and emotional abuse.

The second set of findings was that correlations larger than .3 and significant at p<.01 occurred between the total problems score on the LPC on the one hand and the following indices of abuse on the other: the sexual abuse scale of the institutional version of the CTQ (r=.39); the severe institutional sexual abuse scale of the institution version of

the SPSA (r=.36); and the total (r=.32) and severe family physical abuse (r=.34) scales of the family version of the SPSA. However, correlations between the LPC and the scales from the family version of the SPSA must be interpreted cautiously because of the low reliability of the total and severe physical abuse scales of the family version of the SPSA. These correlations show that participants who reported greater numbers of life problems in adulthood also reported greater institutional sexual abuse, and severe family-based physical abuse (although this finding is tentative).

FACTORS ASSOCIATED WITH AGE, GENDER AND CICA COMMITTEE ATTENDED

To identify factors associated with age, gender and CICA committee attended, three sets of analyses were conducted. In the first of these, 135 males participants were compared with 112 female participants on all main variables. In the second analysis, 134 older participants whose age fell above the median age for all 247 participants were compared with 113 younger participants. In the third analysis, 175 participants who had attended the confidential committee were compared with 71 who attended the investigative committee. In each of these sets of analyses, to evaluate the statistical significance of intergroup differences, chi square tests were conducted for categorical variables and t-test were used for continuous variables. In all of these tests, p values were set conservatively at p<.01 to reduce the probability of type 1 error (misinterpreting spurious group differences as significant). In a further attempt to control for type 1 error, for continuous variables, where possible multivariate analyses of variance (MANOVAs) were conducted on groups of conceptually related variables, and only if the results of MANOVAs were significant were t-tests on individual variables conducted. For the TSI and the WHOQOL, which are multiscale instruments, unless the pattern of subscale scores differed greatly from that of total scores, for brevity, only analyses of total scores are reported. To facilitate interpretation of profiles of tabulated means, all psychological variables on continuous scales were transformed to T-scores (with means of 50 and standard deviations of 10) before analyses were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. In the interests of brevity only statistically significant results from these three sets of analyses are tabulated and reported.

Comparison of male and female participants

135 males participants were compared with 112 female participants on all main variables. From Table 3.13 it may be seen that there were statistically significant differences between male and female participants on the following historical and demographic variables: years spent living with the family before entering an institution, years spent in an institution, reason for entering and leaving an institution, institution management, age when worst experiences began, highest socioeconomic status (SES) attained since leaving school, and their own children's living arrangements. Male participants spent longer living with their families before entering institutions; they spent fewer years in institutions; more entered institutions for petty crime; more left because their sentences were over; more lived in institutions managed by religious brothers and priests (not nuns); their worst experiences began at an older age; they achieved a higher SES; and more had children who spent time living separately from them with the child's other parent.

From Table 3.14 it may be seen that that there were statistically significant differences between male and female participants in their recollections of child abuse on the following variables: the sexual and emotional abuse subscales of the institution version of the CTQ; the severe physical and sexual abuse scales of the institutional version of the SPSA. These results show that male participants reported more institutional sexual abuse than female participants, while females reported more emotional and physical abuse.

From Table 3.15 it may be seen that while significantly more female participants had lifetime diagnoses of panic disorder with agoraphobia, significantly more male participants had lifetime diagnoses of alcohol and substance use disorders, especially alcohol dependence.

From Table 3.16 it may be seen that male participants had significantly higher numbers of life problems, but also higher levels of global functioning and marital satisfaction than females.

Comparison of younger and older participants

134 older participants whose age fell at or above the median age of 59 for all 247 participants were compared with 113 younger participants on all main variables. From Table 3.17 it may be seen that there were statistically significant differences between older and younger participants on the following historical and demographic variables: reason for leaving the institution, current socio-economic status, duration of relationship with current partner, and age when first child was born. More older participants left their institutions

because they were too old to stay on; more were retired; they had longer relationships with their current partners; and were older when their first children were born.

From Table 3.18 it may be seen that there were statistically significant differences between older and younger participants in their recollections of child abuse on the following variables: the total score on the IAS; the emotional abuse scale of the institutional version of the CTQ; and the total, severe physical and severe sexual abuse scales of the institution version of the SPSA. Younger participants reported greater institutional, physical, sexual and emotional abuse. Younger and older participants did not differ in their recollections of family-based abuse.

From Table 3.19 it may be seen that significantly more younger participants had current anxiety, mood and personality disorders. With regard to specific disorders, rates of PTSD, generalized anxiety disorder and avoidant personality disorder were significantly higher among younger participants.

From Table 3.20 it may be seen that younger participants had significantly more trauma symptoms on the TSI, and more life problems in adulthood on the LPC. They also had a significantly lower quality of life on the WHOQOL 100 UK and a lower level of global functioning on the GAF.

Comparison of participants from the confidential and investigative committees

175 participants who had attended the confidential committee were compared with 71 who attended the investigative committee. From Table 3.21 it may be seen that there were statistically significant differences between participants from the confidential and investigation

committees on the following historical and demographic variables: number of years spent living with the family before entering an institution; years spent in an institution; reasons for entering and leaving an institution; institution management; age when worst experiences began; number of long term relationships or marriages that have ended; and participants' own children's current living arrangements. Participants from the confidential committee had spent fewer years with their families before entering an institution; they spent more years in an institution; more entered because they were illegitimate and left because they were too old to stay on; more lived in institutions managed by nuns; they were younger when their worst experiences began; more had maintained stable long term relationships with their partners; and more had provided their own children with care when they were growing up. More participants from the investigative committee entered intuitions through

the courts for petty crime and left because their sentences were over, and more lived in institutions run by religious brothers or priests.

From Table 3.22 it may be seen that there were statistically significant differences between participants from the confidential and investigative committees in their recollections of child abuse on the following variables: the total and sexual abuse scale of the institution version of the CTQ, and the severe sexual abuse scale of the institution version of the SPSA. Participants from the investigative committee reported greater institutional sexual abuse than participants from the confidential committee.

Significantly more participants from the investigative committee had a current diagnosis of major depression (Investigative Committee=25.4%, Confidential Committee=11.4%, Chi Square (df=1, N=247)=7.5, p<.01).

CONCLUSIONS

The 247 participants in this study included roughly equal numbers of men and women of about 60 years of age, who had entered institutions run by nuns or religious brothers due to family adversity or petty criminality. The majority were married with children and of lower socioeconomic status and low educational attainment. More than 90% of participants were classified as having experienced institutional physical and emotional child abuse and about half as having experienced institutional child sexual abuse. Just over a third of those who had memories of having lived with their families reported family-based child abuse or neglect. All participants had experienced one or more significant life problems. About four fifths of participants at some point in their lives had had a psychological disorder and this rate of psychological disorders was far higher than in normal community populations. The majority of participants showed post-traumatic symptoms and an insecure adult attachment style. Institutional sexual abuse was found to be associated with current post-traumatic symptomatology and major life problems. Male and female, and younger and older participants had different profiles as had participants from the confidential and investigation committees.

Table 3.1. Historical characteristics

Variable	Categories		Values
Years with family before entering an institution (N=246)		M	5.40
		SD	4.55
Years in an institution (N=247)		M	10.03
		SD	5.21
Reason for entering an institution (N=247)			
	Parents could not provide care	f	104.00
		%	42.10
	Petty crime	f	58.00
		%	23.50
	Illegitimate	f	48.00
		%	19.43
	Parent died	f	35.00
		%	14.17
	Unknown or other	f	2.00
		%	0.80
Reason for leaving the institution (N=247)			
	Too old to stay on	f	176.00
		%	71.25
	Family wanted to take him / her home	f	34.00
		%	13.76
	Sentence was over	f	19.00
		%	7.69
	Ran away	f	8.00
		%	3.23
	The institution closed down	f	4.00
		%	1.61
	Unknown or other	f	6.00
		%	2.42
Institution management (N=247)			
	Nuns	f	121.00
		%	49.00
	Religious brothers or priests	f	77.00
		%	31.17
	Nuns and religious brothers or priests	f	49.00
		%	19.83
Were you happy to leave the institution? (N=247)			
	Yes	f	152.00
		%	61.50
	Mixed feelings	f	84.00
		%	34.00
	No	f	11.00
		%	4.50

Note: For each variable with multiple categories, the percentages sum to approximately 100. Minor deviations from 100 are due to rounding of decimals to two places.

Table 3.2. Demographic characteristics

Variable	Categories		Values
Gender (N=247)	Male	f	135.00
		%	54.70
	Female	f	112.00
		%	45.30
Age (N=247)		M	60.05
		SD	8.33
Current socio-economic status (SES) (N=241)			
	Unemployed	f	60.00
		%	24.30
	Unskilled manual	f	38.00
		%	15.40
	Semi-skilled manual and farmers owning less than 30 acres	f	28.00
		%	11.30
	Skilled manual and farmers owning 30-49 acres	f	12.00
		%	4.90
	Other non-manual and farmers owning 50-99 acres	f	8.00
		%	3.20
	Lower professional and l managerial; farmers owning 100-199 acres	f	9.00
		%	3.65
	Higher professional and managerial; farmers owning 200 acres	f	1.00
		%	0.40
	Retired	f	85.00
		%	34.40
Highest SES attained since leaving school (N=235)			
	Unskilled manual	f	104.00
		%	42.10
	Semi-skilled manual and farmers owning less than 30 acres	f	62.00
		%	25.10
	Skilled manual and farmers owning 30-49 acres	f	31.00
		%	12.60
	Other non-manual and farmers owning 50-99 acres	f	21.00
		%	8.50
	Lower professional and managerial; farmers owning 100-199 acres	f	15.00
		%	6.10
	Higher professional and managerial; farmers owning 200 acres	f	2.00
		%	0.80
Education: Highest exam passed (N=244)			
	None	f	121.00
		%	49.00
	Junior school exam in 5th or 6th class (e.g. primary cert)	f	62.00
		%	25.10
	Mid high school exam (e.g. Inter or junior cert)	f	15.00
		%	6.10
	Leaving cert	f	13.00
		%	5.30
	Certificate or diploma or apprenticeship exam	f	25.00
		%	10.10
	Primary degree (e.g. BA)	f	8.00
		%	3.20
Marital status (N=245)			
	Married in first long term relationship	f	98.00
		%	39.70
	Married in second or later marriage	f	23.00
		%	9.30
	Cohabiting in first long term relationship	f	2.00
		%	0.80
	Cohabiting in second or later long term relationship	f	14.00
		%	5.70
	Single and widowed	f	22.00
		%	8.90
	Single and never married or cohabited	f	28.00
		%	11.30
	Single and divorced from first married partner	f	24.00
		%	9.70
	Single and separated from first cohabiting partner	f	6.00
		%	2.40
	Single and separated from first marital partner	f	17.00
		%	6.90
	Single and separated or divorced from second or later partner	f	11.00
		%	4.50
Number of long term relationships or marriages that have ended (N=217)			

Variable	Category	Statistic	Value
	No relationship has ended	f	75.00
		%	34.60
	1 relationship	f	79.00
		%	36.40
	2 relationships	f	37.00
		%	17.10
	3 relationships	f	13.00
		%	6.00
	4 or more relationships	f	13.00
		%	6.00
Duration of relationship with current partner (N=134)		M	31.10
		SD	10.73
Number of children (N=212)		M	3.38
		SD	1.92
Age when had first Child (N=207)		M	25.53
		SD	5.56
Children's living arrangements (N=211)			
	Always lived with respondent	f	162.00
		%	76.80
	Spent some time living with their other parent	f	28.00
		%	13.30
	Spent some time living with their relatives	f	6.00
		%	2.80
	Spent some time living in care	f	10.00
		%	4.70
	Children put up for adoption	f	5.00
		%	2.40

Note: For each variable with multiple categories, the percentages sum to approximately 100. Minor deviations from 100 are due to rounding of decimals to two places. Socio-economic status (SES) was assessed with O'Hare, A., Whelan, C.T., & Commins, P. (1991). The development of an Irish census-based social class scale. *The Economic and Social Review*, 22, 135-156. The percentages in long term relationships or marriages that have ended was based on the number of cases who had had any marriages or long-term relationships (N=217). The mean duration of relationship with current partner was based on the number of participants who were married or cohabiting (N=134). The mean number of children (N=212), mean age when had first child (N=207) and percentage of children in each of the children's living arrangements (N=211) categories were based on cases with children only for whom relevant data were reported.

Table 3.3. History of abuse

Variable	Scales, items or categories		f	%
INSITUTIONAL CHILD ABUSE (N=247)				
CTQ-Institution	Total child abuse		245.00	99.20
	Physical abuse		240.00	97.20
	Sexual abuse		116.00	47.00
	Emotional abuse		234.00	94.70
	Physical neglect		241.00	97.60
	Emotional neglect		235.00	95.10
Institutional abuse scale (N=247)				
	I was punished unfairly by my carers		228.00	92.30
	I was terrified of my carers		219.00	88.70
	I could never predict when I would be punished by my carers		218.00	88.30
	My carers tried to break me		210.00	85.00
	My carers tried to take away my hope		198.00	80.10
	My carers told me I was bad		187.00	75.70
	My carers took away my own clothes		160.00	64.70
	My carers separated me from my brother(s) or sister(s)		116.00	47.00
	My carers said my mother was bad		106.00	43.00
	My carers destroyed my treasured possessions (pictures, teddy bears, mementoes etc)		94.00	38.00
	My carers told me my mother did not love me		75.00	30.40
	My carers said my father was bad		65.00	26.40
	My carers told me my father did not love me		54.00	21.00
Most severe physical institutional abuse (N=247)				
	Being assaulted to lead to medical attention		104.00	42.10
	Being hit to leave bruises		74.00	30.00
	Being assaulted to lead to cuts		51.00	20.60
	Being hit without being bruised		15.00	6.00
	None		3.00	1.30
Frequency of most severe form of physical institutional abuse (N=247)				
	More than 100 times		115.00	46.60
	11-100 times		59.00	23.90
	2-10 times		46.00	18.60
	Once		24.00	9.70
	Never		3.00	1.20
Age when most severe form of physical institutional abuse began (N=233)				
		M	8.50	
		SD	3.72	
Duration of most severe form of physical institutional abuse (N=229)				
		M	6.74	
		SD	4.42	
Most severe form of sexual institutional abuse (N=246)				
	None		122.00	49.40
	Contact (fondling and masturbation)		53.00	21.50
	Penetration (oral, anal or vaginal sex)		46.00	18.60
	Attempted penetration (oral, anal or vaginal sex)		17.00	6.90
	Non-Contact (flashing, exposure)		8.00	3.20
Frequency of most severe form of sexual institutional abuse (N=247)				
	Never		122.00	49.40
	2-10 times		41.00	16.60
	11-100 times		35.00	14.20
	Once		26.00	10.50
	More than 100 times		23.00	9.72
Age when most severe form of sexual institutional abuse began (N=122)				
		M	10.73	
		SD	2.87	
Duration of most severe form of sexual institutional abuse (N=111)				
		M	2.83	
		SD	2.99	
Worst thing that ever happened to you in an institution (N=247)				
	Severe physical abuse		99.00	40.10
	Severe humiliation and degradation		85.00	34.40
	Severe sexual abuse		40.00	16.20
	Severe physical and sexual abuse		23.00	9.30
Age when worst thing in an institution began (N=237)				
		M	9.18	
		SD	3.65	
Duration of worst thing in an institution (N=225)				
		M	5.33	
		SD	4.66	
CHILD ABUSE IN THE FAMILY				
CTQ-family (N=121)	Total child abuse		46.00	38.00
	Physical abuse		32.00	26.40

	Sexual abuse		10.00	8.30
	Emotional abuse		25.00	20.70
	Physical neglect		58.00	47.90
	Emotional neglect		35.00	28.90
Most severe physical abuse in the family (N=121)				
	Being hit to leave bruises		22.00	18.18
	Being assaulted to lead to medical attention		11.00	9.00
	Being hit without being bruised		7.00	5.78
	Being assaulted to lead to cuts		4.00	3.30
Frequency of most severe form of physical abuse in the family (N=121)				
	11-100 times		17.00	14.05
	2-10 times		14.00	11.57
	More than 100 times		13.00	10.74
Age when most severe form of physical abuse in the family began (N=41)				
		M	7.29	
		SD	2.80	
Duration of most severe form of physical abuse in the family (N=42)				
		M	5.20	
		SD	4.13	
Most severe sexual abuse in the family (N=121)				
	Contact (fondling and masturbation)		7.00	5.78
	Penetration (oral, anal or vaginal sex)		5.00	4.13
	Attempted penetration (oral, anal or vaginal sex)		2.00	1.65
Frequency of most severe form of sexual abuse in the family (N=121)				
	Once		5.00	4.13
	More than 100 times		4.00	3.30
	11-100 times		4.00	3.30
Age when most severe form of sexual abuse in the family began (N=11)				
		M	8.55	
		SD	2.46	
Duration of most sever form of sexual abuse in the family (N=11)				
		M	4.48	
		SD	4.08	

Note: CTQ=Childhood Trauma Questionnaire (Bernstein, D. & Fink, L. (1998). *Childhood Trauma Questionnaire: A retrospective self-report.* Manual. San Antonio, TX: The Psychological Cooperation). For the CTQ scales, the following cut-off scores were used in classifying cases as abused: emotional abuse: 13; emotional neglect: 14; physical abuse: 11; physical neglect: 10; sexual abuse: 9; and overall CTQ child abuse score: 52. These cut-off scores are two standard deviations above the mean for combined male and female normative samples reported in Scher, C., Stein, M., Asmundson, G., McCreary, D. & Forde, D. (2001). The Childhood Trauma Questionnaire in a Community Sample: Psychometric properties and normative data. *Journal of Traumatic Stress*, 14 (4), 843- 857. On the institutional abuse scale items, cases were classified as having experienced the abuse specified in the item if they were rated as often true or very true. For both institutional and family versions of the CTQ, categories and for the items on the institutional abuse scale, percentages sum to more than 100%. For 'most severe form of physical abuse' and 'frequency of most severe form of physical abuse,' percentages in 5 categories for each question sum to about 100. For 'most severe form of sexual abuse' and 'frequency of most severe form of sexual abuse' percentages in 5 categories for each question sum to about 100. Minor deviations from 100 are due to rounding of decimals to two places. For the 'worst thing that ever happened' , verbatim responses were classified into 4 categories and percentages in these 4 categories sum to about 100.

Table 3.4. Statements of ‘worst thing’ that happened to participants while living in an institution

Severe physical and sexual abuse

Abused sexually by older boys (but not by brothers). Emotional and physical abuse by the brothers
Stripped naked by a nun and beaten with a stick and given no supper and humiliated
After running away having my hair cut off to a very short length and was made to stand naked to be beaten by nun in front of other people
I was raped and severely beaten by a male carer
Sexual abuse and beatings
At 6 I was raped by nun and at 10 I was hit with a poker on head by nun
When I told nuns about being molested by ambulance driver, I was stripped naked and whipped by four nuns to "get the devil out of you".
Sexual abuse, beatings, and no treatment for illness
Beatings, brutality, sexual abuse, starvation and the general abuse
Sexual abuse and physical abuse combined
Sexual and physical abuse, no education, and not enough food.
Sexually abuse and being beaten
Sexual and physical abuse and living in fear
Sexual abuse and the physical beatings
Forced oral sex and beatings
Being beaten and anally raped
A bother tried to rape me but do not succeed, so I was beaten instead
Taken from bed and made to walk around naked with other boys whilst brothers used their canes and flicked at their penis'
Scalded by accident and sexually interfered with
Oral sex and being beaten if I refused
Tied to a cross and raped whilst others masturbated at the side
Sexual abuse, beatings and living in fear
Beatings and sexual abuse

Severe physical abuse

I was polishing the floor and a nun placed her foot on my back so I was pushed to the floor. I was locked in a dark room.
Being beaten by nuns when I tried to protect sister from beating
When my carers believed me and 3 others were leaving the institution, they gave me severe physical punishment and took activities away from 200 other boys for 10 weeks, but blamed this on me. The boys were allowed to abuse me often for this.
Having to empty the toilets and being lifted off the ground by my sideburns
Put in bath of Jays fluid with 3 others
They used to make my sisters beat me
Badly physically beaten and humiliated
Having my head submerged in dirty water in the laundry repeatedly by a nun
Being beaten regularly
Burst eardrum because of a beatings and loneliness
Physical abuse and segregation from other children for no reason
A severe beating by two nuns for a trivial misdemeanour until I was bleeding
Being beaten for wetting the bed and allocated to do worst work like cleaning potties and minding children
Tied to a bed and physically abused by three carers

Being physically beaten by nuns and referred to as a number. My head was pushed under water in the bath. The nuns threw food into a group of children and I would have to struggle to get some food.
Beatings not getting a proper education
Being told at 6.30pm on way to bed that would be beaten next morning at 6.30am. It was torture waiting for it.
Beatings with shoe horn
Being beaten
One brutal beating at 12 or13 years old; and being left for long periods of time facing the wall
A very severe beating with wooden curtain pole, the hunger and the cold
Being stripped and thrown into nettles and sleeping with pigs for a week
Beatings
Constant physical abuse which made me terrified all the time
A violent physical beating
I was left hanging out of a window for hours with finger stuck in it, and was guaranteed to be beaten everyday
Beatings
Beaten for wetting bed and humiliated in front of others. I was forced to stand in dormitory for hours at a time
Everything was the worst: physical abuse and mental torture
Not being fed one day and then being beaten on the table in the dining hall
Beatings
Being beaten with wooden clothes hangers by the nuns
Beatings and name-calling
Having my hair cut off in spite and being beaten on the floor
I got beaten twice because I stole a sandwich,
Beatings and verbal abuse
Being locked in a furnace room and left, bitten by rats, found by coal delivery man, removed, washed in cold water, bites cleaned and them put back there
Being punished when tired and no-one listening to me about the abuse
I was punished a lot for running away, beaten with strap, and had my head shaved a few times
Being beaten in my underwear in the large washroom by prefects
Starving and beatings like a concentration camp. There were so many worst things. Everyday was a nightmare.
Severe beatings and taking away of our dignity "scamping" .
The hidings and the appalling hygiene
The beatings, the lack of education and not being fed properly
Having my neck sliced in an attempt to treat a growth on neck> This was not medical treatment, it was cruel.
My hair was cut short as punishment and I was beaten very badly in front of everyone when I came home late
Being beaten by an older girl who was in charge. I was hit all over mainly on the legs, and this caused welts
We were all lined up naked and slapped in the face a lot. We all had to drink water from toilets and were all washed in same dirty bath water
Receiving a severe beatings and witnessing my younger brother returning from a severe beating
Being beaten with a cane and strap; being separated me from my family
Being beaten naked and flogged so hard that marks remained for months afterwards
Extreme physical abuse leading to a burst ear drum and receiving no medical attention for days
Severe physical abuse and feelings of helplessness
Lashing; name calling (the name 'good for nothing' is still with me today); starving while watching pets being fed
Being beaten by a lay night-watchman 60 times until I wet myself because I was awake and being beaten by a brother on the bare backside. He bruised and battered me.
Physical abuse by the brothers and the lay night-watchman
Physical abuse and eating from the rabbit huts
Punished for stealing apples by being hit with a belt and having my hair cut
Physical and mental abuse. Being beaten every day by brothers and older boys.
The physical beatings, the emotional abuse, and no opportunity for learning or education.
The brothers tied to flog me to death
Physical abuse, my trousers were taken down and I was beaten on bare skin
Being beaten until knocked out and my head split. Having my finger placed in boiling water until all feeling was lost; the finger swelled up, skin wore away, and the nail fell off
Emotional and physical abuse; being placed there for no reason; the removal of all emotion from me
Beatings and starvations

Being thrown and ducked in scalding hot baths; being taken to hospital and anaesthetised with ether when getting my tonsils out. I have awful memories of feeling like being smothered with ether, similar to being ducked in the bath; I came as near death as you can imagine
On my second day I was badly kicked, and beaten with fists and belts
Physical abuse
Being whipped and humiliated in front of the other children
Kicked and beaten after running away
Beatings
Beaten severely
Being abused; once my tongue was almost cut out
Constant beatings; I was forced to sit on potty until my rectal muscle popped out
Beaten by nuns with cat-o-nine-tails that left deep cuts
Beaten and scared with hurley
Kicked down the stairs
I was badly beaten and witnessed extreme beatings
Beaten till my hands bled
Beatings
I was beaten whilst naked, pushed down stairs and broke my foot
Being beaten and ridiculed
Being beaten with hosepipe and fear of further beatings
Beaten so bad that I had to stay in bed for a week
Being strangled by a brother
Hunger and being slapped
Badly beaten after running away
Bad beatings
Being hit on my back by a brother and sustaining a life long injury
I was beaten in the shower naked, and not allowed to say goodbye when leaving
Whipping
Beaten until I had bones broken
Being stripped and flogged and locked in room for 2-3 weeks
Beaten

Severe sexual abuse

Sexual abuse - molested at night
Sexual abuse
Oral and anal sexual abuse on one occasion
Molested and masturbation
Rape
Sexual abuse and made to feel so insecure
Sexual abuse, starvation and secrecy in an institution that wasn't fit for habitation
Gang-rape
Sexual assault
Sexually molested by a priest visiting the institution on 6-8 occasions
The day I entered the institution another boy tried to sexually assault me
Sexual abuse perpetrated by gardeners, a social worker and other male convent employees
Sexual abuse
Being left out in the cold one winter and staying out near the boiler where older boys who had been sent by the courts tried to molest him and I had to fight them off
A brother sexually abused me
Child sexual abuse by older boys (not the brothers)
Sexual abuse
Sexual abuse
Raped by a brother

Sexually abused in a toilet twice, and mental abuse, shown horror movies.
Sexual abuse and witnessing violence. I had a rubber hoses stuck up me and I had to watch my carers beating the youngest most vulnerable children.
Sexual abuse
Being raped by the director of the school
Rape
Being raped by Christian Brothers
Being asked by other students to abuse younger child sexually as an initiation right
Touched in a sexual way in bed at night by a Brother
Raped
Molested every week by brothers and older boys
Anal penetration by a Christian Brother
Sexual abuse
I was raped
Sexual abuse and rape
Raped by a brother
Rape
Sexually assaulted
Sexual abuse
Rape
Rape
Sexual Abuse

Severe emotional abuse

When my mother first came to visit after 6 months, she cried lots at how much weight I and all the kids had lost. She cried lots saying 'I didn't put ye here'
Watching other boys who had just been beaten for wetting the bed coming out of the office in pain, hearing the crying and seeing other boys trying to help
Having to go into church and kiss a dead man in his coffin
Father prevented from seeing me
They told my brothers I had died. I was hit for crying in response and told to stop
Not being loved
Neglect. Craving love but getting none
After a disagreement with a nun, my long hair was cut off in my sleep as they knew I loved it
Living in fear
Being painted with a paint brush
The night I entered the institution, my clothes and teddy thrown away
Getting chilblains frostbite, and sores so deep I could see my bones on my hand from working in the fields was worse than the beatings
The fear, starvation and hard labour
Deprived of chance to go to my grandmother's funeral
The first day I was told my mother didn't want me
Humiliation of being sent to school with wet sheets wrapped around me after bed wetting incident
Being force fed and held down
Seeing a young boy die. He was 12 years old, beaten by brothers on landing and fell over banister
Told to say I was the devil and had to wear a "devil's tongue" hat
Unfair way I and the others were treated. The fear – I was always afraid
I had my identity taken away. I was known by a number only.
Having pubic hair shaved off and a nun telling people about it at dinner . She said "I shaved the monkey".
I can take any abuse, but the worst thing was having no one. Seeing other kids going out with their families and not knowing why I had no one. I was lied to: told that my parents were dead. I only found out in my 50's that they were alive
I could stand the beating, The worst thing was the mental abuse: being put in there in the first place and not understanding why
Put in a bath of cold water
I was humiliated when the teacher of sixth class insulted me because of my father arguing with the head of industrial school
At age nine I was sent to pluck turkeys in a coal shed in the cold and had freezing fingers

The worst thing was the emotional removal of self: it still has a huge effect on my life
Lack of education: Not being taught how to read or write. That's the most hurtful thing
Having soiled sheets put over my head for one hour when I wet the bed at night
It was threatened that my father would lock me in a mental institution if I didn't stop causing trouble
Punishment was meted out repeatedly for the same misdemeanour. Constantly being threatened with punishment.
Getting an artificial limb without my or my mother's consent. I was the only child in the institution with a physical disability and I felt marked out.
Nightmares due to living with constant uncertainty and unpredictability
Listening to them talking badly about my mother and being taunted about my physical appearance. I was called "four eyes"
Loneliness at Christmas time
Public humiliation about my mother being unmarried
Loss of finger through gangrene due to lack of medical attention. She loved to play the piano and this meant loss of hope to become a music teacher
Poor hygiene and not being informed or provided with information or sanitation
Looking at younger kids being beaten
We were children and we did so much hard work. We were up at six o'clock in the morning. We have no childhood memories. We knew no better
Just being there was the worst thing and the humiliation especially
Being a celiac was never detected, because the nuns were not educated enough to know about the disease
The worst thing was the overall effect of breaking my spirit; the violence; and the constant blanket of terror
The constant fear. I was called into the office and told my mother had died. I actually felt relief that it wasn't a punishment
The leg of a chair was pressed against my temple for interrupting the teacher at the blackboard when I asked to go to the toilet
Feeling alone and unloved
I was afraid to tell the nuns I had a sore on my leg. They found out and cut my hair off.
Witnessed my sister being whipped until she bled, then made to kneel in refectory for 3 months
Being locked in a cupboard in the attic
The emotional abuse was worse than the physical abuse and its effects have stuck since then
My leg was badly burnt and I was kept hidden in a room for 5 weeks without any medical treatment. I was ill with mumps and not allowed stay in bed. I had to get up for Holy Communion. Witnessing physical abuse of other children. Watching their heads being shaved. Being hungry.
Psychological trauma of living in fear most of the time
The worst thing was the sense of being an orphan and being incarcerated and criminalised: the monotony; the ball-aching mind-aching hopelessness
Being locked in a coal-shed three times
I hated being in the band and hated the priest in charge
I found a little girl dead in her bed after they'd gone for a walk and the girl hadn't been feeling up to it. The lack of sex-education was terrible, I didn't know what was happening when period started. The coldness at night.
Feeling like a 'nobody' and that everyone was better. Always feeling insecure.
Constantly being told I was worthless and shouldn't have been born. Being called a 'dying cat'.
Seeing a woman with intellectual disabilities having her baby taken away from her
Fear of every thing. Fear of God. Fear of the Christian Bros. Fear that I would go to hell.
I overheard someone say that my mother had died the night before. When I asked about it I was ignored and dismissed. My friend was beaten so badly for wetting the bed that I watched her die. I was constantly starving.
I had to bribe my carers with bread so I wasn't beaten.
Emotional abuse. I was never allowed to show my feelings
Being put in a lower streamed class
Having cold baths in the morning
Being taken away from my friends and moved around between four institutions
Being locked in a cattle shed in the dark
I was put naked into a coffin as punishment
Chained in front of whole convent 26 times for marking paintwork
Not being able to go home at Christmas when the other boys did
Feeling of being alone and having no one
Being made to use a bucket for toilet and having no toilet paper
I was put in a cellar to peel potatoes for three days after wetting myself
Seeing my brother being beaten
It was all bad

Witnessing another boy drown and no one showing concern for him or the dead boy
Being taken into the office and told my foster mother had died and then immediately sent away again
Fear of being punished
Getting BCG injection 3 times. I had a very bad pain in my arm and was on a bed trolley
I was left all night on landing, It was a very frightening experience
The worst thing was going into and institution and leaving my family
I was left alone in the school yard for up to 10 hours
The worst thing was, they took away my dignity
The lack of food. The feeling of being unsafe and de-valued
The worst thing was when they got me to hold out brothers hand whilst they slapped it

Note: N=247. There were 23 cases where the worst thing reported was severe physical and sexual abuse; 99 cases where it was severe physical abuse; 40 cases where it was severe sexual abuse; and 85 cases where it was severe emotional abuse. Statements were classified as severe physical abuse if the person reported physical violence, beating, slapping, or being physically injured, but not having medical attention withheld. Statements were classified as severe sexual abuse if the person reported the words sexual abuse or mentioned rape; genital, anal or oral sex; masturbation; or other coercive sexual activities involving either staff or older pupils. Statements were classified as severe physical and sexual abuse if they involved both severe physical abuse and severe sexual abuse as defined earlier. Statements of actions involving humiliation, degradation, severe lack of care, withholding medical treatment, witnessing the traumatization of other pupils and adverse experiences that were not clearly classifiable as severe sexual or physical abuse were classified as severe emotional abuse. Inter-rater agreement greater than 90% was achieved for a sample of 10% of statements.

Table 3.5. Life problems

Life problems	Frequency	%
Mental health problems	183	74.10
Unemployment	128	51.80
Substance use	94	38.10
Frequent illness	73	29.60
Frequent hospitalisation for physical health	70	28.30
Anger control in intimate relationships	64	25.90
Non-violent crime	55	22.30
Homelessness	52	21.10
Self-harm	44	17.80
Anger control with children	33	13.40
Incarceration for non-violent crime	33	13.40
Hospitalisation for mental health problems	32	13.00
Violent crime	25	10.10
Incarceration for violent crime	18	7.30

Note: N=247. Life problems do not represent mutually exclusive categories and so percentages sun 100%. Inter-rater reliability was assessed on 52 cases with Kappa (Cohen, J. (1960). A coefficient o nominal scales. *Educational and Psychological Measurement*, 20, 37-46). The inter-rater reliability k each of the life problems was above .7 indicating that the problems were reliably measured.

Table 3.6. Strengths

		Where does your strength come from? (N=243)	What has helped you most in facing life challenges? (N=243)	What is the thing that means most to you in your life? (N=242)
Self-reliance, my optimism, my work, and my skills	f	144.00	141.00	53.00
	%	59.30	58.00	21.80
Relationship with current partner / family	f	40.00	63.00	170.00
	%	16.50	25.90	70.20
Relationship with God or spiritual force	f	40.00	25.00	7.00
	%	16.50	10.30	2.90
Relationship with a friend including other survivors	f	19.00	14.00	12.00
	%	7.80	5.80	5.00

Table 3.7. Psychological disorders

	Frequency	%	Inter-rater reliability Kappa
Any current or lifetime anxiety, mood, substance use or personality disorders	202	81.78	-
Any anxiety, mood or substance use disorder			
Any lifetime disorder	160	64.80	0.95
Any current disorder	127	51.40	0.84
Anxiety disorders			
Any lifetime anxiety disorder	85	34.40	0.95
Any current anxiety disorder	111	44.90	0.88
Social phobia, lifetime	27	10.90	1.00
Social phobia , current	49	19.80	1.00
Generalized anxiety disorder, lifetime	17	6.90	1.00
Generalized anxiety disorder , current	42	17.00	0.77
Posttraumatic stress disorder, lifetime	21	8.50	0.85
Posttraumatic stress disorder, current	41	16.60	0.86
Panic disorder without agoraphobia, lifetime	22	8.90	1.00
Panic disorder without agoraphobia, current	16	6.50	1.00
Panic disorder with agoraphobia, lifetime	16	6.50	1.00
Panic disorder with agoraphobia, current	18	7.30	1.00
Agoraphobia without panic disorder, lifetime	1	0.40	1.00
Agoraphobia without panic disorder, current	8	3.20	1.00
Specific phobia, lifetime	10	4.00	1.00
Specific phobia, current	25	10.10	0.91
Obsessive compulsive disorder, lifetime	9	3.60	1.00
Obsessive compulsive disorder, current	8	3.20	1.00
Mood Disorders			
Any lifetime mood disorder	89	36.00	1.00
Any current mood disorder	66	26.70	1.00
Major depression, lifetime	89	36.00	1.00
Major depression, current	38	15.40	1.00
Dysthymia	28	11.30	1.00
Alcohol or substance use disorders			
Any lifetime alcohol and substance use disorder	87	35.20	1.00
Any current alcohol or substance use disorder	12	4.9	1.00
Alcohol dependence, lifetime	67	27.10	1.00
Alcohol dependence, current	9	3.60	1.00
Alcohol abuse, lifetime	19	7.70	1.00
Alcohol abuse, current	1	0.40	1.00
Other substance dependence, lifetime	8	3.20	1.00
Other substance dependence, current	3	1.20	1.00
Other substance abuse, lifetime	2	0.80	1.00
Other substance abuse, current	0	0.00	1.00
Personality disorders			
Any personality disorder	75	30.40	0.96
Avoidant personality disorder	52	21.10	0.96
Antisocial personality disorder	17	6.90	1.00
Borderline personality disorder	14	5.70	1.00
Dependent personality disorder	4	1.60	1.00

Note: N=247. Mood, anxiety and substance use disorders were assessed with the SCID-I (First, M., Spitzer, R., Gibbon, M., and Williams, J. (1996). *Structured Clinical Interview for DSM-IV Axis I Disorders, Clinician Version (SCID-CV).* Washington, DC: American Psychiatric Press). Personality disorders were assessed with the SCID-II (First, M., Spitzer, R., Gibbon M., & Williams, J. (1997). *Structured Clinical Interview for DSM-IV Personality Disorders, (SCID-II).* Washington, DC: American Psychiatric Press). Psychological disorders do not represent mutually exclusive categories and so percentages sum to more than 100%. With N=52, the inter-rater reliability kappa coefficient for each of the diagnostic categories assessed was above .7 indicating that the diagnoses were reliably made (Cohen, J. (1960). A coefficient of agreement for nominal scales. *Educational and Psychological Measurement*, 20, 37-46).

Table 3.8. Rates of psychological disorders among survivors of institutional living compared with rates in normal community samples in Europe, UK and USA.

	CICA	Europe	USA	UK
Anxiety disorders				
Any lifetime Anxiety disorder	34.40	13.60	28.80	-
Any current anxiety disorder	44.90	6.00	18.10	7.97
Mood Disorders				
Any lifetime mood disorder	36.00	14.00	20.80	-
Any current mood disorder	26.70	4.20	9.50	2.58
Substance induced disorders				
Any lifetime alcohol and substance use disorder	35.20	5.20	14.60	-
Any current alcohol or substance use disorder	4.9	1.00	3.80	-
Personality disorders				
Any personality disorder	30.40	13.10	14.79	4.00

Note. European current (1 year) and lifetime prevalence rates for anxiety mood and substance use disorders are from Alonso, J., Angermeyer, M., Bernert, S., Bruffaerts, R., Brugha, T.S., Bryson, H., de Girolamo, G., de Graaf, R., Demyttenaere, K., Gasquet, I., Haro, J.M., Katz, S., Kessler, R.C., Kovess, V., Lépine, J.P., Ormel, J., Polidori, G., Vilagut, G. (2004). Prevalence of Mental Disorders in Europe: Results from the European Study of Epidemiology of Mental Disorders (ESEMeD) Project. *Acta Psychiatrica Scandninavica*, 109 (suppl 420), 21-27. USA current (1 year) prevalence rates are from Kessler, R., Chiu, W., Demler, O. & Walters, E.E. (2005). Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 62(6), 617-627. USA lifetime prevalence rates are from Kessler, R., Berglund, P., Demler, O., Jin, R. & Walters, E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry,* 62(6), 593-602. USA prevalence rates of personality disorders are from Grant, B., Hasin, D., Stinson, F., Dawson, D., Chou, S. & Ruan, W. J. et al. (2004). Prevalence, correlates, and disability of personality disorders in the United States: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Clinical Psychiatry,* 65, 948-58. UK current (1 week) prevalence rates are from Singleton, N., Bumpstead, R., O'Brien, M., Lee, A. & Meltzer, H. (2001). *Psychiatric Morbidity Among Adults Living in Private Households, 2000.* London, UK: Stationary Office. The European prevalence rate for personality disorders is based on a study in Norway: Torgersen, S., Kringlen, E. & Cramer, V. (2001). The prevalence of personality disorders in a community sample. *Archives of General Psychiatry,* 58, 590-596.

Table 3.9. Trauma symptoms on the Trauma Symptom Inventory

Trauma symptoms	Frequency	%
Avoidance	148	59.90
Intrusive experiences	138	55.90
Impaired self-reference	114	46.20
Dissociation	109	44.10
Depression	103	41.70
Anxious arousal	95	38.50
Maladaptive tension reduction	87	35.20
Anger	79	32.00
Sexual concerns	59	23.90
Sexual dysfunction	31	12.60

Note: N=247. Cases were classified as showing trauma symptoms if they scored 2 standard deviations above the mean for the normative sample. The following cut-offs were derived from the normative sample described in Briere, J. (1996). *Trauma Symptom Inventory*. Odessa, FL: Psychological Assessment Resources: Anxious arousal: 15; Depression:14; Anger: 16; Intrusive experiences: 14; Avoidance: 16; Dissociation: 12; Sexual concerns: 9; Sexual dysfunction: 5; Impaired self-reference: 12; and Maladaptive tension reduction behaviour: 5. Trauma symptoms do not represent mutually exclusive categories and so percentages within and across groups sum to more than 100%.

Table 3.10. Attachment patterns on the Experiences in close relationships inventory

Adult Attachment style	Frequency	%
Fearful	109	44.12
Dismissive	66	26.72
Secure	41	16.59
Preoccupied	31	12.55

Note: N=247. Cases were classified as falling into the four attachment style categories using the Experiences in Close Relationships Inventory, SPSS algorithm in Brennan, K., Clark, C., & Shaver, P. (1998). Self-report measure of adult attachment: An integrative overview. In J. Simpson & W. Rholes (Eds.), *Attachment Theory and Close Relationships* (pp. 46-76). New York: Guilford Press. The four attachment categories are mutually exclusive, so percentages sum to approximately 100. Minor deviations from 100 are due to rounding of decimals to two places.

Table 3.11. Reliability of scales

Domain Instrument	Constructs and variables	No. of items in the scale	Possible range	Actual range	M	SD	Internal consistency Reliability	Interrater reliability
Institutional abuse								
IAS (N=247)	Specific Institutional abuse	13	13-65	17-65	44.46	10.82	.99	.98
CTQ-Institution (N=247)	Total abuse score	25	25-125	50-124	90.81	14.81	.98	.97
	Physical abuse	5	5-25	5-25	19.26	4.12	.98	.96
	Sexual abuse	5	5-25	5-25	11.26	7.42	.99	.98
	Emotional abuse	5	5-25	5-25	44.86	4.55	.97	.94
	Physical neglect	5	5-25	8-25	17.26	3.57	.98	.97
	Emotional neglect	5	5-25	9-25	19.23	3.49	.98	.98
SPSA-Institution (N=247)	Total severe institutional abuse	8	0-32	0-29	14.59	5.73	.69	.98
	Severe institutional physical abuse	4	0-16	0-16	10.43	3.11	.66	.97
	Severe institutional sexual abuse	4	0-16	0-14	4.17	4.40	.88	.98
Family-based child abuse								
CTQ-Family (N=121)	Total CTQ-F score	25	25-125	32-128	54.12	19.07	.99	.99
	CTQ-F Physical abuse	5	5-25	5-25	8.43	5.36	.98	.97
	CTQ-F Sexual abuse	5	5-25	5-25	6.26	4.27	.99	.99
	CTQ-F Emotional abuse	5	5-25	5-25	6.87	5.81	.99	.99
	CTQ-F Physical neglect	5	5-25	5-25	10.48	10.40	.99	.99
	CTQ-F Emotional neglect	5	5-25	5-25	10.83	6.16	.99	.99
SPSA-family (N=121)	Total severe family abuse	8	0-32	0-26	4.27	6.02	.27	.90
	Severe family physical abuse	4	0-16	0-14	3.49	4.82	.26	.98
	Severe family sexual abuse	4	0-16	0-13	0.79	2.61	.92	.53
Trauma symptoms								
TSI (N=247)	Total trauma symptoms	95	0-255	1-241	94.95	50.03	.99	.99
Life Problems								
LPC (N=247)	Total number of life problems	14	0-14	0-12	3.66	2.80	.99	.98
Quality of Life								
WHOQOL (N=247)	Total WHOQOL 100 score	102	1-5	1-5	91.53	16.95	.99	.99

KPS (N=212)	Parental satisfaction	3	0-21	0-21	15.98	4.70	.99	.99
ECRI (N=247)	Anxiety	18	0-122	18-122	66.86	25.26	.99	.99
	Avoidance	18	0-126	20-126	74.76	27.15	.99	.99

Note. CTQ=Childhood Trauma Questionnaire (Bernstein, D. & Fink, L. (1998). *Childhood Trauma Questionnaire: A Retrospective Self-report.* Manual. San Antonio, TX: The Psychological Cooperation.) IAS=Institutional abuse scale. SPSA=Most severe forms of physical and sexual abuse. IAPCI=Institutional Abuse Processes and Coping Inventory . TSI=Trauma Symptom Inventory (Briere, J. (1996). *Trauma Symptom Inventory*. Odessa, FL: Psychological Assessment Resources). LPC=Life problems chceklist. WHOQOL 100 UK= World Health Organization Quality of Life 100 UK (Skevington, S. (2005). *World Health Organization Quality of Life 100 UK Version*. Bath, UK: WHO Centre for the Study of Quality of Life, University of Bath). GAF=Global assessment of functioning scale (Luborsky, L. (1962). Clinicians' Judgements of Mental Health. *Archives of General Psychiatry*, 7, 407–417). KMS=Kansas Marital Satisfaction Scale (Schumm, W.R., Paff-Bergen, L.A., Hatch, R.C., Obiorah, F.C., Copeland, J.M., Meens, L.D., Bugaighis, M.A. (1986) Concurrent and discriminant validity of the Kansas Marital Satisfaction Scale. *Journal of Marriage & the Family*, 48, 381-387). KPS=Kansas Parenting Satisfaction Scale (James, D. E., Schumm, W. R., Kennedy, C. E., Grigsby, C. C., Shectman, K. L., Nichols, C. W. (1985). Characteristics of the Kansas Parental Satisfaction Scale among two samples of married parents. *Psychological Reports*, 57, 163-169). ECRI=Experiences in Close Relationships Inventory (Brennan, K., Clark, C., & Shaver, P. (1998). Self-report measure of adult attachment: An integrative overview. In J. Simpson & W. Rholes (Eds.), *Attachment Theory and Close Relationships* (pp. 46-76). New York: Guilford Press).

Table 3.12. Correlations between indices of abuse and adjustment

Instrument	Abuse Scales	Total number of current and lifetime psychological disorders	LPC Total no. of life problems	GAF Global Functioning	Total trauma symptoms on TSI	SES	Number of failed relation-ships	KMS Marital satisfaction	ECRI Anxiety	ECRI Avoidance	KPS Parental satisfaction	WHOQOL 100 UK Total QoL
	Number of years in institution	.00	-.23	.01	.01	-.01	-.05	-.05	-.01	.02	-.13	-.02
IAS (N=247)	**Specific Institutional abuse**	.12	.19	-.11	.29	-.05	.01	.03	.21	.15	.15	-.14
CTQ-I (N=247)	**Total institutional abuse score**	.15	.28	-.22	**.38**	-.05	.06	.00	.29	.16	.09	-.25
	Physical abuse	.07	.12	-.02	.24	.04	.04	.08	.19	.06	.12	-.15
	Sexual abuse	.11	**.39**	-.15	**.35**	-.11	.08	-.02	.22	.10	-.06	-.19
	Emotional abuse	.21	.14	-.25	**.32**	-.07	.02	-.03	.26	.10	.13	-.20
	Physical neglect	-.01	.04	-.07	.15	.02	.04	.05	.18	.05	.08	-.12
	Emotional neglect	.07	-.02	-.19	.02	.03	-.03	-.05	.03	.19	.16	-.11
SPSA-I (N=247)	**Total severe institutional abuse**	.16	.25	-.07	**.34**	-.16	-.01	-.02	.21	.16	.03	-.18
	Severe institutional physical ab.	.13	-.06	-.01	.17	-.14	-.06	.01	.16	.16	.09	-.13
	Severe institutional sexual ab.	.11	**.36**	-.08	**.32**	-.11	.03	-.03	.16	.09	-.03	-.15
CTQ-F (N=121)	**Total family abuse score**	.04	.24	-.11	.09	-.01	.06	.04	.04	.00	.09	-.03
	Physical abuse	.06	.29	-.13	.11	.01	.09	.07	.05	-.04	.06	-.02
	Sexual abuse	.04	.18	-.06	.04	-.04	.16	.00	.00	.03	.09	-.00
	Emotional abuse	.09	.22	-.14	.13	-.03	.07	-.01	.07	.04	.05	-.08
	Physical neglect	-.02	.12	-.05	.05	.00	-.01	.07	.02	.00	.14	-.01
	Emotional neglect	.02	.22	-.12	.09	.01	.01	.03	.04	.02	.09	-.03
SPSA-F (N=121)	**Total severe family abuse**	.11	**.32**	-.18	.17	-.08	.17	-.08	.12	.04	-.02	-.11
	Severe family physical abuse	.10	**.34**	-.19	.18	-.04	.12	-.06	.12	.01	-.02	-.09
	Severe family sexual abuse	.08	.16	-.08	.08	-.12	.19	-.09	.06	.06	-.01	-.11

Note: N=247. Pearson correlations significant at p<.01 and greater than .3 are in bold. IAS=Institutional abuse scale. CTQ-I=Childhood Trauma Questionnaire, Institutional version and CTQ-F is the family version (Bernstein, D. & Fink, L. (1998). *Childhood Trauma Questionnaire: A Retrospective Self-report.* Manual. San Antonio, TX: The Psychological Cooperation). SPSA-I =Most severe forms of physical and sexual abuse, institution version and SPSA-F is the family version. LPC=Life problems checklist. GAF=Global assessment of functioning scale (Luborsky, L. (1962). Clinicians' Judgements of Mental Health. *Archives of General Psychiatry*, 7, 407–417).TSI=Trauma Symptom Inventory (Briere, J. (1996). *Trauma Symptom Inventory*. Odessa, FL: Psychological Assessment Resources). SES=Socio Economic Status (O'Hare, A., Whelan, C.T., & Commins, P. (1991). The development of an Irish census-based social class scale. *The Economic and Social Review*, 22, 135-156). KMS=Kansas Marital Satisfaction Scale (Schumm, W.R., Paff-Bergen, L.A., Hatch, R.C., Obiorah, F.C., Copeland, J.M., Meens, L.D., Bugaighis, M.A. (1986) Concurrent and discriminant validity of the Kansas Marital Satisfaction Scale. *Journal of Marriage & the Family*, 48, 381-387). ECRI=Experiences in Close Relationships Inventory (Brennan, K., Clark, C., & Shaver, P. (1998). Self-report measure of adult attachment: An integrative overview. In J. Simpson & W. Rholes (Eds.), *Attachment Theory and Close Relationships* (pp. 46-76). New York: Guilford Press). KPS=Kansas Parenting Satisfaction Scale (James, D. E., Schumm, W. R., Kennedy, C. E., Grigsby, C. C., Shectman, K. L., Nichols, C. W. (1985). Characteristics of the Kansas Parental Satisfaction Scale among two samples of married parents. *Psychological Reports*, 57, 163-169). WHOQOL 100 UK= World Health Organization Quality of Life 100 UK (Skevington, S. (2005). *World Health Organization Quality of Life 100 UK Version*. Bath, UK: WHO Centre for the Study of Quality of Life, University of Bath).

Table 3.13. Historical and demographic characteristics on which males and females differed significantly

Variable		Group 1 Males N=135	Group 2 Females N=112	Chi square or t
Years with family before entering an institution (N=246)	M	6.90	3.61	6.23***
	SD	4.78	3.50	
Years spent in an institution (N=247)	M	8.58	11.80	5.08***
	SD	5.08	4.80	
Reason for entering an institution (N=247)				
Illegitimate	f	16.00	32.00	56.45***
	%	11.90	28.80	
Petty crime	f	56.00	2.00	
	%	41.50	1.80	
Parents could not provide care	f	41.00	58.00	
	%	32.60	53.60	
Parents died	f	18.00	17.00	
	%	13.30	15.20	
Unknown/Other	f	1.00	1.00	
	%	0.70	0.90	
Reason for Leaving (N=237)				
Too old to stay on	f	93.00	83.00	16.96***
	%	71.00	80.30	
Sentence was over	f	18.00	1.00	
	%	13.70	0.90	
Family wanted him/her home	f	13.00	21.00	
	%	9.90	15.50	
Ran away	f	4.00	4.00	
	%	3.10	3.70	
Institution management (N=247)				
Nuns	f	12.00	109.00	192.02***
	%	8.90	97.30	
Religious brothers or priests	f	77.00	0.00	
	%	57.00	0.00	
Nuns and religious brothers or priests	f	46.00	3.00	
	%	34.10	2.70	
Age when Worst Experiences Began (N=237)	M	10.32	7.85	5.44***
	SD	3.17	3.74	
Highest SES attained since leaving school (N=235)				
Unskilled manual	f	49.00	55.00	16.34**
	%	38.28	51.40	

Semi-skilled manual and farmers owning < 30 acres	f	44.00	18.00	
	%	34.37	16.82	
Skilled manual and farmers owning 30-49 acres	f	21.00	10.00	
	%	16.40	9.34	
Non-manual, professional, managerial, and farmers with more than 50 acres	f	14.00	24.00	
	%	10.93	22.42	
Children's living arrangements (N=211)				
Spent some time living with their other parent	f	26.00	2.00	25.09***
	%	23.20	2.00	
Spent some time living with their relatives or in care	f	8.00	8.00	
	%	7.10	8.10	
Always lived with respondent	f	78.00	84.00	
	%	69.60	84.80	
Children put up for adoption	f	0.00	5.00	
	%	0.00	5.10	

Note: Group1 contained all male participants. Group 2 contained all female participants. For each variable with multiple categories, 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. Socio-economic status (SES) was assessed with O'Hare, A., Whelan, C.T., & Commins, P. (1991). The development of an Irish census-based social class scale. *The Economic and Social Review*, 22, 135-156. For continuous variables t-values are from independent t-tests. For categorical variables chi square tests were used. **p<0.01. ***p<0.001.

Table 3.14. Recollections of child abuse by males and females

Variable			Group 1 Males N=135	Group 2 Females N=112	t
INSTITUTIONAL ABUSE					
IAS (N=247)	**Specific institutional abuse**	M	49.06	51.13	1.62
		SD	9.61	10.38	
CTQ-Institution (N=247)	**Total institutional abuse**	M	50.96	48.84	1.67
		SD	10.41	9.40	
	Physical abuse	M	51.11	48.65	1.94
		SD	9.77	10.15	
	Sexual abuse	M	53.01	46.38	5.60***
		SD	10.35	8.24	
	Emotional abuse	M	47.93	52.50	3.73***
		SD	10.70	8.50	
	Physical neglect	M	50.08	49.87	0.16
		SD	9.85	10.24	
	Emotional neglect	M	48.94	51.29	1.84
		SD	9.45	10.55	
SPSA-Institution (N=247)	**Total severe institutional abuse**	M	50.74	49.11	2.19
		SD	5.32	6.42	
	Severe institutional physical abuse	M	48.50	51.75	2.53**
		SD	8.60	11.22	
	Severe institutional sexual abuse	M	52.67	46.76	4.84***
		SD	9.28	9.88	

Note: Group1 contained all male participants. Group 2 contained all female participants. CTQ=Childhood Trauma Questionnaire (Bernstein, D. & Fink, L. (1998). *Childhood Trauma Questionnaire: A retrospective self-report.* Manual. San Antonio, TX: The Psychological Cooperation). IAS=Institutional abuse scale. SPSA=Most severe forms of physical and sexual abuse. To aid profiling across variables, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before t-tests were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. t-values are from independent samples t-tests. For the MANOVA on total subscale of the family versions of the CTQ and SPSA, $F (2, 118) = 2.85$, NS. For the MANOVA on the total subscale of the institution version of the CTQ, SPSA & the IAS, $F (3, 243) = 4.75$, $p<0.01$. **$p<0.01$; ***$p<0.001$.

Table 3.15. Psychological disorders in males and females

Variable		Group 1 Males N=135	Group 2 Females N=112	Chi Square
Anxiety disorders				
Panic disorder with agoraphobia, lifetime	f	2.00	14.00	12.27***
	%	1.50	12.50	
Alcohol and substance use disorders				
Any alcohol & substance use disorder, lifetime	f	64.00	24.00	18.01***
	%	47.40	21.40	
Alcohol dependence, lifetime	f	50.00	16.00	16.18***
	%	37.00	14.30	

Note: N=247. Group1 contained all male participants. Group 2 contained all female participants. Diagnoses were made using the SCID I (First, M., Spitzer, R., Gibbon, M., and Williams, J. (1996). *Structured Clinical Interview for DSM-IV Axis I Disorders, Clinician Version (SCID-I).* Washington, DC: American Psychiatric Press). Psychological disorders do not represent mutually exclusive categories and so percentages within and across groups sum to more than 100%.

Table 3.16. Current adjustment of males and females

		Group 1 Male N=135	Group 2 Female N=112	t-value
Total trauma symptoms (TSI) (N=247)	M	49.59	50.50	0.71
	SD	10.06	9.94	
Total No of life problems (LPC) (N=247)	M	51.98	47.61	3.58***
	SD	10.81	8.34	
Total quality of life (WHOQOL) (N=247)	M	51.01	48.78	1.76
	SD	9.96	9.97	
Global functioning (GAF) (N=235)	M	51.82	47.83	3.10**
	SD	9.69	9.98	
Marital satisfaction (KMS) (N=136)	M	55.23	46.80	4.76***
	SD	8.01	11.52	
Parental satisfaction (KPS) (N=212)	M	47.89	50.85	1.93
	SD	12.12	9.94	

Note: Group1 contained all male participants. Group 2 contained all female participants. TSI=Trauma Symptom Inventory (Briere, J. (1996). *Trauma Symptom Inventory*. Odessa, FL: Psychological Assessment Resources). LPC=Life Problems Checklist. WHOQOL= World Health Organization Quality of Life 100 UK (Skevington, S. (2005). *World Health Organization Quality of Life 100 UK Version*. Bath, UK: WHO Centre for the Study of Quality of Life, University of Bath). GAS=Global assessment of functioning scale (Luborsky, L. (1962). Clinicians' Judgements of Mental Health. *Archives of General Psychiatry*, 7, 407–417). KMS=Kansas Marital Satisfaction Scale (Schumm, W.R., Paff-Bergen, L.A., Hatch, R.C., Obiorah, F.C., Copeland, J.M., Meens, L.D., Bugaighis, M.A. (1986) Concurrent and discriminant validity of the Kansas Marital Satisfaction Scale. *Journal of Marriage & the Family*, 48, 381-387). KPS=Kansas Parenting Satisfaction Scale (James, D. E., Schumm, W. R., Kennedy, C. E., Grigsby, C. C., Shectman, K. L., Nichols, C. W. (1985). Characteristics of the Kansas Parental Satisfaction Scale among two samples of married parents. *Psychological Reports*, 57, 163-169). To aid profiling across variables, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before t-tests were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. t values are from t-tests for independent samples. **p<0.01 ***p<0.001.

Table 3.17. Historical and demographic characteristics on which older and younger participants differed significantly

Variable		Group 1 Younger N=113	Group 2 Older N=134	Chi square or t
Reason for leaving institution (N=247)				
Too old to stay on	f	68.00	108.00	19.93**
	%	60.20	80.60	
Sentence was over	f	9.00	10.00	
	%	8.50	7.50	
Family wanted him/her home	f	24.00	10.00	
	%	21.20	7.50	
Ran away	f	6.00	2.00	
	%	5.30	1.50	
Institution closed	f	4.00	0.00	
	%	3.50	0.00	
Unknown/Other	f	2.00	4.00	
	%	1.80	3.00	
Current socio-economic status (SES) (N=241)				
Unemployed	f	41.00	19.00	70.43***
	%	36.00	14.30	
Unskilled manual	f	24.00	14.00	
	%	22.0	10.60	
Semi-skilled manual / farmers owning less than 30 acres	f	20.00	8.00	
	%	18.30	6.10	
Skilled manual, non-manual professional, managerial and farmers owning more than 30 acres	f	16.00	14.00	
	%	14.70	10.60	
Retired	f	8.00	77.00	
	%	7.30	58.30	
Duration of relationship with current partner (N=134)				
	M	26.02	34.97	5.24***
	SD	9.01	10.36	
Age when had first child (N=207)	M	24.38	26.52	2.82**
	SD	5.47	5.46	

Note: Group1 contained all participants all participants aged 58 years and younger (below median age). Group 2 contained all participants aged 59 or more years (above median age). For each variable with multiple categories, 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. Socio-economic status (SES) was assessed with O'Hare, A., Whelan, C.T., & Commins, P. (1991). The development of an Irish census-based social class scale. *The Economic and Social Review*, 22, 135-156. For continuous variables t-values are from independent t-tests. For categorical variables chi square tests were used. $^{**}p<0.01$. $^{***}p<0.001$.

Table 3.18. Recollections of child abuse in younger and older participants

Variable			Group 1 Younger N=113	Group 2 Older N=134	t
INSTITUTIONAL ABUSE					
IAS (N=247)	**Specific institutional abuse**	M	52.80	47.64	4.17***
		SD	9.37	9.93	
CTQ-Institution (N=247)	**Total institutional abuse**	M	51.69	48.57	2.47
		SD	9.58	10.16	
	Physical abuse	M	50.85	49.28	1.23
		SD	9.69	10.24	
	Sexual abuse	M	51.54	48.71	2.22
		SD	10.54	9.36	
	Emotional abuse	M	52.05	48.27	3.08**
		SD	8.25	11.01	
	Physical neglect	M	50.14	49.86	0.22
		SD	10.18	9.89	
	Emotional neglect	M	50.18	49.85	0.25
		SD	9.95	10.10	
SPSA-Institution (N=247)	**Total severe institutional abuse**	M	51.48	48.76	3.71***
		SD	6.20	5.32	
	Severe institutional physical abuse	M	51.86	48.40	2.75**
		SD	10.22	9.55	
	Severe institutional sexual abuse	M	51.92	48.36	2.80**
		SD	10.56	9.19	

Note: Group 1 contained all participants all participants aged 58 years and younger (below median age). Group 2 contained all participants aged 59 or more years (above median age). CTQ=Childhood Trauma Questionnaire (Bernstein, D. & Fink, L. (1998). *Childhood Trauma Questionnaire: A retrospective self-report.* Manual. San Antonio, TX: The Psychological Cooperation). IAS=Institutional abuse scale. SPSA=Most severe forms of physical and sexual abuse. To aid profiling across variables, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before t-tests were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. t-values are from independent samples t-tests. For the MANOVA on total subscale of the family versions of the CTQ and SPSA, F (2, 118) = 4.06, p=0.02, but all t-tests were NS. For the MANOVA on the total subscale of the institution version of the CTQ, SPSA & the IAS, F(3, 243) = 8.90, p<0.0001. **p<0.01; ***p<0.0001.

Table 3.19. Psychological disorders in younger and older participants

Variable		Group 1 Younger N=113	Group 2 Older N=134	Chi Square
Any anxiety, mood or substance use disorder	f	71.00	57.00	10.90***
	%	62.80	42.50	
Anxiety disorders				
Any anxiety disorder, current	f	63.00	50.00	8.40**
	%	55.80	37.50	
Posttraumatic stress disorder, current	f	27.00	14.00	8.01**
	%	23.90	10.40	
Generalized anxiety disorder, current	f	27.00	15.00	7.01**
	%	23.90	11.20	
Mood disorders				
Any mood disorder, current	f	44.00	22.00	15.88***
	%	38.90	16.40	
Personality disorders				
Any Personality Disorder	f	46.00	28.00	11.47**
	%	40.70	20.90	
Avoidant Personality Disorder	f	33.00	19.00	8.33**
	%	29.20	14.20	

Note: N=247. Group 1 contained all participants aged 58 years and younger (below median age). Group 2 contained all participants aged 59 or more years (above median age). Anxiety and mood disorders were assessed with the SCID I (First, M., Spitzer, R., Gibbon, M., and Williams, J. (1996). *Structured Clinical Interview for DSM-IV Axis I Disorders, Clinician Version (SCID-I).* Washington, DC: American Psychiatric Press). Personality disorders were assessed with the SCID-II (First, M., Spitzer, R., Gibbon M., & Williams, J. (1997). *Structured Clinical Interview for DSM-IV Personality Disorders, (SCID-II).* Washington, DC: American Psychiatric Press). Psychological disorders do not represent mutually exclusive categories and so percentages within and across groups sum to more than 100%.

Table 3.20. Current adjustment of older and younger participants

		Group 1 Younger N=113	Group 2 Older N=134	t
Total trauma symptoms (TSI) (N=247)	M	53.54	47.02	5.38***
	SD	9.61	9.36	
Total No of life problems (LPC) (N=247)	M	52.51	47.88	3.72***
	SD	10.20	9.33	
Total quality of life (WHOQOL) (N=247)	M	47.07	52.47	4.38***
	SD	10.21	9.16	
Global functioning (GAF) (N=235)	M	47.60	52.00	3.44**
	SD	10.09	9.50	
Marital satisfaction (KMS) (N=136)	M	51.65	51.73	0.04
	SD	9.73	11.06	
Parental satisfaction (KPS) (N=212)	M	49.63	48.98	0.42
	SD	10.57	11.79	

Note: Group 1 contained all participants all participants aged 58 years and younger (below median age). Group 2 contained all participants aged 59 or more years (above median age). TSI=Trauma Symptom Inventory (Briere, J. (1996). *Trauma Symptom Inventory*. Odessa, FL: Psychological Assessment Resources). LPC=Life Problems Checklist. WHOQOL= World Health Organization Quality of Life 100 UK (Skevington, S. (2005). *World Health Organization Quality of Life 100 UK Version*. Bath, UK: WHO Centre for the Study of Quality of Life, University of Bath). GAF=Global assessment of functioning scale (Luborsky, L. (1962). Clinicians' Judgements of Mental Health. *Archives of General Psychiatry*, 7, 407–417). KMS=Kansas Marital Satisfaction Scale (Schumm, W.R., Paff-Bergen, L.A., Hatch, R.C., Obiorah, F.C., Copeland, J.M., Meens, L.D., Bugaighis, M.A. (1986) Concurrent and discriminant validity of the Kansas Marital Satisfaction Scale. *Journal of Marriage & the Family*, 48, 381-387). (James, D. E., Schumm, W. R., Kennedy, C. E., Grigsby, C. C., Shectman, K. L., Nichols, C. W. (1985). Characteristics of the Kansas Parental Satisfaction Scale among two samples of married parents. *Psychological Reports*, 57, 163-169). To aid profiling across variables, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before t-tests were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. t values are from t-tests for independent samples. **p<0.01 ***p<0.001.

Table 3.21. Historical and demographic characteristics on which participants from the confidential and investigation committees differed significantly

Variable	Categories		Group 1 CC N=175	Group 2 IC N=71	Chi square or t
Number of years with family before entering an institution (N=246)		M	4.60	7.38	4.11***
		SD	4.10	5.03	
Years spent in an institution (N=246)		M	10.94	7.84	4.38***
		SD	4.86	5.41	
Reason for entering an institution (N=245)	Illegitimate	f	40.00	8.00	22.60***
		%	23.10	11.30	
	Petty crime	f	27.00	31.00	
		%	15.60	43.70	
	Parents could not provide care	f	80.00	24.00	
		%	46.20	33.80	
	Parent died	f	26.00	9.00	
		%	15.00	11.30	
Reason for leaving (N=236)	Too old to stay on	f	139.00	36.00	26.82***
		%	82.73	52.90	
	Sentence was over	f	7.00	12.00	
		%	4.16	17.60	
	Family wanted him/her home	f	19.00	15.00	
		%	11.30	22.10	
	Ran away	f	3.00	5.00	
		%	1.78	7.40	
Institution management (N=246)	Nuns	f	105.00	16.00	31.76***
		%	60.00	22.50	
	Religious brothers or priests	f	38.00	38.00	
		%	21.70	53.50	
	Nuns and religious brothers or priests	f	32.00	17.00	
		%	18.30	23.90	
Age when worst experiences began (N=246)		M	8.75	10.19	2.77***
		SD	3.68	3.37	
Number of long term relationships or marriages that have ended (N=216)	No relationship has ended	f	61.00	164.00	10.77
		%	40.10	21.90	
	1 relationship	f	50.00	29.00	
		%	32.90	45.30	

2 relationships	f	28.00	9.00	
	%	18.40	15.50	
3 or more relationships	f	13.00	12.00	
	%	8.60	18.80	
Children's living arrangements (N=210)				
Spent some time living with their other parent	f	12.00	16.00	16.99**
	%	8.00	26.70	
Spent some time living with their relatives or in care	f	8.00	7.00	
	%	5.30	11.70	
Always lived with respondent	f	126.00	36.00	
	%	84.00	60.00	
Children put up for adoption	f	4.00	1.00	
	%	2.70	1.70	

Note: Group1 contained all participants from the Confidential Committee (CC). Group 2 contained all participants from the Investigative Committee (IC). For each variable with multiple categories, 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. Socio-economic status (SES) was assessed with O'Hare, A., Whelan, C.T., & Commins, P. (1991). The development of an Irish census-based social class scale. *The Economic and Social Review*, 22, 135-156. For continuous variables t-values are from independent t-tests. For categorical variables chi square tests were used. **$p<0.01$. ***$p<0.001$.

Table 3.22. Recollections of child abuse among participants who attended the confidential and investigation committees

Variable			Group 1 CC N=175	Group 2 IC N=71	t
INSTITUTIONAL ABUSE					
IAS (N=246)	**Specific institutional abuse**	M	50.01	50.11	0.07
		SD	10.28	9.32	
CTQ-Institution (N=246)	**Total institutional abuse**	M	49.01	52.57	2.56**
		SD	9.55	10.69	
	Physical abuse	M	49.62	50.91	0.91
		SD	9.77	10.62	
	Sexual abuse	M	48.33	54.26	4.08***
		SD	9.17	10.75	
	Emotional abuse	M	50.17	49.71	0.33
		SD	10.09	9.88	
	Physical neglect	M	49.34	51.76	1.72
		SD	10.07	9.68	
	Emotional neglect	M	50.18	49.58	0.42
		SD	10.40	9.11	
SPSA-Institution (N=246)	**Total severe institutional abuse**	M	49.70	50.78	1.31
		SD	5.78	6.16	
	Severe institutional physical abuse	M	50.80	47.89	2.08
		SD	9.99	9.80	
	Severe institutional sexual abuse	M	48.75	53.19	3.23***
		SD	9.92	9.48	

Note: Group1 contained all participants from the Confidential Committee (CC). Group2 contained all participants from the Investigative Committee (IC). CTQ=Childhood Trauma Questionnaire (Bernstein, D. & Fink, L. (1998). *Childhood Trauma Questionnaire: A retrospective self-report.* Manual. San Antonio, TX: The Psychological Cooperation). IAS=Institutional abuse scale. SPSA=Most severe forms of physical and sexual abuse. To aid profiling across variables, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before t-tests were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. t-values are from independent samples t-tests. For the MANOVA on total subscale of the family versions of the CTQ and SPSA, F (2, 118) = 4.05, p=0.02, but all t-tests were NS. For the MANOVA on the total subscale of the institution version of the CTQ, SPSA & the IAS, F (3, 242) = 3.12, p<0.05.

CHAPTER 4
PROFILES OF GROUPS WITH DIFFERENT HISTORIES

SUMMARY OF CHAPTER 4

The adult survivors of institutional living who participated in this study were not a homogenous group. Four subgroups with varying histories of institutional living had distinct profiles. What follows is a summary of the profiles of the four groups from this analysis.

Group 1 included those who had spent more than 12 years in an institution and entered before 5 years of age. They had spent the least time with their families (under one and a half years) and the longest time living in institutions (about fifteen years) of any of the four groups. Compared to groups 3 and 4, more were girls placed in orphanages run by nuns because they were illegitimate, or because their parents had died or could not look after them. More left because they were too old to stay on, and more had mixed feelings about leaving. More had experienced physical abuse which began at a younger age and persisted longer than in group 4. Severe emotional abuse was most commonly cited as the worst thing that happened to this group and it began at an earlier age and lasted longer than worst experiences of other groups. Compared with groups 3 and 4, this group reported fewer psychological disorders and life problems. They identified relationships with friends, self-reliance, optimism, and their work and skills as the sources of their strength.

Group 2 included participants who had spent 5-11 years in institutions because of family problems. Participants in this group entered institutions run predominantly by nuns because their parents could not cope or died, and left when they were too old to stay. Compared with groups 3 and 4, more members of group 2 were female, younger when their most severe form of sexual abuse began, and more identified severe emotional abuse as the worst thing that had happened to them. Compared with group 4 more identified self-reliance, optimism, and their work and skills as the source of their strength.

Group 3 included participants who had spent 5-11 years in institution and entered through the courts. Compared with groups 1 and 2, more members of this group were male, lived in institutions run by religious brothers or priests, and were survivors of institutional sexual abuse. Compared to the other three groups they identified sexual abuse as the worst thing that had happened to them, and more had experienced physical abuse within their families. Compared with groups 1 and 2, this group had more alcohol and substance use disorders, antisocial personality disorders, violent and non-violent crime, imprisonment for violent and non-violent crime, and unemployment. For this group, their self-reliance, optimism, and their work and skills were identified as the main sources of their strength in adulthood, compared with group 4.

Group 4 included participants who had spent 4 or fewer years in institution. Participants in this group spent the most time with their families (more than ten and a half

years) and the shortest time living in an institution (just under three years) compared with the other three groups. Most were boys placed in institutions run by religious brothers or priests because of petty crime and left because their short sentences were over, or because their families wanted them back, and few had mixed feelings about leaving. Institutional sexual abuse was the form of maltreatment that distinguished this group, and compared with groups 1 and 2, they showed more alcohol and substance use disorders, antisocial personality disorders, non-violent crime, imprisonment for non-violent crime and unemployment. Their relationships with their partners was identified as the main source of their strength in adulthood.

A second analysis was conducted in which cases were classified into 4 groups defined by the type of worst abusive experiences they had suffered in institutions. What follows is a summary of the profiles of the four groups from this analysis.

Group 1 included participants for whom severe sexual and physical abuse was the worst thing they had experienced. Participants in this group had experienced more physical and sexual institutional abuse than at least two of the other 3 groups (in this analysis). They had spent less time with their families before entering an institution than group 3. Like members of group 3, more had children who spent some time living separately with the child's other parent. Compared with groups 2 and 4, more had a current diagnosis of posttraumatic stress disorder (PTSD) and multiple trauma symptoms.

Group 2 included participants for whom severe physical abuse was the worst thing they had experienced. Participants in this group had the lowest educational achievement, were older than groups 1 and 3 (in this analysis), and more had put their own children up for adoption. Compared with group 3, their worst abusive experience had lasted longer. Like group 4, fewer had PTSD than groups 1 and 3, and they had fewer life problems than group 3.

Group 3 included participants for whom severe sexual abuse was the worst thing they had experienced. Compared with group 4 (in this analysis), more participants in group 3 were male and were admitted through the courts to institutions run by religious brothers for petty crime. Like group 1, more had children who spent time with their other parent who lived separately compared to group 4. Also, compared to group 4, more had PTSD, multiple trauma symptoms, lifetime alcohol and substance use disorders, antisocial personality disorders and multiple life problems.

Group 4 included participants for whom severe emotional abuse was the worst thing they had experienced. Compared to group 3 (in this analysis), more participants in this group were female and on average had spent the longer living in institutions run by nuns. Their worst experiences began at an earlier age than any other group and more had mixed feelings about leaving.

In the analysis of groups of participants who had spent different amounts of time in institutions and entered under different circumstances, the most poorly adjusted as adults were not those who had spent longest living in institutions, but rather those who had spent a moderate amount of time in institutions and who had suffered institutional sexual abuse. In the analysis of groups of participants who reported suffering differing types of worst abusive experiences in institutions, the most poorly adjusted included those who pinpointed severe sexual abuse as the worst thing that had happened to them while living in an institution. Thus institutional sexual abuse, was associated in both analyses with a particularly poor outcome.

QUESTIONS ADDRESSED

Profiles of groups with different histories of institutional living and differing histories of institutional abuse are the main focus of this chapter. Survivors of institutional living who attended CICA fell into a number of discrete groups, with respect to their different histories of institutional living. There include

- People raised in institutions from birth
- People who entered institutions in childhood or early adolescence because parents could no longer care for them
- People who entered institutions in childhood or adolescence through the courts
- People who spent only a brief period in institutions in childhood or adolescence.

The main question addressed in this chapter is: What are the profiles of these four subgroups of cases with varying histories of institutional living with respect to historical and demographic factors, recollections of child abuse, psychological disorders, trauma symptoms, life problems, quality of life, global functioning, current family relationships, attachment style and personal strengths. The main hypothesis suggested by the literature review was that people who had spent more time living in an institution would show poorer adjustment that those who had spent only a brief period living in an institution.

A subsidiary question was: What are the profiles of subgroups of participants with different histories of institutional abuse?

STATISTICAL ANALYSIS STRATEGY

The results of analyses conducted to address these questions will be presented in two sections, corresponding to the two questions. In answering the questions addressed in this chapter, the following strategy was used in all statistical analyses. For categorical variables, chi square tests were conducted with p values set conservatively at $p<.01$ to reduce the probability of type 1 error (misinterpreting spurious group differences as significant). 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. For continuous variables, to control for type 1 error, where possible multivariate

analyses of variance (MANOVAs) were conducted on groups of conceptually related variables. Where MANOVAs were significant at $p<.05$, specific variables on which groups differed at a significance level of $p<.01$ were identified by conducting one-way analyses of variance (ANOVAs). Scheffe post-hoc comparison tests for designs with 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 Scheffe's, where the assumption of homogeneity of variance was violated. In addition to these parametric analyses of continuous variables, in those instances where dependent variables were not normally distributed, non-parametric Kruskall Wallace tests were conducted as well as ANOVAs. If these non-parametric tests yielded results that differed from those of the ANOVAs these were reported. For continuous variables where MANOVAs were not conducted, because there were no grounds for conceptually grouping variables, to control for type 1 error, t-tests or ANOVAs were interpreted as statistically significant if $p<.01$. For the TSI and the WHOQOL, which are multiscale instruments, unless the pattern of subscale scores differed greatly from that of total scores, for brevity, only analyses of total scores are reported. To facilitate interpretation of profiles of tabulated means, all psychological variables on continuous scales were transformed to T-scores (with means of 50 and standard deviations of 10) before analyses were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. A full tabulation of both statistically significant and non-significant results is presented for analyses conducted to address the main question concerning cases with differing histories of institutional living. In the interests of brevity, for analyses conducted to address the subsidiary question concerning cases with differing histories of institutional living, many non-significant results were not tabulated.

HISTORY OF INSTITUTIONAL LIVING

In this section results are presented of analyses which address the question: What are the profiles of four subgroups of cases with varying histories of institutional living with respect to historical and demographic factors , recollections of child abuse, psychological disorders, trauma symptoms, life problems, quality of life, global functioning, current family relationships, attachment style and personal strengths. To address this question cases were classified into these four groups. Group 1 contained participants who spent more than 12 years in an institution and entered before 5 year of age. Participants in Group 2 spent 5-11 years in an institution and placement occurred because parents couldn't cope or died. Group 3 contained participants who spent 5-11 years in an institution and placement occurred through the courts. Those in group 4 spent 4 or fewer years in institutions. There were 110 participants in group 1 (44.5%); 67 in group 2 (27.1%); 22 in group 3 (8.9%); and 48 in group 4 (19.4%).

Historical factors

From Table 4.1 it may be seen that the four groups differed significantly on a range of historical factors including length of time spent with their families before entering an institution; the number of years spent in an institution; their reasons for entering and leaving an institution; the management of the institution in which they lived; and their reaction to leaving the institution.

Participants in group 1 (defined as those who had spent more than 12 years in an institution and entered before five years of age) had spent the least time with their families (under one and a half years) and the longest time living in institutions (on average about fifteen years). More were placed in orphanages run by nuns because they were illegitimate, or because their parents could not look after them, or because their parents died. More left because they were too old to stay on, and more had mixed feelings about leaving. Participants in group 4 (defined as having spent four or fewer years in institution) had spent the most time with their families (on average more than ten and a half years) and the shortest time living in an institution (on average, just under three years). Most were placed in institutions run by religious brothers or priests because of petty crime and left because their short sentences were over, or because their families wanted them back and few had mixed feelings about leaving. Members of groups 2 and 3, on historical factors, had profiles which fell between those of groups 1 and 4, with group 2 being more like group 1 and group 3 being more like group 4.

Demographic characteristics

From Table 4.2 it may be seen that gender was the only demographic factor on which the four groups differed significantly. Significantly more members of groups 1 and 2 were female, and significantly more members of groups 3 and 4 were male. The four groups did not differ on past or present socio-economic status, education, marital status, marital relationship stability, number of children, age at birth of first child, and children's living arrangements.

Institutional abuse

From Table 4.3 it may be seen that the four groups differed significantly on the sexual abuse scale of the institutional version of the CTQ and the total and severe physical abuse scales of the institutional version of the SPSA. On the sexual abuse scale of the institutional version of the CTQ, the mean score for group 3 was significantly greater than that for group 4, which in turn was significantly greater than that of group 1, which in turn was significantly greater than that of group 2. On the total and severe abuse scale of the institution version of the SPSA, the mean scores of for group 1 were significantly greater than those of group 4 with those of groups 2 and 3 occupying intermediate positions.

From table 4.4 it may be seen that the four groups differed significantly on the ages when the most severe form of physical and sexual abuse began; the duration of the most

severe form of physical abuse; the worst thing that happened to participants while living in an institution; and the age of onset and duration of the worst thing that had happened to them.

From Table 4.4 it may be seen that compared with group 4, participants in group 1 were significantly younger when their most severe form of physical abuse and the worst thing that happened to them in an institution began, and the duration of these was significantly longer. On these variables the profiles of the other groups fell between those of groups 1 and 4.

From Table 4.4 it may be seen that compared with groups 3 and 4 participants in groups 1 and 2 were significantly younger when their most severe form of sexual abuse began.

From Table 4.4 it may be seen that compared with groups 1 and 2, significantly more members of group 3 reported that severe sexual abuse was the worst thing that happened to them in an institution. Compared to groups 3 and 4, significantly more members of groups 1 and 2 reported that severe emotional abuse was the worst thing that happened to them in an institution.

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Family-based child abuse

For family-based child abuse, only data from 121 members of the 137 in groups 2, 3 and 4 were available, since all members of group 1 and some members of groups 2,3 and 4 had little recollection of the brief period of time they had spent with their parents during their early years. From Table 4.3 it may be seen that groups 2 ,3 and 4 differed significantly on the physical abuse scale of the family version of the CTQ. The mean score for group 3 was greater than that of group 2, with group 4 occupying an intermediate position between these extremes.

Psychological disorders

From Table 4.5 it may be seen that the four groups differed significantly in the proportions of members who had alcohol and substance use disorders and personality disorders. Compared with groups 1 and 2, significantly more members of groups 3 and 4 had a lifetime diagnoses of alcohol dependence or a lifetime classification of any alcohol or substance use disorder. Compared with groups 1 and 2 significantly more members of 3 had an antisocial personality disorder. The four groups did not differ in rates of anxiety or mood disorders.

Current adjustment

From Table 4.6 it may be seen that compared with groups 1 and 2, the average numbers of life problems were significantly higher in groups 3 and 4. Table 4.7 provides details of the specific life problems on which groups differed. From Table 4.7 it may be seen that compared with groups 1 and 2, groups 3 and 4 had significantly higher rates of substance

use, non-violent crime, and incarceration for non-violent crime, while group 3 also had significantly higher rates of violent crime, incarceration for violent crime and unemployment. From Table 4.6 it may be seen that the four groups did not differ total number of trauma symptoms on the TSI, quality of life on the WHOQOL, global functioning on the GAF, marital satisfaction on the KMS or parenting satisfaction on the KPS. From Table 4.8 it may be seen that the four groups did not differ in the rates of four different adult attachment styles assessed by the ECRI.

Strengths

From Table 4.9 it may be seen that the four groups differed significantly in the factors they identified as the source of their strength. Compared with groups 1 and 2, significantly more members of group 4 identified their relationships with their partners as the source of their strength. Compared with groups 2, 3 and 4, significantly more members of group 1 identified as the source of their strength relationships with friends. Compared with group 4, significantly more members of groups 1, 2 and 3 identified self-reliance, optimism, and their work and skills as the source of their strength.

Summary of profiles of groups with varying histories of institutional living

Profiles of four subgroups of cases with varying histories of institutional living are summarized in Table 4.10.

Group 1 included those who had spent more than 12 years in an institution and entered before 5 years of age. They had spent the least time with their families (under one and a half years) and the longest time living in institutions (about fifteen years) on any of the four groups. Compared to groups 3 and 4, more were girls placed in orphanages run by nuns because they were illegitimate, or because their parents had died or could not look after them. More left because they were too old to stay on, and more had mixed feelings about leaving. More had experienced physical abuse which began at a younger age and persisted longer than in group 4. Severe emotional abuse was most commonly cited as the worst thing that happened to this group and it began at an earlier age and lasted longer than worst experiences of other groups. Compared with groups 3 and 4, this group reported fewer psychological disorders and life problems. They identified relationships with friends, self-reliance, optimism, and their work and skills as the sources of their strength.

Group 2 included participants who had spent 5-11 years in institutions because of family problems. Participants in this group entered institutions run predominantly by nuns because their parents could not cope or died, and left when they were too old to stay. Compared with groups 3 and 4, more members of group 2 were female, younger when their most severe form of sexual abuse began, and more identified severe emotional abuse as the worst thing that had happened to them. Compared with

group 4 more identified self-reliance, optimism, and their work and skills as the source of their strength.

Group 3 included participants who had spent 5-11 years in institution and entered through the courts. Compared with groups 1 and 2, more members of this group were male, lived in institutions run by religious brothers or priests, and were survivors of institutional sexual abuse. Compared to the other three groups they identified sexual abuse as the worst thing that had happened to them, and more had experienced physical abuse within their families. Compared with groups 1 and 2, this group had more alcohol and substance use disorders, antisocial personality disorders, violent and non-violent crime, imprisonment for violent and non-violent crime, and unemployment. For this group, their self-reliance, optimism, and their work and skills were identified as the main sources of their strength in adulthood, compared with group 4.

Group 4 included participants who had spent 4 or fewer years in institution. Participants in this group spent the most time with their families (more than ten and a half years) and the shortest time living in an institution (just under three years) compared with the other three groups. Most were boys placed in institutions run by religious brothers or priests because of petty crime and left because their short sentences were over, or because their families wanted them back, and few had mixed feelings about leaving. Institutional sexual abuse was the form of maltreatment that distinguished this group, and compared with groups 1 and 2, they showed more alcohol and substance use disorders, antisocial personality disorders, non-violent crime, imprisonment for non-violent crime and unemployment. Their relationships with their partners was identified as the main source of their strength in adulthood.

HISTORY OF CHILD ABUSE

In this section results are presented of analyses which address the question: What are the profiles of subgroups of participants with different histories of institutional abuse with respect to historical and demographic factors , recollections of child abuse, psychological disorders, trauma symptoms, life problems, quality of life, global functioning, current family relationships, attachment style and personal strengths. To address this question cases were classified into four groups on the basis of their responses to the question: What was the worst thing that happened to you in the institution? Group 1 contained 23 cases where the worst thing reported was severe physical and sexual abuse. Group 2 contained 99 cases where it was severe physical abuse. Group 3 contained 40 cases where it was severe sexual abuse. Group 4 contained 85 cases where it was severe emotional abuse. Participants' statements were classified as severe physical abuse if they reported physical violence, beating, slapping, or being physically injured, but not having medical attention withheld. Statements were classified as severe sexual abuse if the person reported the words sexual abuse or mentioned rape; genital, anal or oral sex; masturbation; or other coercive sexual activities involving either staff or older pupils. Statements were classified

as severe physical and sexual abuse if they involved both severe physical abuse and severe sexual abuse as defined earlier. Statements of actions involving humiliation, degradation, severe lack of care, withholding medical treatment, witnessing the traumatization of other pupils and adverse experiences that were not clearly classifiable as severe sexual or physical abuse were classified as severe emotional abuse. Inter-rater agreement greater than 90% was achieved for a sample of 10% of statements. Details of statements are in Table 3.4 in chapter 3. For brevity many non-significant results have not been included in the tables of results arising from the comparison of the four groups who reported suffering differing types of worst types of abusive experiences in institutions.

Historical and demographic characteristics

From Table 4.11 it may be seen that the four groups differed significantly on the following historical and demographic variables: gender, age, length of time with family before entering an institution, years spent in an institution, reason for entering an institution, institution management, feelings about leaving the institution, education and children's' living arrangements.

From Table 4.11 it may be seen that participants in group 1, for whom severe physical and sexual abuse was the worst thing that happened to them in institutions, differed significantly from those in one or more of the other groups in the following respects. They were younger (being in their 50s, not their 60s) than participants in group 2 and had spent less time with their families before entering an institution than group 3. More of them had passed the primary certificate (indicating that they had achieved a higher educational level) than groups 2 and 3. Also, like members of group 3, more had children who spent some time living separately with the child's other parent than members of group 4.

From Table 4.11 it may be seen that participants in group 2, for whom severe physical abuse was the worst thing that happened to them in institutions, differed significantly from those in one or more of the other groups in the following respects. They were older than members of groups 1 and 3 (being in their 60s, not their 50s). They had a lower level of educational attainment than members of groups 1 and 4. Finally, 5.7% of participants in group 2 had put a child up for adoption whereas no members of the other three groups had done this.

From Table 4.11 it may be seen that participants in group 3, for whom severe sexual abuse was the worst thing that happened to them in institutions, differed significantly from those in one or more of the other groups in the following respects. More were male compared with group 4. They were younger than group 2 (being in their 50s, not their 60s). They had spent more time with their families before entering an institution than members of the other 3 groups. Compared with group 4, they had spent fewer years in an institution; more had entered institutions through the courts for petty crime; more had been in institutions run by religious brothers and priests (but not nuns); and more were

happy to leave and fewer had mixed feelings. Like members of group 2, fewer had passed their primary certificate compared with group 1. Also, like members of group 1, more had children who spent some time living separately with the child's other parent than members of group 4.

From Table 4.11 it may be seen that participants in group 4, for whom severe emotional abuse was the worst thing that happened to them in institutions, differed significantly from those in one or more of the other groups in the following respects. Compared with members of group 3, more were female; they spent more years living in institutions; fewer entered through the courts for petty crime; more lived in institutions run by nuns; and more had mixed feelings about leaving. Compared with group 2 more had achieved a higher educational qualification. Compared with groups 1 and 3, fewer had children who spent some time living separately with the child's other parent.

Recollections of child abuse

From Table 4.12 it may be seen that the four groups differed significantly on the IAS; the total, physical and sexual abuse scales of the institutional version of the CTQ; and the total and severe sexual abuse scales of the institution version of the SPSA.

From Table 4.12 it may be seen that for the IAS, and the total and physical abuse scales of the institutional version of the CTQ, mean scores for group 1 were significantly higher than those of the other three groups. Those for group 4 were significantly lower than those of the other three groups. Mean scores for groups 2 and 3 occupied intermediate positions between these extremes.

From Table 4.12 it may also be seen that for the sexual abuse scale of the institution version of the CTQ and the total and severe sexual abuse scales of the institution version of the SPSA, means scores for groups 1 and 3 were significantly higher than those of groups 2 and 4.

From Table 4.13 it may be seen that the four groups differed on the age when the worst thing that happened to them in an institution began and the duration of these worst experiences. The mean age at which worst experiences began was significantly lower for group 4 than for the other three groups, and significantly higher for group 3, with groups 1 and 2 occupying intermediate positions between these extremes. The average duration of the worst thing that happened to participants in institutions was significantly longer for groups 2 and 4 than for group 3.

Psychological disorders

From table 4.14 it may be seen that the groups differed significantly in the proportion of participants with current PTSD, any lifetime alcohol and substance use disorder, a lifetime diagnosis of alcohol dependence, and antisocial personality disorder. More members of group 3 than group 4 had each of these disorders. In addition, more members of group 1 had current PTSD compared with groups 2 and 4.

Current adjustment
From table 4.15 it may be seen that the groups differed significantly in their total number of trauma symptoms on the TSI and total number of life problems on the LPC. In both areas, group 4 showed significantly better adjustment than two of the other three groups. Groups 1 and 3 had a significantly higher mean level of trauma symptoms than group 4. Group 3 had significantly more life problems than group 2, who in turn has significantly more life problems than group 4. The four groups did not differ significantly on indices of quality of life, global functioning, current family relationships, adult attachment style and personal strengths.

Summary of profiles of groups who reported suffering differing types of worst abusive experiences in institutions
Profiles of these four subgroups of cases who reported suffering differing types of worst abusive experiences in institutions are summarized in Table 4.16.

Summary profile of group 1 for whom severe sexual and physical abuse was the worst thing they had experienced in an institution. Participants in this group had spent less time with their families before entering an institution than the other 3 groups. Like members of group 3, more had children who spent some time living separately with the child's other parent. Participants in group 1 had experienced more physical and sexual institutional abuse than at least two of the other 3 groups. Compared with groups 2 and 4, more had a current diagnosis of PTSD and multiple trauma symptoms.

Summary profile of group 2 for whom severe physical abuse was the worst thing they had experienced in an institution. Participants in this group had the lowest educational achievement, were older than the other three groups, and more had put their own children up for adoption. Compared with the groups 1 and 3, their worst abusive experience had lasted longer. Like group 4, they showed fewer adjustment problems in adulthood compared to the other two groups.

Summary profile of group 3 for whom severe sexual abuse was the worst thing they had experienced in an institution. Compared with the other three groups, more participants in group 3 were male and admitted through the courts to institutions run by religious brothers for petty crime. Like group 1, more had children who spent time with their other parent who lived separately. This group for whom severe institutional sexual abuse was their worst experience, showed the poorest adjustment as adults of all four groups. Like group 1 they showed PTSD and multiple trauma symptoms. They also had lifetime alcohol and substance use disorders and antisocial personality disorders along with multiple life problems.

Summary profile of group 4 for whom severe emotional abuse was the worst thing they had experienced in an institution. Compared to the other three groups, more

participants in this group were female; more had spent the longest time living in institutions; more lived in institutions run by nuns; more reported that their worst experiences began at an earlier age and lasted a longer time; and more had mixed feelings about leaving. Of the four groups, this group showed the best psychological adjustment in adulthood.

CONCLUSIONS

The main question addressed in this chapter concerned the profiles of subgroups of cases with varying histories of institutional living. Summary profiles of four groups of participants who had spent different amounts of time in institutions and entered under different circumstances are given in Table 4.10. A subsidiary question concerned the profiles of subgroups of participants with different histories of institutional abuse. Summary profiles of four groups of participants who reported suffering differing types of worst abusive experiences in institutions are presented in Table 4.16. A number of broad conclusions may be drawn from the analyses reported in this chapter. Adult survivors of institutional living are not a homogenous group. Subgroups, defined by (1) duration of time in an institution and circumstances of entry, and (2) worst form of institutional abuse have distinctive profiles. In the analysis of groups of participants who had spent different amounts of time in institutions and entered under different circumstances, the most poorly adjusted as adults were not those who had spent longest living in institutions, but rather those who had spent a moderate amount of time in institutions and who had suffered institutional sexual abuse. In the analysis of groups of participants who reported suffering differing types of worst abusive experiences in institutions, the most poorly adjusted included those who pinpointed severe sexual abuse as the worst thing that had happened to them while living in an institution. Thus institutional sexual abuse, was associated in both analyses with a particularly poor outcome.

Table 4.1. Historical characteristics of 4 groups of participants who had spent different amounts of time in institutions and entered under different circumstances.

Variable		Group 1 N=110	Group 2 N=67	Group 3 N=22	Group 4 N=48	Chi Square or ANOVA F	Group Diffs
Years with family before entering an institution (N=246)	M	1.41	6.57	10.05	10.71	208.35***	4>2>1
	SD	1.66	2.76	2.24	3.30		
Years spent in an institution (N=247)	M	15.05	8.34	5.89	2.84	567.22***	1>2>3>4
	SD	2.09	1.92	1.37	1.25		
Reason for entering an institution (N=245)							
Illegitimate	f	44.00	4.00	0.00	0.00	199.30***	1>2,3,4
	%	40.70	6.00	0.00	0.00		
Petty crime	f	3.00	1.00	21.00	33.00		3,4>1,2
	%	2.80	1.50	95.50	68.80		
Parents could not provide care	f	47.00	45.00	1.00	11.00		1,2>3,4
	%	43.50	67.20	4.50	22.90		
Parent died	f	14.00	17.00	0.00	4.00		1,2>3
	%	13.00	25.40	0.00	8.30		
Reason for leaving the institution (N=247)							
I was too old to stay on	f	97.00	51.00	15.00	13.00	18.32***	1,2,3>4
	%	88.20	76.10	68.20	27.10		
The institution closed down	f	1.00	1.00	2.00	0.00		3>1,2,4
	%	0.90	1.50	9.10	0.00		
My short sentence was over	f	1.00	2.00	3.00	13.00		4>1,2
	%	0.90	3.00	13.60	27.10		
My family wanted to take me home	f	6.00	11.00	1.00	16.00		4>1,3
	%	5.50	16.40	4.50	33.30		
I ran away	f	4.00	0.00	1.00	3.00		NS
	%	3.60	0.00	4.50	6.30		
Others	f	1.00	2.00	0.00	3.00		NS
	%	0.90	3.00	0.00	6.30		
Institution management (N=247)							
Nuns	f	70.00	42.00	0.00	9.00	144.96***	1,2>3,4
	%	63.60	62.70	0.00	18.80		
Religious brothers and priests	f	1.00	19.00	22.00	35.00		1,2<3,4
	%	0.90	28.40	100.00	72.90		
Priests, religious brothers and nuns	f	39.00	6.00	0.00	4.00		1>2,3,4
	%	35.50	9.0	0.00	8.30		
Were you happy to leave the institution (N=247)							
Yes	f	53.00	44.00	16.00	39.00	19.14**	NS
	%	48.20	65.70	72.70	81.20		
Mixed feelings	f	51.00	19.00	6.00	8.00		1>4
	%	46.40	28.40	27.30	16.70		
No	f	6.00	4.00	0.00	1.00		NS
	%	5.50	6.00	0.00	2.10		

Note: Group 1 spent more than 12 years in an institution and entered before age 5. Group 2 spent 5-11 years in an institution and placement occurred because parents couldn't cope or died. Group 3 spent 5-11 years in an institution and placement occurred through the courts. Group 4 spent 4 or fewer years in an institution. For each variable with multiple categories, 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. For continuous variables F values are from one-way analysis of variance and inter-group differences are based on Scheffe 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 exceeded an absolute value of 2. ** $p<.01$. *** $p<.001$

Table 4.2. Demographic characteristics of 4 groups of participants who had spent different amounts of time in institutions and entered under different circumstances.

Variable		Group 1	Group 2	Group 3	Group 4	Chi Square	Group Diffs
		N=110	N=67	N=22	N=48		
Gender (N=247)							
Male	f	45.00	28.00	22.00	39.00	43.83***	3,4>1,2
	%	40.90	42.00	100.00	81.25		
Female	f	65.00	39.00	0.00	9.00		1,2>3,4
	%	59.18	58.20	0.00	18.75		
Age in years (N=247)	M	58.59	61.11	61.82	61.27	2.32	NS
	SD	7.65	8.64	9.92	8.31		
Current socio-economic status (SES) (N=241)							
Unemployed	f	23.00	13.00	5.00	19.00	17.54	NS
	%	21.50	19.70	23.80	40.40		
Unskilled manual	f	20.00	13.00	3.00	2.00		
	%	18.70	19.70	14.30	4.30		
Semi-skilled manual and farmers owning less than 30 acres	f	14.00	6.00	3.00	5.00		
	%	13.10	9.10	14.30	10.60		
Skilled & other non manual, farmers owning 30-200 acres, lower & higher managerial & professional	f	16.00	7.00	0.00	7.00		
	%	15.00	10.60	0.00	14.90		
Retired	f	34.00	27.00	10.00	14.00		
	%	31.80	40.90	47.60	29.80		
Highest SES attained since leaving school (N=235)							
Unskilled manual	f	49.00	32.00	8.00	15.00	22.95	NS
	%	46.2	50.00	42.10	32.60		
Semi-skilled manual and farmers owning less than 30 acres	f	21.00	14.00	7.00	20.00		
	%	19.8	21.90	36.80	43.50		
Skilled & other non manual, farmers owning 30-200 acres, lower & higher managerial & professional	f	36.00	18.00	4.00	11.00		
	%	34.00	28.10	21.10	23.90		
Education: Highest exam passed (N=244)							
None	f	49.00	27.00	14.00	31.00	17.21	NS
	%	45.40	40.30	63.60	66.00		
Junior school exam in 5th or 6th class (e.g. primary cert)	f	27.00	25.00	5.00	5.00		
	%	25.00	37.30	22.70	10.60		
Intermediate or Leaving Cert.	f	13.00	8.00	1.00	7.00		
	%	12.00	11.90	4.50	14.90		
Certificate or diploma or apprenticeship exam, or primary degree	f	19.00	7.00	2.00	4.00		
	%	17.60	10.40	9.10	8.50		
Marital status (N=245)							
Single and never married of cohabited	f	18.00	5.00	2.00	3.00	13.45	NS
	%	16.70	7.50	9.10	6.30		
Single & separated/ divorced from first marital/cohabiting partner	f	20.00	14.00	3.00	10.00		
	%	18.50	20.90	13.60	20.80		
Single & separated/ divorced from 2nd/later partner	f	3.00	2.00	3.00	3.00		
	%	2.80	3.00	13.60	6.30		
Single and widowed	f	11.00	7.00	2.00	2.00		
	%	10.20	10.40	9.10	4.20		
Married/cohabiting in 2nd or later marriage or long term relationship	f	16.00	11.00	3.00	7.00		
	%	14.80	16.40	13.60	14.60		
Married/cohabiting in first long term relationship	f	40.00	28.00	9.00	23.00		
	%	37.00	41.80	40.90	47.90		
Number of long term relationships or marriages that have ended (N=217)							
No relationship has ended	f	29.00	19.00	7.00	20.00	6.90	NS
	%	32.20	30.60	35.00	44.40		

1 relationship	f	32.00	26.00	5.00	16.00		
	%	35.60	41.90	25.00	35.60		
2 relationships	f	19.00	10.00	4.00	4.00		
	%	21.10	16.10	20.00	8.90		
3 relationships	f	10.00	7.00	4.00	5.00		
	%	11.10	11.30	20.00	11.10		
Duration of relationship with current partner? (N=134)	M	28.68	30.68	33.64	35.35	2.79	NS
	SD	10.48	12.31	10.52	7.66		
Number of children (N=212)	M	3.23	3.03	3.80	3.95	2.55	NS
	SD	1.93	1.40	1.80	2.39		
Age when had first child (N=207)	M	25.38	25.61	25.86	25.52	0.05	NS
	SD	5.63	5.66	6.13	5.15		
Children's living arrangements (N=211)							
Spent some time living with their other parent	f	9.00	5.00	8.00	6.00	17.08	NS
	%	10.30	8.30	38.10	14.00		
Spent some time living with their relatives or in care	f	8.00	3.00	0.00	5.00		
	%	9.20	5.00	0.00	11.60		
Always lived with respondent	f	67.00	51.00	13.00	31.00		
	%	77.00	85.00	61.90	72.10		
Children put up for adoption	f	3.00	1.00	0.00	1.00		
	%	3.40	1.70	0.00	1.70		

Note: Group 1 spent more than 12 years in an institution and entered before age 5. Group 2 spent 5-11 years in an institution and placement occurred because parents couldn't cope or died. Group 3 spent 5-11 years in an institution and placement occurred through the courts. Group 4 spent 4 or fewer years in an institution. The percentages in long-term relationships or marriages that have ended were based on number of cases who had had any marriages or long-term relationships. The number in each group were: Group 1=90; Group 2=62; Group 3=20; Group 4=45. The mean duration of relationship with current partner was based on the number of participants who were married or cohabiting. The number in each group were: Group 1=56; Group 2=38; Group 3=11; Group 4=29. The mean number of children, mean age when had first child and percentage of children in each of the children's living arrangements categories were based on cases with children only. The number in each group were: Group 1=87; Group 2=60; Group 3=21; Group 4=43. Socio-economic status (SES) was assessed with O'Hare, A., Whelan, C.T., & Commins, P. (1991). The development of an Irish census-based social class scale. *The Economic and Social Review*, 22, 135-156. For each variable with multiple categories, 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. For continuous variables F values are from one-way analysis of variance and inter-group differences are based on Scheffe 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 exceeded an absolute value of 2. ***$p<.001$.

Table 4.3. Recollections of child abuse in 4 groups of participants who had spent different amounts of time in institutions and entered under different circumstances.

Variable			Group 1	Group 2	Group 3	Group 4	ANOVA F	Group Diffs
			N=110	N=67	N=22	N=48		
INSTITUTIONAL ABUSE								
IAS	**Specific institutional**	M	48.31	58.39	50.84	50.13	2.41	NS
(N=247)	**Abuse**	SD	9.63	10.35	11.36	9.23		
CTQ-Institution	**Total institutional**	M	49.88	48.48	52.68	51.18	1.28	NS
(N=247)	**abuse score**	SD	9.48	9.40	12.09	10.82		
	Physical abuse	M	49.72	49.73	53.12	49.57	0.79	NS
		SD	9.17	10.40	11.62	10.54		
	Sexual abuse	M	49.34	47.28	56.01	52.57	5.85***	3>4>1>2
		SD	9.40	8.36	11.37	11.27		
	Emotional abuse	M	50.89	48.85	47.85	50.58	0.98	NS
		SD	9.16	11.23	13.02	8.39		
	Physical neglect	M	51.34	48.94	48.38	49.10	1.23	NS
		SD	10.00	9.93	10.98	9.59		
	Emotional neglect	M	48.59	52.12	49.73	50.42	1.78	NS
			10,84	9.54	9.54	8.53		
SPSA-Institution	**Total severe**	M	51.58	48.69	50.09	48.17	5.59***	1>4
(N=247)	**institutional abuse**	SD	5.86	5.87	5.45	5.35		
	Severe institutional	M	54.26	48.91	46.72	43.19	18.37***	1>4
	physical abuse	SD	9.37	9.54	8.80	7.71		
	Severe institutional	M	50.46	47.85	52.50	50.75	1.67	NS
	sexual abuse	SD	10.58	9.81	9.16	8.86		
CHILD ABUSE IN FAMILY								
CTQ-family	**Total family abuse**	M	0.00	49.07	52.11	50.14	0.68	NS
(N=121)	**Score**	SD	0.00	9.99	8.56	10.51		
	Physical abuse	M	0.00	46.84	54.27	51.70	5.56**	3>4>2
		SD	0.00	7.56	11.96	10.58		
	Sexual abuse	M	0.00	50.98	47.05	50.12	1.13	NS
		SD	0.00	11.19	0.00	10.59		
	Emotional abuse	M	0.00	49.74	50.31	50.12	0.03	NS
		SD	0.00	10.24	10.09	9.90		
	Physical neglect	M	0.00	48.45	54.94	49.65	3.23	NS
		SD	0.00	9.82	9.49	9.94		
	Emotional neglect	M	0.00	49.51	53.12	49.23	1.18	NS
		SD	0.00	9.91	11.01	9.63		
SPSA-family	**Total severe family**	M	0.00	48.93	49.50	48.17	0.43	NS
(N=121)	**Abuse**	SD	0.00	6.35	5.23	5.35		
(N=121)	**Severe family**	M	0.00	48.13	46.21	43.19	3.94	NS
	physical abuse	SD	0.00	9.72	9.03	7.71		
(N=121)	**Severe family sexual**	M	0.00	48.93	51.54	50.74	0.75	NS
	Abuse	SD	0.00	10.21	8.87	8.86		

Note: Group 1 spent more than 12 years in an institution and entered before age 5. Group 2 spent 5-11 years in an institution and placement occurred because parents couldn't cope or died. Group 3 spent 5-11 years in an institution and placement occurred through the courts. Group 4 spent 4 or fewer years in institutions. CTQ=Childhood Trauma Questionnaire (Bernstein, D. & Fink, L. (1998). *Childhood Trauma Questionnaire: A retrospective self-report.* Manual. San Antonio, TX: The Psychological Cooperation). IAS=Institutional abuse scale. SPSA=Most severe forms of physical and sexual abuse. Cautious interpretation of scores from the family version of the SPSA is warranted because of the low reliability of scores from this instrument, mentioned in Chapter 3 and documented in Table 3.11. To aid profiling, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before ANOVAs were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. F values are from one-way analyses of variance and inter-group differences are based on Scheffe post hoc tests for comparing groups with unequal Ns that were significant at p<.05. For the MANOVA on all subscales of the institution versions of the CTQ, SPSA & the IAS, F

(24, 685) = 6.16, $p<.001$. For the MANOVA on all subscales of the family versions of the CTQ and SPSA, F (14, 224) = 2.66, $p<.001$. *$p<0.05$ **$p<0.01$ ***$p<0.001$. NS=Not significant.

Table 4.4. Timing of severe abuse and worst form of abuse experienced in 4 groups of participants who had spent different amounts of time in institutions and entered under different circumstances

Variable		Group 1 N=110	Group 2 N=67	Group 3 N=22	Group 4 N=48	F or Chi Square	Group Diffs
INSITUTIONAL ABUSE							
Age when most severe form of physical abuse began (N=233)	M	6.51	8.56	11.05	11.80	36.61***	1<2<4
	SD	3.46	2.87	2.66	2.51		
Duration of most severe form of physical abuse (N=229)	M	9.26	5.98	4.86	2.68	36.90***	1>2>4
	SD	4.41	3.40	3.31	1.32		
Age when most severe form of sexual abuse began (N=122)	M	9.85	9.76	12.13	12.43	8.55***	1,2<3,4
	SD	3.05	2.45	1.46	2.41		
Duration of most severe form of sexual abuse (N=111)	M	3.13	3.65	2.32	1.70	2.09	NS
	SD	3.06	4.22	1.42	1.42		
Worst thing that ever happened to you in an institution (N=247)							
Severe physical and sexual abuse (N=23)	f	10.00	9.00	2.00	2.00	38.20***	NS
	%	9.10	13.40	9.10	4.20		
Severe physical abuse (N=99)	f	45.00	18.00	9.00	25.00		NS
	%	40.90	29.90	40.90	52.10		
Severe sexual abuse (N=40)	f	11.00	6.00	9.00	14.00		3>1,2
	%	10.00	9.00	40.90	29.20		
Severe emotional abuse (N= 85)	f	44.00	32.00	2.00	7.00		1,2>3,4
	%	40.00	47.80	9.10	14.60		
Age when worst thing began (N=237)	M	7.74	9.11	11.69	11.70	19.40***	1<4
	SD	3.60	3.17	1.63	3.22		
Duration of worst thing (N=225)	M	7.19	4.73	4.33	2.14	15.27***	1>2,3>4
	SD	5.13	4.19	3.37	1.51		
CHILD ABUSE IN FAMILY							
Age when most severe form of physical abuse began (N=41)	M	0.00	7.00	6.91	7.65	0.31	NS
	SD	0.00	2.16	1.92	3.48		
Duration of most severe form of physical abuse (N=42)	M	0.00	2.91	5.16	6.44	2.57	NS
	SD	0.00	2.72	3.75	4.61		
Age when most severe form of sexual abuse began (N=11)	M	8.00	8.40	0.00	8.80	0.05	NS
	SD	0.00	2.30	0.00	3.11		
Duration of most sever form of sexual Abuse (N=11)	M	12.00	3.42	0.00	4.04	2.45	NS
	SD	0.00	2.94	0.00	4.14		

Note: Group 1 spent more than 12 years in an institution and entered before age 5. Group 2 spent 5-11 years in an institution and placement occurred because parents couldn't cope or died. Group 3 spent 5-11 years in an institution and placement occurred through the courts. Group 4 pent 4 or fewer years in institutions. For the 'worst thing that ever happened' , verbatim responses were classified into 4 categories (as shown in table 3.4) and percentages in these 4 categories sum to about 100 for each group. Percentages across rows do not sum to 100. For continuous variables F values are from one-way analysis of variance and inter-group differences are based on Scheffe 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 exceeded an absolute value of 2. ***p<.001

Table 4.5. Psychological disorders in 4 groups of participants who had spent different amounts of time in institutions and entered under different circumstances.

Disorder		Group 1	Group 2	Group 3	Group 4	Chi Square	Group Diffs
		N=110	N=67	N=22	N=48		
Anxiety disorders							
Any anxiety disorder, current	f	51.00	30.00	11.00	20.00	0.26	NS
	%	46.40	44.80	50.00	41.70		
Any anxiety disorder, lifetime	f	32.00	29.00	8.00	17.00	2.29	NS
	%	29.10	43.30	36.40	35.40		
Mood Disorders							
Any mood disorder, current	f	29.00	17.00	9.00	11.00	2.69	NS
	%	26.40	25.40	40.90	22.90		
Any mood disorder, lifetime	f	40.00	25.00	6.00	18.00	0.83	NS
	%	36.40	37.30	27.30	37.50		
Alcohol & substance use disorders							
Any alcohol or substance use disorder, current	f	6.00	4.00	1.00	1.00	1.07	NS
	%	5.50	6.00	4.50	2.10		
Any alcohol and substance use disorder, lifetime	f	27.00	20.00	13.00	28.00	23.61***	3,4,>1,2
	%	24.50	29.90	59.10	58.30		
Alcohol dependence, lifetime	f	16.00	17.00	10.00	23.00	23.35***	3,4,>1.2
	%	14.50	25.40	45.50	47.90		
Personality disorders							
Antisocial personality disorder, current	f	2.00	3.00	5.00	7.00	18.07***	3>1,2
	%	1.80	4.50	22.70	14.60		

Note: Group 1 spent more than 12 years in an institution and entered before age 5. Group 2 spent 5-11 years in an institution and placement occurred because parents couldn't cope or died. Group 3 spent 5-11 years in an institution and placement occurred through the courts. Group 4 pent 4 or fewer years in institutions. Diagnoses were made using the SCID I (First, M., Spitzer, R., Gibbon, M., and Williams, J. (1996). *Structured Clinical Interview for DSM-IV Axis I Disorders, Clinician Version (SCID-I).* Washington, DC: American Psychiatric Press) and SCID II (First, M., Spitzer, R., Gibbon M., & Williams, J. (1997). *Structured Clinical Interview for DSM-IV Personality Disorders, (SCID-II).* Washington, DC: American Psychiatric Press). Psychological disorders do not represent mutually exclusive categories and so percentages within and across groups sum to more than 100%. Where chi square tests were significant at p<.01, group differences were interpreted as significant if standardised residuals exceeded an absolute value of 2. ***p<.001.

Table 4.6. Current adjustment of participants in 4 groups of participants who had spent different amounts of time in institutions and entered under different circumstances.

		Group 1	Group 2	Group 3	Group 4	ANOVA F	Group Diffs
		N=110	N=67	N=22	N=48		
Total trauma symptoms (TSI) (N=247)	M	49.92	48.85	50.78	51.41	0.66	NS
	SD	10.00	9.99	10.80	9.74		
Total No of life problems (LPC) (N=247)	M	48.19	47.38	57.06	54.56	10.90***	3,4>1,2
	SD	8.78	8.64	11.85	10.69		
Total quality of life (WHOQOL) (N=247)	M	50.01	50.41	49.61	49.60	0.08	NS
	SD	9.57	9.44	9.44	12.08		
Global functioning (GAF) (N=235)	M	49.39	49.63	50.60	51.76	0.64	NS
	SD	9.55	10.51	9.46	10.65		
Marital satisfaction (KMS) (N=136)	M	51.07	49.81	53.21	54.72	1.40	NS
	SD	10.52	10.85	10.31	9.69		
Parental satisfaction (KPS) (N=212)	M	48.81	51.62	46.01	48.55	1.58	NS
	SD	11.65	8.37	10.11	13.77		

Note: Group 1 spent more than 12 years in an institution and entered before age 5. Group 2 spent 5-11 years in an institution and placement occurred because parents couldn't cope or died. Group 3 spent 5-11 years in an institution and placement occurred through the courts. Group 4 spent 4 or fewer years in institutions. TSI=Trauma Symptom Inventory (Briere, J. (1996). *Trauma Symptom Inventory.* Odessa, FL: Psychological Assessment Resources). LPC=Life Problems Checklist. WHOQOL= World Health Organization Quality of Life 100 UK (Skevington, S. (2005). *World Health Organization Quality of Life 100 UK Version.* Bath, UK: WHO Centre for the Study of Quality of Life, University of Bath). GAF=Global assessment of functioning scale (Luborsky, L. (1962). Clinicians' Judgements of Mental Health. *Archives of General Psychiatry*, 7, 407–417). KMS=Kansas Marital Satisfaction Scale (Schumm, W.R., Paff-Bergen, L.A., Hatch, R.C., Obiorah, F.C., Copeland, J.M., Meens, L.D., Bugaighis, M.A. (1986) Concurrent and discriminant validity of the Kansas Marital Satisfaction Scale. *Journal of Marriage & the Family*, 48, 381-387). KMS means and SDs are based on the number of participants who lived with partners (N=136). KPS=Kansas Parenting Satisfaction Scale (James, D. E., Schumm, W. R., Kennedy, C. E., Grigsby, C. C., Shectman, K. L., Nichols, C. W. (1985). Characteristics of the Kansas Parental Satisfaction Scale among two samples of married parents. *Psychological Reports*, 57, 163-169). KPS means and SDs are based on the number of participants with children (N=212). To aid profiling across variables, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before ANOVAs were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. F values are from one-way analysis of variance and inter-group differences are based on Scheffe post hoc tests for comparing groups with unequal Ns that were significant at p<.05. ***p<0.001. NS=Not significant.

Table 4.7. Life problems in 4 groups of participants who had spent different amounts of time in institutions and entered under different circumstances.

Variable		Group 1	Group 2	Group 3	Group 4	Chi Square	Group Diffs
		N=110	N=67	N=22	N=48		
Substance use	f	32.00	20.00	13.00	29.00	19.94***	3,4>1,2
	%	29.10	29.90	59.10	60.40		
Violent crime	f	8.00	2.00	7.00	8.00	18.38***	3>1,2
	%	7.30	3.00	31.80	16.70		
Incarceration for violent crime	f	6.00	1.00	4.00	7.00	11.52***	3>1.2
	%	5.50	1.50	18.20	14.60		
Non-violent crime	f	16.00	7.00	12.00	20.00	32.88***	3,4>1,2
	%	14.50	10.40	54.50	41.70		
Incarceration for non-violent crime	f	8.00	3.00	7.00	15.00	27.84***	3,4>1,2
	%	7.30	4.50	31.80	31.30		
Unemployment	f	53.00	27.00	16.00	32.00	12.24**	3,4>2
	%	48.20	40.30	72.20	66.70		
Homelessness	f	24.00	8.00	9.00	11.00	8.70	NS
	%	21.80	11.90	40.90	22.90		
Frequent illness	f	31.00	18.00	9.00	15.00	1.76	NS
	%	28.20	26.90	40.90	31.30		
Frequent hospitalization for physical Health	f	29.00	15.00	8.00	18.00	4.06	NS
	%	26.40	22.40	36.40	37.50		
Mental health	f	84.00	47.00	16.00	36.00	0.88	NS
	%	76.40	70.10	72.70	75.00		
Self-harm	f	15.00	12.00	4.00	13.00	4.13	NS
	%	13.60	17.90	18.20	27.10		
Hospitalization for mental health	f	12.00	7.00	4.00	9.00	2.74	NS
	%	10.90	10.40	18.20	18.80		
Anger control in intimate relationships	f	21.00	18.00	9.00	16.00	6.65	NS
	%	19.10	26.90	40.90	33.30		
Anger control with children	f	8.00	11.00	6.00	8.00	8.20	NS
	%	7.30	16.40	27.30	16.70		

Note: Group 1 spent more than 12 years in an institution and entered before age 5. Group 2 spent 5-11 years in an institution and placement occurred because parents couldn't cope or died. Group 3 spent 5-11 years in an institution and placement occurred through the courts. Group 4 spent 4 or fewer years in institutions. Life problems do not represent mutually exclusive categories and so percentages within and across groups sum to more than 100%. Where chi square tests were significant at $p<.05$, group differences were interpreted as significant if standardised residuals exceeded an absolute value of 2. **$p<.01$. ***$p<.001$.

Table 4.8. Adult attachment style on the Experiences in Close Relationships Inventory in 4 groups of participants who had spent different amounts of time in institutions and entered under different circumstances.

Adult Attachment Style		Group 1	Group 2	Group 3	Group 4	Chi Square	Group Diffs
		N=108	N=67	N=22	N=48		
Secure	f	18.00	13.00	4.00	6.00	7.29	NS
	%	16.70	19.40	18.20	12.50		
Fearful	f	52.00	27.00	9.00	19.00		
	%	48.10	40.30	40.90	39.60		
Preoccupied	f	10.00	7.00	3.00	11.00		
	%	9.30	10.40	13.60	22.90		
Dismissive	f	28.00	20.00	6.00	12.00		
	%	25.90	29.90	27.30	25.00		

Note: Group 1 spent more than 12 years in an institution and entered before age 5. Group 2 spent 5-11 years in an institution and placement occurred because parents couldn't cope or died. Group 3 spent 5-11 years in an institution and placement occurred through the courts. Group 4 spent 4 or fewer years in institutions. Cases were classified as falling into the four attachment style categories using the Experiences in Close Relationships Inventory, SPSS algorithm in Brennan, K., Clark, C., & Shaver, P. (1998). Self-report measure of adult attachment: An integrative overview. In J. Simpson & W. Rholes (Eds.), *Attachment Theory and Close Relationships* (pp. 46-76). New York: Guilford Press. 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. NS=Not significant.

Table 4.9. Strengths in 4 groups of participants who had spent different amounts of time in institutions and entered under different circumstances.

Variable		Group 1	Group 2	Group 3	Group 4	Chi Square	Group Diffs
		N=110	N=67	N=22	N=48		
Where does your strength come from?							
Relationship with current partner	f	8.00	8.00	7.00	17.00	37.72***	4>1,2
	%	7.50	12.10	31.80	35.40		
Relationship with a friend including other survivors	f	15.00	3.00	0.00	1.00		1>2,3,4
	%	14.00	4.50	0.00	2.10		
Relationship with God or spiritual force	f	15.00	11.00	2.00	12.00		NS
	%	14.00	16.70	9.10	25.00		
Self-reliance, my optimism, my work, my skills	f	69.00	44.00	13.00	18.00		1,2,3>4
	%	64.50	66.70	59.10	37.50		
What has helped you most in facing life challenges?							
Relationship with current partner	f	22.00	19.00	7.00	15.00	13.84	NS
	%	20.60	28.40	31.80	31.90		
Relationship with a friend including other Survivors	f	11.00	1.00	0.00	2.00		
	%	10.30	1.50	0.00	4.30		
Relationship with God or spiritual force	f	9.00	11.00	1.00	4.00		
	%	8.40	16.40	4.50	8.50		
Self-reliance, my optimism, my work, my skills	f	65.00	36.00	14.00	26.00		
	%	60.70	53.70	63.60	55.30		
What is the thing that means most to You in your life?							
Relationship with partner	f	12.00	9.00	4.00	8.00	9.57	NS
	%	11.10	13.40	20.00	17.00		
Relationship with a friend including other Survivors	f	7.00	4.00	0.00	1.00		
	%	6.50	6.00	0.00	2.10		
Relationship with God or spiritual force	f	3.00	2.00	1.00	1.00		
	%	2.80	3.00	5.00	2.10		
Self-reliance, my optimism, my work, my skills	f	31.00	11.00	3.00	8.00		
	%	28.70	16.40	15.00	17.00		
Relationship with Children / Family	f	55.00	41.00	12.00	29.00		
	%	50.90	61.20	60.00	61.70		

Note: Group 1 spent more than 12 years in an institution and entered before age 5. Group 2 spent 5-11 years in an institution and placement occurred because parents couldn't cope or died. Group 3 spent 5-11 years in an institution and placement occurred through the courts. Group 4 spent 4 or fewer years in institutions. 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 if standardised residuals exceeded an absolute value of 2. ***p<.001.

Table 4.10. Profiles of 4 groups of participants who had spent different amounts of time in institutions and entered under different circumstances.

	Group 1 12 years Entered before 5 years	Group 2 5-11 years Entered due to parental problems	Group 3 5-11 years Entered through courts	Group 4 Under 4 years
PAST HISTORY & DEMOGRAPHICS				
Few years with family before entry	+	-	-	0
Many years in institution	+	-	-	0
Entry reason				
Illegitimate	+	-	-	-
Parents unable to care	+	+	-	-
Parental death	+	+	-	-
Through courts for petty crime	-	-	+	+
Leaving reason				
Too old	+	+	+	-
Institution closed	-	-	+	-
Sentence over	-	-	-	+
Family wanted person back	-	-	-	+
Institution management				
Nuns	+	+	-	-
Religious brothers & priests	-	-	+	+
Both	+	-	-	-
Mixed feelings leaving	+	-	-	0
Gender				
Male	-	-	+	+
Female	+	+	-	-
INSTITUTIONAL ABUSE				
Physical institutional abuse	+	-	-	0
Physical abuse began at an early age	+	-	-	0
Physical abuse lasted many years	+	-	-	0
Sexual institutional abuse	-	-	+	+
Sexual abuse began at an early age	+	+	-	-
Worst thing in institution was severe sexual abuse	0	0	+	-
Worst thing in institution was severe emotional abuse	+	+	-	-
Worst thing began at an early age	+	-	-	0
Worst thing lasted a long time	+	-	-	0
FAMILY-BASED CHILD ABUSE				
Physical abuse	0	0	+	-
ADULT PSYCHOLOGICAL ADJUSTMENT				
Psychological disorders				
Alcohol & Substance use disorder, lifetime	-	-	+	+
Antisocial personality disorder	-	-	+	+
Multiple life problems (substance use, crime, unemployment)	-	-	+	+
Strengths				
Relationship with partner	0	0	-	+
Relationship with friends	+	-	-	-
Self-reliance, optimism, work, skills	+	+	+	-

Note: +=the feature was a significant feature of the group profile. 0=the feature was not a significant element of the group profile. – a moderate level of the feature characterized the groups profile.

Table 4.11. Historical and demographic characteristics on which four groups who reported suffering differing types of worst abusive experiences in institutions differed significantly

Variable	Categories		Group 1 S&P abuse	Group 2 P abuse	Group 3 S abuse	Group 4 E Abuse	Chi Square or ANOVA F	Group Diffs
			N=23	N=99	N=40	N=85		
Gender (N=247)								
	Male	f	15.00	55.00	35.00	30.00	31.34***	3>4
		%	65.20	55.60	87.50	35.30		
	Female	f	8.00	44.00	5.00	55.00		4>3
		%	34.80	44.40	12.50	64.70		
Age in years (N=247)		M	56.74	62.22	57.55	59.60	4.96**	2>3,1
		SD	8.57	8.34	7.36	8.13		
Years with family before entering an institution (N=246)		M	4.75	5.71	7.78	4.09	6.74***	3>4,1
		SD	3.82	4.76	4.96	3.78		
Years in an institution (N=247)		M	10.96	9.74	7.75	11.21	4.57**	4>3
		SD	4.98	5.34	5.46	4.63		
Reason for entering an institution (N=245)								
	Illegitimate	f	2.00	18.00	4.00	24.00	32.70***	
		%	8.70	18.20	10.00	28.90		
	Petty crime	f	5.00	29.00	19.00	5.00		3>4
		%	21.70	29.30	47.50	6.00		
	Parents could not provide care	f	12.00	40.00	13.00	39.00		
		%	52.20	40.40	32.50	47.00		
	Parent died	f	4.00	12.00	4.00	15.00		
		%	17.40	12.10	10.00	18.10		
Institution management (N=247)								
	Nuns	f	9.00	46.00	8.00	58.00	35.64***	4>3
		%	39.10	46.50	20.00	68.20		
	Religious brothers and priests	f	7.00	35.00	24.00	11.00		3>4
		%	30.40	35.40	60.00	12.90		
	Priests, religious brothers and Nuns	f	7.00	18.00	8.00	16.00		
		%	30.40	18.20	20.00	18.80		
Were you happy to leave the institution? (N=247)								
	Yes	f	12.00	62.00	35.00	43.00	17.75**	3>4
		%	52.20	62.60	87.50	50.60		
	Mixed feelings	f	9.00	32.00	5.00	38.00		4>3
		%	39.10	32.30	12.50	44.70		
	No	f	2.00	5.00	0.00	4.00		
		%	8.70	5.10	0.00	4.70		
Education - highest exam (N=244)								
	None	f	8.00	64.00	18.00	31.00	33.30**	2>1,4
		%	34.80	66.00	45.00	36.90		
	Junior school exam in 5th or 6th class (e.g. primary cert)	f	12.00	19.00	8.00	23.00		1>2,3
		%	52.20	19.60	20.00	27.40		
	Inter/Leaving Cert.	f	1.00	8.00	9.00	11.00		
		%	4.30	8.20	22.50	13.10		
	Certificate, diploma, apprenticeship exam, or primary degree	f	2.00	6.00	5.00	19.00		4>2
		%	8.70	6.20	12.50	22.60		
Children's living arrangements (N=211)								
	Spent some time living with their other parent	f	5.00	11.00	9.00	3.00	22.63**	1,3>4
		%	25.00	12.60	26.50	4.30		
	Spent some time living with their relatives or in Care	f	0.00	7.00	1.00	8.00		
		%	0.00	8.00	2.90	11.40		
	Always lived with respondent	f	15.00	64.00	24.00	59.00		

	%	75.00	73.60	70.60	84.30	
Children put up for adoption	f	0.00	5.00	0.00	0.00	2>1,3,4
	%	0.00	5.70	0.00	0.00	

Note: Group 1 contained 23 cases where the worst thing reported was severe physical and sexual abuse. Group 2 contained 99 cases where it was severe physical abuse. Group 3 contained 40 cases where it was severe sexual abuse. Group 4 contained 85 cases where it was severe emotional abuse. Participants' statements were classified as severe physical abuse if they reported physical violence, beating, slapping, or being physically injured, but not having medical attention withheld. Statements were classified as severe sexual abuse if the person reported the words sexual abuse or mentioned rape; genital, anal or oral sex; masturbation; or other coercive sexual activities involving either staff or older pupils. Statements were classified as severe physical and sexual abuse if they involved both severe physical abuse and severe sexual abuse as defined earlier. Statements of actions involving humiliation, degradation, severe lack of care, withholding medical treatment, witnessing the traumatization of other pupils and adverse experiences that were not clearly classifiable as severe sexual or physical abuse were classified as severe emotional abuse. Inter-rater agreement greater than 90% was achieved for a sample of 10% of statements. Details of statements are in Table 3.4. For each variable with multiple categories, 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. For continuous variables F values are from one-way analysis of variance and inter-group differences are based on Scheffe 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 exceeded an absolute value of 2. **$p<.01$. ***$p<.001$

Table 4.12. Recollections of child abuse in four groups who reported suffering differing types of worst abusive experiences in institutions

Variable			Group 1 S&P Abuse N=23	Group 2 P abuse N=99	Group 3 S abuse N=40	Group 4 E Abuse N=85	ANOVA F	Group Diffs
INSTITUTIONAL ABUSE								
IAS (N=247)	Specific institutional abuse	M	55.56	49.50	52.02	48.12	4.16**	1>3>2,4
		SD	8.94	9.29	9.64	10.66		
CTQ-Institution (N=247)	Total institutional abuse score	M	58.47	49.22	56.41	45.60	20.65***	1>3>2>4
		SD	7.94	8.23	9.92	9.59		
	Physical abuse	M	54.75	51.70	51.55	45.99	8.20***	1>2,3>4
		SD	6.98	8.96	9.29	10.92		
	Sexual abuse	M	59.13	47.20	61.66	45.31	55.55***	1,3>2,4
		SD	9.61	8.52	7.51	6.21		
	Emotional abuse	M	53.91	50.12	51.00	48.33	2.12	NS
		SD	7.60	9.91	9.37	10.73		
	Physical neglect	M	54.99	50.71	49.13	48.18	3.20	NS
		SD	8.63	9.50	10.11	10.47		
	Emotional neglect	M	50.46	49.75	50.49	49.95	0.07	NS
		SD	10.81	8.57	10.83	11.07		
SPSA-Institution (N=247)	Total severe institutional abuse	M	55.34	48.40	54.30	48.40	22.70***	1,3>2,4
		SD	4.81	4.79	5.13	5.85		
	Severe institutional physical abuse	M	54.07	49.59	49.90	49.37	1.45	NS
		SD	7.54	9.45	9.87	11.08		
	Severe institutional sexual abuse	M	58.88	46.73	59.54	46.89	34.57***	1,3>2,4
		SD	7.55	8.64	5.78	9.33		

Note: Group 1 contained 23 cases where the worst thing reported was severe physical and sexual abuse. Group 2 contained 99 cases where it was severe physical abuse. Group 3 contained 40 cases where it was severe sexual abuse. Group 4 contained 85 cases where it was severe emotional abuse. Participants' statements were classified as severe physical abuse if they reported physical violence, beating, slapping, or being physically injured, but not having medical attention withheld. Statements were classified as severe sexual abuse if the person reported the words sexual abuse or mentioned rape; genital, anal or oral sex; masturbation; or other coercive sexual activities involving either staff or older pupils. Statements were classified as severe physical and sexual abuse if they involved both severe physical abuse and severe sexual abuse as defined earlier. Statements of actions involving humiliation, degradation, severe lack of care, withholding medical treatment, witnessing the traumatization of other pupils and adverse experiences that were not clearly classifiable as severe sexual or physical abuse were classified as severe emotional abuse. Inter-rater agreement greater than 90% was achieved for a sample of 10% of statements. Details of statements are in Table 3.4. CTQ=Childhood Trauma Questionnaire (Bernstein, D. & Fink, L. (1998). *Childhood Trauma Questionnaire: A retrospective self-report.* Manual. San Antonio, TX: The Psychological Cooperation). IAS=Institutional abuse scale. SPSA=Most severe forms of physical and sexual abuse. To aid profiling across variables, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before ANOVAs were conducted . T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. F values are from one-way analysis of variance and inter-group differences are based on Scheffe post hoc tests for comparing groups with unequal Ns that were significant at p<.05. For the MANOVA on all subscales of the institution versions of the CTQ, SPSA & the IAS, F (24, 685) = 7.30, p<.001. For the MANOVA on all subscales of the family versions of the CTQ and SPSA, F (21, 319) = 1.31, p=NS. **p<.01. ***p<.001.

Table 4.13. Timing of severe abuse and worst abuse in four groups who reported suffering differing types of worst abusive experiences in institutions

Variable		Group 1 S&P abuse N=23	Group 2 P abuse N=99	Group 3 S abuse N=40	Group 4 E Abuse N=85	Chi Square	Group Diffs
Age when most severe form of physical abuse began (N=233)	M	8.06	8.91	9.50	7.60	3.00	NS
	SD	3.02	3.49	4.24	3.56		
Duration of most severe form of physical abuse (N=229)	M	6.67	6.49	5.94	7.45	1.18	NS
	SD	3.66	4.58	4.71	4.26		
Age when most severe form of sexual abuse began (N=122)	M	10.28	11.06	11.36	9.79	2.02	NS
	SD	2.63	2.64	2.76	3.27		
Duration of most severe form of sexual abuse (N=111)	M	3.04	2.75	2.09	3.34	1.01	NS
	SD	2.46	3.12	2.15	3.99		
Age when worst thing began (N=237)	M	9.20	9.02	11.48	8.24	7.72***	3>1,2>4
	SD	2.92	3.65	2.95	3.71		
Duration of worst thing (N=225)	M	4.49	5.86	2.63	5.92	5.70***	2,4>3
	SD	3.67	4.49	2.82	5.40		

Note: Group 1 contained 23 cases where the worst thing reported was severe physical and sexual abuse. Group 2 contained 99 cases where it was severe physical abuse. Group 3 contained 40 cases where it was severe sexual abuse. Group 4 contained 85 cases where it was severe emotional abuse. Participants' statements were classified as severe physical abuse if they reported physical violence, beating, slapping, or being physically injured, but not having medical attention withheld. Statements were classified as severe sexual abuse if the person reported the words sexual abuse or mentioned rape; genital, anal or oral sex; masturbation; or other coercive sexual activities involving either staff or older pupils. Statements were classified as severe physical and sexual abuse if they involved both severe physical abuse and severe sexual abuse as defined earlier. Statements of actions involving humiliation, degradation, severe lack of care, withholding medical treatment, witnessing the traumatization of other pupils and adverse experiences that were not clearly classifiable as severe sexual or physical abuse were classified as severe emotional abuse. Inter-rater agreement greater than 90% was achieved for a sample of 10% of statements. Details of statements are in Table 3.4.
F values are from one-way analysis of variance and inter-group differences are based on Scheffe post hoc tests for comparing groups with unequal Ns that were significant at $p<.05$. ***$p<.001$

Table 4.14. Psychological disorders in four groups who reported suffering differing types of worst abusive experiences in institutions

Variable		Group 1 S&P abuse N=23	Group 2 P abuse N=99	Group 3 S abuse N=40	Group 4 E Abuse N=85	Chi Square	Group Diffs
Anxiety disorders							
Posttraumatic stress disorder, current	f	8.00	10.00	14.00	9.00	20.51***	1,3>2,4
	%	34.80	10.10	35.00	10.60		
Alcohol and substance use disorders							
Any alcohol and substance use disorder, lifetime	f	12.00	33.00	23.00	20.00	16.74***	3>4
	%	52.20	33.30	57.50	23.50		
Alcohol dependence, lifetime	f	7.00	27.00	20.00	12.00	18.14***	3>4
	%	30.40	27.30	50.00	14.10		
Personality disorders							
Antisocial personality disorder	f	2.00	4.00	9.00	2.00	19.31***	3>4
	%	8.70	4.00	22.50	2.40		

Note: Note: Group 1 contained 23 cases where the worst thing reported was severe physical and sexual abuse. Group 2 contained 99 cases where it was severe physical abuse. Group 3 contained 40 cases where it was severe sexual abuse. Group 4 contained 85 cases where it was severe emotional abuse. Participants' statements were classified as severe physical abuse if they reported physical violence, beating, slapping, or being physically injured, but not having medical attention withheld. Statements were classified as severe sexual abuse if the person reported the words sexual abuse or mentioned rape; genital, anal or oral sex; masturbation; or other coercive sexual activities involving either staff or older pupils. Statements were classified as severe physical and sexual abuse if they involved both severe physical abuse and severe sexual abuse as defined earlier. Statements of actions involving humiliation, degradation, severe lack of care, withholding medical treatment, witnessing the traumatization of other pupils and adverse experiences that were not clearly classifiable as severe sexual or physical abuse were classified as severe emotional abuse. Inter-rater agreement greater than 90% was achieved for a sample of 10% of statements. Details of statements are in Table 3.4. Diagnoses were made using the SCID I (First, M., Spitzer, R., Gibbon, M., and Williams, J. (1996). *Structured Clinical Interview for DSM-IV Axis I Disorders, Clinician Version (SCID-I).* Washington, DC: American Psychiatric Press) and SCID II (First, M., Spitzer, R., Gibbon M., & Williams, J. (1997). *Structured Clinical Interview for DSM-IV Personality Disorders, (SCID-II).* Washington, DC: American Psychiatric Press). Psychological disorders do not represent mutually exclusive categories and so percentages within and across groups sum to more than 100%. Where chi square tests were significant at p<.01, group differences were interpreted as significant if standardised residuals exceeded an absolute value of 2. ***p<.001.

Table 4.15. Current adjustment of participants in four groups who reported suffering differing types of worst abusive experiences in institutions

		Group 1 S&P abuse N=23	Group 2 P abuse N=99	Group 3 S Abuse N=40	Group 4 E Abuse N=85	ANOVA F	Group Diffs
Total trauma symptoms (TSI) (N=247)	M	54.74	49.14	53.24	48.20	4.46**	1,3>4
	SD	8.32	10.76	9.44	9.11		
Total No of life problems (LPC) (N=247)	M	51.06	49.66	57.46	46.59	12.37***	3>2>4
	SD	10.79	8.35	11.99	8.66		
Total quality of life (WHOQOL) (N=247)	M	47.44	50.57	49.43	50.30	0.68	NS
	SD	9.90	9.92	10.42	9.98		
Global functioning (GAF) (N=235)	M	47.67	50.26	49.22	50.73	0.66	NS
	SD	7.99	10.46	10.93	9.57		
Marital satisfaction (KMS) (N=136)	M	24.16	30.38	32.49	25.72	0.89	NS
	SD	20.89	21.33	23.57	19.46		
Parental satisfaction (KPS) (N=212)	M	48.35	49.15	48.96	49.85	0.12	NS
	SD	11.91	11.20	11.04	11.36		

Note: Group 1 contained 23 cases where the worst thing reported was severe physical and sexual abuse. Group 2 contained 99 cases where it was severe physical abuse. Group 3 contained 40 cases where it was severe sexual abuse. Group 4 contained 85 cases where it was severe emotional abuse. Participants' statements were classified as severe physical abuse if they reported physical violence, beating, slapping, or being physically injured, but not having medical attention withheld. Statements were classified as severe sexual abuse if the person reported the words sexual abuse or mentioned rape; genital, anal or oral sex; masturbation; or other coercive sexual activities involving either staff or older pupils. Statements were classified as severe physical and sexual abuse if they involved both severe physical abuse and severe sexual abuse as defined earlier. Statements of actions involving humiliation, degradation, severe lack of care, withholding medical treatment, witnessing the traumatization of other pupils and adverse experiences that were not clearly classifiable as severe sexual or physical abuse were classified as severe emotional abuse. Inter-rater agreement greater than 90% was achieved for a sample of 10% of statements. Details of statements are in Table 3.4. TSI=Trauma Symptom Inventory (Briere, J. (1996). *Trauma Symptom Inventory*. Odessa, FL: Psychological Assessment Resources). LPC=Life Problems Checklist. WHOQOL= World Health Organization Quality of Life 100 UK (Skevington, S. (2005). *World Health Organization Quality of Life 100 UK Version*. Bath, UK: WHO Centre for the Study of Quality of Life, University of Bath). GAF=Global assessment of functioning scale (Luborsky, L. (1962). Clinicians' Judgements of Mental Health. *Archives of General Psychiatry*, 7, 407–417). KMS=Kansas Marital Satisfaction Scale (Schumm, W.R., Paff-Bergen, L.A., Hatch, R.C., Obiorah, F.C., Copeland, J.M., Meens, L.D., Bugaighis, M.A. (1986) Concurrent and discriminant validity of the Kansas Marital Satisfaction Scale. *Journal of Marriage & the Family*, 48, 381-387). KMS means and SDs are based on the number of participants who lived with partners (N=136). KPS=Kansas Parenting Satisfaction Scale (James, D. E., Schumm, W. R., Kennedy, C. E., Grigsby, C. C., Shectman, K. L., Nichols, C. W. (1985). Characteristics of the Kansas Parental Satisfaction Scale among two samples of married parents. *Psychological Reports*, 57, 163-169). KPS means and SDs are based on the number of participants with children (N=212). To aid profiling across variables, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before ANOVAs were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. F values are from one-way analysis of variance and inter-group differences are based on Scheffe post hoc tests for comparing groups with unequal Ns that were significant at p<.05. **p<0.01 ***p<0.001. NS=Not significant.

Table 4.16. Profiles of 4 groups of participants who reported suffering differing types of worst abusive experiences in institutions

	Group 1 Severe Sexual and Physical Abuse	Group 2 Severe Physical Abuse	Group 3 Severe Sexual Abuse	Group 4 Severe Emotional Abuse
PAST HISTORY & DEMOGRAPHICS				
Few years with family before entry	+	-	0	+
Many years in institution	-	-	0	+
Entry reason				
Through courts for petty crime	-	-	+	0
Institution management				
Nuns	-	-	0	+
Religious brothers & priests	-	-	+	0
Mixed feelings leaving	-	-	0	+
Gender				
Male	-	-	+	0
Female	-	-	0	+
AGE				
Older (60s)	0	+	0	-
Lower educational achievement	0	+	-	0
Parent-child living arrangements				
Children spent time living with other parent	+	-	+	0
Children put up for adoption	-	+	-	-
INSTITUTIONAL ABUSE				
Physical institutional abuse	+	-	-	0
Sexual institutional abuse	+	-	+	-
Worst thing began at an early age	-	-	0	+
Worst thing lasted a long time	-	+	0	+
ADULT PSYCHOLOGICAL ADJUSTMENT				
Psychological disorders				
Posttraumatic stress disorder, current	+	-	+	-
Alcohol & Substance use, lifetime	-	-	+	0
Antisocial personality disorder	-	-	+	0
Multiple trauma symptoms	+	-	+	0
Multiple life problems	-	0	+	0

Note: +=the feature was a significant feature of the group profile. 0=the feature was not a significant element of the group profile. – a moderate level of the feature characterized the groups profile.

CHAPTER 5
PROFILES OF GROUPS WITH DIFFERENT PATTERNS OF PSYCHOLOGICAL DISORDERS

SUMMARY OF CHAPTER 5

There was an association between having psychological disorders and reporting both institutional and family-based child abuse and neglect. Certain patterns of psychological disorders were associated with institutional abuse alone, and other patterns were associated with institutional family-based child abuse and neglect. For participants with multiple co-morbid diagnoses, and for those with mood disorders, greater institutional, but not family-based physical, sexual and emotional abuse was reported. Participants with PTSD, alcohol and substance use disorders, avoidant and antisocial personality disorder reported both institutional and family-based abuse or neglect. Participants with multiple diagnoses had the poorest adult psychological adjustment and those with no diagnoses were the best adjusted. Subgroups selected by diagnosis showed an intermediate level of adult psychological adjustment between these extremes. What follows are brief profiles of groups with different patterns or types of psychological disorders.

Multiple comorbid diagnoses. Participants with 4 or more diagnoses reported greater institutional sexual and emotional abuse (but not more family-based abuse) than participants with fewer diagnoses. Participants with 4 or more diagnoses had more trauma symptoms and life problems, and a lower quality of life and global level of functioning, than participants with 1-3 diagnoses, who in turn were less well adjusted than participants with no diagnoses. More participants with 4 or more diagnoses had a fearful adult attachment style, and fewer had secure or dismissive adult attachment styles. On average more participants with 4 or more diagnoses were in their 50s compared with those with no diagnoses who where were in their 60s. Also, more participants with 4 or more diagnoses were unemployed and of lower SES than participants with fewer diagnoses.

Mood disorders. Participants with mood disorders, more than half of whom had co-morbid anxiety disorders, reported greater institutional sexual and emotional abuse and greater institutional severe physical and sexual abuse (but not family-based child abuse) than participants with no diagnoses. Participants with mood disorders had more trauma symptoms and life problems, and a lower quality of life and global level of functioning than participants with no diagnoses. More participants with mood disorders had a fearful adult attachment style, and fewer had a secure adult attachment style. On average participants with mood disorders were in their late 50s while those with no diagnoses were in their 60s. Also, on average, participants with mood disorders had had their first child in their mid-20s, while those with no diagnoses had their first children a couple of years later.

Posttraumatic stress disorder. Participants with PTSD, more than half of whom had other co-morbid anxiety disorders and alcohol or substance use disorders, reported greater institutional physical, sexual and emotional abuse, and greater institutional severe

physical and sexual abuse than participants with no diagnoses. They also reported having experienced greater family-based emotional abuse. Participants with PTSD had more trauma symptoms and life problems, and a lower quality of life and global level of functioning, than participants with no diagnoses. Fewer participants with PTSD had a dismissive adult attachment style. On average participants with PTSD were in their 50s while those with no disorders were in their 60s.

Alcohol and substance use disorders. Participants with alcohol and substance use disorders, more than half of whom had a co-morbid anxiety disorder, reported greater institutional sexual and emotional abuse, and greater institutional severe sexual abuse than participants with no diagnoses. They also reported having experienced greater family-based physical and emotional abuse. Participants with alcohol and substance use disorders had more trauma symptoms and life problems, and a lower quality of life and global level of functioning than participants with no diagnoses. Compared with those with no diagnoses, participants with alcohol and substance use disorders were younger (in their 50s not their 60s); had had their first children at a younger age (in early, not their late 20s); were of lower SES; and fewer had entered an institution because their parents had died.

Avoidant personality disorder. Participants with avoidant personality disorders reported greater institutional and family-based emotional abuse than those with no diagnoses. Almost all participants with an avoidant personality disorder had a co-morbid anxiety, mood or substance use disorder. Participants with avoidant personality disorder had more trauma symptoms and life problems, and a lower quality of life and global level of functioning, than participants with no diagnoses. Compared to those with no diagnoses, more participants with an avoidant personality disorder had a fearful adult attachment style and fewer had a secure adult attachment style. Compared to participants with no diagnoses, participants with avoidant personality disorder were younger (in their 50s, not their 60s) and more had been placed in institutions run by nuns because their parents could not care for them.

Antisocial personality disorder. Participants with antisocial personality disorder reported greater institutional sexual abuse than participants with no diagnoses. All participants with antisocial personality disorder had co-morbid anxiety, mood or substance use disorders. Participants with antisocial personality disorder had more trauma symptoms, more life problems, a lower quality of life, a lower global level of functioning, and lower parental satisfaction than participants with no diagnoses. Compared to those with no diagnoses, participants with antisocial personality disorder were younger (in their 50s, not their 60s); had spent fewer years in institutions (5 1/2 not nearly 10 years); more were unemployed; and more were of low SES.

Borderline personality disorder. Participants with borderline personality disorder and those with no diagnoses, did not differ in their reported levels of institutional or family-based child abuse, although both reported a high level of child abuse. All participants with borderline personality disorder had co-morbid anxiety, mood or substance use disorders.

Participants with borderline personality disorders had more trauma symptoms, more life problems, a lower quality of life, a lower global level of functioning, and more had a fearful adult attachment style than participants with no diagnoses. Compared to those with no diagnoses, participants with borderline personality disorder were younger (in their 50s, not 60s), more were unemployed, and on average reported being abused from an earlier age.

INTRODUCTION

Recollections of both institutional and family-based child abuse by adult survivors of institutional living with varying patterns of psychological disorders are the main focus of this chapter. In addition, profiles of subgroups of cases with varying patterns of psychological disorders are presented with respect to their trauma symptoms, life problems, quality of life, global functioning, relationships, adult attachment styles and demographic characteristics. A number of specific questions were addressed:

1. Do adult survivors of institutional living with many co-morbid diagnoses report more institutional and family-based child abuse compared to those with few or no diagnoses and what are the profiles of groups with many, few and no diagnoses?
2. Do adult survivors of institutional living with mood disorders report more institutional and family-based child abuse compared to those with no diagnoses and what is the profile of participants with mood disorders?
3. Do adult survivors of institutional living with posttraumatic stress disorder (PTSD) report more institutional and family-based child abuse compared to those with no diagnoses and what is the profile of participants with PTSD?
4. Do adult survivors of institutional living with alcohol and substance use disorders report more institutional and family-based child abuse compared to those with no diagnoses and what is the profile of participants with alcohol and substance use disorders?
5. Do adult survivors of institutional living with personality disorders report more institutional and family-based child abuse compared to those with no diagnoses and what is the profile of participants with personality disorders?

STATISTICAL ANALYSIS STRATEGY

The results of analyses conducted to address these questions will be presented in five sections, corresponding to the five questions. There are sections on multiple disorders, mood disorders, PTSD, substance use disorders and personality disorders. In answering the questions addressed in this chapter, the following strategy was used in all statistical analyses. For categorical variables, chi square tests were conducted with p values set conservatively at $p<.01$ to reduce the probability of type 1 error (misinterpreting spurious group differences as significant). 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. For continuous variables, to control for type 1 error, where possible multivariate analyses of variance (MANOVAs) were conducted on groups of conceptually related variables. Where MANOVAs were significant at p<.05, specific variables on which groups differed at a significance level of p<.01 were identified by conducting one-way analyses or variance (ANOVAs) or t-tests. t-tests were used where only two groups were compared and ANOVAs were used where comparisons involved more than two groups. Scheffe post-hoc comparison tests for designs with 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 Scheffe's, where the assumption of homogeneity of variance was violated. In addition to these parametric analyses of continuous variables, in those instances where dependent variables were not normally distributed, non-parametric Kruskall Wallace (for 3 groups) or Mann Whitney (for two groups) tests were conducted as well as ANOVAs. If these non-parametric tests yielded results that differed from those of the ANOVAs, these were reported. For continuous variables where MANOVAs were not conducted, because there were no grounds for conceptually grouping variables, to control for type 1 error, t-tests or ANOVAs were interpreted as statistically significant if p<.01. For the TSI and the WHOQOL, which are multiscale instruments, unless the pattern of subscale scores differed greatly from that of total scores, for brevity, only analyses of total scores are reported. To facilitate interpretation of profiles of tabulated means, all psychological variables on continuous scales were transformed to T-scores (with means of 50 and standard deviations of 10) before analyses were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X.

MULTIPLE CO-MORBID PSYCHOLOGICAL DIAGNOSES

In this section results are presented of analyses which address the question: Do adult survivors of institutional living, with many co-morbid diagnoses report more institutional and family-based child abuse compared to those with few or no diagnoses and what are the profiles of groups with many, few and no diagnoses? To address this question cases were classified into three groups. Group 1 contained 83 cases with four or more current or lifetime diagnoses as assessed with the SCID I and SCID II, while none of the 45 cases in group 3 had any current or lifetime diagnoses. 119 participants with 1 to 3 current or lifetime diagnoses were assigned to group 2.

From Table 5.1. it may be seen that compared with groups 2 and 3, group 1 obtained significantly higher mean scores on the IAS; the total, sexual and emotional abuse scales of the institutional version of the CTQ; and on the total and sexual severe abuse scales of the institutional version of the SPSA.

The MANOVA for the scales and subscales of the family versions of the CTQ and SPSA was not significant, so it was concluded that there were no significant differences

between scores of the three groups on family versions of the CTQ or SPSA.

From Table 5.2 it may be seen that for the total number of Trauma symptoms on the TSI and the total number of life problems on the LPC, the mean scores for group 1 were significantly higher than those of group 2, which in turn were significantly higher than those of group 3. For the total score on the WHOQOL and the GAF, the mean scores for group 1 were significantly lower than those of group 2, which in turn were significantly lower than those of group 3. These results show that, participants with 4 or more diagnoses had more trauma symptoms and life problems, and a lower quality of life and global level of functioning, than participants with 1-3 diagnoses, who in turn were less well adjusted than participants with no diagnoses.

From Table 5.3 it may be seen that on the ECRI compared with groups 2 and 3, significantly more members of group 1 had a fearful adult attachment style, and significantly fewer had secure or dismissive adult attachment styles.

On demographic variables, significant group differences occurred for age (Group 1: M= 57.64; Group 2: M = 60.37; Group 3: = 63.67; F (2, 244) = 8.26, p<.001; Group 3>Group 1); currently unemployed (Group 1: 36.4%; Group 2: 22.7%; Group 3: 11.10%; Chi Square (8, N=247) = 20.62, p<.01; Group 1>Group 2 & Group 3); achieving a skilled manual SES level (Group 1: 7.79%; Group 2: 12.39%; Group 3: 24.44%; Chi Square (8, N=247) = 20.37, p<.01; Group 3>Group 1 & Group 2); and achieving a lower professional or managerial SES level (Group 1: 6.49%; Group 2: 19.47%; Group 3: 24.44%; Chi Square (8, N=247) = 20.37, p<.01; Group 1< Group 2 & Group 3). These results show that group 1 was younger than group 3; more members of group 1 were unemployed; and their highest achieved SES level was lower than that of the other two groups.

Summary. Participants with 4 or more diagnoses, reported greater institutional sexual and emotional abuse than participants with fewer diagnoses. However, those with 4 or more diagnoses did not report experiencing more family-based child abuse or neglect. Participants with 4 or more diagnoses had more trauma symptoms and life problems, and a lower quality of life and global level of functioning, than participants with 1-3 diagnoses, who in turn were less well adjusted than participants with no diagnoses. More participants with 4 or more diagnoses had a fearful adult attachment style, and fewer had secure or dismissive adult attachment styles. On average more participants with 4 or more diagnoses were in their 50s compared with those with no diagnoses who where were in their 60s. Also, more participants with 4 or more diagnoses were unemployed and of lower SES than participants with fewer diagnoses.

MOOD DISORDERS

In this section results are presented of analyses which address the question: Do adult survivors of institutional living with mood disorders report more institutional and family-based child abuse compared to those with no diagnoses and what is the profile of participants with mood disorders? To address this question 142 cases with a diagnosis of

lifetime or current major depression or current dysthymia were compared with those with no current or lifetime anxiety, mood, substance use or personality disorders. Among the142 participants with mood disorders, comorbid disorders were common. More than half (57%) had a current anxiety disorder; 44% had a current or lifetime alcohol and substance use disorder; and 38% had a personality disorder.

From Table 5.4 it may be seen that compared with group 2, group 1 obtained significantly higher mean scores on the total, sexual and emotional abuse scales of the institution version of the CTQ, and on the total, physical and sexual severe abuse scales of the institutional version of the SPSA. The MANOVA for the scales and subscales of the family versions of the CTQ and SPSA was not significant, so it was concluded that there were no significant differences between scores of the three groups on family versions of the CTQ or SPSA.

From Table 5.5 it may be seen that for the total number of Trauma symptoms on the TSI and the total number of life problems on the LPC, the mean scores for group 1 were significantly higher than those of group 2. For the total score on the WHOQOL and the GAF, the mean scores for group 1 were significantly lower than those of group 2. These results show that participants with mood disorders had more trauma symptoms and life problems, and a lower quality of life and global level of functioning than participants with no diagnoses.

From Table 5.6 it may be seen that on the ECRI compared with group 2, significantly more members of group 1 had a fearful adult attachment style, and significantly fewer had a secure adult attachment style.

On demographic variables, significant group differences occurred for age (Group 1 $M = 59.18$, Group 2 $M = 63.67$, $t(245) = 3.19$, $p < .01$), and age when first child was born (Group 1 $M = 24.90$, Group 2 $M = 27.71$, $t(159) = 2.69$, $p < .01$). These results show that on average participants in group 1 were in their late 50s, while those in group 2 were in their 60s. Also, on average participants in group 1 had their first child in their mid-20s, while those in group 2 had their first children a couple of years later.

Summary. Participants with mood disorders, more than half of whom had co-morbid anxiety disorders, reported greater institutional sexual and emotional abuse; and greater institutional severe physical and sexual abuse than participants with no diagnoses. However, those with mood disorders did not report experiencing more family-based child abuse or neglect. Participants with mood disorders had more trauma symptoms and life problems, and a lower quality of life and global level of functioning than participants with no diagnoses. More participants with mood disorders had a fearful adult attachment style, and fewer had a secure adult attachment style. On average participants with mood disorders were in their late 50s while those with no diagnoses were in their 60s. Also, on average participants with mood disorders had had their first child in their mid-20s, while those with no diagnoses had their first children a couple of years later.

Posttraumatic stress disorder

In this section results are presented of analyses which address the question: Do adult survivors of institutional living with posttraumatic stress disorder (PTSD) report more institutional and family-based child abuse compared to those with no diagnoses and what is the profile of participants with PTSD? To address this question 63 cases with a diagnosis of lifetime or current PTSD were compared with 45 cases with no current or lifetime mood, anxiety, substance use or personality disorders. Among the 63 participants with PTSD comorbid disorders were common. More than three quarters (77%) had another current anxiety disorder; 55% had a lifetime diagnosis of any anxiety disorder; 50% had a lifetime diagnosis of alcohol and substance use disorder; 47% had a lifetime diagnosis of a mood disorder; and 41% had a personality disorder.

From Table 5.7 it may be seen that compared with group 2, group 1 obtained significantly higher mean scores on the IAS; the total, physical, sexual and emotional abuse scales of the institution version of the CTQ; and on the total, physical and sexual severe abuse scales of the institutional version of the SPSA. Compared with group 2, group 1 also obtained significantly higher mean scores on the emotional abuse scale of the family version of the CTQ and the total scale of the family version of the SPSA. However, cautious interpretation of scores from the family version of the SPSA is warranted because of the low reliability of the total and physical severe abuse scores from this instrument, mentioned in Chapter 3 and documented in Table 3.11.

From Table 5.8 it may be seen that for the total number of Trauma symptoms on the TSI and the total number of life problems on the LPC, the mean scores for group 1 were significantly higher than those of group 2. For the total score on the WHOQOL and the GAF, the mean scores for group 1 were significantly lower than those of group 2. These results show that participants with PTSD disorders had more trauma symptoms and life problems, and a lower quality of life and global level of functioning than participants with no diagnoses.

From Table 5.9 it may be seen that on the ECRI compared with group 2, significantly fewer members of group 1 had a dismissive adult attachment style.

The only demographic variable on which the groups differed significantly was age (Group 1 $M = 57.49$, Group 2 $M = 63.67$, $t(106) = 3.97$, $p<.01$). On average participants with PTSD were in their 50s, while those with no diagnoses were in their 60s.

Summary. Participants with PTSD, more than half of whom had other co-morbid anxiety disorders and alcohol or substance use disorders, reported greater institutional physical, sexual and emotional abuse; and greater institutional severe physical and sexual abuse than participants with no diagnoses. They also reported having experienced greater family-based emotional abuse. Participants with PTSD had more trauma symptoms and life problems, and a lower quality of life and global level of functioning than participants with no diagnoses. Fewer participants with PTSD had a dismissive adult attachment style.

On average participants with PTSD were in their 50s while those with no disorders were in their 60s.

SUBSTANCE ABUSE

In this section, results are presented of analyses which address the question: Do adult survivors of institutional living with alcohol and substance use disorders report more institutional and family-based child abuse compared to those with no diagnoses and what is the profile of participants with alcohol and substance use disorders? To address this question 99 cases with a current or lifetime diagnosis of an alcohol or substance use disorder were compared with 45 cases with no diagnosis. Among the 99 participants with alcohol or substance use disorders, comorbid disorders were common. More than half (54%) had a current anxiety disorder, 48% had a lifetime diagnosis of any anxiety disorder, 39% had a current or lifetime diagnosis of a mood disorder, and 39% had a personality disorder.

From Table 5.10 it may be seen that compared with group 2, group 1 obtained significantly higher mean scores on the IAS; the total, sexual and emotional abuse scales of the institution version of the CTQ; and the total and sexual severe abuse scales of the institutional version of the SPSA. Compared with group 2, group 1 obtained significantly higher mean scores on the physical and emotional abuse scales of the family version of the CTQ, and on the total scale of the family version of the SPSA. However, cautious interpretation of scores from the family version of the SPSA is warranted because of the low reliability of the total and physical severe abuse scores from this instrument, mentioned in Chapter 3 and documented in Table 3.11.

From Table 5.11 it may be seen that for the total number of Trauma symptoms on the TSI and the total number of life problems on the LPC, the mean scores for group 1 were significantly higher than those of group 2. For the total score on the WHOQOL and the GAF, the mean scores for group 1 were significantly lower than those of group 2. These results show that participants with alcohol and substance use disorders had more trauma symptoms and life problems, and a lower quality of life and global level of functioning than participants with no diagnoses.

With respect to demographic and historical variables the groups differed significantly on age (Group 1: $M = 58.25$, Group 2: $M = 63.67$, $t(106) = 3.94$, $p<.01$); age when first child was born (Group 1 $M= 24.73$, Group 2 $M = 27.71$, $t(142) = 2.80$, $p<.01$); current membership of an SES group of skilled manual work or higher (Group 1: 6.30%, Group 2: 22.20%, Chi Square $(4, N=144) = 15.37$, $p<.001$); membership of an SES group higher than skilled manual work since leaving school (Group 1: 4.40%, Group 2: 24.40%, Chi Square $(4, N=144) = 22.80$, $p<.0001$); and entering an institution because their parents died (Group 1: 8.20%, Group 2: 25.60%, Chi Square $(3, N=144) = 15.01$, $p<.01$). These results show that compared with group 2, participants in group 1 were in their 50s (not their 60s); had had their first children in their early 20s (not their late 20s); were of lower

SES; and fewer had entered an institution because their parents had died.

Summary. Participants with alcohol and substance use disorders, more than half of whom had a co-morbid anxiety disorder, reported greater institutional sexual and emotional abuse; and greater institutional severe sexual abuse than participants with no diagnoses. They also reported having experienced greater family-based physical and emotional abuse. Participants with alcohol and substance use disorders had more trauma symptoms and life problems, and a lower quality of life and global level of functioning than participants with no diagnoses. Compared with those with no diagnoses, participants with alcohol and substance use disorders were younger (in their 50s not their 60s); had had their first children in their earlier (in early, not their late 20s); were of lower SES; and fewer had entered an institution because their parents had died.

PERSONALITY DISORDERS

In this section results are presented of analyses which address the question: Do adult survivors of institutional living with personality disorders report more institutional and family-based child abuse compared to those with no diagnoses and what is the profile of participants with personality disorders? A series of analyses were conducted to address this question in which cases with personality disorders were compared with cases with no diagnoses. 75 participants had a personality disorder; 52 had avoidant personality disorder; 17 had antisocial personality disorder; 14 had borderline personality disorder; and 4 had dependent personality disorder. 9 cases had two or more comorbid personality disorders. In the three larger groups, there were 48 with avoidant personality disorder only; 10 with antisocial personality disorder only; and 6 with borderline personality disorder only. In view of this pattern of single and co-morbid personality disorder diagnoses, it was decided that cell sizes would be too small to validly compare profiles of three largest groups with distinct personality disorders. Instead, three separate analyses were conducted. In the first of these, 52 cases with avoidant personality disorder were compared with 45 cases with no diagnosis. In the second, 17 cases with antisocial personality disorder were compared with 45 cases with no diagnosis. In the third, 14 cases with borderline personality disorder were compared with 45 cases with no diagnosis.

Avoidant personality disorder

From Table 5.12 it may be seen that compared with group 2, group 1 obtained significantly higher mean scores on the emotional abuse scale of the institution and family versions of the CTQ.

Among the 52 cases with avoidant personality disorder, comorbid disorders were common. Almost all cases (98%) had a co-morbid anxiety, mood or substance use disorder. Just over three quarters (78.8%) had a current anxiety disorder. Just over half

had a current mood disorder (53.8%). And just over a third (36.5%) had a lifetime diagnosis of a substance use disorder.

From Table 5.13 it may be seen that for the total number of Trauma symptoms on the TSI and the total number of life problems on the LPC, the mean scores for group 1 were significantly higher than those of group 2. For the total score on the WHOQOL and the GAF, the mean scores for group 1 were significantly lower than those of group 2. These results show that participants with avoidant personality disorder had more trauma symptoms and life problems, and a lower quality of life and global level of functioning than participants with no diagnoses.

From Table 5.14 it may be seen that on the ECRI compared with group 2, significantly more members of group 1 had a fearful adult attachment style and significantly fewer members of group 1 had a secure adult attachment style.

With respect to demographic and historical variables, the groups differed significantly on age (Group 1: M = 57.90, Group 2: M = 63.67, $t(95) = 2.31$, $p<.01$); being placed in an institution because their parents could not provide care (Group 1: 64.00%, Group 2: 20.93%, Chi Square (3, N=97) = 18.08, $p<.0001$); and placement in an institution run by nuns (Group 1: 61.5%, Group 2: 42.2%, Chi Square (2, N=97) = 11.41, $p<.01$). These results show that compared with group 2, participants in group 1 were in their 50s (not their 60s); more had been placed in an institution because their parents could not care for them; and more were placed in an institution run by nuns.

Summary. Participants with avoidant personality disorders reported greater institutional and family-based emotional abuse than those with no diagnoses. Almost all participants with an avoidant personality disorder had a co-morbid anxiety, mood or substance use disorder. Participants with avoidant personality disorder had more trauma symptoms and life problems, and a lower quality of life and global level of functioning than participants with no diagnoses. Compared to those with no diagnoses, more participants with an avoidant personality disorder had a fearful adult attachment style and fewer had a secure adult attachment style. Compared to participants with no diagnoses, participants with avoidant personality disorder were younger (in their 50s, not their 60s) and more had been placed in institutions run by nuns because their parents could not care for them.

Antisocial personality disorder

From Table 5.15 it may be seen that compared with group 2, group 1 obtained significantly higher mean scores on the total and sexual abuse scales of the institution version of the CTQ, and on the severe sexual severe abuse scale of the institution version of the SPSA.

All 17 participants with antisocial personality disorder had co-morbid anxiety, mood or substance use disorders. Just over three quarters (76.5%) had a lifetime diagnosis of substance use disorder. 70% had a current anxiety disorder and 64% had a lifetime diagnosis of an anxiety disorder. 41% had had a mood disorder at some point in their life. Just over a third (35.3%) had comorbid borderline personality disorder.

From Table 5.16 it may be seen that for the total number of Trauma symptoms on the TSI and the total number of life problems on the LPC, the mean scores for group 1 were significantly higher than those of group 2. For the total score on the WHOQOL, the GAF, and the KPS the mean scores for group 1 were significantly lower than those of group 2. These results show that participants with antisocial personality disorder had more trauma symptoms and life problems; and a lower quality of life, global level of functioning, and parental satisfaction than participants with no diagnoses.

With respect to demographic variables, the groups differed on age (Group 1: $M = 57.24$, Group 2: $M = 63.67$, $t(60) = 2.98$, $p<.01$); number of years spent in an institution (Group 1: $M = 5.56$, Group 2: $M = 9.86$, $t(60) = 3.28$, $p<.01$); currently unemployed (Group 1: 56.30%, Group 2: 11.10%, Chi Square $(4, N=62) = 15.17$, $p<.01$); and membership of a higher SES group than skilled workers since leaving school (Group 1: 0%, Group 2: 24.44%, Chi Square $(3, N=62) = 11.45$, $p<.01$). These results show that compared to those with no diagnoses, participants with antisocial personality disorder were younger (in their 50s, not their 60s); had spent fewer years in institutions (five and a half, not nearly 10 years); more were unemployed; and more were of low SES.

Summary. Participants with antisocial personality disorder reported greater institutional sexual abuse than participants with no diagnoses. All participants with antisocial personality disorder had co-morbid anxiety, mood or substance use disorders. Participants with antisocial personality disorder had more trauma symptoms, more life problems, a lower quality of life, a lower global level of functioning, and lower parental satisfaction than participants with no diagnoses. Compared to those with no diagnoses, participants with antisocial personality disorder were younger (in their 50s, not their 60s); had spent fewer years in institutions (5 1/2 not nearly 10 years); more were unemployed; and more were of low SES.

Borderline personality disorder

When the significance of differences between scores of participants with borderline personality disorder and no diagnoses was evaluated with MANOVA on indices of both institutional and family-based child abuse, the two groups were found not to differ significantly. The MANOVA on all subscales of the institution versions of the IAS, CTQ, and SPSA was not significant nor was the MANOVA on all subscales of the family versions of the CTQ and SPSA. These results showed that participants with borderline personality disorder and those with no diagnoses, did differ in their reported levels of institutional or family-based child abuse.

All 14 cases of borderline personality disorder had co-morbid anxiety, mood or substance use disorders. Just over three quarters (78.6%) had a current diagnosis of an anxiety disorder. Just over three quarters (78.0%) had a current diagnosis of a mood disorder and half had a lifetime diagnosis of a substance use disorder. 42.9% had comorbid antisocial personality disorder.

From Table 5.17 it may be seen that for the total number of trauma symptoms on the TSI and the total number of life problems on the LPC, the mean scores for group 1 were significantly higher than those of group 2. For the total score on the WHOQOL and the GAF, the mean scores for group 1 were significantly lower than those of group 2. These results show that participants with borderline personality disorders had more trauma symptoms and life problems, and a lower quality of life and global level of functioning than participants with no diagnoses.

From Table 5.18 it may be seen that on the ECRI compared with group 2, significantly more members of group 1 had a fearful adult attachment style.

With respect to demographic and historical variables, the groups differed on age (Group 1: $M = 54.54$, Group 2: $M = 63.67$, $t(57) = 3.93$, $p<.0001$); current unemployment (Group 1: 53.80%, Group 2: 11.10%, Chi Square $(4, N=59) = 19.22$, $p<.01$); and the age when the worst form of abuse began (Group 1: $M = 7.04$, Group 2: $M = 10.42$, $t(57) = 3.06$, $p<.01$). Compared to those with no diagnoses, participants with borderline personality disorder were younger (in their 50s, not 60s), more were unemployed, and on average reported being abused from an earlier age (from about 7, not 10 years).

Summary. Participants with borderline personality disorder and those with no diagnoses, did not differ in their reported levels of institutional or family-based child abuse, although both reported a high level of child abuse. All participants with borderline personality disorder had co-morbid anxiety, mood or substance use disorders. Participants with borderline personality disorders had more trauma symptoms, more life problems, a lower quality of life, a lower global level of functioning, and more had a fearful adult attachment style than participants with no diagnoses. Compared to those with no diagnoses, participants with borderline personality disorder were younger (in their 50s, not 60s), more were unemployed, and on average reported being abused from an earlier age.

CONCLUSIONS

Table 5.19 summarizes patterns of institutional and family-based child abuse and neglect reported by participants with multiple co-morbid diagnoses, mood disorders, PTSD, substance use disorders, and personality disorders. The table also profiles the adult psychological adjustment of participants in each of these groups.

The first main conclusion that can be drawn from the table is that there was an association between having psychological disorders and reporting both institutional and family-based child abuse and neglect.

The second conclusion is that certain patterns of psychological disorders were associated with institutional abuse alone, and other patterns were associated with institutional and family-based child abuse and neglect. For participants with multiple co-morbid diagnoses and mood disorders, greater institutional, but not family-based physical, sexual and emotional abuse was reported. Participants with PTSD, alcohol and substance use disorders, avoidant and antisocial personality disorder reported both institutional and family-based abuse or neglect.

A remarkable finding, in this context, was that participants with borderline personality disorder reported similar levels of abuse to participants with no diagnosis, since the link between child abuse and personality disorder is well established. It should be emphasized that normatively the group with no diagnosis had experienced significant abuse, and the profile of the borderline personality disorder group (along with all other profiles in Table 5.19) is relative to the group with no diagnosis, not to a normal control group.

The third main finding was that participants with multiple diagnoses had the poorest adult psychological adjustment and those with no diagnoses were the best adjusted. Subgroups selected by diagnosis showed an intermediate level of adult psychological adjustment between these extremes.

Table 5.1. Recollections of child abuse among participants with 4 or more diagnoses, 1-3 diagnoses and no diagnoses

Variable			Group 1 4+ Diagnoses N=83	Group 2 1-3 Diagnoses N=119	Group 3 0 Diagnoses N=45	ANOVA F	Group Diffs
INSTITUTIONAL ABUSE							
IAS (N=247)	**Specific institutional abuse**	M SD	52.89 9.65	49.01 9.91	47.28 9.80	5.96**	1>2,3
CTQ-Institution (N=247)	**Total institutional abuse**	M SD	54.04 9.37	48.38 9.37	46.83 10.58	11.51***	1>2,3
	Physical abuse	M SD	52.06 9.66	49.06 10.21	48.67 9.66	2.73	NS
	Sexual abuse	M SD	53.69 11.25	48.23 8.92	47.92 8.42	9.06***	1>2,3
	Emotional abuse	M SD	53.46 7.46	49.32 9.75	45.43 12.48	10.73***	1>2,3
	Physical neglect	M SD	51.23 9.07	49.06 10.40	50.14 10.55	1.16	NS
	Emotional neglect	M SD	51.21 9.90	49.73 10.09	48.51 9.98	1.14	NS
SPSA-Institution (N=247)	**Total severe institutional abuse**	M SD	51.87 6.50	49.43 5.41	48.07 5.03	7.55**	1>2,3
	Severe institutional physical abuse	M SD	51.87 10.74	49.81 9.69	46.97 8.66	3.62	NS
	Severe institutional sexual abuse	M SD	52.78 10.48	48.85 9.74	47.85 8.66	5.23**	1>2,3
CHILD ABUSE IN FAMILY							
CTQ-family (N=121)	**Total family abuse score**	M SD	50.46 9.66	51.31 11.56	46.31 5.52		NS
	Physical abuse	M SD	51.20 10.49	50.63 10.80	46.37 5.88		NS
	Sexual abuse	M SD	48.58 5.48	52.47 14.15	47.44 1.91		NS
	Emotional abuse	M SD	50.90 10.55	51.30 10.95	45.49 4.10		NS
	Physical neglect	M SD	50.60 10.32	49.66 10.17	49.57 9.34		NS
	Emotional neglect	M SD	50.28 10.72	50.72 10.24	47.91 7.97		NS
SPSA-family (N=121)	**Total severe family abuse**	M SD	50.82 8.78	50.99 11.94	46.37 6.64		NS
	Severe family physical abuse	M SD	51.87 10.37	49.88 10.18	46.65 8.24		NS
	Severe family sexual abuse	M SD	48.39 5.44	52.46 13.99	47.77 3.91		NS

Note: Group1 had four or more current or lifetime diagnoses as assessed with the SCID I (First, M., Spitzer, R., Gibbon, M., and Williams, J. (1996). *Structured Clinical Interview for DSM-IV Axis I Disorders, Clinician Version (SCID-I).* Washington, DC: American Psychiatric Press) and SCID II (First, M., Spitzer, R., Gibbon M., & Williams, J. (1997). *Structured Clinical Interview for DSM-IV Personality Disorders, (SCID-II).* Washington, DC: American Psychiatric Press). Group 2 had 1-3 current or lifetime diagnoses. Group 3 had no diagnoses. CTQ=Childhood Trauma Questionnaire (Bernstein, D. & Fink, L. (1998). *Childhood Trauma Questionnaire: A retrospective self-report.* Manual. San Antonio, TX: The Psychological Cooperation). IAS=Institutional abuse scale. SPSA=Most severe forms of physical and sexual abuse. To aid profiling, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before ANOVAs were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. F values are from one-way analyses of variance and inter-group differences are based on Scheffe post hoc tests for comparing groups with unequal Ns that were significant at p<.05. For the MANOVA on all subscales of the institution versions of the CTQ, SPSA

& the IAS, $F(14, 476) = 2.89$, $p<0.0001$. For the MANOVA on all subscales of the family versions of the CTQ and SPSA, $F(12, 226) = 1.30$, NS. **p<0.01 ***p<0.001. NS=Not significant.

Table 5.2. Current adjustment of participants with 4 or more diagnoses, 1-3 diagnoses and no diagnoses

		Group 1 4+ Diagnoses N=83	**Group 2 1-3 Diagnoses** N=119	**Group 3 0 Diagnoses** N=45	**ANOVA F**	**Group Diffs**
Total trauma symptoms (TSI)	M	57.74	48.51	39.66	84.28***	1>2>3
(N=247)	SD	7.89	8.21	5.83		
Total No of life problems (LPC)	M	55.73	48.27	43.99	28.92***	1>2>3
(N=247)	SD	10.30	8.93	6.30		
Total quality of life (WHOQOL)	M	42.74	52.12	57.79	54.86***	1<2<3
(N=247)	SD	8.69	8.45	7.32		
Global functioning (GAF)	M	42.98	51.40	58.87	56.43***	1<2<3
(N=235)	SD	9.39	8.00	6.44		
Marital satisfaction (KMS)	M	50.56	51.62	53.51	0.68	NS
(N=136)	SD	9.98	10.90	10.26		
Parental satisfaction (KPS)	M	47.33	50.70	49.43	1.93	NS
(N=212)	SD	11.61	10.21	12.59		

Note: Group1 had four or more current or lifetime diagnoses as assessed with the SCID I (First, M., Spitzer, R., Gibbon, M., and Williams, J. (1996). *Structured Clinical Interview for DSM-IV Axis I Disorders, Clinician Version (SCID-I).* Washington, DC: American Psychiatric Press) and SCID II (First, M., Spitzer, R., Gibbon M., & Williams, J. (1997). *Structured Clinical Interview for DSM-IV Personality Disorders, (SCID-II).* Washington, DC: American Psychiatric Press). Group 2 had 1-3 current or lifetime diagnoses. Group 3 had no diagnoses. TSI=Trauma Symptom Inventory (Briere, J. (1996). *Trauma Symptom Inventory*. Odessa, FL: Psychological Assessment Resources). LPC=Life Problems Checklist. WHOQOL= World Health Organization Quality of Life 100 UK (Skevington, S. (2005). *World Health Organization Quality of Life 100 UK Version*. Bath, UK: WHO Centre for the Study of Quality of Life, University of Bath). GAF=Global assessment of functioning scale (Luborsky, L. (1962). Clinicians' Judgements of Mental Health. *Archives of General Psychiatry*, 7, 407–417). KMS=Kansas Marital Satisfaction Scale (Schumm, W.R., Paff-Bergen, L.A., Hatch, R.C., Obiorah, F.C., Copeland, J.M., Meens, L.D., Bugaighis, M.A. (1986) Concurrent and discriminant validity of the Kansas Marital Satisfaction Scale. *Journal of Marriage & the Family*, 48, 381-387). KPS=Kansas Parenting Satisfaction Scale (James, D. E., Schumm, W. R., Kennedy, C. E., Grigsby, C. C., Shectman, K. L., Nichols, C. W. (1985). Characteristics of the Kansas Parental Satisfaction Scale among two samples of married parents. *Psychological Reports*, 57, 163-169). To aid profiling across variables, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before ANOVAs were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. F values are from one-way analysis of variance and inter-group differences are based on Scheffe post hoc tests for comparing groups with unequal Ns that were significant at p<.05. **p<0.01 ***p<0.001. NS=Not significant.

Table 5.3. Adult attachment styles of participants with 4 or more diagnoses, 1-3 diagnoses and no diagnoses

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

Note: Group1 had four or more current or lifetime diagnoses as assessed with the SCID I (First, M., Spitzer, R., Gibbon, M., and Williams, J. (1996). *Structured Clinical Interview for DSM-IV Axis I Disorders, Clinician Version (SCID-I).* Washington, DC: American Psychiatric Press) and SCID II (First, M., Spitzer, R., Gibbon M., & Williams, J. (1997). *Structured Clinical Interview for DSM-IV Personality Disorders, (SCID-II).* Washington, DC: American Psychiatric Press). Group 2 had 1-3 current or lifetime diagnoses. Group 3 had no diagnoses. Cases were classified into the four adult attachment styles using the SPSS algorithm for the Experiences in Close Relationships Inventory in Brennan, K., Clark, C., & Shaver, P. (1998). Self-report measure of adult attachment: An integrative overview. In J. Simpson & W. Rholes (Eds.), *Attachment Theory and Close Relationships* (pp. 46-76). New York: Guilford Press. 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 equalled or exceeded an absolute value of 2.00.

Table 5.4. Recollections of child abuse among participants with mood disorders and no diagnoses

Variable			Group 1 Mood Disorder	Group 2 No Diagnosis	t	Group Diffs
			N=142	N=45		
INSTITUTIONAL ABUSE						
IAS (N=187)	**Specific institutional abuse**	M	51.49	47.28	2.50	NS
		SD	9.87	9.80		
CTQ- Institution (N=187)	**Total institutional abuse**	M	52.01	46.83	3.00**	1>2
		SD	9.95	10.58		
	Physical abuse	M	51.04	48.67	1.37	NS
		SD	10.32	9.66		
	Sexual abuse	M	52.07	47.92	2.71**	1>2
		SD	10.45	8.42		
	Emotional abuse	M	51.64	45.43	3.10**	1>2
		SD	8.97	12.48		
	Physical neglect	M	50.59	50.14	0.26	NS
		SD	10.16	10.55		
	Emotional neglect	M	50.23	48.51	0.99	NS
		SD	10.18	9.98		
SPSA-Institution (N=187)	**Total severe institutional abuse**	M	51.21	48.07	3.16**	1>2
		SD	6.03	5.03		
	Severe institutional physical abuse	M	50.72	46.97	2.28**	1>2
		SD	9.91	8.06		
	Severe institutional sexual abuse	M	52.14	47.85	2.77**	1>2
		SD	10.22	8.66		
CHILD ABUSE IN FAMILY						
CTQ-family (N=92)	**Total family abuse score**	M	51.88	46.31		NS
		SD	11.60	5.52		
	Physical abuse	M	51.63	46.37		NS
		SD	11.43	5.88		
	Sexual abuse	M	50.70	47.44		NS
		SD	11.19	1.91		
	Emotional abuse	M	52.05	45.49		NS
		SD	11.39	4.10		
	Physical neglect	M	51.18	49.57		NS
		SD	10.97	9.34		
	Emotional neglect	M	51.28	47.91		NS
		SD	11.06	7.97		
SPSA-family (N=92)	**Total severe family abuse**	M	51.41	46.37		NS
		SD	11.32	6.64		
	Severe family physical abuse	M	51.64	46.65		NS
		SD	10.77	8.24		
	Severe family sexual abuse	M	50.19	47.77		NS
			10.95	3.91		

Note: Group1 had current or lifetime mood disorder diagnoses as assessed with the SCID I (First, M., Spitzer, R., Gibbon, M., and Williams, J. (1996). *Structured Clinical Interview for DSM-IV Axis I Disorders, Clinician Version (SCID-I).* Washington, DC: American Psychiatric Press). Group 2 had no diagnoses. CTQ=Childhood Trauma Questionnaire (Bernstein, D. & Fink, L. (1998). *Childhood Trauma Questionnaire: A retrospective self-report.* Manual. San Antonio, TX: The Psychological Cooperation). IAS=Institutional abuse scale. SPSA=Most severe forms of physical and sexual abuse. To aid profiling, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before t-tests were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. t values are from t-tests for independent samples. For the MANOVA on the total scores of the institution versions of the CTQ, SPSA & the IAS, F (3, 183) = 4.22, p<0.01. For the MANOVA on total scores of the family versions of the CTQ and SPSA, F (2, 89) = 2.65, NS. **p<0.01 ***p<0.001. NS=Not significant.

Table 5.5. Current adjustment of participants with mood disorders and no diagnoses

		Group 1 Mood Disorder	Group 2 No Diagnosis	t-value	Group Diffs
		N=142	N=45		
Total trauma symptoms (TSI) (N=187)	M	53.77	39.66	12.19***	1>2
	SD	9.09	5.83		
Total No of life problems (LPC) (N=187)	M	52.37	43.99	6.71***	1>2
	SD	9.80	6.60		
Total quality of life (WHOQOL) (N=187)	M	46.21	57.79	8.61***	1<2
	SD	9.35	7.32		
Global functioning (GAF) (N=180)	M	46.78	58.88	7.76***	1<2
	SD	9.77	6.44		
Marital satisfaction (KMS) (N=99)	M	50.09	53.51	1.47	NS
	SD	10.64	10.26		
Parental satisfaction (KPS) (N=159)	M	48.49	51.50	1.58	NS
	SD	10.45	9.03		

Note: Group1 had current or lifetime mood disorders as assessed with the SCID I (First, M., Spitzer, R., Gibbon, M., and Williams, J. (1996). *Structured Clinical Interview for DSM-IV Axis I Disorders, Clinician Version (SCID-I).* Washington, DC: American Psychiatric Press). Group 2 had no diagnoses. TSI=Trauma Symptom Inventory (Briere, J. (1996). *Trauma Symptom Inventory*. Odessa, FL: Psychological Assessment Resources). LPC=Life Problems Checklist. WHOQOL= World Health Organization Quality of Life 100 UK (Skevington, S. (2005). *World Health Organization Quality of Life 100 UK Version*. Bath, UK: WHO Centre for the Study of Quality of Life, University of Bath). GAS=Global assessment of functioning scale (Luborsky, L. (1962). Clinicians' Judgements of Mental Health. *Archives of General Psychiatry*, 7, 407–417). KMS=Kansas Marital Satisfaction Scale (Schumm, W.R., Paff-Bergen, L.A., Hatch, R.C., Obiorah, F.C., Copeland, J.M., Meens, L.D., Bugaighis, M.A. (1986) Concurrent and discriminant validity of the Kansas Marital Satisfaction Scale. *Journal of Marriage & the Family*, 48, 381-387). KPS=Kansas Parenting Satisfaction Scale (James, D. E., Schumm, W. R., Kennedy, C. E., Grigsby, C. C., Shectman, K. L., Nichols, C. W. (1985). Characteristics of the Kansas Parental Satisfaction Scale among two samples of married parents. *Psychological Reports*, 57, 163-169). To aid profiling across variables, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before t-tests were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X.t values are from t-tests for independent samples. **p<0.01 ***p<0.001. NS=Not significant.

Table 5.6. Adult attachment styles of participants with mood disorders and no diagnoses

Adult Attachment Style		Group 1 Mood Disorder N=142	Group 2 No Diagnosis N=45	Group Diffs
Secure	f	14.00	13.00	1<2
	%	9.90	28.90	
Fearful	f	76.00	12.00	1>2
	%	53.50	26.70	
Preoccupied	f	19.00	3.00	NS
	%	13.40	6.70	
Dismissive	f	33.00	17.00	NS
	%	23.20	37.80	

Note: Group1 had current or lifetime mood disorders as assessed with the SCID I (First, M., Spitzer, R., Gibbon, M., and Williams, J. (1996). *Structured Clinical Interview for DSM-IV Axis I Disorders, Clinician Version (SCID-I).* Washington, DC: American Psychiatric Press). Group 2 had no diagnoses. Cases were classified into the four adult attachment styles using the SPSS algorithm for the Experiences in Close Relationships Inventory in Brennan, K., Clark, C., & Shaver, P. (1998). Self-report measure of adult attachment: An integrative overview. In J. Simpson & W. Rholes (Eds.), *Attachment Theory and Close Relationships* (pp. 46-76). New York: Guilford Press. Chi Square (3, N=187) =17.82, 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 equalled or exceeded an absolute value of 2.00.

Table 5.7. Recollections of child abuse among participants with PTSD and no diagnoses

Variable			Group 1 PTSD	Group 2 No Diagnosis	t	Group Diffs
			N=63	N=45		
INSTITUTIONAL ABUSE						
IAS (N=108)	**Specific institutional abuse**	M	52.23	47.28	2.74***	1>2
		SD	8.88	9.80		
CTQ-Institution (N=108)	**Total institutional abuse**	M	55.47	46.83	4.59***	1>2
		SD	8.92	10.58		
	Physical abuse	M	54.46	48.67	3.47**	1>2
		SD	7.86	9.66		
	Sexual abuse	M	54.61	47.92	3.55**	1>2
		SD	11.18	8.42		
	Emotional abuse	M	53.46	45.43	3.91***	1>2
		SD	6.95	12.48		
	Physical neglect	M	51.58	50.14	0.72	NS
		SD	9.97	10.55		
	Emotional neglect	M	52.12	48.51	1.83	NS
		SD	10.14	9.98		
SPSA-Institution (N=108)	**Total severe institutional abuse**	M	52.87	48.07	4.32***	1>2
		SD	6.12	5.03		
	Severe institutional physical abuse	M	52.80	46.97	3.25**	1>2
		SD	9.54	8.06		
	Severe institutional sexual abuse	M	54.33	47.85	3.42**	1>2
		SD	10.40	8.66		
CHILD ABUSE IN FAMILY						
CTQ-family (N=57)	**Total family abuse score**	M	51.53	46.31	2.56	NS
			9.75	5.52		
	Physical abuse	M	51.93	46.37	2.62	NS
		SD	10.06	5.88		
	Sexual abuse	M	50.31	47.44	1.61	NS
		SD	10.02	1.91		
	Emotional abuse	M	51.48	45.49	2.97**	1>2
		SD	10.54	4.10		
	Physical neglect	M	51.02	49.57	0.51	NS
		SD	11.47	9.34		
	Emotional neglect	M	51.46	47.91	1.39	NS
		SD	11.31	7.97		
SPSA-family (N=57)	**Total severe family abuse**	M	52.67	46.37	2.85**	1>2
		SD	10.03	6.64		
	Severe family physical abuse	M	53.32	46.65	2.65	NS
		SD	10.74	8.24		
	Severe family sexual abuse	M	49.99	47.77	1.30	NS
		SD	8.71	3.91		

Note: Group1 had current or lifetime PTSD diagnoses as assessed with the SCID I (First, M., Spitzer, R., Gibbon, M., and Williams, J. (1996). *Structured Clinical Interview for DSM-IV Axis I Disorders, Clinician Version (SCID-I).* Washington, DC: American Psychiatric Press). Group 2 had no diagnoses. CTQ=Childhood Trauma Questionnaire (Bernstein, D. & Fink, L. (1998). *Childhood Trauma Questionnaire: A retrospective self-report.* Manual. San Antonio, TX: The Psychological Cooperation). IAS=Institutional abuse scale. SPSA=Most severe forms of physical and sexual abuse. To aid profiling, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before t-tests were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. t values are from t-tests for independent samples. For the MANOVA on the total scores of the institution versions of the CTQ, SPSA & the IAS, F (3, 104) = 8.04, p<0.001. For the MANOVA on total scores of the family versions of the CTQ and SPSA, F (2, 54) = 3.84, p<0.05. **p<0.01 ***p<0.001. NS=Not significant.

Table 5.8. Current adjustment of participants with PTSD and no diagnoses

		Group 1 PTSD N=63	Group 2 No Diagnosis N=45	t-value	Group Diffs
Total trauma symptoms (TSI) (N=108)	M	55.32	39.66	11.37***	1>2
	SD	8.48	5.83		
Total No of life problems (LPC) (N=108)	M	52.63	43.99	5.28***	1>2
	SD	5.28	6.30		
Total quality of life (WHOQOL) (N=108)	M	45.25	57.79	7.66***	1<2
	SD	9.06	7.32		
Global functioning (GAF) (N=103)	M	45.27	58.88	8.07***	1<2
	SD	9.79	6.44		
Marital satisfaction (KMS) (N=66)	M	53.05	53.51	0.18	NS
	SD	9.78	10.26		
Parental satisfaction (KPS) (N=90)	M	48.72	51.50	1.27	NS
	SD	10.99	9.03		

Note: Group1 had current or lifetime PTSD as assessed with the SCID I (First, M., Spitzer, R., Gibbon, M., and Williams, J. (1996). *Structured Clinical Interview for DSM-IV Axis I Disorders, Clinician Version (SCID-I).* Washington, DC: American Psychiatric Press). Group 2 had no diagnoses. TSI=Trauma Symptom Inventory (Briere, J. (1996). *Trauma Symptom Inventory*. Odessa, FL: Psychological Assessment Resources). LPC=Life Problems Checklist. WHOQOL= World Health Organization Quality of Life 100 UK (Skevington, S. (2005). *World Health Organization Quality of Life 100 UK Version*. Bath, UK: WHO Centre for the Study of Quality of Life, University of Bath). GAS=Global assessment of functioning scale (Luborsky, L. (1962). Clinicians' Judgements of Mental Health. *Archives of General Psychiatry*, 7, 407–417). KMS=Kansas Marital Satisfaction Scale (Schumm, W.R., Paff-Bergen, L.A., Hatch, R.C., Obiorah, F.C., Copeland, J.M., Meens, L.D., Bugaighis, M.A. (1986) Concurrent and discriminant validity of the Kansas Marital Satisfaction Scale. *Journal of Marriage & the Family*, 48, 381-387). KPS=Kansas Parenting Satisfaction Scale (James, D. E., Schumm, W. R., Kennedy, C. E., Grigsby, C. C., Shectman, K. L., Nichols, C. W. (1985). Characteristics of the Kansas Parental Satisfaction Scale among two samples of married parents. *Psychological Reports*, 57, 163-169). To aid profiling across variables, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before t-tests were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. t values are from t-tests for independent samples. **p<0.01 ***p<0.001. NS=Not significant.

Table 5.9. Adult attachment styles of participants with PTSD and no diagnoses

Adult Attachment Style		Group 1 PTSD	Group 2 No Diagnosis	Group Diffs
		N=63	N=45	
Secure	f	9.00	13.00	NS
	%	14.30	28.90	
Fearful	f	36.00	12.00	NS
	%	57.10	26.70	
Preoccupied	f	10.00	3.00	NS
	%	15.90	6.70	
Dismissive	f	8.00	17.00	1<2
	%	12.70	37.80	

Note: Group1 had current or lifetime PTSD as assessed with the SCID I (First, M., Spitzer, R., Gibbon, M., and Williams, J. (1996). *Structured Clinical Interview for DSM-IV Axis I Disorders, Clinician Version (SCID-I).* Washington, DC: American Psychiatric Press). Group 2 had no diagnoses. Cases were classified into the four adult attachment styles using the SPSS algorithm for the Experiences in Close Relationships Inventory in Brennan, K., Clark, C., & Shaver, P. (1998). Self-report measure of adult attachment: An integrative overview. In J. Simpson & W. Rholes (Eds.), *Attachment Theory and Close Relationships* (pp. 46-76). New York: Guilford Press. Chi Square (3, N=108) =17.22, $p<.001$. 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 equalled or exceeded an absolute value of 2.00.

Table 5.10. Recollections of child abuse among participants with alcohol and substance use disorders and no diagnoses

Variable			Group 1 Alcohol and Substance use Disorders	Group 2 No Diagnosis	t	Group Diffs
			N=99	N=45		
INSTITUTIONAL ABUSE						
IAS (N=144)	**Specific institutional abuse**	M	51.83	47.28	2.65**	1>2
		SD	9.49	9.80		
CTQ-Institution (N=144)	**Total institutional abuse**	M	52.71	46.83	3.21**	1>2
		SD	10.03	10.58		
	Physical abuse	M	51.43	48.67	1.55	NS
		SD	10.00	9.66		
	Sexual abuse	M	53.53	47.92	3.39**	1>2
		SD	10.69	8.42		
	Emotional abuse	M	51.15	45.43	2.76**	1>2
		SD	9.10	12.48		
	Physical neglect	M	50.80	50.14	0.38	NS
		SD	9.40	10.55		
	Emotional neglect	M	49.89	48.51	0.77	NS
		SD	10.00	9.98		
SPSA-Institution (N=144)	**Total severe institutional abuse**	M	51.66	48.07	3.40**	1>2
		SD	6.22	5.03		
	Severe institutional physical abuse	M	49.62	46.97	1.50	NS
		SD	10.29	8.06		
	Severe institutional sexual abuse	M	53.90	47.85	3.57***	1>2
		SD	9.75	8.66		
CHILD ABUSE IN FAMILY						
CTQ-family (N=87)	**Total family abuse score†**	M	50.80	46.31	2.70**	
		SD	9.70	5.52	Z=1.8	NS
	Physical abuse	M	52.18	46.37	3.15**	1>2
		SD	11.15	5.88		
	Sexual abuse	M	50.10	47.44	2.10	NS
		SD	9.58	1.91		
	Emotional abuse	M	50.39	45.49	3.27**	1>2
		SD	9.84	4.10		
	Physical neglect	M	50.20	49.57	0.28	NS
		SD	9.48	9.34		
	Emotional neglect	M	50.59	47.91	1.15	NS
		SD	10.26	7.97		
SPSA-family (N=87)	**Total severe family abuse**	M	51.80	46.37	2.91**	1>2
		SD	10.18	6.64		
	Severe family physical abuse	M	52.18	46.65	2.57	NS
		SD	10.70	8.24		
	Severe family sexual abuse	M	50.08	47.77	1.62	NS
		SD	9.31	3.91		

Note: Group1 had current or lifetime diagnoses of alcohol or substance use disorders as assessed with the SCID I (First, M., Spitzer, R., Gibbon, M., and Williams, J. (1996). *Structured Clinical Interview for DSM-IV Axis I Disorders, Clinician Version (SCID-I).* Washington, DC: American Psychiatric Press). Group 2 had no diagnoses. CTQ=Childhood Trauma Questionnaire (Bernstein, D. & Fink, L. (1998). *Childhood Trauma Questionnaire: A retrospective self-report.* Manual. San Antonio, TX: The Psychological Cooperation). IAS=Institutional abuse scale. SPSA=Most severe forms of physical and sexual abuse. To aid profiling, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before t-tests were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. t values are from t-tests for independent samples. For the MANOVA on the total scores of the institution versions of the CTQ, SPSA & the IAS, F (3, 140) = 4.63, p<0.01. For the MANOVA on total scores of the family versions of the CTQ and

SPSA, , $F(2, 141) = 3.77$, $p<0.05$. †Scores on the family version of the CTQ total scale violated the t-test assumption of normality and a Mann Whitney indicated that the intergroup differences on this variable were not statistically significant ($Z=1.8$, $p>.05$), so the significant t-test result may be disregarded. **$p<0.01$ ***$p<0.001$. NS=Not significant.

Table 5.11. Current adjustment of participants with alcohol and substance use and no diagnoses

		Group 1 Alcohol and Substance use Disorders	Group 2 No Diagnosis	t-value	Group Diffs
		N=99	N=45		
Total trauma symptoms (TSI) (N=144)	M	54.93	39.66	12.23***	1>2
	SD	8.93	5.83		
Total No of life problems (LPC) (N=144)	M	56.41	43.99	8.95***	1>2
	SD	10.17	6.30		
Total quality of life (WHOQOL) (N=144)	M	46.64	57.79	7.48***	1<2
	SD	10.09	7.32		
Global functioning (GAF) (N=136)	M	46.59	58.88	8.73***	1<2
	SD	9.82	6.44		
Marital satisfaction (KMS) (N=83)	M	52.31	53.51	0.52	NS
	SD	9.75	10.26		
Parental satisfaction (KPS) (N=123)	M	47.92	51.50	1.73	NS
	SD	11.09	9.03		

Note: Group1 had current or lifetime alcohol or substance use disorders as assessed with the SCID I (First, M., Spitzer, R., Gibbon, M., and Williams, J. (1996). *Structured Clinical Interview for DSM-IV Axis I Disorders, Clinician Version (SCID-I).* Washington, DC: American Psychiatric Press). Group 2 had no diagnoses. TSI=Trauma Symptom Inventory (Briere, J. (1996). *Trauma Symptom Inventory*. Odessa, FL: Psychological Assessment Resources). LPC=Life Problems Checklist. WHOQOL= World Health Organization Quality of Life 100 UK (Skevington, S. (2005). *World Health Organization Quality of Life 100 UK Version*. Bath, UK: WHO Centre for the Study of Quality of Life, University of Bath). GAS=Global assessment of functioning scale (Luborsky, L. (1962). Clinicians' Judgements of Mental Health. *Archives of General Psychiatry*, 7, 407–417). KMS=Kansas Marital Satisfaction Scale (Schumm, W.R., Paff-Bergen, L.A., Hatch, R.C., Obiorah, F.C., Copeland, J.M., Meens, L.D., Bugaighis, M.A. (1986) Concurrent and discriminant validity of the Kansas Marital Satisfaction Scale. *Journal of Marriage & the Family*, 48, 381-387). KPS=Kansas Parenting Satisfaction Scale (James, D. E., Schumm, W. R., Kennedy, C. E., Grigsby, C. C., Shectman, K. L., Nichols, C. W. (1985). Characteristics of the Kansas Parental Satisfaction Scale among two samples of married parents. *Psychological Reports*, 57, 163-169).To aid profiling across variables, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before t-tests were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. t values are from t-tests for independent samples. **p<0.01 ***p<0.001. NS=Not significant.

Table 5.12. Recollections of child abuse among participants with avoidant personality disorder and no diagnoses

Variable			Group 1 Avoidant Personality Disorder	Group 2 No Diagnosis	t	Group Diffs
			N=52	N=45		
INSTITUTIONAL ABUSE						
IAS (N=97)	**Specific institutional abuse**	M	51.76	47.28	2.28	NS
		SD	9.58	9.80		
CTQ-Institution (N=97)	**Total institutional abuse**	M	50.41	46.83	1.89	NS
		SD	8.12	10.58		
	Physical abuse	M	50.86	48.67	1.15	NS
		SD	9.13	9.66		
	Sexual abuse	M	49.50	47.92	0.83	NS
		SD	10.05	8.42		
	Emotional abuse	M	51.58	45.43	2.84**	1>2
		SD	7.96	12.48		
	Physical neglect	M	48.25	50.14	0.99	NS
		SD	8.36	10.55		
	Emotional neglect	M	51.38	48.51	1.42	NS
		SD	9.93	9.98		
SPSA-Institution (N=97)	**Total severe institutional abuse**	M	49.95	48.07	1.71	NS
		SD	5.67	5.03		
	Severe institutional physical abuse	M	51.40	46.97	2.40	NS
		SD	9.38	8.66		
	Severe institutional sexual abuse	M	48.87	47.85	0.52	NS
		SD	10.35	8.66		
CHILD ABUSE IN FAMILY						
CTQ-family (N=45)	**Total family abuse score**	M	53.36	46.31	2.66	NS
		SD	46.31	5.52		
	Physical abuse	M	50.63	46.37	1.67	NS
		SD	10.31	5.88		
	Sexual abuse	M	50.06	47.44	1.49	NS
		SD	7.88	1.91		
	Emotional abuse	M	54.32	45.49	3.33**	1>2
		SD	11.53	4.10		
	Physical neglect	M	52.90	49.57	1.02	NS
		SD	12.46	9.34		
	Emotional neglect	M	55.61	47.91	2.51	NS
		SD	11.91	7.97		
SPSA-family (N=45)	**Total severe family abuse**	M	49.87	46.37	1.49	NS
		SD	8.78	6.64		
	Severe family physical abuse	M	50.37	46.65	1.34	NS
		SD	10.13	8.24		
	Severe family sexual abuse	M	48.98	47.77	0.78	NS
		SD	6.37	3.91		

Note: Group1 had avoidant personality disorder as assessed with the SCID II (First, M., Spitzer, R., Gibbon M., & Williams, J. (1997). *Structured Clinical Interview for DSM-IV Personality Disorders, (SCID-II).* Washington, DC: American Psychiatric Press). Group 2 had no diagnoses. CTQ=Childhood Trauma Questionnaire (Bernstein, D. & Fink, L. (1998). *Childhood Trauma Questionnaire: A retrospective self-report.* Manual. San Antonio, TX: The Psychological Cooperation). IAS=Institutional abuse scale. SPSA=Most severe forms of physical and sexual abuse. To aid profiling, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before t-tests were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. t values are from t-tests for independent samples. For the MANOVA on all subscales of the institution versions of the CTQ, SPSA & the IAS, $F(7, 89) = 2.63$, $p<0.05$. For the MANOVA on all subscales of the family versions of the CTQ and SPSA, $F(6, 38) = 3.83$, $p<0.01$. **$p<0.01$ ***$p<0.001$. NS=Not significant.

Table 5.13. Current adjustment of participants with avoidant personality disorder and no diagnoses

		Group 1 Avoidant Personality Disorder	Group 2 No Diagnosis	t-value	Group Diffs
		N=52	N=45		
Total trauma symptoms (TSI) (N=97)	M	56.29	39.66	11.37***	1>2
	SD	8.48	5.83		
Total No of life problems (LPC) (N=97)	M	50.25	43.99	4.01***	1>2
	SD	8.67	6.30		
Total quality of life (WHOQOL) (N=97)	M	44.19	57.79	8.60***	1<2
	SD	8.13	7.32		
Global functioning (GAF) (N=93)	M	43.17	58.87	10.42***	1>2
	SD	7.97	6.44		
Marital satisfaction (KMS) (N=55)	M	49.12	53.51	1.10	NS
	SD	8.88	10.26		
Parental satisfaction (KPS) (N=80)	M	49.03	51.50	1.10	NS
	SD	10.82	9.03		

Note: Group1 had avoidant personality disorder as assessed with the SCID II (First, M., Spitzer, R., Gibbon M., & Williams, J. (1997). *Structured Clinical Interview for DSM-IV Personality Disorders, (SCID-II).* Washington, DC: American Psychiatric Press). Group 2 had no diagnoses. TSI=Trauma Symptom Inventory (Briere, J. (1996). *Trauma Symptom Inventory*. Odessa, FL: Psychological Assessment Resources). LPC=Life Problems Checklist. WHOQOL= World Health Organization Quality of Life 100 UK (Skevington, S. (2005). *World Health Organization Quality of Life 100 UK Version*. Bath, UK: WHO Centre for the Study of Quality of Life, University of Bath). GAS=Global assessment of functioning scale (Luborsky, L. (1962). Clinicians' Judgements of Mental Health. *Archives of General Psychiatry*, 7, 407–417). KMS=Kansas Marital Satisfaction Scale (Schumm, W.R., Paff-Bergen, L.A., Hatch, R.C., Obiorah, F.C., Copeland, J.M., Meens, L.D., Bugaighis, M.A. (1986) Concurrent and discriminant validity of the Kansas Marital Satisfaction Scale. *Journal of Marriage & the Family*, 48, 381-387). KPS=Kansas Parenting Satisfaction Scale (James, D. E., Schumm, W. R., Kennedy, C. E., Grigsby, C. C., Shectman, K. L., Nichols, C. W. (1985). Characteristics of the Kansas Parental Satisfaction Scale among two samples of married parents. *Psychological Reports*, 57, 163-169). To aid profiling across variables, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before t-tests were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. t values are from t-tests for independent samples. **p<0.01 ***p<0.001. NS=Not significant.

Table 5.14. Adult attachment styles of participants with avoidant personality disorder and no diagnoses

Adult Attachment Style		Group 1 Avoidant Personality Disorder	Group 2 No Diagnosis	Group Diffs
		N=52	N=45	
Secure	f	3.00	13.00	1<2
	%	5.80	28.90	
Fearful	f	35.00	12.00	1>2
	%	67.30	26.70	
Preoccupied	f	4.00	3.00	NS
	%	7.70	6.70	
Dismissive	f	10.00	17.00	NS
	%	19.20	37.80	

Note: Group1 had avoidant personality disorder as assessed with the SCID II (First, M., Spitzer, R., Gibbon M., & Williams, J. (1997). *Structured Clinical Interview for DSM-IV Personality Disorders, (SCID-II).* Washington, DC: American Psychiatric Press). Group 2 had no diagnoses. Cases were classified into the four adult attachment styles using the SPSS algorithm for the Experiences in Close Relationships Inventory in Brennan, K., Clark, C., & Shaver, P. (1998). Self-report measure of adult attachment: An integrative overview. In J. Simpson & W. Rholes (Eds.), *Attachment Theory and Close Relationships* (pp. 46-76). New York: Guilford Press. Chi Square (3, N=97) =19.06, $p<.001$. 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 equalled or exceeded an absolute value of 2.00.

Table 5.15. Recollections of child abuse among participants with antisocial personality disorder and no diagnoses

Variable			Group 1 Antisocial Personality Disorder	Group 2 No Diagnosis	t	Group Diffs
			N=17	N=45		
INSTITUTIONAL ABUSE						
IAS (N=62)	**Specific institutional abuse**	M	52.08	47.28	1.72	NS
		SD	9.86	9.80		
CTQ-Institution (N=62)	**Total institutional abuse**	M	55.17	46.83	2.87**	1>2
		SD	9.10	10.58		
	Physical abuse	M	50.94	48.67	0.85	NS
		SD	8.62	9.66		
	Sexual abuse	M	59.23	47.92	4.63***	1>2
		SD	9.00	8.42		
	Emotional abuse	M	51.72	45.43	1.93	NS
		SD	8.00	12.48		
	Physical neglect	M	49.11	50.14	0.37	NS
		SD	9.07	10.55		
	Emotional neglect	M	50.18	48.51	0.58	NS
		SD	10.52	9.98		
SPSA-Institution (N=62)	**Total severe institutional abuse**	M	51.15	48.07	1.98	NS
		SD	6.53	5.03		
	Severe institutional physical abuse	M	44.27	46.97	1.03	NS
		SD	10.54	8.66		
	Severe institutional sexual abuse	M	56.55	47.85	3.80**	1>2
		SD	7.79	8.66		
CHILD ABUSE IN FAMILY						
CTQ-family (N=38)	**Total family abuse score**	M	52.97	46.31	2.18	NS
		SD	10.64	5.52		
	Physical abuse	M	55.38	46.37	2.57	NS
		SD	12.33	5.88		
	Sexual abuse	M	50.73	47.44	1.23	NS
		SD	9.88	1.91		
	Emotional abuse	M	54.28	45.49	2.91	NS
		SD	10.86	4.10		
	Physical neglect	M	49.38	49.57	0.06	NS
		SD	9.49	9.34		
	Emotional neglect	M	52.25	47.91	1.21	NS
		SD	11.93	7.97		
SPSA-family (N=38)	**Total severe family abuse**	M	54.54	46.37	2.85	NS
		SD	9.44	6.64		
	Severe family physical abuse	M	54.47	46.65	2.30	NS
		SD	11.09	8.24		
	Severe family sexual abuse	M	52.17	47.77	1.50	NS
		SD	10.59	3.91		

Note: Group1 had antisocial personality disorder as assessed with the SCID II (First, M., Spitzer, R., Gibbon M., & Williams, J. (1997). *Structured Clinical Interview for DSM-IV Personality Disorders, (SCID-II).* Washington, DC: American Psychiatric Press). Group 2 had no diagnoses. CTQ=Childhood Trauma Questionnaire (Bernstein, D. & Fink, L. (1998). *Childhood Trauma Questionnaire: A retrospective self-report.* Manual. San Antonio, TX: The Psychological Cooperation). IAS=Institutional abuse scale. SPSA=Most severe forms of physical and sexual abuse. To aid profiling, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before t-tests were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. t values are from t-tests for independent samples. For the MANOVA on all subscales of the institution versions of the CTQ, SPSA & the IAS, $F(10,51) = 10.98$, $p<0.0001$. For the MANOVA on all subscales of the family versions of the CTQ and SPSA, , $F(6, 31) = 3.00$, $p<0.05$. **$p<0.01$ ***$p<0.001$. NS=Not significant.

Table 5.16. Current adjustment of participants with antisocial personality disorder and no diagnoses

		Group 1 Antisocial Personality Disorder N=17	Group 2 No Diagnosis N=45	t	Group Diffs
Total trauma symptoms (TSI) (N=62)	M	56.62	39.66	6.00***	1>2
	SD	11.09	5.83		
Total No of life problems (LPC) (N=62)	M	69.28	43.99	14.06***	1>2
	SD	6.37	6.30		
Total quality of life (WHOQOL) (N=62)	M	44.25	57.79	5.54***	1<2
	SD	11.36	7.32		
Global functioning (GAF) (N=60)	M	42.45	58.87	5.32***	1<2
	SD	11.37	6.44		
Marital satisfaction (KMS) (N=36)	M	53.74	53.51	0.06	NS
	SD	9.59	10.26		
Parental satisfaction (KPS) (N=51)	M	35.84	51.50	5.07***	1<2
	SD	11.83	9.03		

Note: Group1 had antisocial personality disorder as assessed with the SCID II (First, M., Spitzer, R., Gibbon M., & Williams, J. (1997). *Structured Clinical Interview for DSM-IV Personality Disorders, (SCID-II).* Washington, DC: American Psychiatric Press). Group 2 had no diagnoses. TSI=Trauma Symptom Inventory (Briere, J. (1996). *Trauma Symptom Inventory*. Odessa, FL: Psychological Assessment Resources). LPC=Life Problems Checklist. WHOQOL= World Health Organization Quality of Life 100 UK (Skevington, S. (2005). *World Health Organization Quality of Life 100 UK Version*. Bath, UK: WHO Centre for the Study of Quality of Life, University of Bath). GAS=Global assessment of functioning scale (Luborsky, L. (1962). Clinicians' Judgements of Mental Health. *Archives of General Psychiatry*, 7, 407–417). KMS=Kansas Marital Satisfaction Scale (Schumm, W.R., Paff-Bergen, L.A., Hatch, R.C., Obiorah, F.C., Copeland, J.M., Meens, L.D., Bugaighis, M.A. (1986) Concurrent and discriminant validity of the Kansas Marital Satisfaction Scale. *Journal of Marriage & the Family*, 48, 381-387). KPS=Kansas Parenting Satisfaction Scale (James, D. E., Schumm, W. R., Kennedy, C. E., Grigsby, C. C., Shectman, K. L., Nichols, C. W. (1985). Characteristics of the Kansas Parental Satisfaction Scale among two samples of married parents. *Psychological Reports*, 57, 163-169). To aid profiling across variables, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before t-tests were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. t values are from t-tests for independent samples. **p<0.01 ***p<0.001. NS=Not significant.

Table 5.17. Current adjustment of participants with borderline personality disorder and no diagnoses

		Group 1 Borderline Personality Disorder	Group 2 No Diagnosis	t	Group Diffs
		N=14	N=45		
Total trauma symptoms (TSI) (N=59)	M	61.79	39.66	11.12***	1>2
	SD	8.38	5.83		
Total No of life problems (LPC) (N=59)	M	61.16	43.99	5.50***	1>2
	SD	11.13	6.30		
Total quality of life (WHOQOL) (N=59)	M	41.27	57.79	6.85***	1<2
	SD	9.53	7.32		
Global functioning (GAF) (N=59)	M	38.07	58.87	6.04***	1<2
	SD	12.38	6.44		
Marital satisfaction (KMS) (N=34)	M	48.12	53.51	0.93	NS
	SD	15.16	10.26		
Parental satisfaction (KPS) (N=47)	M	46.21	51.50	1.50	NS
	SD	12.93	9.03		

Note: Group1 had borderline personality disorder as assessed with the SCID II (First, M., Spitzer, R., Gibbon M., & Williams, J. (1997). *Structured Clinical Interview for DSM-IV Personality Disorders, (SCID-II).* Washington, DC: American Psychiatric Press). Group 2 had no diagnoses. TSI=Trauma Symptom Inventory (Briere, J. (1996). *Trauma Symptom Inventory*. Odessa, FL: Psychological Assessment Resources). LPC=Life Problems Checklist. WHOQOL= World Health Organization Quality of Life 100 UK (Skevington, S. (2005). *World Health Organization Quality of Life 100 UK Version*. Bath, UK: WHO Centre for the Study of Quality of Life, University of Bath). GAS=Global assessment of functioning scale (Luborsky, L. (1962). Clinicians' Judgements of Mental Health. *Archives of General Psychiatry*, 7, 407–417). KMS=Kansas Marital Satisfaction Scale (Schumm, W.R., Paff-Bergen, L.A., Hatch, R.C., Obiorah, F.C., Copeland, J.M., Meens, L.D., Bugaighis, M.A. (1986) Concurrent and discriminant validity of the Kansas Marital Satisfaction Scale. *Journal of Marriage & the Family*, 48, 381-387). KPS=Kansas Parenting Satisfaction Scale (James, D. E., Schumm, W. R., Kennedy, C. E., Grigsby, C. C., Shectman, K. L., Nichols, C. W. (1985). Characteristics of the Kansas Parental Satisfaction Scale among two samples of married parents. *Psychological Reports*, 57, 163-169). To aid profiling across variables, all variables were transformed to T-scores with means of 50 and standard deviations of 10 before t-tests were conducted. T-score for variable X = ((X-M)/SD)X10)+50), where X is the score of a case on variable X; M is the mean for all cases on variable X and SD is the standard deviation for all cases on variable X. t values are from t-tests for independent samples. **p<0.01 ***p<0.001. NS=Not significant.

Table 5.18. Adult attachment styles of participants with borderline personality disorder and no diagnoses

Adult Attachment Style		Group 1 Borderline Personality Disorder	Group 2 No Diagnosis	Group Diffs
		N=14	N=45	
Secure	f	1.00	13.00	NS
	%	7.10	28.90	
Fearful	f	11.00	12.00	1>2
	%	78.60	26.70	
Preoccupied	f	1.00	3.00	NS
	%	7.10	6.70	
Dismissive	f	1.00	17.00	NS
	%	7.10	37.80	

Note: Group1 had borderline personality disorder as assessed with the SCID II (First, M., Spitzer, R., Gibbon M., & Williams, J. (1997). *Structured Clinical Interview for DSM-IV Personality Disorders, (SCID-II).* Washington, DC: American Psychiatric Press). Group 2 had no diagnoses. Cases were classified into the four adult attachment styles using the SPSS algorithm for the Experiences in Close Relationships Inventory in Brennan, K., Clark, C., & Shaver, P. (1998). Self-report measure of adult attachment: An integrative overview. In J. Simpson & W. Rholes (Eds.), *Attachment Theory and Close Relationships* (pp. 46-76). New York: Guilford Press. Chi Square (3, N=59) =12.80, p<.01. 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 equalled or exceeded an absolute value of 2.00.

Table 5.19. Institutional and family child abuse and neglect reported by participants with multiple co-morbid diagnoses, mood disorders, PTSD, substance use disorders, and personality disorders; and profiles of adult psychological adjustment

	Multiple Co-morbid Diagnoses (4+)	Mood Disorders	PTSD	Alcohol and Substance Use Disorders	Avoidant Personality Disorder	Antisocial Personality Disorder	Borderline Personality disorder	No Diagnosis
Institutional child abuse & neglect								
Physical institutional abuse	+	+	+	-	-	-	-	-
Sexual institutional abuse	+	+	+	+	-	+	-	-
Emotional institutional abuse	+	+	+	+	+	-	-	-
Physical institutional neglect	-	-	-	-	-	-	-	-
Emotional institutional neglect	-	-	-	-	-	-	-	-
Family-based child abuse & neglect								
Physical family abuse	-	-	-	+	-	-	-	-
Sexual family abuse	-	-	-	-	-	-	-	-
Emotional family abuse	-	-	+	+	+	-	-	-
Physical family neglect	-	-	-	-	-	-	-	-
Emotional family neglect	-	-	-	-	-	-	-	-
Adult psychological adjustment								
>50% comorbid anxiety disorder	+	+	+	+	+	+	+	-
>50% co-morbid mood disorder	+	+	-	-	+	-	+	-
>50% comorbid substance use disorder	+	-	+	-	-	+	+	-
>50% comorbid personality disorder	+	-	-	-	-	-	-	-
Multiple trauma symptoms	+	+	+	+	+	+	+	-
Multiple life problems	+	+	+	+	+	+	+	-
Low quality of life	+	+	+	+	+	+	+	-
Low parenting satisfaction	-	-	-	-	-	+	-	-
Fearful adult attachment style	+	+	-	-	+	-	+	-
Low socio economic status	+	-	-	+	-	+	-	-

Note: +=the feature was a significant element of the group profile. - the feature was not a significant element of the group profile.

CHAPTER 6
PSYCHOLOGICAL PROCESSES AND COPING STRATEGIES ASSOCIATED WITH INSITUTIONAL ABUSE

SUMMARY OF CHAPTER 6

Six scales were developed to measure past and present psychological processes theoretically purported to arise from the experience of institutional abuse, and associated functional and dysfunctional coping strategies. The scales were (1) **traumatization** which assesses negative emotions arising from abuse, betrayal and loss of trust, stigmatization, shame, guilt, and disrespect of authority; (2) **re-enactment** which assesses re-enactment of abuse, powerlessness, coping by opposing and coping by using alcohol and drugs; (3) **spiritual disengagement** which assesses disengagement from religious practice and not using spiritual coping strategies; (4) **positive coping** which assesses coping through planning, skill mastery and social support; (5) **coping by complying** which assesses coping by complying with the wishes of people in authority; and (6) **avoidant coping** which assesses coping by avoiding thoughts and situations associated with abuse.

All participants reported a reduction in traumatization and re-enactment and an increase in spiritual disengagement from childhood to adult life. They also reported an increase in the use of positive coping strategies and a reduction in the use of coping by complying and avoidant coping.

The psychological processes of traumatization and re-enactment as experienced now or remembered from childhood were associated multiple indices of institutional abuse, but not family-based child abuse.

Time spent living with one's family in childhood was a protective factor and was associated with reduced traumatization in adulthood, whereas severe family-based child abuse was associated with avoidant coping in adulthood.

Participants for whom severe physical and sexual abuse, or severe sexual abuse alone were the worst things that happened to them in institutions, reported greater past re-enactment of abusive experiences, than those for whom worst experiences involved severe physical or emotional abuse.

Traumatization and re-enactment as experienced now or remembered from childhood were associated multiple indices of adult adjustment including the presence of multiple trauma symptoms, multiple adult life problems, global functioning, quality of life, interpersonal anxiety and interpersonal avoidance.

Participants with four or more psychological disorders reported greatest past and present traumatization and re-enactment; greatest current use of avoidant coping; and least current use of positive coping. Participants with no diagnoses, reported least present traumatization, re-enactment and use of avoidant coping; and the greatest reduction in traumatization from past to present. However, they showed a negligible increase in the use of positive coping strategies from past to present.

Positive coping was associated with marital satisfaction and quality of life. Participants who spent 5-11 years in an institution and placement occurred through the courts reported greater use of positive coping strategies in the past, than those who spent 5-11 years in an institution and placement occurred because parents couldn't cope or died. These in turn reported greater use of these strategies than participants who spent more than 12 years in an institution and entered before age 5.

Participants who reported that severe physical abuse was the worst thing that happened to them in institutions, reported greatest coping by complying, and lowest levels of coping by complying occurred among those that reported that severe sexual abuse was the worst thing that happened to them in institutions. For present coping by complying, intermediated between these extremes was the group that reported that severe emotional abuse was the worst thing that happened to them in institutions.

A model was developed which shows how childhood institutional abuse is associated with the processes of traumatization, re-enactment and spiritual disengagement, which in turn are associated with adult mental health and quality of life. The model also shows how childhood years within the family and current use of positive coping strategies are associated with quality of life.

INTRODUCTION

In this chapter an account is given of the development of a set of 6 scales to measure past and present psychological processes theoretically purported to arise from the experience of institutional abuse, and associated functional and dysfunctional coping strategies. These scales are then used to address a series of five questions about the association between abuse processes and coping strategies on the one hand and the following variables (1) recollections of institutional abuse and family-based child abuse; (2) adult adjustment; (3) duration of time spent in institutions and circumstances of entry to institutions; (4) types of worst abusive experiences in institutions (5) number of psychological disorders. The chapter closes with the presentation of a model which links childhood experiences of institutional abuse with adult adjustment, via psychological processes and coping strategies.

THEORETICAL BASIS FOR DEVELOPMENT OF SCALES TO MEASURE ABUSE PEOCESSES AND COPING STRATEGIES

Professor David Wolfe has argued that the long-term outcomes of child abuse are probably mediated by distinctive psychological processes (Wolfe et al., 2003) including traumatization, betrayal , disrespect for authority, stigmatization, powerlessness, avoidance of reminders of abuse, and re-enactment of abuse on self or others. The research literature on clerical abuse indicates that in addition to the processes identified by Wolfe, survivors of clerical abuse may also disengage from religious and spiritual beliefs and practices (e.g. Bottoms et al., 1995; Fater & Mullaney, 2000; Farrell & Taylor, 2000;

McLaughlin, 1994, Wolfe et al., 2006). The research literature on stress and coping in children exposed to early childhood adversity suggests that children may use both functional and dysfunctional coping strategies to deal with institutional abuse (Luthar, 2003; Rutter et al., 1990). Functional coping strategies include social support, skill mastery, planning and spiritual support. Dysfunctional coping strategies may include either fully complying with the abusive regime or aggressively opposing it without due regard to the risks of further abuse entailed by this. Excessive consumption of alcohol, drugs and food are other potentially dysfunctional coping strategies.

RATIONAL SUBSCALES INCLUDED IN THE INSITUTIONAL ABUSE PROCESSEES AND COPING INVENTORY (IAPCI)

In light of these insights from the broad literature on child abuse and coping, the institutional Abuse Processes and Coping inventory (IAPCI) was developed for the present study, to facilitate investigation of psychological processes and coping strategies in survivors of institutional abuse. The IAPCI contained rational subscales to assesses the following processes: (1) traumatization, (2) betrayal, (3) disrespect of authority, (4) religious disengagement, (5) stigmatization, (6) powerlessness, (7) avoidance, and (8) re-enactment. The following functional coping strategies were assessed with the IAPCI: (1) social support, (2) skill mastery, (3) planning, and (4) spiritual support. The inventory also assessed these dysfunctional coping strategies: (1) overcomplying, (2) aggressively opposing, and (3) substance abuse. Two versions the IACPI were developed for the present study. The first inquired about processes and coping strategies used while living in an institution and the second inquired about the same processes and coping strategies in the person's present life. The IAPCI is part of the protocol contained in Appendix 1, which was completed by the 247 participants in this study.

DEVELOPMENT OF IAPCI FACTOR SCALES

A series of analyses were conducted on the IAPCI with the aim of developing a set of factorially valid and psychometrically reliable factor scales which contained the same items for past and present versions.

Initially, principal component analyses (PCA) of total scores from rational scales for past and present versions of the IAPCI were conducted. These PCAs each yielded similar, although not identical, five factor solutions. The five factors were named traumatization; re-enactment; spiritual disengagement; positive coping; and coping by complying.

The next step involved conducting factor analyses on items from past and present versions of the IAPCI. These each yielded very similar (though not identical) 5 factor solutions The five factors were very similar to those identified through principal components analysis of total scores from rational scales. The five factors were named in a similar manner, i.e., traumatizaiton, re-enactment, spiritual disengagement, positive coping, and coping by complying.

Internal consistency alpha reliability co-efficients were obtained for rational scales and factor scales from the factor analyses of items. The reliability analyses pointed to a number of significant problems. Few of the narrowband rational scales were reliable for both past and present versions. Not all of the factor scales were reliable. Past and present versions had different item compositions, so past and present scores could not be compared. Also avoidant coping, which is a clinically and theoretically important coping strategy did not emerge in a coherent way in the PCA or factor analysis solutions.

To design the final 6 IAPCI factor scales, in 4 instances rational scales were combined in coherent ways consistent with the results of PCAs of rational scale totals, factor analyses of items, and trauma theory. Items were dropped if they keyed differently for past and present versions of the IAPCI or detracted from scale internal consistency reliability in alpha reliability analyses. The four scales constructed in this way were named traumatization, re-enactment, spiritual disengagement, and positive coping. The remaining two scales were each rational scales: coping by complying and avoidant coping. What follows are brief descriptions of the six IAPCI factor scales.

Traumatization is a 14 item scale which assesses truamatization; betrayal and loss of trust; stigmatization, shame and guilt; and disrespect of authority.

Re-enactment is an 9 item scale which assesses re-enactment of abuse, powerlessness, coping by opposing and coping by using alcohol and drugs.

Spiritual disengagement is a 5 item scale which assesses disengagement from religious practice and not using spiritual coping strategies.

Positive coping is a 9 item scale which assesses coping through planning, skill mastery and social support.

Coping by complying is a 3 item scale which assesses coping by complying with the wishes of people in authority.

Avoidant coping is a 3 item scale which assesses coping by avoiding thoughts and situations associated with abuse.

CONFIRMATORY FACTOR ANALYSES

The item composition of past and present versions of the 6 IAPCI factor scales is presented in Table 6.1. Two confirmatory factor analyses were conducted to evaluate the factorial validity of past and present versions of the 6 IAPCI factor scales. Two confirmatory factor models, using the structure in Table 6.1, were specified and estimated using LISREL 8.72 (Jöreskog & Sörbom, 2005a). Model 1 was the Present IAPCI and Model 2 was the Past IAPCI. Analyses were based on a covariance matrix and an asymptotic weight matrix (the distribution of all IAPCI items deviated significantly from normality in terms of skewness and kurtosis) computed using PRELIS 2.72 (Jöreskog & Sörbom, 2005b) and the parameters estimated using maximum likelihood. The use of an asymptotic weight matrix allows for weaker assumptions regarding the distribution of the observed variables and results in improved fit and test statistics (Satorra, 1992; Curran,

West, & Finch, 1996). All models were specified to allow the factors to correlate, have no cross-factor loadings, and initially have no correlated errors.

Following the guidelines suggested by Hoyle and Panter (1995) the goodness of fit for each model was assessed using the Sattora–Bentler scaled chi-square (S-Bχ^2), the Incremental Fit Index (IFI: Bollen, 1989), and the Comparative Fit Index (CFI: Bentler, 1990). A non-significant chi-square, and values greater than .90 for the IFI and CFI are considered to reflect acceptable model fit. In addition, the Root Mean Square Error of Approximation (RMSEA: Steiger, 1990) with 90% confidence intervals (90%CI) were reported, where a value less than .05 indicates close fit and values up to .08 indicating reasonable errors of approximation in the population (Jöreskog & Sörbom, 1993). The standardized root-mean-square residual (SRMR: Jöreskog & Sörbom, 1981) has been shown to be sensitive to model mis-specification and its use recommended by Hu and Bentler (1999). Values less than .08 are considered to be indicative of acceptable model fit (Hu & Bentler, 1998).

Model 1 was considered to be an reasonable description of the sample data (S-Bχ^2=1767, df=845, p=.00; RMSEA=.07 (90%CI .06-.07); CFI=.86; IFI=.86; SRMR=.08) although the residuals indicated that the Institutional Traumatization factor was not adequately explaining the covariation between two item pairs (DC2 &DC3 and SC2 &SC3), and the Positive Coping factor was not adequately explaining the covariation between items CTC1 and CTC2. The inclusion of three correlated errors improved the fit of the model (S-Bχ^2=1544, df=842, p=.00; RMSEA=.06 (90%CI .05-.06); CFI=.90; IFI=.90; SRMR=.08). The improvement in model fit was statistically significant (S-Bχ^2=223, df=3, p=.00). The standardized factor loading are reported in Table 6.2. All factor loading are statistically significant (p<.05). The factor correlations are reported below in Table 6.3.

Model 2 was considered to be an reasonable description of the sample data (S-Bχ^2=1383, df=845, p=.00; RMSEA=.05 (90%CI .05-.06); CFI=.86; IFI=.86; SRMR=.08) although the residuals indicated that the Powerless Re-enactment factor was not adequately explaining the covariation between two item pairs (XP1 & XP2 and XP3 & XP4). The inclusion of two correlated errors improved the fit of the model (S-Bχ^2=1292, df=843, p=.00; RMSEA=.05 (90%CI .04-.05); CFI=.90; IFI=.90; SRMR=.08). The improvement in model fit was statistically significant (S-Bχ^2=223, df=2, p=.00). The standardized factor loading are reported in Table 6.2. With the exception of two items (BP1 and PP3) all factor loading are statistically significant (p<.05). The factor correlations are reported in Table 6.3.

Thus, the confirmatory factor analyses supported the factorial validity of the six factor scales of the past and present versions of the IAPCI shown in Table 6.1

RELIAIBLITY ANALYSES

Internal consistency alpha reliability coefficients were calculated for past and present versions of each of the 6 IACPI factor scales. Also, for 52 cases inter-rater reliability was evaluated using the split-half method, treating ratings by each rater as two halves of the same scale. From Table 6.4 it may be seen that alpha reliabilities ranged from .51 to .87 (with 7 of the 12 alpha coefficients close to, or above .7) indicating moderate to good internal consistency reliability for all IAPCI scales. 11 of the 12 inter-rater reliability coefficients were above .7 indicating good inter-rater reliability for 11 scales and moderate inter-rater reliability for one scale (past coping by complying).

QUESTIONS INVESTGATED WITH THE IAPCI

Having developed a set of IAPCI factor scales to measure past and present psychological processes theoretically purported to arise from the experience of institutional abuse, and associated functional and dysfunctional coping strategies, a series of analyses were conducted to answer the questions listed below.

The first question was: Are past and present institutional abuse processes and coping strategies (as evaluated by the IAPCI factor scales) associated with recollections of institutional abuse but not family-based child abuse?

The second question was: Are past and present institutional abuse processes and coping strategies (as evaluated by the IAPCI factor scales) associated with indices of adult adjustment?

The third question was: Do participants who had spent different amounts of time in institutions and entered under different circumstances differ in their experience of past and present institutional abuse processes and coping strategies as evaluated by the IAPCI factor scales?

The fourth question was: Do participants who had different types of worst abusive experiences in institutions differ in their experience of past and present institutional abuse processes and coping strategies as evaluated by the IAPCI factor scales?

The fifth question was: Do participants who with multiple co-morbid psychological disorders, fewer disorders and no disorders differ in their experience of past and present institutional abuse processes and coping strategies as evaluated by the IAPCI factor scales?

THE IAPCI SCALES AND INSITUTIONAL AND FAMILY ABUSE

The following analyses were carried out to address the first question which was: Are past and present institutional abuse processes and coping strategies (as evaluated by the IAPCI factor scales) associated with recollections of institutional abuse but not family-based child abuse? First, Pearson product moment correlations were conducted between IAPCI scales on the one hand, and indices of institutional abuse on the other. These analyses are summarized in Table 6.5. Next, Pearson product moment correlations were conducted between IAPCI scales on the one hand, and indices of family-based child

abuse on the other. These analyses are summarized in Table 6.6. In these analyses, the indices of institutional and family-based abuse were: the number of years spent living in an institution; the total, severe physical and severe sexual abuse scale scores of the institution and family versions of the Severe Physical and Sexual Abuse scale (SPSA); the total score on the Institutional Abuse Scale (IAS); and the total, physical abuse, sexual abuse, emotional abuse, physical neglect and emotional neglect scale scores of the institution and family versions of the Childhood Trauma Questionnaire (CTQ). Correlations with an absolute value above .3 and significant at $p<.01$ were interpreted as indicating a moderate association between variables.

From Table 6.5 it may be seen that 16 correlations with an absolute value above .3 and significant at $p<.01$ occurred when IAPCI scales were correlated with indices of institutional abuse and neglect. In contrast only two such correlation occurred between IAPCI scales and indices of family-based child abuse and neglect. Thus, IAPCI scale scores were far more strongly associated with recollections of institutional abuse than family-based child abuse.

From Table 6.5, it may be seen that both past and present versions of the traumatization scale, and the past version of the re-enactment scale had large significant correlations with multiple indices of institutional abuse. Specifically, the past and present version of the IAPCI traumatization scale correlated with the total, physical and emotional abuse scales of the institution version of the CTQ. The past version of the IAPCI traumatization scale also correlated with the SPSA severe institutional physical abuse scale, the IAS total scale, and the physical neglect scale of the institution version of the CTQ. The present version of the IAPCI traumatization scale also correlated with the SPSA total severe institutional abuse scale. The past version of the IAPCI re-enactment scale correlated with the SPSA total and severe institutional sexual abuse scales; the IAS total scale; and the total, physical and sexual abuse scales of the institution version of the CTQ.

From Table 6.6 it may be seen that the present IAPCI traumatization scale correlated negatively with the number of years spent living with the family before 16. The present IAPCI avoidant coping scale correlated with SPSA total severe family-based abuse scale. Thus children who lived longer with their families as children reported less current traumatization as adults; and children who experienced severe child abuse within the family used greater avoidant coping as adults.

The analysis reported in this section provided an answer to the question about the association between past and present abuse processes and coping strategies on the one hand and recollections of institutional abuse but not family-based child abuse on the other. Collectively the results show that the psychological processes of traumatization and re-enactment as experienced now or remembered from childhood were associated multiple indices of institutional abuse, but not family-based child abuse. Time spent living with one’s family in childhood was a protective factor and was associated with reduced

traumatization in adulthood, whereas severe family-based child abuse was associated with avoidant coping in adulthood.

THE IAPCI SCALES AND ADULT ADJUSTMENT

The following analyses were carried out to address the second question which was: Are past and present institutional abuse processes and coping strategies (as evaluated by the IAPCI factor scales) associated with indices of adult adjustment? Pearson product moment correlations were conducted between IAPCI scales on the one hand and indices of adult adjustment on the other. These analyses are summarized in Table 6.7. In these analyses the indices of adjustment were: total number of current and lifetime psychological disorders; the total score on the Life Problems Checklist (LPC); the score on the Global Assessment of Functioning (GAF) scale; the total score on the Trauma Symptom Inventory (TSI); Socio economic status (SES); the number of failed marital or cohabiting relationships in a participants life; the total score on the Kansas Marital Satisfaction scale (KMS); scores on the interpersonal anxiety and avoidance scales of the Experiences in Close Relationships Inventory (ECRI); the total score on the Kansas Parent Satisfaction scale; and the total score on the World health Organization Quality of Life Scale. Correlations with an absolute value above .3 and significant at $p<.01$ were interpreted as indicating a moderate association between variables.

From table 6.7 it may be seen that 17 correlations with an absolute value above .3 and significant at $p<.01$ occurred and 15 of these involved the traumatization and re-enactment scales.

Past and present versions of the traumatization and re-enactment scales correlated with the total number of trauma symptoms on the TSI. Past and present versions of the re-enactment scale correlated with the total number of life problems on the LPC. The present version of the traumatization and re-enactment scales correlated positively with the total number of disorders and negatively with global functioning on the GAF and the total quality of life score of the WHOQOL 100 UK. The present version of the traumatization scale correlated with the ECRI interpersonal anxiety and avoidance scales. The present version of the re-enactment scale correlated with the ECRI interpersonal anxiety scale. The present version of the positive coping scale correlated with the KMS marital satisfaction score and the total quality of life score of the WHOQOL 100 UK.

The analysis reported in this section provided an answer to the question about the association between past and present abuse processes and coping strategies on the one hand and adult adjustment on the other. Collectively the results show that the psychological processes of traumatization and re-enactment as experienced now or remembered from childhood were associated multiple indices of adult adjustment including the presence of multiple co-morbid psychological disorders, multiple trauma symptoms, multiple adult life problems, global functioning, quality of life, interpersonal anxiety and

interpersonal avoidance. Positive coping was associated with marital satisfaction and quality of life.

IAPCI PROFILES OF GROUPS OF PARTICIPANTS WHO HAD SPENT DIFFERENT AMOUNTS OF TIME IN INSTITUTIONS AND ENTERED UNDER DIFFERENT CIRCUMSTANCES

The following analyses were carried out to address the third question which was: Do participants who had spent different amounts of time in institutions and entered under different circumstances differ in their experience of past and present institutional abuse processes and coping strategies as evaluated by the IAPCI factor scales? The four groups included in this set of analyses, were those referred to in the main analysis in chapter 4. Group 1 contained 110 participants who spent more than 12 years in an institution and entered before age 5. Group 2 contained 67 participants who spent 5-11 years in an institution and placement occurred because parents couldn't cope or died. Group 3 contained 22 participants who spent 5-11 years in an institution and placement occurred through the courts, in most instances for petty crime. Group 4 contained 48 participants who spent 4 or fewer years in institution. To aid profiling, all IAPCI scales were scored so they each had a range of 1-5. This was obtained for each scale by summing items and dividing by the number of items. A series of twelve one-way analyses of variance (ANOVAs) were used to test for significant ($p<.05$) variation between groups on either past or present versions of each IAPCI scales, and Scheffe post hoc tests for comparing groups with unequal Ns were used to identify significant ($p<.05$) intergroup differences. Dunnett's post hoc tests were used where the assumption of homogeneity was violated. In addition to the one-way ANOVAs, a series of six 4X2, Groups X Time repeated measures ANOVAs were used to identify significant changes from past to present on each IAPCI scale.

From Table 6.8 it may be seen that in the one-way ANOVAs, past positive coping was the only IAPCI scale on which the four groups differed significantly, with group 3 obtaining higher scores than group 2, who in turn obtained higher scores than group 1. There were no significant Group X Time interactions in the repeated measures ANOVAs, indicating that there were no significant intergroup differences in the pattern of past and present scores. All four of the groups showed the same pattern of change. In all of the repeated measures ANOVAs significant time effects occurred. For traumatization and re-enactment, mean scores decreased from the past to the present, but for spiritual disengagement, they increased. Positive coping mean scores increased from past to present, but coping by complying and avoidant coping mean scores decreased.

The analysis reported in this section provided an answer to the question about differences in IAPCI profiles of participants who had spent different amounts of time in institutions and entered under different circumstances. Participants who spent 5-11 years in an institution and placement occurred through the courts reported greater use of positive coping strategies in the past, than those who spent 5-11 years in an institution and

placement occurred because parents couldn't cope or died. These in turn reported greater use of these strategies than participants who spent more than 12 years in an institution and entered before age 5. Participants from all four groups reported a reduction in traumatization and re-enactment and an increase in spiritual disengagement from childhood to adult life. They also reported an increase in the use of positive coping strategies and a reduction in the use of coping by complying and avoidant coping.

IAPCI PROFILES OF GROUPS OF PARTICIPANTS WHO REPORTED DIFFERENT TYPES OF WORST ABUSIVE EXPERIENCES IN INSTITUTIONS.

The following analyses were carried out to address the fourth question which was: Do participants who reported different types of worst abusive experiences in institutions differ in their experience of past and present institutional abuse processes and coping strategies as evaluated by the IAPCI factor scales? The four groups included in this set of analyses, were those referred to in the second analysis in chapter 4. Group 1 contained 23 cases where the worst thing reported was severe physical and sexual abuse. Group 2 contained 99 cases where the worst thing they had experienced was severe physical abuse. Group 3 contained 40 cases where the worst thing they had experienced was severe sexual abuse. Group 4 contained 85 cases where the worst thing they had experienced was severe emotional abuse. Participant's statements were classified as severe physical abuse if the person reported physical violence, beating, slapping, or being physically injured, but not having medical attention withheld. Statements were classified as severe sexual abuse if the person reported the words sexual abuse or mentioned rape; genital, anal or oral sex; masturbation; or other coercive sexual activities involving either staff or older pupils. Statements were classified as severe physical and sexual abuse if they involved both severe physical abuse and severe sexual abuse as defined earlier. Statements of actions involving humiliation, degradation, severe lack of care, withholding medical treatment, witnessing the traumatization of other pupils and adverse experiences that were not clearly classifiable as severe sexual or physical abuse were classified as severe emotional abuse. Inter-rater agreement greater than 90% was achieved for a sample of 10% of statements. To aid profiling, all IAPCI scales were scored so they each had a range of 1-5. This was obtained for each scale by summing items and dividing by the number of items. A series of twelve one-way analyses of variance (ANOVAs) were used to test for significant ($p<.05$) variation between groups on either past or present versions of each IAPCI scales, and Scheffe post hoc tests for comparing groups with unequal Ns were used to identify significant ($p<.05$) intergroup differences. Dunnett's post hoc tests were used where the assumption of homogeneity was violated. In addition to the one-way ANOVAs, a series of six 4X2, Groups X Time repeated measures ANOVAs were used to identify significant changes from past to present on each IAPCI scale.

From Table 6.9 it may be seen that in the one-way ANOVAs, past re-enactment and both past and present coping by complying were the only IAPCI scales on which the four

groups differed significantly. Mean past re-enactment scores for groups 1 and 3 were significantly greater than those for groups 2 and 4. Group 2's mean past and present coping by complying scores were significantly greater that those of group 3, with group 4 obtaining a mean score between these extremes for present, but not past, coping by complying.

There were no significant Group X Time interactions in the repeated measures ANOVAs, indicating that there were no significant intergroup differences in the pattern of past and present scores.

The analysis reported in this section provided an answer to the question about differences in IAPCI profiles of participants who reported different types of worst abusive experiences in institutions. Participants for whom severe physical and sexual abuse, or severe sexual abuse alone were the worst things that happened to them in institutions, reported greater past re-enactment of abusive experiences, than those for whom worst experiences involved severe physical or emotional abuse. Participants who reported that severe physical abuse was the worst thing that happened to them in institutions, reported greatest past and present coping by complying, and lowest levels of coping by complying occurred among those that reported that severe sexual abuse was the worst thing that happened to them in institutions. For present coping by complying, intermediate between these extremes was the group that reported that severe emotional abuse was the worst thing that happened to them in institutions.

IAPCI PROFILES OF GROUPS OF PARTICIPANTS WHO GROUPS OF PARTICIPANTS WHO HAD DIFERENT NUMBERS OF PSYCHOLOGICAL DIAGNOSES

The following analyses were carried out to address the fifth question which was: Do participants who had different numbers of psychological diagnoses differ in their experience of past and present institutional abuse processes and coping strategies as evaluated by the IAPCI factor scales? The three groups included in this set of analyses, were those referred to in the first analysis in chapter 5. Group 1 contained 83 participants who had four or more current or lifetime diagnoses as assessed with the SCID I and SCID II. Group 2 contained 119 participants who had 1-3 current or lifetime diagnoses. Group 3 contained 45 participants who had no diagnoses. To aid profiling, all IAPCI scales were scored so they each had a range of 1-5. This was obtained for each scale by summing items and dividing by the number of items. A series of twelve one-way analyses of variance (ANOVAs) were used to test for significant ($p<.05$) variation between groups on either past or present versions of each IAPCI scales, and Scheffe post hoc tests for comparing groups with unequal Ns were used to identify significant ($p<.05$) intergroup differences. Dunnett's post hoc tests were used where the assumption of homogeneity was violated. In addition to the one-way ANOVAs, a series of six 4X2, Groups X Time repeated measures ANOVAs were used to identify significant changes from past to present on each IAPCI scale.

From Table 6.10 it may be seen that in the one-way ANOVAs, the three groups differed significantly in their mean scores on the past and present versions of the traumatization and re-enactment scales, and on the present versions of the positive and avoidant coping scales. On the past and present versions of the traumatization and re-enactment scales, group 1 obtained a significantly higher mean scores than groups 2 and 3. On the present versions of the traumatization and re-encatment scales, group 2 obtained a significantly higher mean score than groups 3. On the present version of the positive coping scale, group 1 obtained a significantly lower mean score than group 2. On the present version of the avoidant coping scale, group 1 obtained a significantly higher mean score than group 3.

On the repeated measures ANOVAs there were significant Group X Time interactions for traumatization and positive coping. From the first panel in Figure 6.1 it may be seen that group 3 with no disorders showed a greater reduction in traumatization from past to present, than the other two groups, who had multiple co-morbid psychological disorders. From the second panel in Figure 6.1 it may be seen that for positive coping, group 3 with no disorders showed a negligible increase in the use of positive coping strategies from past to present, compared with the other two groups who showed a marked increase in positive coping from past to present.

The analysis reported in this section provided an answer to the question about differences in IAPCI profiles of participants who had different numbers of psychological diagnoses. Participants with four or more disorders reported greatest past and present traumatization and re-enactment; greatest current use of avoidant coping and least current use of positive coping. Participants with no diagnoses, reported least present traumatization, re-enactment and use of avoidant coping; and the greatest reduction in traumatization from past to present. However, they showed a negligible increase in the use of positive coping strategies from past to present.

MODEL OF CHILDHOOD INSTITUTIONAL ABUSE, PSYCHOLOGICAL PROCESSES, AND ADULT ADJUSTMENT

A theoretical model of childhood institutional abuse, psychological processes, and adult adjustment is presented in Figure 6.2. The model shows how childhood institutional abuse is associated with the processes of truamatization, re-enactment and spiritual disengagement, which in turn are associated with mental health and quality of life. The model also shows how childhood years within the family and current use of positive coping strategies are associated with quality of life. The reliabilities of the composite scores used in the model were incorporated using the method suggested by Jöreskog and Sörbom (1993).The model presented in Figure 6.2 was specified and estimated using LISREL8.52 (Jöreskog & Sörbom, 2002). A covariance matrix and an asymptotic weight matrix were computed using PRELIS2.3 (Jöreskog & Sörbom, 1999) and the parameters estimated using maximum likelihood. Following the guidelines suggested by Hoyle and Panter (1995)

the goodness of fit for each model was assessed using the chi-square, the Goodness of Fit Index (GFI: Jöreskog & Sörbom, 1981), the Incremental Fit Index (IFI: Bollen, 1989), and the Comparative Fit Index (CFI: Bentler, 1990). A non-significant chi-square, and values greater than 0.90 for the GFI, IFI and CFI, are considered to reflect acceptable model fit. In addition, the Root Mean Square Error of Approximation (RMSEA: Steiger, 1990) with 90% confidence intervals (90%CI) were reported, where a value less than 0.05 indicates close fit and values up to 0.08 indicating reasonable errors of approximation in the population (Jöreskog & Sörbom, 1993). The standardised root-mean-square residual (SRMR: Jöreskog & Sörbom, 1981) has been shown to be sensitive to model mis-specification and its use recommended by Hu and Bentler (1999). Values less than .08 are considered to be indicative of acceptable model fit. The fit indices are reported in Table 6.11. On the basis of the RMSEA, IFI, CFI, SRMR and the GFI the model is judged to be an acceptable description of the sample data. Although the chi-square for this model is large relative to the degrees of freedom, and statistically significant, this should not lead to the rejection of the model as the large sample size increases the power of the test (Tanaka, 1987). The standardized model parameters are presented in Table 6.12.

CONCLUSIONS

Six scales were developed to measure past and present psychological processes theoretically purported to arise from the experience of institutional abuse, and associated functional and dysfunctional coping strategies. The scales were (1) traumatization, (2) re-enactment, (3) spiritual disengagement, (4) positive coping, (5) coping by complying, and (6) avoidant coping.

All participants reported a reduction in traumatization and re-enactment and an increase in spiritual disengagement from childhood to adult life. They also reported an increase in the use of positive coping strategies and a reduction in the use of coping by complying and avoidant coping.

The psychological processes of traumatization and re-enactment as experienced now or remembered from childhood were associated multiple indices of institutional abuse, but not family-based child abuse.

Time spent living with one's family in childhood was a protective factor and was associated with reduced traumatization in adulthood, whereas severe family-based child abuse was associated with avoidant coping in adulthood.

Participants for whom severe physical and sexual abuse, or severe sexual abuse alone were the worst things that happened to them in institutions, reported greater past re-enactment of abusive experiences, than those for whom worst experiences involved severe physical or emotional abuse.

Traumatization and re-enactment as experienced now or remembered from childhood were associated multiple indices of adult adjustment including the presence of

multiple trauma symptoms, multiple adult life problems, global functioning, quality of life, interpersonal anxiety and interpersonal avoidance.

Participants with four or more psychological disorders reported greatest past and present traumatization and re-enactment; greatest current use of avoidant coping; and least current use of positive coping. Participants with no diagnoses, reported least present traumatization, re-enactment and use of avoidant coping; and the greatest reduction in traumatization from past to present. However, they showed a negligible increase in the use of positive coping strategies from past to present.

Positive coping was associated with marital satisfaction and quality of life. Participants who spent 5-11 years in an institution and placement occurred through the courts reported greater use of positive coping strategies in the past, than those who spent 5-11 years in an institution and placement occurred because parents couldn't cope or died. These in turn reported greater use of these strategies than participants who spent more than 12 years in an institution and entered before age 5.

Participants who reported that severe physical abuse was the worst thing that happened to them in institutions, reported greatest coping by complying, and lowest levels of coping by complying occurred among those that reported that severe sexual abuse was the worst thing that happened to them in institutions. For present coping by complying, intermediated between these extremes was the group that reported that severe emotional abuse was the worst thing that happened to them in institutions.

A model was developed which shows how childhood institutional abuse is associated with the processes of traumatization, re-enactment and spiritual disengagement, which in turn are associated with adult mental health and quality of life. The model also shows how childhood years within the family and current use of positive coping strategies are associated with quality of life.

Table 6.1. Item composition of the 6 factor scales from the Institutional Abuse Process and Coping Inventory.

ITEM CODE	PAST VERSION	ITEM CODE	PRESENT VERSION
	PAST TRAUMATIZATION		**PRESENT TRAUMATIZATION**
	Traumatization		**Traumatization**
1TP1	I felt hurt then	2TC1	I feel hurt now
3TP2	I felt frightened then	4TC2	I feel frightened now
5TP3	I felt sad then	6TC3	I feel sad now
7TP4	I felt humiliated then	8TC4	I feel humiliated now
	Betrayal and loss of trust		**Betrayal and loss of trust**
9BP1	I trusted everyone then (-)	10BC1	I trust everyone now (-)
11BP2	I felt betrayed then	12BC2	I feel betrayed now
13BP3	I cut myself off from other people then	14BC3	I cut myself off from other people now
	Stigmatization shame and guilt		**Stigmatization shame and guilt**
29SP1	I felt I was worthless then	30SC1	I feel I am worthless now
31SP2	I felt I was dirty then	32SC2	I feel I am dirty now
33SP3	I felt ashamed then	34SC3	I feel ashamed now
35SP4	I felt guilty and believed the abuse was my fault then	36SC4	I feel guilty and believe the abuse was my fault now
	Disrespect of authority		**Disrespect of authority**
15DP1	I was angry at everyone in authority then	16DC1	I am angry with everyone in authority now
17DP2	I liked people in authority then (-)	18DC2	I like people in authority now (-)
19DP3	I respected everyone in authority then (-)	20DC3	I respect everyone in authority now (-)
	PAST RE-ENACTMENT		**PRESENT RE-ENACTMENT**
	Re-enactment		**Re-enactment**
49XP1	I felt the urge to attack or abuse other people then	50XC1	I feel the urge to attack or abuse other people now
51XP2	I hurt other people then	52XC2	I hurt other people now
53XP3	I felt the urge to harm or injure myself then	54XC3	I feel the urge to harm or injure myself now
55XP4	I harmed or injured myself then	56XC4	I harm or injure myself now
	Powerlessness		**Powerlessness**
39PP2	I believed that my life was controlled by others then	40PC2	I believe that my life is controlled by others now
41PP3	I thought I could do nothing to change my situation then	42PC3	I think I can do nothing to change my situation now
	Coping by opposing		**Coping by opposing**
71COP3	I planned revenge on my abusers then	72COC3	I am planning revenge on my abusers now
	Coping by alcohol, drugs and food		**Coping by alcohol, drugs and food**
91CDP1	I drank alcohol to cope then	92CDC1	I drink alcohol to cope now
93CDP2	I took other drugs to cope then	94CDC2	I take other drugs to cope now
	PAST SPIRITUAL DISENGAGEMENT.		**PRESENT SPIRITUAL DISENGAGEMENT.**
	Religious Disengagement		**Religious Disengagement**
21RP1	I had faith in God then (-)	22PC1	I have faith in God now (-)
23RP2	I had faith in the church then (-)	24RC2	I have faith in the church now (-)
25RP3	I stopped praying then	26RC3	I do not pray now
27RP4	I only went mass then because I would be punished if I did not to	28RC4	I do not go to mass now
	Coping through spiritual support		**Coping through spiritual support**
57CSP1	I prayed to God then, and that made the abuse bearable (-)	58CSPC1	I pray to God now, and that makes the abuse bearable (-)
	PAST POSITIVE COPING.		**PRESENT POSITIVE COPING**
	Coping through planning		**Coping through planning**
85CLP1	Then I planned each day very carefully to avoid abuse and make good things happen (like having a laugh, getting well fed, and keeping	86CLC1	Now I plan each day very carefully to avoid bad feelings and make good things happen (like having a laugh, getting well fed, and keeping warm)

	warm)		
87CLP2	When I was leaving school I followed a plan to get a job that would suit me and make my situation better	88CLC2	Now I still follow a plan to make sure my job suits me and makes my situation better
89CLP3	When I was settling down with my partner, I waited for at least 6 months to make sure we were well suited to live together	90CLC3	When my partner and I are planning something important we take time to plan it very carefully
	Coping though skill mastery		**Coping though skill mastery**
79CMP1	I put my energy into my school work and that made me feel better then	80CMC1	I put my energy into my work and that makes me feel better now
81CMP2	I put my energy into sports or music and that made me feel better then	82CMC2	I put my energy into sport or music and that makes me feel better now
83CMP3	I put my energy into a skill that I could do well that made me feel better then	84CMC3	I put my energy into a skill that I can do well that makes me feel better now
	Coping through social support		**Coping through social support**
73CTP1	I had a good friendship with a close friend I could trust and this made the abuse bearable then	74CTC1	I have a good friendship with a close friend I can trust and this made the abuse bearable now (This friend is not my partner, husband or wife)
75CTP2	I had a good friendship with an adult I could trust and this made the abuse bearable then	76CTC2	I have a good friendship with a person I trust and look up to and this makes the abuse bearable now (this could be doctor or counsellor but not a partner)
77CTP3	I reminded my self that my mother or father was still alive, cared about me, and this made the abuse bearable then	78CTC3	I have a good relationship with my partner who I know cares about me and who I can tell my troubles to now and this makes the abuse bearable (A partner is a wife /husband /cohabite /lover)
	PAST COPING BY COMPLYING		**PRESENT COPING BY COMPLYING**
	Coping by complying		**Coping by complying**
61CCP1	I tried to behave well for the teachers /nuns /brothers /priests so I would not be punished then	62CCC1	I try to behave well and fit in with people at work and in my family now to avoid conflict and arguments
63CCP2	I was careful never to break a rule then	64CCC2	I am careful never to break a rule now
65CCP3	I was careful always to show respect to the brothers, priests, nuns and teachers then (even if I didn't feel respect)	66CCC3	I am careful always to show respect to people in authority now (even if I do not feel respect)
	PAST AVOIDANT COPING		**PRESENT AVOIDANT COPING**
	Avoidance of reminders of abuse		**Avoidance of reminders of abuse**
43AP1	I avoided thinking about the abuse then	44AC1	I avoid thinking about the abuse now
45AP2	I avoided situations that reminded me of abuse then	46AC2	I avoid situations that reminded me of abuse now
47AP3	I avoided people who reminded me of the abuse then	48AC3	I avoid people who remind me of the abuse now

Note: Headings in bold lowercase are the names of IAPCI rational scales containing the items beneath them. Headings in bold uppercase are the name of the six factor scales supported by confirmatory factor analyses.

Table 6.2. Factor loadings for confirmatory factor analysis of the past and present forms of the Institutional Abuse Processes and Coping Inventory

Past version							Present version						
Item	**Trauma**	**Reinact**	**Disengag**	**PosCope**	**ComCope**	**AvCope**	**Item**	**Trauma**	**Reinact**	**Disengag**	**PosCope**	**ComCope**	**AvCope**
TP1	0.62						**TC1**	0.56					
TP2	0.52						**TC2**	0.70					
TP3	0.62						**TC3**	0.72					
TP4	0.73						**TC4**	0.77					
BP1	0.04						**BC1**	0.41					
BP2	0.56						**BC2**	0.65					
BP3	0.43						**BC3**	0.52					
SP1	0.60						**SC1**	0.65					
SP2	0.56						**SC2**	0.52					
SP3	0.65						**SC3**	0.61					
SP4	0.37						**SC4**	0.37					
DP1	0.46						**DC1**	0.60					
DP2	0.19						**DC2**	0.42					
DP3	0.14						**DC3**	0.30					
XP1		0.55					**XC1**		0.42				
XP2		0.31					**XC2**		0.47				
XP3		0.46					**XC3**		0.79				
XP4		0.33					**XC4**		0.71				
PP2		0.19					**PC2**		0.46				
PP3		0.09					**PC3**		0.35				
COP3		0.59					**COC3**		0.28				
CDP1		0.57					**CDC1**		0.34				
CDP2		0.41					**CDC2**		0.40				
RP1			0.83				**RC1**			0.42			
RP2			0.77				**RC2**			0.47			
RP3			0.35				**RC3**			0.79			
TP4			0.33				**TC4**			0.71			
CSP1			0.51				**CSPC1**			0.46			
CLP1				0.38			**CLC1**				0.35		
CLP2				0.53			**CLC2**				0.49		
CLP3				0.32			**CLC3**				0.49		
CMP1				0.43			**CMC1**				0.61		
CMP2				0.51			**CMC2**				0.51		
CMP3				0.52			**CMC3**				0.60		
CTP1				0.16			**CTC1**				0.21		
CTP2				0.30			**CTC2**				0.17		
CTP3				0.39			**CTC3**				0.32		
CCP1					0.68		**CCC1**					0.67	
CCP2					0.78		**CCC2**					0.60	
CCP3					0.57		**CCC3**					0.41	
AP1						0.45	**AC1**						0.34
AP2						0.73	**AC2**						0.77
AP3						0.74	**AC3**						0.68

Note. N=247. Trauma=Traumatization; Reinact= Re-enactment; Disengag= Spititual Disengagement; PosCope=Positive Coping; ComCope=Coping by Complying; AvCope=Avoidant Coping.

Table 6.3. Factor correlations for confirmatory factor analysis of the past and present forms of the Institutional Abuse Processes and Coping Inventory

		Past version							Present version				
Scale	**Trauma**	**Reinact**	**Disengag**	**PosCope**	**ComCope**	**AvCope**	**Scale**	**Trauma**	**Reinact**	**Disengag**	**PosCope**	**ComCope**	**AvCope**
Reinact	**.39**	1.00					**Reinact**	**.58**	1.00				
Disengag	.05	.07	1.00				**Disengag**	.17	.11	1.00			
PosCope	.05	**.33**	**-.30**	1.00			**PosCope**	-.28	-.29	-.27	1.00		
ComCope	.24	-.06	-.21	.09	1.00		**ComCope**	.19	.04	-.13	**.32**	1.00	
AvCope	**.35**	**.33**	.02	**.30**	.07	1.00	**AvCope**	**.38**	.17	.02	.12	.25	1.00

Note. N=247. Trauma=Traumatization; Reinact=Re-enactment; Disengag= Spiritual Disengagement; PosCope=Positive Coping; ComCope=Coping by Complying; AvCope=Avoidant Coping. Correlations significant at p<.01 and greater than an absolute value of .3 are in bold.

Table 6.4. Reliability of 6 factor scales from past and present versions of the Institutional Abuse Processes and Coping Inventory

Instrument	Constructs and variables	No. of items in the scale	Possible range	M	SD	Internal consistency Reliability Alpha	Inter-rater reliability
IAPCI-Past version	**Traumatization**	14	1-5	4.19	0.65	.75	.97
	Re-enactment	9	1-5	2.50	0.70	.62	.95
	Spiritual disengagement	5	1-5	2.93	0.78	.69	.80
	Positive coping	9	1-5	2.43	0.82	.62	.99
	Coping by complying	3	1-5	4.58	0.78	.71	.51
	Avoidant coping	3	1-5	3.90	1.24	.59	.91
IAPCI-Present version	**Traumatization**	14	1-5	3.23	0.89	.87	.90
	Re-enactment	9	1-5	1.69	0.67	.70	.94
	Spiritual disengagement	5	1-5	3.22	0.80	.78	.85
	Positive coping	9	1-5	3.11	0.89	.68	.96
	Coping by complying	3	1-5	3.66	1.06	.56	.98
	Avoidant coping	3	1-5	3.65	1.15	.51	.98

Note. N=247.

Table 6.5. Correlations between IAPCI scales and adverse institutional living experiences

	IAPCI Scales	Years in Institution	SPSA-I Total severe institutional abuse	SPSA-I Severe institutional physical abuse	SPSA-I Severe institutional sexual abuse	IAS Specific Institutional abuse	CTQ-I Total	CTQ-I Physical abuse	CTQ-I Sexual abuse	CTQ-I Emotional Abuse	CTQ-I Physical neglect	CTQ-I Emotional neglect
Past	**Traumatization**	.05	.26	**.32**	.11	**.42**	**.47**	**.45**	.12	**.59**	**.38**	.09
	Re-enactment	-.06	**.40**	.19	**.39**	**.37**	**.39**	**.31**	**.35**	.28	.15	.06
	Spiritual disengagement	-.08	.21	.19	.14	.23	.21	.24	.10	.17	.16	.02
	Positive coping	-.24	-.13	-.23	.00	.12	-.07	.02	.04	-.03	-.09	-.26
	Coping by complying	-.09	-.16	-.06	-.17	-.02	-.09	-.01	-.14	-.01	-.04	-.03
	Avoidant coping	-.05	.09	.01	.11	.18	.14	.13	.10	.15	.03	.00
Present	**Traumatization**	.11	**.30**	.27	.20	.29	**.41**	**.32**	.23	**.38**	.23	.13
	Re-enactment	.04	.24	.10	.24	.10	.27	.13	.28	.15	.13	.04
	Spiritual disengagement	-.03	.15	.04	.17	.15	.22	.15	.15	.16	.21	.01
	Positive coping	-.09	-.08	-.11	-.03	.13	-.04	-.01	.00	.03	.04	-.21
	Coping by complying	-.10	-.17	-.12	-.14	-.00	-.10	-.11	-.14	-.02	-.01	-.05
	Avoidant coping	.01	.08	.06	.06	.19	.13	.12	.07	.22	.04	-.08

Note: N=247. Pearson correlations significant at p<.01 and greater than an absolute value of .3 are in bold. CTQ-I=Childhood Trauma Questionnaire , institutional version (Bernstein, D. & Fink, L. (1998). *Childhood Trauma Questionnaire: A Retrospective Self-report.* Manual. San Antonio, TX: The Psychological Cooperation). IAS=Institutional abuse scale . SPSA=Most severe forms of physical and sexual abuse, intuition version. IAPCI=Institutional Abuse Processes and Coping Inventory.

Table 6.6. Correlations between IAPCI scales and child abuse and neglect within the family

	IAPCI Scales	Years living with family before 16y N=246	SPSA-F Total severe family abuse N=121	SPSA-F Severe family physical abuse N=121	SPSA-F Severe family sexual abuse N=121	CTQ-F Total N=121	CTQ-F Physical abuse N=121	CTQ-F Sexual abuse N=121	CTQ-F Emotional Abuse N=121	CTQ-F Physical neglect N=121	CTQ-F Emotional neglect N=121
Past	**Traumatization**	-.15	.04	.01	.07	.05	.01	.07	.13	.02	-.08
	Re-enactment	.02	.01	.06	-.10	.01	.07	-.07	-.12	.01	-.00
	Spiritual disengagement	.06	-.02	-.03	.01	-.05	-.01	.00	-.08	-.12	-.02
	Positive coping	.17	-.14	-.14	-.06	-.15	-.23	-.03	-.13	-.10	-.18
	Coping by complying	-.04	-.22	-.14	-.25	-.13	-.22	-.19	-.14	-.01	-.10
	Avoidant coping	-.22	-.13	-.20	.07	.05	-.02	.10	.05	.02	.04
Present	**Traumatization**	-**.33**	.14	.09	.16	.27	.17	.18	.29	.18	.21
	Re-enactment	-.22	.11	.10	.07	.16	.16	.06	.14	.13	.10
	Spiritual disengagement	-.12	.07	.10	-.04	.08	.13	-.06	.10	.03	.01
	Positive coping	.04	-.14	-.16	-.03	-.07	-.08	-.03	-.01	-.09	-.07
	Coping by complying	-.09	-.04	-.09	.08	.10	.04	.11	.13	.13	.02
	Avoidant coping	-.26	**.40**	.02	.05	.13	.11	.09	.13	.08	.08

Note: Pearson correlations significant at p<.01 and greater than .3 are in bold. CTQ-F=Childhood Trauma Questionnaire, family version (Bernstein, D. & Fink, L. (1998). *Childhood Trauma Questionnaire: A Retrospective Self-report.* Manual. San Antonio, TX: The Psychological Cooperation). SPSA-F=Most severe forms of physical and sexual abuse, family version. IAPCI=Institutional Abuse Processes and Coping Inventory.

Table 6.7. Correlations between IAPCI scales and indices of adult adjustment

	IAPCI Scales	Total number of current and lifetime psychological disorders N=247	LPC Total number of life problems N=247	GAF Global Functioning N=235	Total trauma symptoms on TSI N=247	SES N=241	Number of failed relationships N=217	KMS Marital satisfaction N=136	ECRI Anxiety N=247	ECRI Avoidance N=247	KPS Parental satisfaction N=212	WHOQOL 100 UK Total QoL N=247
Past	**Traumatization**	.19	.10	-.15	**.32**	-.08	.04	.01	.24	.12	.04	-.21
	Re-enactment	.19	**.50**	-.18	**.40**	-.13	-.02	.05	.20	.19	.12	-.23
	Spiritual disengagement	.01	.10	-.03	.10	-.02	.04	.05	.06	.01	.05	-.05
	Positive coping	-.05	.03	.15	-.03	.13	-.05	.14	-.03	-.19	.16	.19
	Coping by complying	-.01	-.03	-.10	.07	.01	.03	-.09	.07	-.02	-.05	-.01
	Avoidant coping	.14	-.08	-.09	.09	-.08	-.06	.07	.11	.06	.08	.03
Present	**Traumatization**	**.32**	.18	**-.38**	**.64**	-.06	.09	-.20	**.44**	**.30**	-.07	**-.57**
	Re-enactment	**.32**	**.39**	**-.44**	**.63**	-.09	.15	-.10	**.34**	.16	-.17	**-.57**
	Spiritual disengagement	.09	.11	-.25	.20	-.11	.07	-.08	.06	.14	-.02	-.19
	Positive coping	.03	-.04	.14	-.07	.14	-.16	**.30**	.04	-.26	.08	**.36**
	Coping by complying	-.01	-.17	.01	.01	.16	-.08	-.01	.09	-.09	.10	-.03
	Avoidant coping	.17	.09	-.19	.23	.02	-.02	-.07	.16	.12	.00	-.15

Note: Pearson correlations significant at p<.01 and greater than .3 are in bold. LPC=Life problems checklist. GAF=Global assessment of functioning scale (Luborsky, L. (1962). Clinicians' Judgements of Mental Health. *Archives of General Psychiatry*, 7, 407–417).TSI=Trauma Symptom Inventory (Briere, J. (1996). *Trauma Symptom Inventory*. Odessa, FL: Psychological Assessment Resources). SES=Socio Economic Status (O'Hare, A., Whelan, C.T., & Commins, P. (1991). The development of an Irish census-based social class scale. *The Economic and Social Review*, 22, 135-156). KMS=Kansas Marital Satisfaction Scale (Schumm, W.R., Paff-Bergen, L.A., Hatch, R.C., Obiorah, F.C., Copeland, J.M., Meens, L.D., Bugaighis, M.A. (1986) Concurrent and discriminant validity of the Kansas Marital Satisfaction Scale. *Journal of Marriage & the Family*, 48, 381-387). ECRI=Experiences in Close Relationships Inventory (Brennan, K., Clark, C., & Shaver, P. (1998). Self-report measure of adult attachment: An integrative overview. In J. Simpson & W. Rholes (Eds.), *Attachment Theory and Close Relationships* (pp. 46-76). New York: Guilford Press). KPS=Kansas Parenting Satisfaction Scale (James, D. E., Schumm, W. R., Kennedy, C. E., Grigsby, C. C., Shectman, K. L., Nichols, C. W. (1985). Characteristics of the Kansas Parental Satisfaction Scale among two samples of married parents. *Psychological Reports*, 57, 163-169. WHOQOL 100 UK= World Health Organization Quality of Life 100 UK (Skevington, S. (2005). *World Health Organization Quality of Life 100 UK Version*. Bath, UK: WHO Centre for the Study of Quality of Life, University of Bath).

Table 6.8. Scale scores from past and present versions of the IAPCI of 4 groups of participants who had spent different amounts of time in institutions and entered under different circumstances.

		Group 1 12+y	Group 2 5-11y Fam	Group 3 5-11y Court	Group 4 <4y	One way ANOVA		4X2 ANOVA		
						F	Group Diffs	Groups X Time	Time	Groups
		N=110	N=67	N=22	N=48					
Past traumatization	M	4.23	4.17	3.86	4.19	2.26	NS	2.07	213.60***	1.49
	SD	0.59	0.70	0.92	0.49					
Present traumatization	M	3.30	3.29	3.10	3.02	1.36	NS			
	SD	0.90	0.91	0.76	0.90					
Past re-enactment	M	2.42	2.50	2.76	2.56	1.62	NS	0.81	187.41***	1.07
	SD	0.62	0.78	0.76	0.70					
Present re-enactment	M	1.70	1.65	1.80	1.67	0.27	NS			
	SD	0.65	0.62	0.70	0.75					
Past spiritual disengagement	M	2.88	2.91	2.89	3.09	0.85	NS	0.74	17.59***	0.38
	SD	0.76	0.86	0.63	0.78					
Present spiritual disengagement	M	3.19	3.20	3.37	3.22	0.31	NS			
	SD	0.84	0.77	0.78	0.78					
Past positive coping	M	2.22	2.53	2.89	2.59	5.79***	3>2>1	3.41	79.91***	2.88*
	SD	0.72	0.75	0.99	0.93					
Present positive coping	M	3.03	3.15	3.07	3.26	0.79	NS			
	SD	0.90	0.77	1.15	0.90					
Past coping by complying	M	4.53	4.61	4.56	4.63	0.19	NS	0.40	120.86***	0.81
	SD	0.85	0.74	0.68	0.76					
Present coping by complying	M	3.58	3.78	3.48	3.78	0.92	NS			
	SD	1.09	1.03	0.99	1.06					
Past avoidant coping	M	3.82	4.18	3.52	3.90	2.11	NS	0.43	7.81**	2.08
	SD	1.28	1.02	1.51	1.18					
Present avoidant coping	M	3.61	3.78	3.29	3.71	1.08	NS			
	SD	1.11	1.14	1.34	1.16					

Note: Group 1 spent more than 12 years in an institution and entered before age 5. Group 2 spent 5-11 years in an institution and placement occurred because parents couldn't cope or died. Group 3 spent 5-11 years in an institution and placement occurred through the courts. Group 4 spent 4 or fewer years in institutions. To aid profiling all scales have a possible range of 1-5 which was obtained for each scale by summing items and dividing by the number of items. One-way ANOVAs were used to compare groups on either past or present versions of each scale and Scheffe post hoc tests for comparing groups with unequal Ns were used to identify significant ($p<.05$) intergroup differences. 4X2, Groups X Time repeated

measures ANOVAs were used to test the significance of changes from past to present on each scale. *p<.05. **p<.01. ***p<.001.

Table 6.9. Scale socres from past and present versions of the IAPCI of 4 groups of participants who reported different types of worst abusive experiences in institutions.

		Group 1 P+S	Group 2 P	Group 3 S	Group 4 E	One way ANOVA		4X2 ANOVA		
						F	Group Diffs	Groups X Time	Time	Groups
		N=23	N=99	N=40	N=85					
Past traumatisation	M	4.45	4.19	4.19	4.11	1.68	NS	0.45	209.81***	2.74*
	SD	0.52	0.65	0.78	0.60					
Present traumatisation	M	3.58	3.29	3.21	3.07	2.20	NS			
	SD	0.80	0.88	0.88	0.92					
Past re-enactment	M	2.93	2.43	2.76	2.34	7.07***	1,3>2,4	1.70	199.26***	5.81**
	SD	0.70	0.62	0.80	0.66					
Present re-enactment	M	1.91	1.67	1.76	1.62	1.33	NS			
	SD	0.60	0.66	0.81	0.60					
Past spiritual disengagement	M	3.17	2.95	3.02	2.80	1.75	NS	0.19	15.70***	2.38
	SD	0.68	0.80	0.77	0.78					
Present spiritual disengagement	M	3.41	3.19	3.37	3.12	1.37	NS			
	SD	0.78	0.78	0.77	0.85					
Past positive coping	M	2.24	2.42	2.66	2.40	1.47	NS	0.37	111.99***	1.85
	SD	0.74	0.78	1.04	0.76					
Present positive coping	M	2.99	3.13	3.34	3.01	1.45	NS			
	SD	0.83	0.81	1.01	0.93					
Past coping by complying	M	4.39	4.74	4.38	4.54	2.83*	2>3	1.30	116.27***	5.86**
	SD	1.07	0.47	0.95	0.87					
Present coping by complying	M	3.61	3.96	3.38	3.46	4.89**	2>4>3			
	SD	0.76	0.89	1.15	1.18					
Past avoidant coping	M	4.46	3.91	3.87	3.78	1.94	NS	0.44	8.88**	2.45
	SD	0.84	1,30	1.32	1.16					
Present avoidant coping	M	4.03	3.69	3.74	3.45	1.85	NS			
	SD	1.02	1.17	1.11	1.16					

Note: Group 1 contained 23 cases where the worst thing reported was severe physical and sexual abuse. Group 2 contained 99 cases where the worst thing they had experienced was severe physical abuse. Group 3 contained 40 cases where the worst thing they had experienced was severe sexual abuse. Group 4 contained 85 cases where the worst thing they had experienced was severe emotional abuse. Participant's statements were classified as severe physical abuse if the person reported physical violence, beating, slapping, or being physically injured, but not having medical attention withheld. Statements were classified as severe sexual abuse if the person reported the words sexual abuse or mentioned rape; genital, anal or oral sex; masturbation; or other coercive sexual activities involving either staff or older pupils. Statements were classified as severe physical and sexual abuse if

they involved both severe physical abuse and severe sexual abuse as defined earlier. Statements of actions involving humiliation, degradation, severe lack of care, withholding medical treatment, witnessing the traumatization of other pupils and adverse experiences that were not clearly classifiable as severe sexual or physical abuse were classified as severe emotional abuse. Inter-rater agreement greater than 90% was achieved for a sample of 10% of statements. To aid profiling all scales have a possible range of 1-5 which was obtained for each scale by summing items and dividing by the number of items. One-way ANOVAs were used to compare groups on either past or present versions of each scale and Scheffe post hoc tests for comparing groups with unequal Ns were used to identify significant ($p<.05$) intergroup differences. 4X2, Groups X Time repeated measures ANOVAs were used to test the significance of changes from past to present on each scale. *$p<.05$. **$p<.01$. ***$p<.001$.

Table 6.10. Scale scores from past and present versions of the IAPCI of 3 groups of participants who had different numbers of psychological diagnoses.

		Group 1 4+ Diagnoses N=83	Group 2 1-3 Diagnoses N=119	Group 3 0 Diagnoses N=45	One way ANOVA F	One way ANOVA Group Diffs	3X2 ANOVA Groups X Time	3X2 ANOVA Time	3X2 ANOVA Groups
Past traumatization	M	4.39	4.16	3.90	9.39***	1>2,3	9.19***	297.35***	29.82***
	SD	0.52	0.63	0.78					
Present traumatization	M	3.73	3.12	2.60	30.91***	1>2>3			
	SD	0.68	0.83	0.91					
Past re-enactment	M	2.87	2.35	2.21	21.74***	1>2,3	1.58	214.63***	61.31***
	SD	0.78	0.57	0.57					
Present re-enactment	M	2.16	1.53	1.23	48.90***	1>2>3			
	SD	0.75	0.49	0.32					
Past spiritual disengagement	M	3.01	2.86	2.95	0.87	NS	1.12	14.16***	1.05
	SD	0.77	0.78	0.80					
Present spiritual disengagement	M	3.29	3.22	3.06	1.28	NS			
	SD	0.75	0.78	0.95					
Past positive coping	M	2.31	2.49	2.52	1.57	NS	3.10*	113.41***	4.31*
	SD	0.90	0.76	0.81					
Present positive coping	M	2.88	3.31	3.01	6.14**	1<2			
	SD	0.89	0.85	0.91					
Past coping by complying	M	4.64	4.54	4.56	0.38	NS	2.49	140.28***	0.31
	SD	0.73	0.80	0.84					
Present coping by complying	M	3.50	3.73	3.78	1.48	NS			
	SD	1.01	1.08	1.06					
Past avoidant coping	M	3.94	3.99	3.62	1.52	NS	1.11	11.43**	3.97*
	SD	1.32	1.15	1.22					
Present avoidant coping	M	3.82	3.70	3.17	5.14**	1>3			
	SD	1.10	1.06	1.35					

Note: Group1 had four or more current or lifetime diagnoses as assessed with the SCID I (First, M., Spitzer, R., Gibbon, M., and Williams, J. (1996). *Structured Clinical Interview for DSM-IV Axis I Disorders, Clinician Version (SCID-I).* Washington, DC: American Psychiatric Press) and SCID II (First, M., Spitzer, R., Gibbon M., & Williams, J. (1997). *Structured Clinical Interview for DSM-IV Personality Disorders, (SCID-II).* Washington, DC: American Psychiatric Press). Group 2 had 1-3 current or lifetime diagnoses. Group 3 had no diagnoses. To aid profiling all scales have a possible range of 1-5, which was obtained for each scale by summing items and dividing by the number of items. One-way ANOVAs were used to compare groups on either past or present versions of each scale and Scheffe post hoc tests for comparing groups with unequal Ns were used (except where otherwise stated) to identify significant ($p<.05$) inter-group differences except for 3X2, Groups X Time repeated measures ANOVAs were used to test the significance of changes from past to present on

each scale. *p<.05. **p<.01. ***p<.001.

Table 6.11. Fit indices for the model of institutional abuse.

Index	Model
χ^2	31.25
df	11
p	.00
RMSEA - Root Mean Square Error of Approximation	.08
90% Confidence Interval	(.05-.12)
IFI - Incremental Fit Index	.96
CFI - Comparative Fit Index	.97
SRMR - Standardized Root-Mean-Square Residual	.07
GFI – Goodness of fit index	.97

Table 6.12. Standardised regression coefficients from the model of institutional abuse.

	Total CTQ-I	Years living with family before 16	Present traumatization	Present re-enactment	Present spiritual disengagement	Present positive coping	Total current and lifetime diagnoses
Traumatization	**.38***	**-.22***					
Re-enactment	.11		**.63***				
Spiritual Disengagement	-.07						
Positive Coping	-.07	.15					
Total Current and Present Diagnoses	**.15***		.00	**.59***			
Total WHO-QoL 100		-.02	**-.19***	**-.34***	.03	**.31***	**-.26***

Note: *p<.05

Figure 6.1. Changes in traumatization and positive coping from past to present in three groups of survivors of institutional living with differing umbers of psychological disorders.

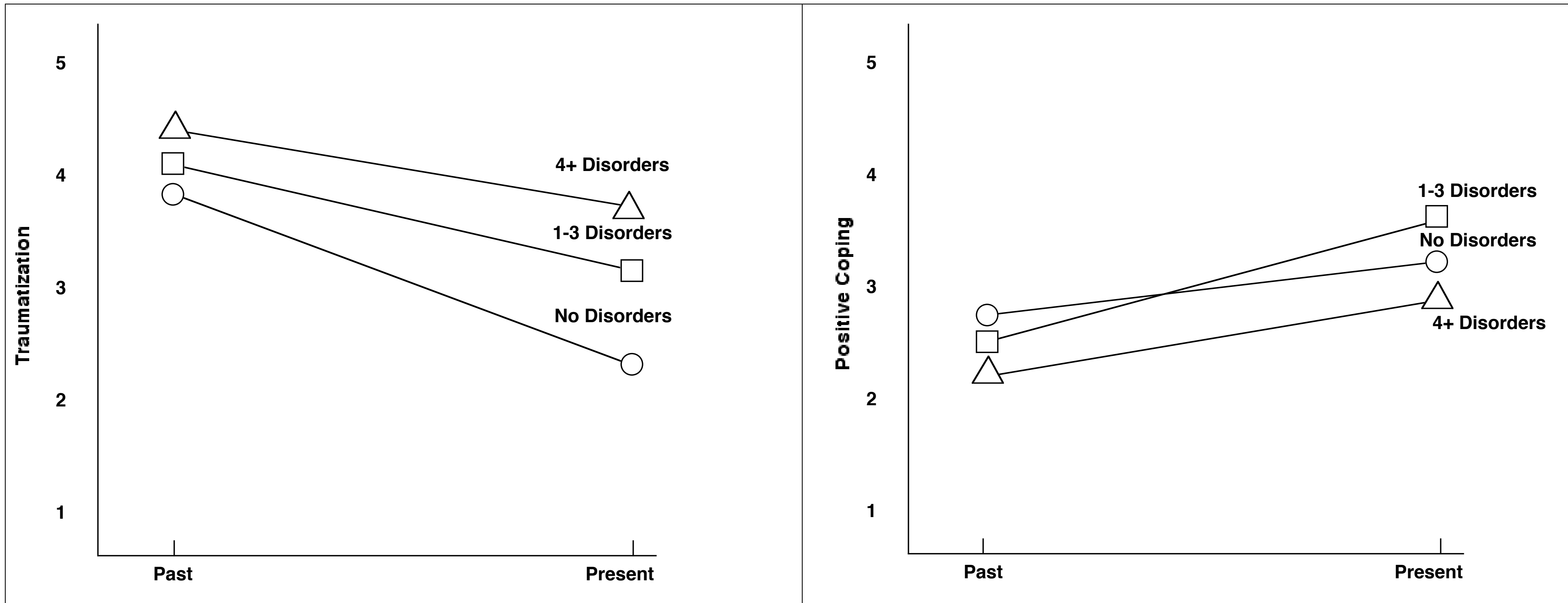
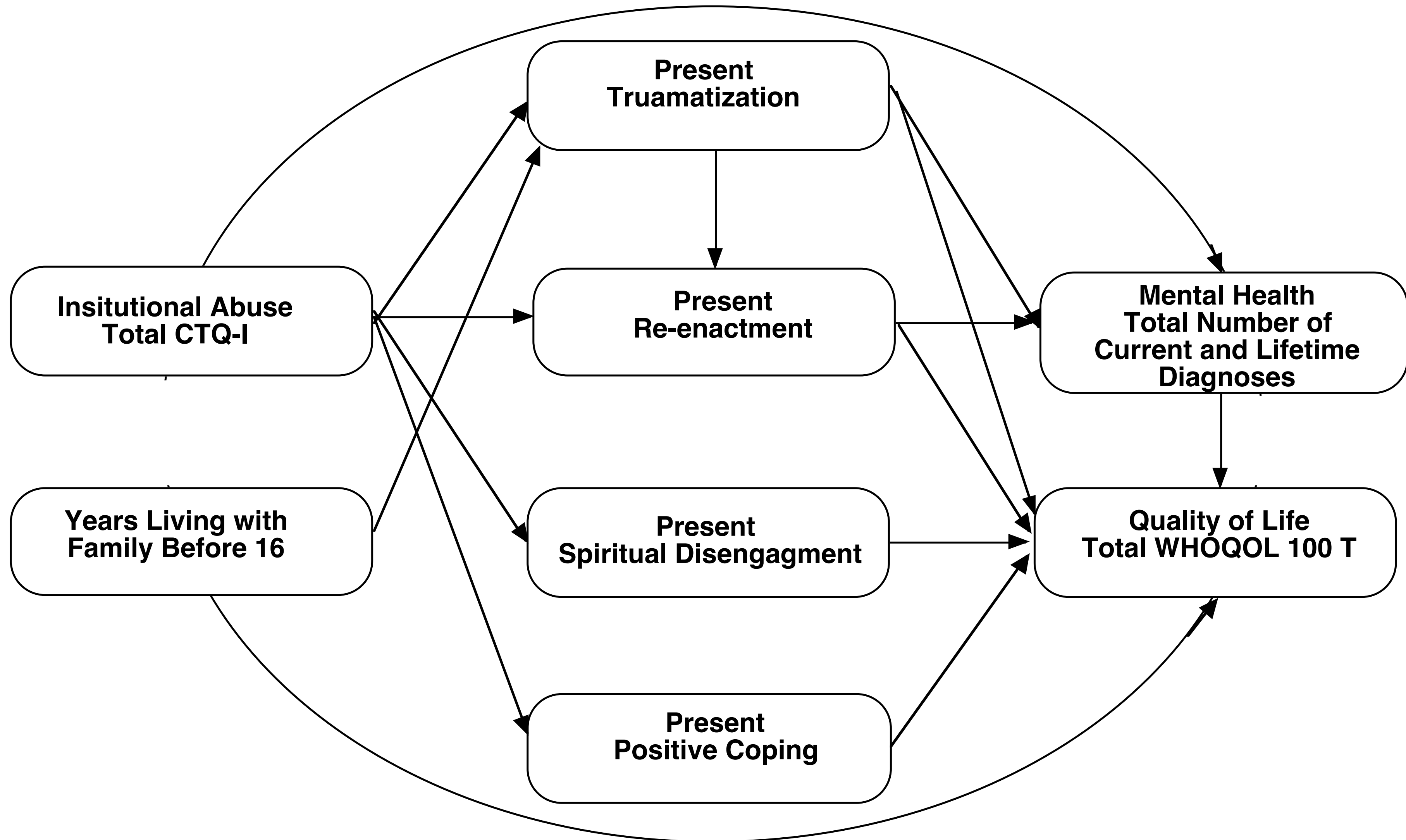


Figure 6.2. A path diagram of the model of institutional abuse



CHAPTER 7
CONCLUSIONS

Past research on child abuse, institutional living, institutional abuse and clerical abuse suggests that children brought up in institutions and abused as children may show a range of problems as adults. These include anxiety, mood, substance use and personality disorders, relationship and parenting problems, occupational and health difficulties, self-harm and an impoverished quality of life, as detailed in chapter 1. The negative effects of such early adversity is probably related to the variety, severity, frequency, and duration of abusive experiences. The long-term outcomes of child abuse may be mediated by critical psychological processes such as traumatization, betrayal, disrespect for authority, stigmatization, powerlessness, avoidance of reminders of trauma and re-enactment of negative experiences on self or others. If the negative childhood experiences occur within the context of a religious institution, religious disengagement may also occur. The negative effects of adversity may be attenuated by the use of functional coping strategies such as developing social support, mastering skills, and effectively planning escape from adversity. In contrast, the adverse effects of negative experiences may be exacerbated by the use of dysfunctional coping strategies such as overcompliance. However, in Ireland no large-scale studies have been conducted to investigate whether or not these tentative findings from the international literature reflect the experiences of survivors of institutional living in Ireland.

AIMS OF THE CURRENT STUDY

The overarching aim of the present study was to profile subgroups of adult survivors of institutional child abuse on demographic, historical and psychological variables with a view to detecting associations between recollections of institutional living and current adjustment. In particular the aim was to profile subgroups of survivors defined by: (1) the number of years spent in institutions and the circumstances under which admission occurred; (2) the worst type of institutional abuse experienced; and (3) the number and type of psychological disorders displayed. An additional aim was to develop a way to assess psychological processes and coping strategies associated with institutional abuse, and establish the correlates of these processes and coping strategies.

METHODOLOGY

Between May 2005 and February 2006 just under 250 adult survivors of institutional living recruited through CICA were interviewed in Ireland and the UK by a team which included 29 trained interviewers, all of whom had degrees in psychology. The overall exclusion rate was 26% (326 of 1267). The participation rate was 20% (246 of 1267). The response rate for the study was 26% (246 of 941). (This low response rate is not unusual. A response rate of 9% was obtained in the *Time to Listen Report on Confronting Child Sexual Abuse*

by Catholic Clergy (Goode, McGee & O'Boyle, 2003)).

The sample of participants interviewed was not representative of all CICA attenders, or indeed of adult survivors of institutional living. It is probable that participants were better adjusted than CICA attenders who did not take part, because the old and the ill were excluded from the study. The interview protocol covered demographic characteristics, history of family and institutional living, recollections of child abuse within the family and institutions, psychological processes associated with institutional life, coping strategies used to deal with institutional life, current trauma symptoms, current and past diagnoses of psychological and personality disorders, relationships with partners and children, adult attachment style, main life problems, current quality of life, and global level of functioning. Interviews were conducted in an ethical way that safeguarded participants' wellbeing. Data were managed in a way to safeguard participants' anonymity.

SUMMARY OF MAIN RESULTS

Profile of overall sample

Demographic characteristics. The 247 participants in this study included roughly equal numbers of men and women of about 60 years of age, who had entered institutions run by nuns or religious brothers due to family adversity or petty criminality. Participants had spent an average of 5.4 years living with their families before entering an institution and on average spent 10 years living in an institution. The majority were of lower socioeconomic status and low educational attainment. The majority had been, or were currently married or in a long-term relationships, with a high rate of relationship stability. Most married participants had children, with three children being the average, and most had brought up their own children.

Institutional abuse. On the institutional version of the Childhood Trauma Questionnaire, more than 90% of participants were classified as having experienced institutional physical and emotional child abuse and about half as having experienced institutional child sexual abuse. More than 90% were classified as having experienced physical and emotional neglect within institutions. For about 40% of participants, severe physical abuse was the worst thing that happened to them in an institution. For a further third it was humiliation and degradation. For 16% it was sexual abuse and for about a tenth it was combined physical and sexual abuse. Worst institutional abusive experiences began at about 9 years and lasted for 5 about years.

Family-based child abuse. On the family version of the Childhood Trauma Questionnaire just over a third of those who had memories of having lived with their families reported family-based child abuse or neglect.

Life problems. All participants had experienced one or more significant life problems. Mental health problems, unemployment and substance use were the three most common difficulties and were reported by a third to three quarters of participants.

Strengths. Self-reliance, optimism, work and skills were the most frequently

reported sources of personal strength and factors that helped participants face life challenges.

Psychological disorders. About four fifths of participants at some point in their life had had a psychological disorder and only a fifth had never had any psychological disorder. Anxiety disorders were the most common, followed by mood disorders, followed by substance use disorders, and personality disorders were the least common.

Trauma symptoms. The majority of participants showed clinically significant posttraumatic symptomatology on the Trauma Symptom Inventory, indicative of continuing posttraumatic adjustment difficulties.

Adult attachment styles. On the Experiences in Close Relationships Inventory more than four fifths of participants were classified as having an insecure adult attachment style, indicative of having problems making and maintaining satisfying intimate relationships. A fearful attachment style characterized by high interpersonal anxiety and avoidance was by far the most common. Less than a fifth of cases were classified as having a secure adult attachment style.

Comparison of CICA survivors and normal populations

The overall rates of psychological disorders among survivors of institutional living in the present study, were far higher, and in most cases double those found in normal community populations in major international epidemiological studies.

Correlates of institutional abuse

Institutional sexual abuse was associated with current post-traumatic symptomatology and major life problems.

Heterogeneity among survivors

Adult survivors of institutional living were not a homogenous group, and subgroups had distinctive profiles.

Males and females

Male and female participants had different profiles. Male participants spent longer living with their families before entering institutions and fewer years in institutions. More entered institutions run by religious brothers or priests for petty crime and left because their sentence was over, while more females lived in institutions run by nuns. Male participants achieved a higher SES than females and more had children who spent time living separately from them with the child's other parent. While worst abusive experiences began at an older age, for male participants, they reported more institutional sexual abuse. While female participants had significantly more current panic disorder with agoraphobia, significantly more male participants had lifetime diagnoses of alcohol and substance use disorders, especially alcohol dependence. Male participants had significantly higher

numbers of life problems, but also higher levels of global functioning and marital satisfaction than females.

Older and younger participants

Older participants in their 60s and younger participants in their 50s had distinct profiles. More older participants left their institutions because they were too old to stay on and more were now retired. They had longer relationships with their current partners and were older when their first children were born. Younger participants reported greater institutional, physical, sexual and emotional abuse. More had current anxiety, mood and personality disorders, especially PTSD, generalized anxiety disorder and avoidant personality disorder. Younger participants had more trauma symptoms, adult life problems, a lower quality of life and lower level of global functioning compared with older participants.

Participants from the CICA confidential and investigation committees

Participants from the confidential and investigation committees had distinct profiles. Participants from the confidential committee had spent fewer years with their families before entering an institution and more years in institutions run by nuns. More entered because they were illegitimate and left because they were too old to stay on. They were younger when their worst experiences began. More had maintained stable long-term relationships with their partners and provided their own children with a stable family in which to grow up. More participants from the investigation committee entered intuitions run by religious brothers or priests through the courts for petty crime and left because their sentences were over. They reported greater institutional sexual abuse than participants from the confidential committee. More participants from the investigation committee had a current diagnosis of major depression.

Subgroups defined by duration of time in an institution and circumstances of entry

In the analysis of four groups of participants who had spent different amounts of time in institutions and entered under different circumstances, the most poorly adjusted as adults were not those who had spent longest living in institutions (more than 12 years), but rather those who had spent less time in institutions (under 11 years), entered institutions through the courts and reported institutional sexual abuse, in addition to physical abuse within their families. These had more antisocial personality disorders, substance use disorders and life problems such as unemployment and criminality. What follows is a summary of the profiles of the four groups from this analysis.

Group 1 included those who had spent more than 12 years in an institution and entered before 5 years of age. They had spent the least time with their families (under one and a half years) and the longest time living in institutions (about fifteen years) of any of the four groups. Compared to groups 3 and 4, more were girls placed in orphanages run by nuns because they were illegitimate, or because their parents had died

or could not look after them. More left because they were too old to stay on, and more had mixed feelings about leaving. More had experienced physical abuse which began at a younger age and persisted longer than in group 4. Severe emotional abuse was most commonly cited as the worst thing that happened to this group and it began at an earlier age and lasted longer than worst experiences of other groups. Compared with groups 3 and 4, this group reported fewer psychological disorders and life problems. They identified relationships with friends, self-reliance, optimism, and their work and skills as the sources of their strength.

Group 2 included participants who had spent 5-11 years in institutions because of family problems. Participants in this group entered institutions run predominantly by nuns because their parents could not cope or died, and left when they were too old to stay. Compared with groups 3 and 4, more members of group 2 were female, younger when their most severe form of sexual abuse began, and more identified severe emotional abuse as the worst thing that had happened to them. Compared with group 4 more identified self-reliance, optimism, and their work and skills as the source of their strength.

Group 3 included participants who had spent 5-11 years in institution and entered through the courts. Compared with groups 1 and 2, more members of this group were male, lived in institutions run by religious brothers or priests, and were survivors of institutional sexual abuse. Compared to the other three groups they identified sexual abuse as the worst thing that had happened to them, and more had experienced physical abuse within their families. Compared with groups 1 and 2, this group had more alcohol and substance use disorders, antisocial personality disorders, violent and non-violent crime, imprisonment for violent and non-violent crime, and unemployment. For this group, their self-reliance, optimism, and their work and skills were identified as the main sources of their strength in adulthood, compared with group 4.

Group 4 included participants who had spent 4 or fewer years in institution. Participants in this group spent the most time with their families (more than ten and a half years) and the shortest time living in an institution (just under three years) compared with the other three groups. Most were boys placed in institutions run by religious brothers or priests because of petty crime and left because their short sentences were over, or because their families wanted them back, and few had mixed feelings about leaving. Institutional sexual abuse was the form of maltreatment that distinguished this group, and compared with groups 1 and 2, they showed more alcohol and substance use disorders, antisocial personality disorders, non-violent crime, imprisonment for non-violent crime and unemployment. Their relationships with their partners was identified as the main source of their strength in adulthood.

Subgroups defined by worst form of institutional abuse

In the analysis of groups of participants who reported suffering differing types of worst abusive experiences in institutions, the most poorly adjusted as adults were not those who reported severe combined physical and sexual abuse, but rather, those who pinpointed severe sexual abuse as the worst thing that had happened to them while living in an institution. In this analysis, the best adjusted were those who had suffered severe emotional abuse. What follows is a summary of the profiles of the four groups from this analysis.

Group 1 included participants for whom severe sexual and physical abuse was the worst thing they had experienced. Participants in this group had experienced more physical and sexual institutional abuse than at least two of the other 3 groups (in this analysis). They had spent less time with their families before entering an institution than group 3. Like members of group 3, more had children who spent some time living separately with the child's other parent. Compared with groups 2 and 4, more had a current diagnosis of posttraumatic stress disorder (PTSD) and multiple trauma symptoms.

Group 2 included participants for whom severe physical abuse was the worst thing they had experienced. Participants in this group had the lowest educational achievement, were older than groups 1 and 3 (in this analysis), and more had put their own children up for adoption. Compared with group 3, their worst abusive experience had lasted longer. Like group 4, fewer had PTSD than groups 1 and 3, and they had fewer life problems than group 3.

Group 3 included participants for whom severe sexual abuse was the worst thing they had experienced. Compared with group 4 (in this analysis), more participants in group 3 were male and were admitted through the courts to institutions run by religious brothers for petty crime. Like group 1, more had children who spent time with their other parent who lived separately compared to group 4. Also, compared to group 4, more had PTSD, multiple trauma symptoms, lifetime alcohol and substance use disorders, antisocial personality disorders and multiple life problems.

Group 4 included participants for whom severe emotional abuse was the worst thing they had experienced. Compared to group 3 (in this analysis), more participants in this group were female and on average had spent the longer living in institutions run by nuns. Their worst experiences began at an earlier age than any other group and more had mixed feelings about leaving.

The association between sexual abuse and outcome

In the analysis of groups of participants who had spent different amounts of time in institutions and entered under different circumstances, the most poorly adjusted as adults were those who had spent a moderate amount of time in institutions and who had suffered institutional sexual abuse. In the analysis of groups of participants who reported suffering differing types of worst abusive experiences in institutions, the most poorly adjusted included those who pinpointed severe sexual abuse as the worst thing that had happened

to them while living in an institution. Thus, institutional sexual abuse was associated in both analyses with a particularly poor outcome.

Profiles associated with patterns of adult psychological disorders

There was an association between having psychological disorders and reporting both institutional and family-based child abuse and neglect. Certain patterns of psychological disorders were associated with institutional abuse alone, and other patterns were associated with institutional family-based child abuse and neglect. For participants with multiple co-morbid diagnoses, and for those with mood disorders, greater institutional, but not family-based physical, sexual and emotional abuse was reported. Participants with PTSD, alcohol and substance use disorders, avoidant and antisocial personality disorder reported both institutional and family-based abuse or neglect. Participants with multiple diagnoses had the poorest adult psychological adjustment and those with no diagnoses were the best adjusted. Subgroups selected by diagnosis showed an intermediate level of adult psychological adjustment between these extremes. What follows are brief profiles of groups with different patterns or types of psychological disorders.

Multiple comorbid diagnoses. Participants with 4 or more diagnoses reported greater institutional sexual and emotional abuse (but not more family-based abuse) than participants with fewer diagnoses. Participants with 4 or more diagnoses had more trauma symptoms and life problems, and a lower quality of life and global level of functioning, than participants with 1-3 diagnoses, who in turn were less well adjusted than participants with no diagnoses. More participants with 4 or more diagnoses had a fearful adult attachment style, and fewer had secure or dismissive adult attachment styles. On average more participants with 4 or more diagnoses were in their 50s compared with those with no diagnoses who where were in their 60s. Also, more participants with 4 or more diagnoses were unemployed and of lower SES than participants with fewer diagnoses.

Mood disorders. Participants with mood disorders, more than half of whom had co-morbid anxiety disorders, reported greater institutional sexual and emotional abuse and greater institutional severe physical and sexual abuse (but not family-based child abuse) than participants with no diagnoses. Participants with mood disorders had more trauma symptoms and life problems, and a lower quality of life and global level of functioning than participants with no diagnoses. More participants with mood disorders had a fearful adult attachment style, and fewer had a secure adult attachment style. On average participants with mood disorders were in their late 50s while those with no diagnoses were in their 60s. Also, on average, participants with mood disorders had had their first child in their mid-20s, while those with no diagnoses had their first children a couple of years later.

Posttraumatic stress disorder. Participants with PTSD, more than half of whom had other co-morbid anxiety disorders and alcohol or substance use disorders, reported greater institutional physical, sexual and emotional abuse, and greater institutional severe physical and sexual abuse than participants with no diagnoses. They also reported having

experienced greater family-based emotional abuse. Participants with PTSD had more trauma symptoms and life problems, and a lower quality of life and global level of functioning, than participants with no diagnoses. Fewer participants with PTSD had a dismissive adult attachment style. On average participants with PTSD were in their 50s while those with no disorders were in their 60s.

Alcohol and substance use disorders. Participants with alcohol and substance use disorders, more than half of whom had a co-morbid anxiety disorder, reported greater institutional sexual and emotional abuse, and greater institutional severe sexual abuse than participants with no diagnoses. They also reported having experienced greater family-based physical and emotional abuse. Participants with alcohol and substance use disorders had more trauma symptoms and life problems, and a lower quality of life and global level of functioning than participants with no diagnoses. Compared with those with no diagnoses, participants with alcohol and substance use disorders were younger (in their 50s not their 60s); had had their first children at a younger age (in early, not their late 20s); were of lower SES; and fewer had entered an institution because their parents had died.

Avoidant personality disorder. Participants with avoidant personality disorders reported greater institutional and family-based emotional abuse than those with no diagnoses. Almost all participants with an avoidant personality disorder had a co-morbid anxiety, mood or substance use disorder. Participants with avoidant personality disorder had more trauma symptoms and life problems, and a lower quality of life and global level of functioning, than participants with no diagnoses. Compared to those with no diagnoses, more participants with an avoidant personality disorder had a fearful adult attachment style and fewer had a secure adult attachment style. Compared to participants with no diagnoses, participants with avoidant personality disorder were younger (in their 50s, not their 60s) and more had been placed in institutions run by nuns because their parents could not care for them.

Antisocial personality disorder. Participants with antisocial personality disorder reported greater institutional sexual abuse than participants with no diagnoses. All participants with antisocial personality disorder had co-morbid anxiety, mood or substance use disorders. Participants with antisocial personality disorder had more trauma symptoms, more life problems, a lower quality of life, a lower global level of functioning, and lower parental satisfaction than participants with no diagnoses. Compared to those with no diagnoses, participants with antisocial personality disorder were younger (in their 50s, not their 60s); had spent fewer years in institutions (5 1/2 not nearly 10 years); more were unemployed; and more were of low SES.

Borderline personality disorder. Participants with borderline personality disorder and those with no diagnoses, did not differ in their reported levels of institutional or family-based child abuse, although both reported a high level of child abuse. All participants with borderline personality disorder had co-morbid anxiety, mood or substance use disorders. Participants with borderline personality disorders had more trauma symptoms, more life

problems, a lower quality of life, a lower global level of functioning, and more had a fearful adult attachment style than participants with no diagnoses. Compared to those with no diagnoses, participants with borderline personality disorder were younger (in their 50s, not 60s), more were unemployed, and on average reported being abused from an earlier age.

Changes in institutional abuse processes from childhood to adult hood
All participants reported a reduction in the psychological processes of traumatization and re-enactment and an increase in spiritual disengagement from childhood to adult life. The three multi-item scales developed in this study to measure these constructs were: (1) the **traumatization** scale which assessed negative emotions arising from abuse, betrayal and loss of trust, stigmatization, shame, guilt, and disrespect of authority; (2) the **re-enactment** scale which assessed re-enactment of abuse, powerlessness, coping by opposing and coping by using alcohol and drugs; and (3) the **spiritual disengagement** scale which assessed disengagement from religious practice and not using spiritual coping strategies. Two versions of these scales were developed. The first assessed participants' memories of these processes from childhood. The second assessed the current experience of these processes in adulthood.

Changes in coping strategies from childhood to adulthood
Participants reported an increase in the use of positive coping strategies and a reduction in the use of coping by complying and avoidant coping strategies from childhood to adulthood. The three multi-item scales developed in this study to measure these constructs were: (1) the **positive coping** scale which assessed coping through planning, skill mastery and social support; (2) the **coping by complying** scale which assessed coping by complying with the wishes of people in authority; and (3) the **avoidant coping** scale which assessed coping by avoiding thoughts and situations associated with abuse. Two versions of these scales were developed. The first assessed participants' memories of using these coping strategies in childhood. The second assessed their current use of these coping strategies in adulthood.

Institutional abuse and the processes of traumatization and re-enactment
The psychological processes of traumatization and re-enactment as experienced in adulthood or remembered from childhood were associated with multiple indices of institutional abuse, but not family-based child abuse. Participants for whom severe physical and sexual abuse, or severe sexual abuse alone were the worst things that happened to them in institutions, reported greater past re-enactment of abusive experiences, than those for whom worst experiences involved severe physical or emotional abuse.

Adult adjustment, abuse processes and coping strategies

Traumatization and re-enactment as experienced in adulthood or remembered from childhood were associated multiple indices of adult adjustment including the presence of multiple trauma symptoms, multiple adult life problems, global functioning, quality of life, interpersonal anxiety and interpersonal avoidance. Participants with four or more psychological disorders reported greatest past and present traumatization and re-enactment; greatest current use of avoidant coping; and least current use of positive coping. Participants with no psychological disorders, reported least current traumatization, re-enactment and use of avoidant coping, and the greatest reduction in traumatization from childhood to adulthood. However, they showed a negligible increase in the use of positive coping strategies from childhood to adulthood, probably because they were using these strategies throughout their lives.

Correlates of positive coping and time spent living with family

Positive coping in adulthood was associated with marital satisfaction and a good quality of life. Participants who spent 5-11 years in an institution and placement occurred through the courts reported greater use of positive coping strategies in childhood, than those who spent 5-11 years in an institution and placement occurred because parents couldn't cope or died. These in turn reported greater use of these strategies than participants who spent more than 12 years in an institution and entered before age 5. Time spent living with one's family in childhood was a protective factor and was associated with reduced traumatization in adulthood, whereas severe family-based child abuse was associated with avoidant coping in adulthood.

Correlates of dysfunctional coping

Participants who reported that severe physical abuse was the worst thing that happened to them in institutions reported greatest coping by complying. Lowest levels of coping by complying occurred among those that reported that severe sexual abuse was the worst thing that happened to them in institutions. For present coping by complying, intermediate between these extremes was the group that reported that severe emotional abuse was the worst thing that happened to them in institutions.

A model of institutional abuse, psychological processes and adult adjustment

A model was developed which shows how childhood institutional abuse is associated with the processes of traumatization, re-enactment and spiritual disengagement, which in turn are associated with adult mental health and quality of life. The model also shows how childhood years within the family and current use of positive coping strategies are associated with quality of life

STRENGTHS AND LIMITATIONS

This study had three main limitations: (1) there was a high exclusion rate and a low

response rate; (2) there was no control group; and (3) the study used a crossectional not a longitudinal design. There were also four main strengths: (1) it was the largest study of its kind conducted to date; (2) an extensive reliable and valid interview protocol was used; (3) data were collected by psychologists trained in using the interview protocol; (4) in the statistical analyses, steps were taken to reduce type 1 error (interpreting non-significant results as significant)

High exclusion rate and low response rate

About a quarter of all potential participants were excluded for various practical reasons, and only about a quarter of the remaining survivors participated in the study. Because of these two factors, the group of participants was not a representative sample of either typical CICA attenders or the broader population of adult survivors of institutional living. This limits the generalizatibiltiy of the results. We cannot say that an identical pattern of results would occur if all CICA attenders, or all survivors of institutional living were interviewed.

However, we can make an informed judgment. Those, too old, or too ill, or too disabled or without fixed addresses were excluded. Thus, on balance, it is probable that the participants in the study may have been slightly better adjusted than those excluded. We have no basis on which to make a similar judgement about non-responders or survivors who did not attend CICA. They may be better or more poorly adjusted.

It is worth commenting on the response rate within the context of other studies. The response rate for the study of adult survivors of clerical child abuse in the *Time to Listen Report on Confronting Child Sexual Abuse by Catholic Clergy* was only 9%, and only 7 survivors were interviewed face to face (Goode, McGee & O'Boyle, 2003). The response rate in our study was almost three times this, and 240 more survivors were interviewed. Within this context, although the exclusion and response rates were limitations, the current study has made a significant contribution to our knowledge about institutional abuse in Ireland.

No control group

The aim of the study was to determine if there were associations between adult adjustment and recollections of institutional abuse, an aim that could be achieved by exploring profiles of subgroups and correlations between variables within a single group cross-sectional design.

However, a more powerful design involving a demographically matched control group, members of which had grown up in families (not institutions), would have allowed other important questions to be answered. For example, a control group design would have allowed us to answer questions about whether rates of psychological disorders and levels of life problems, quality of life and so forth were different in survivors and matched normal controls. Such a study would have been beyond the resources available for the

investigation, and no such studies have been published in the Irish or international scientific literature.

In an attempt to overcome some of the limitations of a single group study, we included some standardized assessment instruments for which normative data were available, such as the Childhood Trauma Questionnaire and the Trauma Symptom Checklist and data from epidemiological studies of normal populations. Using the norms for standardized instruments we could conclude that across a range of trauma symptom scales 12-59% of cases scored above clinical cut-off scores of a normative group; over 90% of cases scored above cut-off scores of a normative group for physical and emotional child abuse; and just under 50% scored above the cut-off score of a normative group for child sexual abuse. Data from major international epidemiological studies allowed us to conclude that the prevalence of current anxiety, mood and personality disorders among participants in our study was more than twice that found in normal European, North American or British populations; and the prevalence of lifetime diagnoses of anxiety, mood, and substance use among our participants exceeded those found in normal European, North American or British populations by between 5 and 30%.

Cross-sectional design

We used a cross-sectional design, with all variables being assessed at one point in time. This design has major limitations. Where two variables are found to correlate significantly or where two groups are found to differ significantly on a variable, the strongest inference that can validly be made is that variables in these statistical analyses are associated. We cannot validly infer causality. That is, we cannot say, for example, that institutional abuse caused adult adjustment problems. To make such an inference, a longitudinal design is required, in which cases abused in institutions and a normal control group are assessed before the onset of the abuse, and later in life. Such a design was clearly not viable. From our cross-sectional design, all that can be concluded is that some of the variables that assessed abuse and some of the variables that assessed adult adjustment were associated. Furthermore, there are at least three possible explanations that could account for this association. The abusive experiences may have caused the adjustment problems. Another possibility is that adults with adjustment problems selectively and inadvertently over-reported abusive experiences. A third possibility, is that some other factor of which we are unaware, caused both the reporting of abusive experiences and the reporting of adult adjustment problems.

Our informed judgement, in which we have a moderate degree of confidence, is that the abusive experiences caused the adult adjustment problems. But of course, we are cautious about making a definitive statement in this regard. Our confidence is based partly on the similarity between our findings and those from the large international literature on child abuse referred to in chapter 1 (Berliner & Elliott, 2002; Carr, 2006; Carr & O'Reilly, 2004; Kolko, 2002; NCCANI & NAIC, 2004; Wekerle & Wolfe, 2003).

Largest study of its kind

A major strength of this study is that it is the largest study of its kind ever to be conducted. The only comparable study, conducted in Canada, included 76 men aged 23-54 years (Wolfe et al. 2006). Our study involved 247 males and females ranging in age from 40-83 years.

Extensive reliable and valid interview protocol

An extensive reliable and valid interview protocol was used, which allowed data on a range of important constructs to be collected. The protocol included multiple indices of institutional and family-based child abuse and neglect, along with multiple indices of adult adjustment including psychological diagnoses, trauma symptoms, life problems, adult attachment style, marital and parenting relationships, quality of life and global functioning.

Qualified interviewers

Data were collected in face-to-face interviews, not by questionnaire, and these interviews were conducted by a team of psychologists all of whom had been trained in using the interview protocol. Interviews were conducted in an ethical and sensitive manner. Furthermore, a subsidiary study of 52 cases confirmed that good inter-rater reliability was achieved for all variables. The interviewer training, they style of the interviews, the and the fact that a reliable and valid protocol was used, allows us to place a high level of confidence in the quality of the data collected.

Reduction of type 1 error

In the statistical analyses in chapters 3-5, steps were taken to reduce type 1 error (interpreting non-significant results as significant). In any set of statistical analyses where a p value is set at .05 for each single test, and if 100 tests are conducted, it may be expected that 5 significant results will be obtained by chance, through type 1 error. To avoid such spurious results, for single items or variables, p-values for t-tests, analyses of variance (ANOVAs) and Chi Square tests were set conservatively at $p<.01$ (not $p<.05$). For continuous variables assessing child abuse multivariate analyses of variance (MANOVAs) were conducted, before proceeding to ANOVAs or t-tests, since this also controls for type 1 error. In MANOVAs an overall test is conducted to check if groups differ significantly on all variables, before checking whether they differ significantly on each individual variable (using ANOVA or t-tests).

RECOMMENDATIONS

Recommendations arising from this research fall into four broad categories: prevention, treatment, training and research.

Prevention

The first recommendation is that legislation, policies, practices and procedures be regularly reviewed and revised to maximize protection of children and adolescents in institutional care in Ireland from all forms of abuse and neglect. Specifically the *Children First: National Guidelines for the Protection and Welfare of Children* (Department of Health and Children, 1999) require regular review and revision to insure that they are being properly implemented and that children and adolescents in institutional care, and other forms of substitutive care in Ireland are being adequately protected.

Treatment

The second recommendation is that evidence-based psychological treatment continue to be made available to adult survivors of Irish institutional abuse. Specifically the National Counselling Service for adult survivors of child abuse in Ireland and similar appropriate services in the UK should continue to be accessible to Irish survivors of institutional abuse. Staff in such services should be appropriately qualified and trained to offer services to clients with complex difficulties, such as multiple co-morbid disorders including anxiety disorders, mood disorders, substance use disorders and personality disorders. It is important the these services be evidence-based (Carr, 2006).

Staff training

The third recommendation is that staff at centres which provide psychological treatment for adult survivors of Irish institutional abuse have regular continuing professional education and training to keep them abreast of developments in the field of evidence-based treatment of survivors of childhood trauma.

Research

The fourth recommendation is that research be conducted to evaluate the effectiveness of psychological treatment for adult survivors of institutional abuse. The report of *Survivors' Experiences of the National Counselling Service for Adults who Experienced Childhood Abuse* (Leigh et al., 2003) was an important first step in evaluating client satisfaction with the National Counselling Service. However, it did not address the critical issue of the effectiveness of the service provided. Such research is urgently required. Research is also required on levels of child abuse among looked after children (including all categories of children in care and children living in a variety of health, educational, correctional and social services institutions).

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APPENDIX 1. INTERVIEW PROTOCOL

University College Dublin
Psychology Department

I consent to participate in this study which is being conducted by Professor Alan Carr, University College Dublin at the invitation of the Child Abuse Commission.

I understand that the study will involve an interview; that participation is voluntary; that the interview will be fully confidential, that I may withdraw at any time; and that I may be invited to participate in a follow-up interview.

Signature of participant	Witnessed by interviewer	Date

Demographic Questionnaire			
Thank you for agreeing to do this interview. We will start with some fairly straightforward questions.			
D1	Name	Put case number in box	
	Address		
	Phone Number		
D2	Gender	Male 0 Female 1	
D3	What age are you now?	Record in years	
D4	In what year were your born?	Record year	
D5	How long did you live with your family before you lived in an institution?	Record in years with 0 if never lived in family	
D6	What institution did you enter?	Name______________________________ 1.Orphanage 2.Reformatory 3. Industrial school 4.Children's home 5.Boarding school 6. Hospital	
D7	Who ran the institution?	1. Nuns 2. Brothers 3. Priests 4. Other	
D8	Now long did you live in an institution?	Record in years	
D9	Why did you enter an institution?	1. I was illegitimate and given to the orphanage 2. My mother died in childbirth 3. Put in by authorities for petty crime (theft, truancy or misdemeanour) 4. Put in by parents because they could not look after me 5. Put in by parent because other parent died 6. I was sick or disabled	
D10	Why did you leave the institution?	1. I was too old to stay on 2. The institution closed down 3. My short sentence was over 4. My family wanted to take me home 5. I ran away 7. Other specify	
D11	Were you happy to leave the institution?	2. Yes 1. Mixed feelings 0. No	
D12	Code group	Group 1. Raised in institution from birth and left when too old to stay Group 2. Raised by parents and put in institution because parents couldn't cope or died and left when too old to stay Group 3. Raised by parents and put in institution by authorities because of petty crime and left when too old to stay Group 4. Raised by parents, put in institution and escaped or taken out within 1-4 years Other: specify.	
D13	What is your current job ?	Name of job and put SES rating in box	
D14	What was the best job you had since leaving school?	Name of job and put SES rating in box	
	SES Rating scale	Unemployed	0
		Unskilled manual	1
		Semi-skilled manual and farmers owning less than 30 acres	2
		Skilled manual and farmers owning 30-49 acres	3

		Other non-manual and farmers owning 50-99 acres	4
		Lower professional and lower managerial; farmers owning 100-199 acres	4
		Higher professional and higher managerial; farmers owning 200 or more acres	6
D15	What was the highest exam you passed? (circle number)	None	0
		Junior school exam in 5th or 6th class (e.g. primary cert)	1
		Mid high school exam (e.g. Inter or junior cert)	2
		Leaving cert	3
		Certificate or diploma or apprenticeship exam	4
		Primary degree (e.g. BA)	5
		Higher degree (e.g. MA)	6
D16	Are you single or married? (Probe and Circle number)	Single and never married of cohabited	1
		Single and separated from first cohabiting partner	2
		Single and separated from first marital partner	3
		Single and divorced from first married partner	4
		Single and separated or divorced from second or later partner	5
		Single and widowed	6
		Cohabiting in second or later long term relationship	7
		Married in second or later marriage	8
		Cohabiting in first long term relationship	9
		Married in first long term relationship	10
D17	How many long term relationships or marriages have you had that have ended/	Record number in box	
D18	How long have you lived with your current partner?	Record number in box or give 0 if not in relationship	

Marital satisfaction (KMS, Schumm et al., 1986)									
The next three questions are about your current marriage or long-term relationship. Give your answers on a 7 point scale from 1= Extremely dissatisfied to 7=extremely satisfied. SHOW 7 POINT SCALE (Circle 0 if the person is not in a relationship at present)									
KMS1	How satisfied are you with your marriage or main relationship?	Not applicable 0	Extremely dissatisfied 1	Very dissatisfied 2	Somewhat dissatisfied 3	Mixed 4	Some what satisfied 5	Very satisfied 6	Extremely satisfied 7
KMS2	How satisfied are you with your partner as a spouse?	Not applicable 0	Extremely dissatisfied 1	Very dissatisfied 2	Somewhat dissatisfied 3	Mixed 4	Some what satisfied 5	Very satisfied 6	Extremely satisfied 7
KMS3	How satisfied are you with your relationship with your partner?	Not applicable 0	Extremely dissatisfied 1	Very dissatisfied 2	Somewhat dissatisfied 3	Mixed 4	Some what satisfied 5	Very satisfied 6	Extremely satisfied 7

Experiences in Close Relationships Inventory (ECR, Brennan, Clark, & Shaver (1998)								
The following statements concern how you feel in romantic relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by indicating how much you agree or disagree with it on a 7 point scale from 1=Disagree strongly to 7=Agree strongly. SHOW 7 POINT SCALE. Complete this section even if the person is not in a relationship now.								
E1	I prefer not to show a partner how I feel deep down.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E2	I worry about being abandoned.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E3	I am very comfortable being close to romantic partners.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E4	I worry a lot about my relationships.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E5	Just when my partner starts to get close to me I find myself pulling away.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E6	I worry that romantic partners won't care about me as much as I care about them.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E7	I get uncomfortable when a romantic partner wants to be very close.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E8	I worry a fair amount about losing my partner.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E9	I don't feel comfortable opening up to romantic partners.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E10	I often wish that my partner's feelings for me were as strong as my feelings for him/her.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E11	I want to get close to my partner, but I keep pulling back.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E12	I often want to merge completely with romantic partners, and this sometimes scares them away.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E13	I am nervous when partners get too close to me.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7

E14	I worry about being alone.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E15	I feel comfortable sharing my private thoughts and feelings with my partner.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E16	My desire to be very close sometimes scares people away.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E17	I try to avoid getting too close to my partner.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E18	I need a lot of reassurance that I am loved by my partner.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E19	I find it relatively easy to get close to my partner.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E20	Sometimes I feel that I force my partners to show more feeling, more commitment.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E21	I find it difficult to allow myself to depend on romantic partners.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E22	I do not often worry about being abandoned.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E23	I prefer not to be too close to romantic partners.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E24	If I can't get my partner to show interest in me, I get upset or angry.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7

E25	I tell my partner just about everything.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E26	I find that my partner(s) don't want to get as close as I would like.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E27	I usually discuss my problems and concerns with my partner.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E28	When I'm not involved in a relationship, I feel somewhat anxious and insecure.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E29	I feel comfortable depending on romantic partners.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E30	I get frustrated when my partner is not around as much as I would like.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E31	I don't mind asking romantic partners for comfort, advice, or help.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E32	I get frustrated if romantic partners are not available when I need them.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E33	It helps to turn to my romantic partner in times of need.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E34	When romantic partners disapprove of me, I feel really bad about myself.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E35	I turn to my partner for many things, including comfort and reassurance.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7
E36	I resent it when my partner spends time away from me.	Disagree strongly 1	Disagree 2	Disagree a little 3	Neutral 4	Agree a little 5	Agree 6	Agree strongly 7

D19	How many children have you?	Record number in box and score 0 if none	
D20	At what age did you have your first child?	Record age in years in box and 0 if none	
D21	Have your children always lived with you ?	I have none	0
		No they have spent some time living with their other parent	1
		No they have spent some time living with their relatives	2
		No they have spent some time living in care	3

Parenting satisfaction (KPS, (James et al., 1985)									
The next three questions are about your relationship with your children. Give your answers on a 7 point scale from 1= Extremely dissatisfied to 7=extremely satisfied. SHOW 7 POINT SCALE. Circle 0 if person has no children.									
KPS1	How satisfied are you with your children's behaviour?	Not applicable 0	Extremely dissatisfied 1	Very dissatisfied 2	Somewhat dissatisfied 3	Mixed 4	Some what satisfied 5	Very satisfied 6	Extremely satisfied 7
KPS2	How satisfied are you with yourself as a parent?	Not applicable 0	Extremely dissatisfied 1	Very dissatisfied 2	Somewhat dissatisfied 3	Mixed 4	Some what satisfied 5	Very satisfied 6	Extremely satisfied 7
KPS3	How satisfied are you with your relationship(s) with your children?	Not applicable 0	Extremely dissatisfied 1	Very dissatisfied 2	Somewhat dissatisfied 3	Mixed 4	Some what satisfied 5	Very satisfied 6	Extremely satisfied 7

WHOQOL-100-UK (Skevington, 2005)

This set of questions asks how you feel about your quality of life in **the last two weeks**. There are no right or wrong answers. Please keep in mind your standards, hopes, pleasures and concerns. The following questions ask about **how much** you have experienced certain things **in the last two weeks**, for example, positive feelings such as happiness or contentment. Please use this 5 point scale to give your answer (SHOW A 5 POINT SCALE FROM 1=Not at all to 5=An extreme amount). **Questions refer to the last two weeks**.

No.	Facet	Question	1	2	3	4	5
1	F1.2	How much do you worry about pain or discomfort?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
2	F1.3	How difficult is it for you to handle pain or discomfort?	Not at all 1	Not much 2	Moderately 3	Very well 4	Extremely 5
3	F1.4	How much do you feel that pain prevents you from doing what you need to do?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
4	F2.2	How easily do you get tired?	Not at all 1	Not much 2	Moderately 3	Very well 4	Extremely 5
5	F2.4	How much are you bothered by fatigue?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
6	F3.2	To what extent do you have difficulty sleeping?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
7	F3.4	How much do sleep problems worry you?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
8	F4.1	How much do you enjoy life?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
9	F4.3	How positive do you feel about the future?	Not at all 1	Not much 2	Moderately 3	Very well 4	Extremely 5
10	F4.4	How much do you feel positive about your life?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
11	F5.3	How well are you able to concentrate?	Not at all 1	Not much 2	Moderately 3	Very well 4	Extremely 5
12	F6.1	How much do you value yourself?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
13	F6.2	How much confidence do you have in yourself?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
14	F7.2	How much do you feel inhibited by your looks?	Not at all 1	Not much 2	Moderately 3	Very well 4	Extremely 5
15	F 7.3	Is there any part of your appearance which makes you feel uncomfortable?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
16	F8.2	How worried do you feel?	Not at all 1	Not much 2	Moderately 3	Very well 4	Extremely 5
17	F8.3	How much do feelings of sadness or depression interfere with your everyday functioning?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
18	F 8.4	How much do feelings of depression bother you?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
19	F10.2	To what extent do you have difficulty in performing your routine activities?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
20	F10.4	How much are you bothered by limitations in performing everyday living activities?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
21	F11.2	How much do you need medication to function in your daily life?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
22	F11.3	How much do you need medical treatment to function in your daily life?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
23	F 11.4	How much does your quality of life depend on the use of medical substances or medical aids?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
24	F13.1	How alone do you feel?	Not at all 1	Not much 2	Moderately 3	Very well 4	Extremely 5
25	F15.2	How well are your sexual needs fulfilled?	Not at all 1	Not much 2	Moderately 3	Very well 4	Extremely 5
26	F15.4	How bothered are you by difficulties in your sex life?	Not at all 1	Not much 2	Moderately 3	Very well 4	Extremely 5

27	F16.1	How safe do you feel in your daily life?	Not at all 1	Not much 2	Moderately 3	Very well 4	Extremely 5
28	F16.2	To what extent do you feel you are living in a safe and secure environment?	Not at all 1	Not much 2	Moderately 3	Very well 4	Extremely 5
29	F16.3	How much do you worry about safety and security?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
30	F17.1	How comfortable is the place where you live?	Not at all 1	Not much 2	Moderately 3	Very well 4	Extremely 5
31	F17.4	How much do you like where you live?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
32	F18.2	To what extent do you have financial difficulties?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
33	F18.4	How much do you worry about money?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
34	F19.1	How easily are you able to get good medical care?	Not at all 1	Not much 2	Moderately 3	Very well 4	Extremely 5
35	F21.3	How much do you enjoy your free time?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
36	F22.1	How healthy is your physical environment?	Not at all 1	Not much 2	Moderately 3	Very well 4	Extremely 5
37	F22.2	How concerned are you with the noise in the area where you live?	Not at all 1	Not much 2	Moderately 3	Very well 4	Extremely 5
38	F23.2	To what extent do you have problems with transport?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
39	F23.4	How much do difficulties with transport restrict your life?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
40	F8N	How fed up do you feel?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
The following questions ask about how **completely** you experienced, or were able to do certain things in the **last two weeks**, for example activities of daily living like washing, dressing or eating. Please use this 5 point scale to give your answer (SHOW A 5 POINT SCALE FROM 1=Not at all to 5=Completely). **Questions refer to the last two weeks**							
41	F2.1	Do you have enough energy for everyday life?	Not at all 1	Not much 2	Moderately 3	A great deal 4	Completely 5
42	F7.1	How much are you able to accept your bodily appearance?	Not at all 1	Not much 2	Moderately 3	A great deal 4	Completely 5
43	F10.1	To what extent are you able to carry out your daily activities?	Not at all 1	Not much 2	Moderately 3	A great deal 4	Completely 5
44	F11.1	How dependent are you on medications?	Not at all 1	Not much 2	Moderately 3	A great deal 4	Completely 5
45	F14.1	To what extent do you get the kind of support from others that you need?	Not at all 1	Not much 2	Moderately 3	A great deal 4	Completely 5
46	F14.2	How much can you count on your friends when you need them?	Not at all 1	Not much 2	Moderately 3	A great deal 4	Completely 5
47	F17.2	To what degree does the quality of your home meet your needs?	Not at all 1	Not much 2	Moderately 3	A great deal 4	Completely 5
48	F18.1	To what extent do you have enough money to meet your needs	Not at all 1	Not much 2	Moderately 3	A great deal 4	Completely 5
49	F20.1	How available to you is the information that you need in your day-to-day life?	Not at all 1	Not much 2	Moderately 3	A great deal 4	Completely 5
50	F20.2	To what extent do you have the opportunities for acquiring the information that you need?	Not at all 1	Not much 2	Moderately 3	A great deal 4	Completely 5
51	F21.1	To what extent do you have the opportunity for leisure activities?	Not at all 1	Not much 2	Moderately 3	A great deal 4	Completely 5
52	F21.2	How much are you able to relax and enjoy yourself?	Not at all 1	Not much 2	Moderately 3	A great deal 4	Completely 5

53	F23.1	To what extent do you have adequate means of transport?	Not at all 1	Not much 2	Moderately 3	A great deal 4	Completely 5
The following questions ask you to say **how satisfied, happy or good** you have felt about various aspects of your life over the **last two weeks**, for example, about your family life or you energy level. Please use this 5 point scale to give your answer (SHOW A 5 POINT SCALE FROM 1=Very dissatisfied to 5=Very satisfied). **Questions refer to the last two weeks.**							
54	G2	How satisfied are you with the quality of your life?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
55	G3	In general, how satisfied are you with your life?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
56	G4	How satisfied are you with your health?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
57	F2.3	How satisfied are you with your energy?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
58	F3.3	How satisfied are you with your sleep?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
59	F5.2	How satisfied are you with your ability to learn new information?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
60	F5.4	How satisfied are you with your ability to make decisions?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
61	F6.3	How satisfied are you with yourself?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
62	F6.4	How satisfied are you with your abilities?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
63	F7.4	How satisfied are you with the way your body looks?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
64	F10.3	How satisfied are you with your ability to perform daily living activities?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
65	F13.3	How satisfied are you with your personal relationships?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
66	F15.3	How satisfied are you with your sex life?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
67	F14.3	How satisfied are you with the support you get from your family?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
68	F14.4	How satisfied are you with the support you get from your friends?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
69	F13.4	How satisfied are you with your ability to provide for, or support others?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
70	F16.4	How satisfied are you with your physical safety and security?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
71	F17.3	How satisfied are you with the conditions of your living place?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
72	F18.3	How satisfied are you with your financial situation?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
73	F19.3	How satisfied are you with your access to health services?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
74	F19.4	How satisfied are you with the social care services?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
75	F20.3	How satisfied are you with your opportunities for acquiring new skills?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
76	F20.4	How satisfied are you with your opportunities to learn new information?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
77	F21.4	How satisfied are you with the way you spend your spare time?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5

78	F22.3	How satisfied are you with your physical environment e.g. pollution, climate, noise, attractiveness?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
79	F22.4	How satisfied are you with the climate of the place where you live?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
80	F23.3	How satisfied are you with your transport?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
81	F13.2	How happy do you feel about your relationships with your family?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
For the next set of questions use this 5 point scale to rate how good things have been in **the past 2 weeks.** (SHOW A 5 POINT SCALE FROM 1=very poor to 5=Very good).							
82	G1	How would you rate your quality of life?	Very poor 1	Poor 2	Neither poor nor good 3	Good 4	Very good 5
83	F15.1	How would you rate your sex life?	Very poor 1	Poor 2	Neither poor nor good 3	Good 4	Very good 5
84	F3.1	How well do you sleep?	Very poor 1	Poor 2	Neither poor nor good 3	Good 4	Very good 5
85	F5.1	How would you rate your memory?	Very poor 1	Poor 2	Neither poor nor good 3	Good 4	Very good 5
86	F19.2	How would you rate the quality of social services available to you?	Very poor 1	Poor 2	Neither poor nor good 3	Good 4	Very good 5
87	F4N	How satisfied are you with your level of happiness	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
The following questions refer to how often you have felt or experienced certain things, for example the support of your family or friends, or negative experiences such as feeling unsafe. Use the 5 point scale to who how often they have occurred in **the last 2 weeks** (SHOW A 5 PPOINT SCALE FROM 1=Never to 5-=Always). So for example if you have experienced pain all the time in the last two weeks, use the answer 5=always".							
88	F1.1	How often do you suffer pain?	Never 1	Seldom 2	Quite often 3	Very often 4	Always 5
89	F4.2	Do you generally feel content?	Never 1	Seldom 2	Quite often 3	Very often 4	Always 5
90	78.1	How often do you have negative feelings, such as blue mood, despair, anxiety, depression?	Never 1	Seldom 2	Quite often 3	Very often 4	Always 5
The following questions refer to any work that you do. Work here means any major activity that you do. This includes voluntary work, studying full-time, taking care of the home, taking care of children, paid work, or unpaid work. So work, as it is used here, means the activities you feel take up a major part of your time and energy. **Questions refer to the last two weeks.**							
91	F12.1	How much are you able to work?	Not at all 1	Not much 2	Moderately 3	A great deal 4	Completely 5
92	F12.2	To what extent do you feel able to carry out your duties?	Not at all 1	Not much 2	Moderately 3	A great deal 4	Completely 5
93	F12.4	How satisfied are you with your capacity for work?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
94	F12.3	How would you rate your ability to work?	Very poor 1	Poor 2	Neither poor nor good 3	Good 4	Very good 5
The next few questions ask about how well you were able to move around in the last two weeks. This refers to your physical ability to move your body in such a way as to allow you to move about and do the things you would like to do, as well as the things that you need to do. **Questions refer to the last two weeks.**							
95	F9.1	How well are you able to get around?	Very poor 1	Poor 2	Neither poor nor good 3	Good 4	Very good 5
96	F9.3	How much do any difficulties in mobility bother you?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
97	F9.4	To what extent do difficulties in movement affect your way of life?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
98	F9.2	How satisfied are you with your ability to move around?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
The following questions are concerned with your **personal beliefs** and how these affect your quality of life. These questions refer to religion, spirituality and any other personal beliefs you may hold. Once again these questions refer to **the last two weeks.**							
99	F24.1	How much do personal beliefs give meaning to your life?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
100	F24.2	To what extent do you feel life to be meaningful?	Not at all 1	Not much 2	Moderately 3	Very well 4	Extremely 5
101	F24.3	How much do your personal beliefs give you the strength to face difficulties?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
102	F24.4	To what extent do your personal beliefs help you to understand the difficulties in life?	Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5

Childhood Trauma Questionnaire (CTQ, Bernstein & Fink, 1998)	
Use a five point scale from1=never true to 5=very often true to show how true these statements were about living in your family . SHOW 5 POINT SCALE	
Score the next 36 questions as 0 if the respondent did not live with his or her family	0

CTQF1	I didn’t have enough to eat	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF2	I knew that there was someone to take care of me and protect me	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF3	People in my family called me things like “stupid”, “lazy”, or “ugly”.	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF4	My parents were too drunk or high to take care of the family	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF5	There was someone in my family who helped me feel that I was important or special	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF6	I had to wear dirty clothes	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF7	I felt loved	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF8	I thought that my parents wished I had never been born	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF9	I got hit so hard by someone in my family that I had to see a doctor or go to the hospital	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF10	There was nothing I wanted to change about my family	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF11	People in my family hit me so hard that it left me with bruises or marks	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF12	I was punished with a belt (a strap), a board (a stick), a chord, or some other hard object	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF13	People in my family looked out for each other	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF14	People in my family said hurtful or insulting things to me	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF15	I believe that I was physically abused	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF16	I had the perfect childhood	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF17	I got hit or beaten so badly that it was noticed by someone like a teacher, neighbour or doctor	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF18	I felt that someone in my family hated me	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF19	People in my family felt close to each other	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF20	Someone tried to touch me in a sexual way	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF21	Someone threatened to hurt me or tell lies about me unless I did something sexual with them	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF22	I had the best family in the world	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF23	Someone tried to make me do sexual things or watch sexual things	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF24	Someone molested me	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF25	I believe that I was emotionally abused	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF26	There was someone to take me to the doctor if I needed it	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF27	I believe that I was sexually abused	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQF28	My family was a source of strength and support.	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5

AF1	What was the most severe form of physical abuse you experienced in your family?	None 0	Being hit without being bruised 1	Being hit to leave bruises 2	Being assaulted to lead to cuts 3	Being assaulted to lead to medical attention 4
AF2	How often did this severe form happen?	Never 0	Once 1	2-10 times 2	11-100 times 3	More than 100 times 4
AF3	How young were you when this first began?					
AF4	How many years did it last?					
AF5	What was the most severe form of sexual abuse that you experienced in your family?	None 0	Non-Contact Flashing Exposure 1	Contact Fondling and masturbation 2	Attempted penetration (oral, anal or vaginal sex) 3	Penetration (oral, anal or vaginal sex) 4
AF6	How often did this severe form happen?	Never 0	Once 1	2-10 times 2	11-100 times 3	More than 100 times 4
AF7	How young were you when this first began?					
AF8	How many years did it last?					

Childhood Trauma Questionnaire (CTQ, Bernstein & Fink, 1998)

Use a five point scale from1=never true to 5=very often true to show how true these statements were about living in institutional care. SHOW SCALE.

CTQI1	I didn’t have enough to eat	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI2	I knew that there was someone to take care of me and protect me	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI3	My carers called me things like “stupid”, “lazy”, or “ugly”.	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI4	My carers were too drunk or high to take care of us	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI5	There was someone in my institution who helped me feel that I was important or special	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI6	I had to wear dirty clothes	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI7	I felt loved (by the carers)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI8	I thought that my carers wished I had never been born	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI9	I got hit so hard by a carer in my institution that I	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5

	had to see a doctor or go to the hospital					
CTQI10	There was nothing I wanted to change about my institution	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI11	Carers in my institution hit me so hard that it left me with bruises or marks	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI12	I was punished with a belt (a strap), a board (a stick), a chord, or some other hard object	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI13	Carers and others in my institution looked out for each other	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI14	Carers in my institution said hurtful or insulting things to me	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI15	I believe that I was physically abused	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI16	I had the perfect childhood	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI17	I got hit or beaten so badly that it was noticed by someone like a teacher, neighbour or doctor	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI18	I felt that carers in my institution hated me	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI19	People in my institution felt close to each other	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI20	A carer tried to touch me in a sexual way	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI21	A carer threatened to hurt me or tell lies about me unless I did something sexual with them	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI22	I was reared in the best institution in the world	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI23	A carer tried to make me do sexual things or watch sexual things	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI24	A carer molested me	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI25	I believe that I was emotionally abused in the institution	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI26	There was someone to take me to the doctor if I needed it	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI27	I believe that I was sexually abused in the institution	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
CTQI28	My institution was a source of strength and support.	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
H1	I was terrified of my carers	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
H2	I was punished unfairly by my carers	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
H3	I could never predict when I would be punished by my carers	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
H4	My carers separated me from my brother(s) or sister(s)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
H5	My carers took away my own clothes	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
H6	My carers destroyed my treasured possessions (pictures, teddy bears, mementoes etc)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
H7	My carers told me I was bad	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
H8	My carers said my mother was bad	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
H9	My carers said my father was bad	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
H10	My carers told me my mother did not love me	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
H11	My carers told me my father did not love me	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
H12	My carers tried to take away my hope	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
H13	My carers tried to break me	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
H14	What was the worst thing that happened to you in the institution?					
H15	How young were you when this first began?					
H16	How many years did it last?					
AI1	What was the most severe form of physical abuse you experienced in your institution?	None 0	Being hit without being bruised 1	Being hit to leave bruises 2	Being assaulted to lead to cuts 3	Being assaulted to lead to medical attention 4
AI2	How often did this severe form happen?	Never 0	Once 1	2-10 times 2	11-100 times 3	More than 100 times 4
AI3	How young were you when this first began?					
AI4	How many years did it last?					
AI5	What was the most severe form of sexual abuse that you experienced in your institution?	None 0	Non-Contact Flashing Exposure 1	Contact Fondling and masturbation 2	Attempted penetration (oral, anal or vaginal sex) 3	Penetration (oral, anal or vaginal sex) 4
AI6	How often did this severe form happen?	Never 0	Once 1	2-10 times 2	11-100 times 3	More than 100 times 4
AI7	How young were you when this first began?					
AI8	How many years did it last?					

Institutional Abuse Processes And Coping Inventory

Lets talk now about your immediate reaction to the abuse and neglect you experiences
AS A CHILD OR YOUNGSTER and also YOUR CURRENT REACTIONS TO IT.
Use a five point scale from1=never true to 5=very often true to show how true these statements are about your reactions.
(SHOW SCALE)

	Traumatization					
1TP1	I felt hurt then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
2TC1	I feel hurt now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
3TP2	I felt frightened then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
4TC2	I feel frightened now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
5TP3	I felt sad then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
6TC3	I feel sad now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
7TP4	I felt humiliated then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
8TC4	I feel humiliated now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
	Betrayal and loss of trust					
9BP1	I trusted everyone then (-)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
10BC1	I trust everyone now (-)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
11BP2	I felt betrayed then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
12BC2	I feel betrayed now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
13BP3	I cut myself off from other people then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
14BC3	I cut myself off from other people now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
	Disrespect of authority					
15DP1	I was angry at everyone in authority then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
16DC1	I am angry with everyone in authority now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
17DP2	I liked people in authority then (-)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
18DC2	I like people in authority now (-)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
19DP3	I respected everyone in authority then (-)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
20DC3	I respect everyone in authority now (-)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
	Religious Disengagement					
21RP1	I had faith in God then (-)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
22PC1	I have faith in God now (-)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
23RP2	I had faith in the church then (-)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
24RC2	I have faith in the church now (-)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
25RP3	I stopped praying then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
26RC3	I do not pray now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
27RP4	I only went mass then because I would be punished if I did not to	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
28RC4	I do not go to mass now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
	Stigmatization shame and guilt					
29SP1	I felt I was worthless then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
30SC1	I feel I am worthless now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
31SP2	I felt I was dirty then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
32SC2	I feel I am dirty now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
33SP3	I felt ashamed then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
34SC3	I feel ashamed now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
35SP4	I felt guilty and believed the abuse was my fault then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
36SC4	I feel guilty and believe the abuse was my fault now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
	Powerlessness					
37PP1	I believed I had full control over my life then (-)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
38PC1	I believe I have full control over my life now (-)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
39PP2	I believed that my life was controlled by others then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
40PC2	I believe that my life is controlled by others now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
41PP3	I thought I could do nothing to change my situation then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
42PC3	I think I can do nothing to change my situation now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
	Avoidance of reminders of abuse					
43AP1	I avoided thinking about the abuse then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
44AC1	I avoided thinking about the abuse now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
45AP2	I avoided situations that reminded me of abuse then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
46AC2	I avoid situations that reminded me of abuse now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
47AP3	I avoided people who reminded me of the abuse	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5

	then					
48AC3	I avoid people who remind me of the abuse now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
	Re-enactment					
49XP1	I felt the urge to attack or abuse other people then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
50XC1	I feel the urge to attack or abuse other people now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
51XP2	I hurt other people then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
52XC2	I hurt other people now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
53XP3	I felt the urge to harm or injure myself then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
54XC3	I feel the urge to harm or injure myself now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
55XP4	I harmed or injured myself then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
56XC4	I harm or injure myself now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
	Coping through spiritual support					
57CSP1	I prayed to God then, and that made the abuse bearable	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
58CSPC1	I pray to God now, and that makes the abuse bearable	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
59CSP2	I talked to a priest then an that made the abuse bearable	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
60CSC2	I talk to a priest now and that makes the abuse bearable	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
	Coping by complying					
61CCP1	I tried to behave well for the teachers /nuns /brothers /priests so I would not be punished then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
62CCC1	I try to behave well and fit in with people at work and in my family now to avoid conflict and arguments	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
63CCP2	I was careful never to break a rule then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
64CCC2	I am careful never to break a rule now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
65CCP3	I was careful always to show respect to the brothers, priests, nuns and teachers then (even if I didn't feel respect)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
66CCC3	I am careful always to show respect to people in authority now (even if I do not feel respect)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
	Coping by opposing					
67COP1	I stood up to my abusers then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
68COC1	I am standing up to my abusers and anyone in authority who tries to hurt me now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
69COP2	I ran away from the institution then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
70COC2	I leave situations where people in authority hurt me or take advantage of me	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
71COP3	I planned revenge on my abusers then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
72COC3	I am planning revenge on my abusers now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
	Coping through social support					
73CTP1	I had a good friendship with a close friend I could trust and this made the abuse bearable then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
74CTC1	I have a good friendship with a close friend I can trust and this made the abuse bearable now (This friend is not my partner, husband or wife)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
75CTP2	I had a good friendship with an adult I could trust and this made the abuse bearable then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
76CTC2	I have a good friendship with a person I trust and look up to and this makes the abuse bearable now (this could be doctor or counsellor but not a partner)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
77CTP3	I reminded my self that my mother or father was still alive, cared about me, and this made the abuse bearable then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
78CTC3	I have a good relationship with my partner who I know cares about me and who I can tell my troubles to now and this makes the abuse bearable (A partner is a wife /husband /cohabite /lover)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5

	Coping though skill mastery					
79CMP1	I put my energy into my school work and that made me feel better then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
80CMC1	I put my energy into my work and that makes me feel better now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
81CMP2	I put my energy into sports or music and that made me feel better then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
82CMC2	I put my energy into sport or music and that makes me feel better now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
83CMP3	I put my energy into a skill that I could do well that made me feel better then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
84CMC3	I put my energy into a skill that I can do well that makes me feel better now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
	Coping through planning					
85CLP1	Then I planned each day very carefully to avoid abuse and make good things happen (like having a laugh, getting well fed, and keeping warm)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
86CLC1	Now I plan each day very carefully to avoid bad feelings and make good things happen (like having a laugh, getting well fed, and keeping warm)	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
87CLP2	When I was leaving school I followed a plan to get a job that would suit me and make my situation better	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
88CLC2	Now I still follow a plan to make sure my job suits me and makes my situation better	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
89CLP3	When I was settling down with my partner, I waited for at least 6 months to make sure we sere well suited to live together	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
90CLC3	When my partner and I are planning something important we take time to plan it very carefully	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
	Coping by alcohol, drugs and food					
91CDP1	I drank alcohol to cope then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
92CDC1	I drink alcohol to cope now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
93CDP2	I took other drugs to cope then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
94CDC2	I take other drugs to cope now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
95CDP3	I comforted myself by eating a lot then	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5
96CDC3	I comfort myself by overeating now	Never true 1	Rarely True 2	Sometimes true 3	Often true 4	Very often true 5

Life Problem List			
I am going to ask you if any of a series of major life problems have happened to you. Please answer yes or no			
P1	**Unemployment:** Have there been periods as long as a year since you left school where you have not worked?	Yes 1	No 0
P2	**Homelessness:** Have you ever had periods as long as a year where you were homeless?	Yes 1	No 0
P3	**Frequent illness:** Have you had frequent physical illness throughout your life? (seriously ill more than 5 times)	Yes 1	No 0
P4	**Frequent hospitalization for physical health:** Have you been frequently hospitalized for physical illness throughout your life? (more than 5 times)	Yes 1	No 0
P5	**Mental health:** Have you had periods of very bad anxiety or depression during your life?	Yes 1	No 0
P6	**Substance use:** Have you had had problems with drinking or taking drugs during your life?	Yes 1	No 0
P7	**Self-harm:** Have you been hospitalized because you tried to harm your-self?	Yes 1	No 0
P8	**Hospitalization for mental health:** Have you been hospitalized more than twice for mental health problems (including anxiety depression, substance use, self harm etc)?	Yes 1	No 0
P9	**Anger control in intimate relationships:** Have you ever hit your partner and bruised him or her?	Yes 1	No 0
P10	**Anger control with children:** Have you ever hit your children and bruised them?	Yes 1	No 0
P11	**Violent crime:** Have you been charged with violent offences?	Yes 1	No 0
P12	**Incarceration for violent crime:** Have you been imprisoned for violent offences?	Yes 1	No 0
P13	**Non-violent crime:** Have you been charged with r non-violent offences?	Yes 1	No 0
P14	**Incarceration for non-violent crime:** Have you been imprisoned for non-violent offences?	Yes 1	No 0

Trauma Symptom Inventory (TSI)					
This next set of items describes experiences that may or may not have happened to you. Please indicate how often each of the following experience has happened to you in the **last 6 months** on a 4 point scale where 0=Never and 3= Often. (SHOW SCALE)					
TSI1	Nightmares or bad dreams	Never 0	Rarely 1	Sometimes 2	Often 3
TS!2	Trying to forget about a bad time in your life	Never 0	Rarely 1	Sometimes 2	Often 3
TS!3	Irritability	Never 0	Rarely 1	Sometimes 2	Often 3
TSI4	Stopping yourself from thinking about the past	Never 0	Rarely 1	Sometimes 2	Often 3
TSI5	Getting angry about something that wasn't very important	Never 0	Rarely 1	Sometimes 2	Often 3

TSI6	Feeling empty inside	Never 0	Rarely 1	Sometimes 2	Often 3
TSI7	Sadness	Never 0	Rarely 1	Sometimes 2	Often 3
TSI8	Flashbacks (sudden memories or images of upsetting things)	Never 0	Rarely 1	Sometimes 2	Often 3
TSI9	Not being satisfied with your sex life	Never 0	Rarely 1	Sometimes 2	Often 3
TSI10	Feeling like you were outside of your body	Never 0	Rarely 1	Sometimes 2	Often 3
TSI11	Lower back pain	Never 0	Rarely 1	Sometimes 2	Often 3
TS!12	Sudden disturbing memories when you were not expecting them	Never 0	Rarely 1	Sometimes 2	Often 3
TS!13	Wanting to cry	Never 0	Rarely 1	Sometimes 2	Often 3
TSI14	Not feeling happy	Never 0	Rarely 1	Sometimes 2	Often 3
TSI15	Becoming angry for little or no reason	Never 0	Rarely 1	Sometimes 2	Often 3
TSI16	Feeling like you don’t know who you really are	Never 0	Rarely 1	Sometimes 2	Often 3
TSI17	Feeling depressed	Never 0	Rarely 1	Sometimes 2	Often 3
TSI18	Having sex with someone you hardly knew	Never 0	Rarely 1	Sometimes 2	Often 3
TSI19	Thoughts or fantasies about hurting someone	Never 0	Rarely 1	Sometimes 2	Often 3
TSI20	Your mind going blank	Never 0	Rarely 1	Sometimes 2	Often 3
TSI21	Fainting	Never 0	Rarely 1	Sometimes 2	Often 3
TS!22	Periods of trembling or shaking	Never 0	Rarely 1	Sometimes 2	Often 3
TS!23	Pushing painful memories out of your mind	Never 0	Rarely 1	Sometimes 2	Often 3
TSI24	Not understanding why you did something	Never 0	Rarely 1	Sometimes 2	Often 3
TSI25	Threatening or attempting suicide	Never 0	Rarely 1	Sometimes 2	Often 3
TSI26	Feeling like you were watching yourself from far away	Never 0	Rarely 1	Sometimes 2	Often 3
TSI27	Feeling tense or ‘on edge’	Never 0	Rarely 1	Sometimes 2	Often 3
TSI28	Getting into trouble because of sex	Never 0	Rarely 1	Sometimes 2	Often 3
TSI29	Not feeling like your real self	Never 0	Rarely 1	Sometimes 2	Often 3
TSI30	Wishing you were dead	Never 0	Rarely 1	Sometimes 2	Often 3
TSI31	Worrying about things	Never 0	Rarely 1	Sometimes 2	Often 3
TS!32	Not being sure of what you want in life	Never 0	Rarely 1	Sometimes 2	Often 3
TS!33	Bad thoughts or feelings during sex	Never 0	Rarely 1	Sometimes 2	Often 3
TSI34	Being easily annoyed by other people	Never 0	Rarely 1	Sometimes 2	Often 3
TSI35	Starting arguments or picking fights to get your anger out	Never 0	Rarely 1	Sometimes 2	Often 3
TSI36	Having sex or being sexual to keep from being lonely or sad	Never 0	Rarely 1	Sometimes 2	Often 3
TSI37	Getting angry when you didn’t want to	Never 0	Rarely 1	Sometimes 2	Often 3
TSI38	Not being able to feel your emotions	Never 0	Rarely 1	Sometimes 2	Often 3
TSI39	Confusion about your sexual feelings	Never 0	Rarely 1	Sometimes 2	Often 3
TSI40	Using drugs other than marijuana	Never 0	Rarely 1	Sometimes 2	Often 3
TSI41	Feeling jumpy	Never 0	Rarely 1	Sometimes 2	Often 3
TS!42	Absent-mindedness	Never 0	Rarely 1	Sometimes 2	Often 3
TS!43	Feeling paralysed for minutes at a time	Never 0	Rarely 1	Sometimes 2	Often 3
TSI44	Needing other people to tell you what to do	Never 0	Rarely 1	Sometimes 2	Often 3
TSI45	Yelling or telling people off when you felt you shouldn’t have	Never 0	Rarely 1	Sometimes 2	Often 3
TSI46	Flirting or ‘coming on’ to someone to get attention	Never 0	Rarely 1	Sometimes 2	Often 3
TSI47	Sexual thoughts or feelings when you thought you shouldn’t have them	Never 0	Rarely 1	Sometimes 2	Often 3
TSI48	Intentionally hurting yourself (for example by scratching, cutting, or burning) even though you weren’t trying to commit suicide	Never 0	Rarely 1	Sometimes 2	Often 3
TSI49	Aches and pains	Never 0	Rarely 1	Sometimes 2	Often 3
TSI50	Sexual fantasies about being dominated or overpowered	Never 0	Rarely 1	Sometimes 2	Often 3
TSI51	High anxiety	Never 0	Rarely 1	Sometimes 2	Often 3
TS!52	Problems in your sexual relations with another person	Never 0	Rarely 1	Sometimes 2	Often 3
TS!53	Wishing you had more money	Never 0	Rarely 1	Sometimes 2	Often 3
TSI54	Nervousness	Never 0	Rarely 1	Sometimes 2	Often 3
TSI55	Getting confused about what you thought or believed	Never 0	Rarely 1	Sometimes 2	Often 3
TSI56	Feeling tired	Never 0	Rarely 1	Sometimes 2	Often 3

TSI57	Feeling mad or angry inside	Never 0	Rarely 1	Sometimes 2	Often 3
TSI58	Getting into trouble because of your drinking	Never 0	Rarely 1	Sometimes 2	Often 3
TSI59	Staying away form certain people or places because they remind you of something	Never 0	Rarely 1	Sometimes 2	Often 3
TSI60	One side of your body going numb	Never 0	Rarely 1	Sometimes 2	Often 3
TSI61	Wishing you could stop thinking about sex	Never 0	Rarely 1	Sometimes 2	Often 3
TS!62	Suddenly remembering something upsetting from your past	Never 0	Rarely 1	Sometimes 2	Often 3
TS!63	Wanting to hit someone or something	Never 0	Rarely 1	Sometimes 2	Often 3
TSI64	Feeling hopeless	Never 0	Rarely 1	Sometimes 2	Often 3
TSI65	Hearing someone talk to you who wasn't really there	Never 0	Rarely 1	Sometimes 2	Often 3
TSI66	Suddenly being reminded of something bad	Never 0	Rarely 1	Sometimes 2	Often 3
TSI67	Trying to block out certain memories	Never 0	Rarely 1	Sometimes 2	Often 3
TSI68	Sexual problems	Never 0	Rarely 1	Sometimes 2	Often 3
TSI69	Using sex to feel powerful or important	Never 0	Rarely 1	Sometimes 2	Often 3
TSI70	Violent dreams	Never 0	Rarely 1	Sometimes 2	Often 3
TSI71	Acting 'sexy' even though you didn't really want sex	Never 0	Rarely 1	Sometimes 2	Often 3
TS!72	Just for a moment seeing or hearing something upsetting that happened earlier in your life	Never 0	Rarely 1	Sometimes 2	Often 3
TS!73	Using sex to get love or attention	Never 0	Rarely 1	Sometimes 2	Often 3
TSI74	Frightening or upsetting thoughts popping into your mind	Never 0	Rarely 1	Sometimes 2	Often 3
TSI75	Getting your own feelings mixed up with someone else's	Never 0	Rarely 1	Sometimes 2	Often 3
TSI76	Wanting to have sex with someone who you knew was bad for you	Never 0	Rarely 1	Sometimes 2	Often 3
TSI77	Feeling ashamed about your sexual feelings or behaviour	Never 0	Rarely 1	Sometimes 2	Often 3
TSI78	Trying to keep from being alone	Never 0	Rarely 1	Sometimes 2	Often 3
TSI79	Losing your sense of taste	Never 0	Rarely 1	Sometimes 2	Often 3
TSI80	Your feelings or thoughts changing when you were with other people	Never 0	Rarely 1	Sometimes 2	Often 3
TSI81	Having sex that had to be kept secret from other people	Never 0	Rarely 1	Sometimes 2	Often 3
TS!82	Worrying that someone is trying to steal your ideas	Never 0	Rarely 1	Sometimes 2	Often 3
TS!83	Not letting yourself feel bad about the past	Never 0	Rarely 1	Sometimes 2	Often 3
TSI84	Feeling like things weren't real	Never 0	Rarely 1	Sometimes 2	Often 3
TSI85	Feeling like you were in a dream	Never 0	Rarely 1	Sometimes 2	Often 3
TSI86	Not eating or sleeping for 2 or more days	Never 0	Rarely 1	Sometimes 2	Often 3
TSI87	Trying not to have any feelings about something that once hurt you	Never 0	Rarely 1	Sometimes 2	Often 3
TSI88	Daydreaming	Never 0	Rarely 1	Sometimes 2	Often 3
TSI89	Trying not to think or talk about things in your life that were painful	Never 0	Rarely 1	Sometimes 2	Often 3
TSI90	Feeling like life wasn't worth living	Never 0	Rarely 1	Sometimes 2	Often 3
TSI91	Being startled or frightened by sudden noises	Never 0	Rarely 1	Sometimes 2	Often 3
TS!92	Seeing people form the spirit world	Never 0	Rarely 1	Sometimes 2	Often 3
TS!93	Trouble controlling your temper	Never 0	Rarely 1	Sometimes 2	Often 3
TSI94	Being easily influenced by others	Never 0	Rarely 1	Sometimes 2	Often 3
TSI95	Wishing you didn't have any sexual feelings	Never 0	Rarely 1	Sometimes 2	Often 3
TSI96	Wanting to set fire to a public building	Never 0	Rarely 1	Sometimes 2	Often 3
TSI97	Feeling afraid you might die or be injured	Never 0	Rarely 1	Sometimes 2	Often 3
TSI98	Feeling so depressed that you avoided people	Never 0	Rarely 1	Sometimes 2	Often 3
TSI99	Thinking that someone was reading your mind	Never 0	Rarely 1	Sometimes 2	Often 3
TSI100	Feeling worthless	Never 0	Rarely 1	Sometimes 2	Often 3

SCID I for DSM IV-TR
Follow these rules for all disorders If the first criterion is not met **in the past month** then there is no **current disorder**, check for **lifetime disorder** by asking the first criterion questions again beginning with **Has there ever …** If the first criterion is not met for a current or lifetime disorder, code the current and lifetime disorders as absent and go to next disorder. If the first criterion is met for a current or lifetime disorder, for each criterion, always ask the first question and then ask probes as required until you have enough information to rate the criterion as 3= true; 1=absent or false; or 2=subthreshold. After completing ratings for all criteria for a disorder, if the criteria for a current disorder in the past month are met, code the current disorder as present and go to next disorder. After completing ratings for all criteria for a disorder, if the criteria for a lifetime disorder (but not a current disorder) are met, code 'disorder ever ' as present and go to next disorder. Do not code **both** a current and lifetime disorder as present. Summarize the final list of diagnoses on the summary SCID grid.

	Major Depression Questions	**Major Depression Criteria**			
A	Now I am going to ask you some more questions about your mood.	5 or more of the following symptoms have been present during the same 2 week period and represent a change from previous functioning: At least one of the symptoms is either **1. depressed mood or** **2. loss of interest or pleasure**			
A1	In the last month has there been a period of time when you were feeling depressed or down most of the day nearly every day? What was it like? (If yes) how long did it last? As long as 2 weeks?	1. Depressed mood most of the day, nearly every day as indicated either by subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).	1	2	3
A2	What about losing interest or pleasure in things you usually enjoyed? (If yes) Was it nearly every day? How long did it last? As long as two weeks?	2. Markedly diminished interest or pleasure in all, or almost all activities most of the day, nearly everyday (as indicated by either subjective account or observation made by others)	1	2	3
	If Neither A1 nor A2 is present, check for lifetime episodes by asking questions A1 and A2 again beginning with Has there ever … If Neither A1 nor A2 was ever present, skip this section and go to next disorder.				
	When rating the following items code 1 if clearly due to a general medical condition or to mood-incongruent delusions or hallucinations. For the following questions focus on the worst 2 weeks in the past month (or else the past 2 weeks if equally depressed for entire month) For a lifetime disorder, focus on the worst two weeks ever.				
A3	During this two week period how was your appetite? What about compared to your usual appetite? Did you have to force yourself to eat? Did you eat less/more than usual Was that nearly every day? Did you loose or gain any weight? How much? Were you trying to loose or gain weight?	3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month) or decrease or increase in appetite nearly every day.	1	2	3
A4	During this two week period how were you sleeping? Trouble falling asleep, waking frequently, troubles staying asleep, waking too early or sleeping too much? How many hours per night compared to usual? Was that nearly every night?	4. Insomnia or hypersomnia nearly every day	1	2	3
A5	During this two week period were you so fidgety and restless that you were unable to sit still? Was it so bad that other people noticed it? What did they notice? Was that nearly every day? (If no) what about the opposite…talking or moving more slowly than is normal for you? Was it so bad that other people noticed it? What did they notice? Was that nearly every day?	5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).	1	2	3
A6	During this two week period what was your energy like? Tired all the time?	6. Fatigue or loss of energy nearly every day	1	2	3

	Nearly every day?				
A7	During this two week period how did you feel about yourself? Worthless? Nearly every day? What about feeling guilty about things you had done or not done? Nearly every day?	7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)	1	2	3
A8	During this two week period did you have trouble thinking or concentrating? What kinds of things did it interfere with? Nearly every day? (If no) Was it hard to make decisions about everyday things? Nearly every day?	8.Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)	1	2	3
A9	During this two week period were things so bad you were thinking a lot about death or that you would be better off dead? What about thinking of hurting yourself? (If yes) Did you do anything to hurt yourself?	9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide	1	2	3
B	Criterion B – Does not meet criteria for a mixed episode) is omitted from SCID				
C	Has (your depression/use own words) made it hard for you to do your work, take care of things at home or get along with people?	C. The symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning.	1	2	3
	If the current symptoms are not clinically significant ask: Have there been any other times when you have been depressed and it had more of an effect on your life? If – Yes – go back to A1 and ask about this lifetime episode.				

D	Just before (your depression/use own words) began were you physically ill? (if yes) What did the doctor say? Just before this began were you taking any medications? Just before this began, were you drinking or using any street drugs?	D. The symptoms are not due to the direct physiological effect of a substance.	1		3
E	Did (your depression/use own words) begin soon after someone close to you died?	E. The symptoms are not better accounted for by simple bereavement. After loss of a loved one, depression is diagnosed if the symptoms persist longer than two months or are characterised by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms or psychomotor retardation.	1		3
		For a major depressive episode (MDE) criteria A,C,D and E must be met.	1		3
	Screening for Manic or hypomanic episode Have you ever had a period of time when you were feeling so good, high, excited, or hyper that other people thought you were not your normal self or you were so hyper that you got in trouble? Did anyone else say you were manic? Was that more than you feeling good? (If no) What about a period of time where you were so irritable that you found yourself shouting at people or starting fights or arguments ? Did you find yourself shouting at people you really didn't know? When was that? What was it like? How long did that last? At least a week?	There has never been a manic episode, a mixed episode, a hypomanic episode For a manic episode there must be a distinct period of a least a week of abnormally and persistently elevated, expansive or irritable mood.	1		3
		For a current diagnosis of Major Depressive Disorder The participant must meet the criteria for MDE in the past month, have no history of a manic episode, a mixed episode, or a hypomanic episode and the MDE is not better accounted for by a psychotic disorder.	1		3
		For a lifetime diagnosis of Major Depressive Disorder The participant must meet the criteria for Lifetime MDE, have no history of a manic episode, a mixed episode, or a hypomanic episode and the MDE is not better accounted for by a psychotic disorder.	1		3

	Dysthymia Questions	Dysthymia Criteria			
A	(If participant has no major depressive episode now, check for dysthymia) For the past couple of years have you been bothered by depressed mood most of the day, more days than not? More than half the time? (If yes) What was it like?	Depressed mood for most of the day, for more days than not, as indicated by either subjective account or observation made by others, for a least two years.	1	2	3
	If criterion A is not met, skip this section and go to the next disorder. Do not check for lifetime episodes of dysthymia because this diagnosis cannot reliably be made.				
B		Presence while depressed of 2 or more of the following symptoms B1-B6			

B1	During these periods of (use own words for chronic depression) do you also Loose your appetite? What about overeating?	B1. Poor appetite or overeating	1	2	3
B2	During these periods of (use own words for chronic depression) do you also Have trouble sleeping or sleep too much?	B2. Insomnia or hypersomnia	1	2	3
B3	During these periods of (use own words for chronic depression) do you also have little energy to do things or feel tired a lot?	B3. Low energy or fatigue	1	2	3
B4	During these periods of (use own words for chronic depression) do you also Feel down on yourself? Feel worthless or a failure?	B4. Low self-esteem	1	2	3
B5	During these periods of (use own words for chronic depression) do you also have trouble concentrating or making decisions?	B5. Poor concentration or difficulty making decisions	1	2	3
B6	During these periods of (use own words for chronic depression) do you also Feel hopeless?	B6. Feelings of hopelessness	1	2	3
C	What is the longest period of time during this period of long lasting depression that you felt OK (No dysthymic symptoms)?	C. During the 2 year period of the disturbance the person has never been without the symptoms in criteria A and B for more than 2 months at a time.			
D	How long have you been feeling this way? Did it begin gradually or did it start with a bad period of depression? (If a major depressive episode occurred in the past) Now I want to know whether you got completely back to your usual self after that (major depressive episode/ use own words) before this long period of being mildly depressed? Were you back to yourself for at least two months?	D. No major depressive episode has been present during the first 2 years of the dysthymia.	1	2	3
E	Have you ever had a period of time when you were feeling so good, high, excited, or hyper that other people thought you were not your normal self or you were so hyper that you got in trouble? Did anyone else say you were manic? Was that more than you feeling good? (If no) What about a period of time where you were so irritable that you found yourself shouting at people or starting fights or arguments ? Did you find yourself shouting at people you really didn't know? When was that? What was it like? How long did that last? At least a week?	E. There has never been a manic episode, a mixed episode, a hypomanic episode and the criteria have never been met for cyclothymic disorder. For a manic episode there must be a distinct period of a least a week of abnormally and persistently elevated, expansive or irritable mood.	1	2	3
F	Did this begin soon after someone close to you died?	F. The disorder does not occur exclusively during the course of a chronic psychotic disorders such as schizophrenia or delusional disorder.	1		3
G	Just before (your depression/use own words) began were you physically ill? (If yes) What did the doctor say? Just before this began were you taking any medications? (If yes) any change in the amounts you were using? Just before this began, were you drinking or using any street drugs?	G. The symptoms are not due to the direct physiological effect of a substance.	1	2	3
H	How much do your depressed feeling interfere with your life?	H. The symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning.	1	2	3

		For a current diagnosis of Dysthmia criteria A, B,C,D, E, F, G, & H must be coded 3 and cover the past 2 year period.	1		3
		A lifetime diagnosis of Dysthmia cannot reliably be made so do not try to make one.			

	Panic disorder without agoraphobia Question	**Panic Disorder without agoraphobia Criteria**			
A1	Have you ever had a panic attack when you *suddenly* felt frightened, or anxious or *suddenly* developed a lot of physical symptoms? (If yes) Have these attacks ever come on completely out of the blue in situations where you didn't expect to feel nervous or uncomfortable? How many of these kinds of attacks have you had? At least two?	A. 1. Recurrent unexpected panic attacks	1	2	3
	If criterion A1 is not met, skip this section and go to next disorder.				
A2	After any of these attacks did you worry that there might be something terrible wrong with you, like you were having a heart attack or were going crazy? How long did you worry? At least a month? (If no) Did you worry lot about having another one? How long did you worry? At least a month? (If no) Did you do anything differently because of the attacks like avoiding certain places or not going out alone ? What about avoiding certain types of activities like exercise? What about things like always making sure you were near a bathroom or exit?	A 2. At least one of the attacks has been followed by a month or more of one of the following: a. Persistent concern about having additional attacks b. Worry about the implications of the attack or its consequences (losing control, having a heart attack, going crazy) c. A significant change in behaviour is related to the attacks	1	2	3
	When was the last bad one? What was the first thing you noticed? Then what? Did the symptoms come on all of a sudden? (If yes) How long did it take from when it began to when it got really bad? Less than 10 minutes?	Four or more of the 13 panic attack symptoms listed below developed abruptly and reached a peak within ten minutes	1	2	3
1	During the attack did your heart race, pound or skip?	1.Palpitations, pounding heart, accelerated heart rate	1	2	3
2	During the attack did you sweat?	2. Sweating	1	2	3
3	During the attack did you tremble or shake?	3. Trembling or shaking	1	2	3
4	During the attack were you short of breath? Did you have trouble catching your breath?	4.Sensations of shortness of breath or smothering	1	2	3
5	During the attack did you feel as if you were choking?	5. Feeling of choking	1	2	3
6	During the attack did you have chest pain or pressure?	6.Chest pain or discomfort			
7	During the attack did you have nausea or upset stomach or the feeling that you were going to have diarrhoea?	7. Nausea or abdominal distress	1	2	3
8	During the attack did you feel dizzy or steady or like you might faint?	8. Feeling dizzy, unsteady, light-headed or faint	1	2	3
9	During the attack did things around you seem unreal or did you feel detached form things around you or detached from part of your body?	9.Derealization (feelings of unreality) or depersonalisation (be3ing detached from oneself)	1		3
10	During the attack were you afraid you were going crazy or might loose control?	10. Fear of losing control of going crazy	1	2	3
11	During the attack were you afraid that you might die?	11.Fear of dying	1	2	3
12	During the attack did you have tingling or numbness in parts of your body?	12. Paresthesias (numbness or tingling sensations)			
13	During the attack did you have hot flushes (flashes) or chills?	13. Chills or hot flushes.	1	2	3
B	Agoraphobia questions are asked in next section	B. Absence of agoraphobia	1	2	3
C	Just before you began having panic attacks, were you taking any drugs, caffeine, diet pills or other medicines? How much coffee, tea or caffeinated soda do you drink per day? Just before the panic attacks were you physically ill? (If yes) what did the doctor say?	C. Not due to the direct physiological effect of a substance (e.g., a drug of abuse or medication) or to a general medical condition.	1		3
D	Social phobia, specific phobia, OCD, PTSD questions are asked in later sections.	D. Panic attacks not better accounted for by another disorder such as social phobia, specific phobia, OCD, PTSD or separation anxiety.	1		3
	Have you had panic attacks in the past month?	**For a current diagnosis of panic disorder 4 or the 13 panic attack symptoms must be coded 3 and criteria A, B, C & D must be met in the past month**	**1**		**3**
		For a lifetime diagnosis of panic disorder 4 or the 13 panic attack symptoms must be coded 3 and criteria	**1**		**3**

		A, B , C & D must be met prior to the last month			

	Agoraphobia Questions	**Agoraphobia Criteria**			
A	Are there situations that make you nervous because you are afraid that you might have a panic attack? If yes -Tell me about that? What about being uncomfortable if you are more than a certain distance from home? What about being in a crowded place like a busy store, movie theatre or restaurant? What about standing in a queue? What about being on a bridge? What about using public transportation like a bus, train or driving a car?	A. Anxiety about being in places or situations from which escape might be difficult(or embarrassing) or in which help may not be available in the event of having an unexpected or situationally predisposed panic attack or panic like symptoms. Agoraphobic fears typically involve characteristic clusters of situations that include being outside the home alone: being in a crowd or standing in line; being on a bridge; and travelling in a bus, train or automobile.	1	2	3
	If criterion A is not met – go back and code panic disorder without agoraphobia if appropriate and skip this section.				
B	Do you avoid these situations? (If no) When you are in one of these situations, do you feel very uncomfortable or like you might have a panic attack? Can you go into one of these situations only if you are with someone you know?	B. Agoraphobic situations are avoided (e.g. travel is restricted) or else endured with marked distress or with anxiety about having a panic attack or panic like symptoms or require the presence of a companion	1	2	3
C	Social phobia, specific phobia, OCD, PTSD questions are asked in later sections.	C. The anxiety disorder is not better accounted for by another disorder such as social phobia, specific phobia, OCD, PTSD or separation anxiety.	1		3
	Have you had these problems (AGORAPHOBIA) in the past month?	**For a current diagnosis of panic disorder with agoraphobia, a diagnosis of panic disorder must first be made and them criteria A, B & C above must be met in the past month**	**1**		**3**
		For a lifetime diagnosis of panic disorder with agoraphobia, a diagnosis of panic disorder must first be made and them criteria A, B & C above must be before the past month	**1**		**3**
		For a current diagnosis of agoraphobia (without panic disorder), there must be no history of panic disorder and criteria A, B & C above must be met in the past month	**1**		**3**
		For a lifetime diagnosis of agoraphobia (without panic disorder) there must be no history of panic disorder and criteria A, B & C above must be before the past month	**1**		**3**

	Social Phobia Questions	**Social Phobia Criteria**			
A	Was there anything that you have been afraid to do or felt uncomfortable doing in front of other people, like speaking, eating or writing? Tell me about it? What were you afraid would happen when …(feared action)? (If public speaking only) Do you think that your are more uncomfortable than most other people in that situation?	A. Marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be humiliating or embarrassing.	1	2	3
	If criterion A is not met – skip this section and go to next disorder.				
B	Have you always felt anxious when you ..(confronted phobic stimulus)?	B. Exposure to the feared social situation almost invariably provokes anxiety which may take the form of situationally bound or situationally predisposed panic attack	1	2	3
C	Did you think that you were more afraid of ….(phobic activity) than you should have been or than made sense?	C. The person recognises that the fear is excessive or unreasonable	1		3
D	Did you go out of your way to avoid ..(phobic activity)? (If no) How hard was is it for you to (do feared activity)?	D. The feared social or performance situations are avoided or else endured with intense anxiety or distress	1	2	3
E	How much did (feared activity) interfere with your life? How much has the fact that you have this fear bothered you?	E. The avoidance, anxious anticipation or distress in the feared social or performance situations interferes significantly with the persons normal routine occupational (academic) functioning or social activities or relationships, or there is marked distress about having the phobia.	1	2	3
F	(If under 18 years) For how long have you had these fears?	F. In individuals under 18 years the duration is at least 6 months	1	2	3
G	Just before you began having these fears, were you taking any drugs, caffeine, diet pills or other medicines?	G. The fear or avoidance is not due to the direct physiological effect of a substance	1		3

	How much coffee, tea or caffeinated soda do you drink per day? Just before the panic attacks were you physically ill? (If yes) what did the doctor say?	(e.g., a drug of abuse or medication) or to a general medical condition, and is not better accounted for by another disorder (e.g., panic disorder without agoraphobia, separation anxiety disorder, body dysmorphic disorder, PDD, or schizoid personality disorder)			
H		If a general medical condition or other mental disorder is present, the fear in A. is unrelated to it.	1		3
	Have you had these problems in the past month?	**For a current diagnosis of Social Phobia criteria A, B,C,D, E, F, G, & H must be coded 3 in the past month**	**1**		**3**
		For a lifetime diagnosis of Social Phobia criteria A, B,C,D, E, F, G, & H must be coded 3 prior to the past month	**1**		**3**

	Specific Phobia Questions	**Specific Phobia Criteria**			
A	Are there any other things that you have been especially afraid of like flying, seeing blood, getting an injection, heights, closed places or certain kinks of animals or insects Tell me about it? What were you afraid would happen when …(confronted with phobic stimulus)?	A. Marked and persistent fear that is excessive and unreasonable cued by the presence or anticipation of a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood).	1	2	3
	If criterion A is not met – skip this section and go to next disorder.				

B	Did you always feel frightened when you ..(confronted with phobic stimulus)?	B. Exposure to the feared stimulus almost invariably provokes an immediate anxiety response which may take the form of situationally bound or situationally predisposed panic attack	1	2	3
C	Did you think that you were more afraid of ….(phobic stimulus) than you should have been or than made sense?	C. The person recognises that the fear is excessive or unreasonable	1		3
D	Did you go out of your way to avoid ..(phobic stimulus)? (If no) How hard was is it for you to (\confront phobic stimulus)?	D. The phobic situation(s) is avoided or else endured with intense anxiety or distress	1	2	3
E	How much did (phobia) interfere with your life? Is there anything you've avoided because of being afraid of the (phobic stimulus)? How much has the fact that you have this fear bothered you?	E. The avoidance, anxious anticipation or distress in the feared situation(s) interferes significantly with the person's normal routine occupational (academic) functioning or social activities or relationships, or there is marked distress about having the phobia.	1	2	3
F	(If under 18 years) For how long have you had these fears?	F. In individuals under 18 years the duration is at least 6 months	1	2	3
G	Questions for OCD, PTSD, Social Phobia, Panic disorder with or without agoraphobia, or agoraphobia with or without panic disorder are else where in this part of the interviews	G. The anxiety, panic attacks or phobic avoidance associated with the specific object or situation are not better accounted for by another disorder (e.g., OCD, PTSD, Social Phobia, Panic disorder with or without agoraphobia, or agoraphobia with or without panic disorder)	1		3
	Have you had these problem in the past month?	**For a current diagnosis of Specific Phobia criteria A, B,C,D, E, F, G, & H must be coded 3 in the past month**	**1**		**3**
		For a lifetime diagnosis of Specific Phobia criteria A, B,C,D, E, F, G, & H must be coded 3 prior to the last month	**1**		**3**

	Obsessive Compulsive Disorder (OCD) Questions	OCD Criteria			
A	Now I would like to ask you if you have ever been bothered by thoughts that didn't make any sense and kept coming back to you even when you tried not to have them? What were they? (If participant is not sure what is meant) Thoughts like hurting someone even though you really didn't want to or being contaminated by germs or dirt?	A. Either obsessions or compulsions. Obsessions are defined by 1, 2, 3, & 4.	1	2	3
		1. Recurrent or persistent thoughts impulses or images that are experienced as intrusive or inappropriate and cause marked anxiety or distress.	1	2	3
		2. The thoughts, images or impulse are not excessive worries about real life problems.	1	2	3
	When you had these thoughts did you try hard to get them out of your head? What would you try to do?	3. The person attempts to ignore or suppress these thoughts, impulses or images or to neutralize them with some other thought or action.	1	2	3
	Where did you think these thoughts were coming from?	4. The person recognises that the thoughts images or impulses are the product of his or her own mind (and not imposed from without as in thought insertion). Compulsions are defined by 1 & 2.	1	2	3
	Was there ever anything that you had to do over and over again and couldn't resist doing like washing your hands again and again, counting up to a certain number, or checking something several times to make sure that you'd done it right? What did you have to do?	1. Repetitive behaviours (e.g. hand washing, ordering, checking) or mental acts (e.g. praying, counting, repeating words silently) that the person feels driven to performing in response to an obsession or according to rules that must be applied rigidly.	1	2	3
	Why did you have to do (COMPULSIVE ACT)? What would happen if you did not do it? How many times would you do (Compulsive Act)? How much time a day would you spend doing it?	2. The behaviours or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation. However, these behaviours or mental acts either are not connected in a realistic way with what they are designed to neutralise or prevent or are clearly excessive.	1	2	3
	If criterion A is not met, skip this section and go to next disorder.				
B	Have you thought about (OBSESSIVE THOUGHTS) or done (COMPULSIVE ACTS) more than you should have or more than made sense? (If no) How about when you first started having this problem?	B. The person has at one time recognised that the obsessions or compulsions are unreasonable but this condition does not apply to children	1		3
C	What effect did this (OBSESSIVE THOUGHTS AND/OR COMPULSIVE ACTS) have on your life? Did it bother you a lot? How much time do you spend on (Obsessive Thoughts And/Or Compulsive Acts) ?	C. The obsessions or compulsions cause considerable distress, are time consuming (more than 1 hour a day), and impair social and academic functioning	1	2	3
D		D. If another Axis 1 disorder is present the content of the obsessions or compulsions is not restricted to it (e.g. food and eating disorder or drugs and substance abuse disorder?	1	2	3
E	Just before you began having (OBSESSIONS OR COMPULSIONS) were you taking any drugs or medicines? Just before the (OBSESSIONS OR COMPULSIONS) started, were you physically ill?	E. The disorder is not due to the direct physiological effect of a substance or to a general medical condition.	1	2	3

	Have you had these (OBSESSIONS OR COMPULSIONS) in the past month?	**For a current diagnosis of OCD criteria A, B,C,D, & E must be coded 3 for the past month**	**1**		**3**
		For a lifetime diagnosis of OCD criteria A, B,C,D, & E must be coded 3 before the past month	**1**		**3**

	Post Traumatic Stress Disorder (PTSD) Questions	**PTSD Criteria**			
A	Sometimes things happen to people that are extremely upsetting, things like being in a life threatening situation like a major disaster, every serious accident or fire; being physically assaulted or raped, seeing another person killed or dead, or badly hurt, or hearing about some thing horrible that has happened to someone you are close to. At any time during your life, have any of these kinds of things happened to you? (If any events are mentioned, list them and ask) Sometimes these things keep coming back in nightmares, flashbacks, or thoughts that you cant get rid of. Has that ever happened to you? (If no) What about being very upset when you were in a situation that reminded you of one of these terrible things? Which (traumatic event if there was more than one) of these do you think affected you most? How did you react when (the trauma) happened? Were you afraid or did you feel terrified or helpless?	A. The person has been exposed to a traumatic event in which both of the following were present: 1. The person experienced, witnessed, or was confronted with an event that involved actual or threatened death or serious injury of self or others 2. The person's response involved intense fear, helplessness or horror or in the case of children disorganised behaviour	1	2	3
	If criterion A is not met, skip this section and go to next disorder				
B	Now I'd like to ask about specific ways it may have affected you, for example… Did you think about (TRAUMA) when you didn't want to or did thought s about (TRAUMA) come to you suddenly when you didn't want them to? What about having dreams about (TRAUMA)? What about finding yourself acting or feeling as if you were back in the situation? What about getting very upset when something reminded you of (TRAUMA)? What about having physical symptoms like breaking out in a sweat, breathing heavily, or irregularly, or your heart pounding or racing?	B. The traumatic event is persistently re-experienced in one or more of the following ways 1.Recurrent and intrusive distressing recollections of the event including thoughts, images, or in children repetitive play in which the themes of the trauma are re-enacted 2. Recurrent distressing dreams of the event or in children the dreams may have unrecognizable fearful content 3. Acting or feeling as if the traumatic event were recurring (including, hallucinations, illusions and dissociative flashbacks, or in children re-enactments) 4. Intense psychological distress to exposure to internal or external cues that symbolize the traumatic event 5. Physiological reactivity to exposure to internal or external cues that symbolize the traumatic event	1	2	3

C	Since the TRAUMA have you made a special effort to avoid thinking or talking about what happened? Have you stayed away from things or people that reminded you of (TRAUMA)? Have you been unable to remember some important part of what happened? Have you been much less interested in doping things that used to be important to you, like seeing friends, reading books or watching TV? Have you felt distant or cut off from others? Have you felt “numb” or like you no longer had strong feelings about anything or loving feelings for anyone? Did you notice a change in the way you think about or plan for the future?	C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness as indicated by 3 of the following: 1. Avoidance of thought feelings or conversations associated with the trauma 2. Avoidance of activities, places or people that arouse recollection of the trauma 3. Inability to recall an important aspect of the trauma 4. Markedly diminished interest or participation in significant activities 5. Restricted range of affect 6. Sense of foreshortened future	1	2	3
D	Since the trauma have you had trouble sleeping? What kind of trouble? Have you been unusually irritable? What about outbursts of anger? Have you had trouble concentrating? Have you been watchful or on guard even though there was no reason to be? Have you been jumpy or easily startled. Like by sudden noises?	D. Persistent symptoms of increased arousal as indicated by 2 of the following: 1. Sleep difficulties 2. Irritability or outbursts of anger 3. Difficulty concentrating 4. Hypervigilance 5. Exaggerated startle response	1	2	3
E	About how long did these problems (WUCH AS PTSD SYMPTOMS) last?	E. Duration of disturbance longer than 1 month	1	2	3
F		F. The disturbance causes clinically significant distress and impairment of social or academic functioning.	1	2	3
	Have you had these (PTSD SYMPTOMS) in the past month?	**For a current diagnosis of PTSD criteria A, B,C,D, E, & F must be coded 3 for the past month**	**1**		**3**
		For a lifetime diagnosis of PTSD criteria A, B,C,D, E, & F must be coded 3 before the past month	**1**		**3**

	Generalised Anxiety Disorder (GAD) Questions	**GAD Criteria**			
A	In the last 6 months have you been particularly nervous or anxious? Do you worry a lot about bad things that might happen? What do you worry about? How much do you worry about (Events or activities)? During the past 6 months would you say that you have been worrying more days than not?	A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for 6 months about a number of events or activities (such as school or work performance).	1	2	3
	If criterion A is not met, check for lifetime disorder by asking Was there ever a period of about 6 months when ….. If criterion A is not met for a lifetime disorder, skip the section and go to next disorder				
B	When you are worrying this way do you find it hard to stop yourself?	B. The person finds it difficult to control the worry.	1	2	3

C	Now I'm going to ask you some questions that often go along with being nervous. Thinking about those periods in the past six months when you're feeling nervous or anxious Do you often feel physically restless –can't sit still? Do you often feel keyed up or on edge? Do you often tire easily? Do you have trouble concentrating or does your minds go bland? Are you often irritable? Are your muscles often tense? Do you often have trouble falling or staying asleep	C. The anxiety or worry is associated with 3 of the following in adults or 1 of the following in children for more days than not in the past 6 months. 1. Restlessness or feeling keyed up or on edge 2. Being easily fatigued 3. Difficulty concentrating or mind going blank. 4. Irritability 5. Muscle tension 6. Sleep disturbance	1		3
D		D. The focus of the anxiety or worry is not confined to features of an Axis 1 disorder (panic disorder, OCD, PTSD, social phobia, eating disorders(	1	2	3
E	What effect has the anxiety, worry or (physical symptoms) had on your life? Has it made it hard to do your work or be with your friends?	E. The anxiety or physical symptoms cause clinically significant distress or impairment in social, occupational, school and other important area of functioning	1	2	3
F	When did this worrying start	F. The disturbance is not due to the direct physiological effect of a substance or to a general medical condition. Does not occur exclusively during the course of a mood disorder, psychotic disorder or pervasive developmental disorder	1	2	3
		For a current diagnosis of GAS criteria A, B,C,D, E, & F must be coded 3 for the past 6 months	**1**		**3**
		For a lifetime diagnosis of GAS criteria A, B,C,D, E, & F must be coded 3 for a period before the past 6 months	**1**		**3**

	Alcohol Abuse Question	**Alcohol Abuse Criteria**			
A	What are your drinking habits like How much do you drink? How often? What do you drink?	A. A maladaptive pattern of alcohol use leading to clinically significant impairment or distress as manifested by **one or more of A1-A4 occurring within a 12 month period:**	1	2	3
	If not currently drinking heavily to check for lifetime disorder ask… Was there ever a time in your life when you were drinking a lot more? How often were your drinking? What were you drinking? How much? How long did that period last?				
	If there is no evidence of past or current heavy drinking skip this section and the alcohol dependence section and got the substance abuse section.				

	Currently (or during the time when you were drinking heavily did…) does you drinking cause problems for you? Does/did anyone object to your drinking? Let me ask you a few more questions about the time when you were drinking most or had most drink-related problems.				
A1	Did you miss work or school because you were intoxicated, high or very hung over? How Often? What about doing a bad job at work or failing courses at school because of your drinking? (If appropriate) What about not keeping your house clean or not taking proper care of your children because of your drinking? How often?	A1. Recurrent alcohol use resulting in a failure to fulfil major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to alcohol us; alcohol related absences, suspensions, or expulsions from school; neglect of children or household)	1	2	3
A2	Did you ever drink in a situation in which it was dangerous to drink at all? Did you ever drive while you were really too drunk to drive? How many times?	A2. Recurrent alcohol use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by alcohol use).	1	2	3
A3	Did your drinking get you into trouble with the law? Tell me more about that? How many times?	A.3. Recurrent alcohol related legal problems (e.g., arrests for alcohol-related disorderly conduct)	1	2	3
A4	Did your drinking cause problems with other people, such as with family members, friends, or people at work? Did you ever get into physical fights when you were drinking? What about having bad arguments about your drinking? Did you keep on drinking anyway?	A4. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol (e.g., arguments with spouse about consequences of intoxication, physical fights)	1	2	3
B		B. Symptoms have never met the criteria for alcohol dependence.			
		For a current diagnosis of Alcohol Abuse, criteria A and B are met for the past month	**1**		**3**
		For a lifetime diagnosis of Alcohol Abuse, criteria A and B are met before the past month	**1**		**3**

	Alcohol Dependence Question	Alcohol Dependence Criteria			
A	Now I would like to ask you some more questions about the time when you were drinking most or had most drink-related problems.	A. A maladaptive pattern of alcohol use leading to clinically significant impairment or distress as manifested by **three or more of the following occurring at any time in the same 12 month period**	1	2	3
A3	During that time did you often find that when you started drinking you ended up drinking much more than you were planning to? If No – What about drinking over a much longer period of time than you were planning to?	3. Alcohol is often taken in larger amounts or over a longer period than was intended	1	2	3
A4	Did you try to cut down or try to stop drinking alcohol? If yes – Did you ever actually stop drinking altogether? How many time s did your try to cut down or stop altogether? If no – Did you want to stop or cut down? Is this something you kept worrying about?	4. There is a persistent desire or unsuccessful effort s to cut down or control alcohol use	1	2	3
A5	Did you spend a lot of time drinking being high, or hung over?	5. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol or recover from its effects	1	2	3
A6	Did you often have times when you would drink so often that you started to drink instead of working, spending time with your family, or friends or engaging in other important activities such as sports, gardening or playing music?	6. Important social, occupational, or recreational activities are given up or reduced because of alcohol use	1	2	3

A7	Did your drinking cause any psychological problems such as making you depressed or anxious, making it hard to sleep, or causing blackouts? Did your drinking cause significant physical problems or make a physical problem worse? Did you keep on drinking anyway?	7. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol (e.g., continued drinking despite recognition than an ulcer was made worse by alcohol consumption).	1	2	3
A1	Did you find that you needed to drink a lot more in order to get the feeling you wanted than you did when you first started drinking? If yes - How much more? If no – What about finding that when you drank the same amount, it had much less effect than before?	1. Tolerance, as defined by either or the following: A. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect B. Markedly diminished effect with continued use of the same amount of alcohol	1	2	3
A2	Did you ever have any withdrawal symptoms when you cut down or stopped drinking such as • Sweating or racing heart • hand shakes • trouble sleeping • feeling nauseated or vomiting • Feeling agitated • Feeling anxious How about having a seizure or seeing, feeling, or hearing things that weren't really there? If no- Did you ever start the day with a drink, or did you often drink or take some other drug or medication to keep yourself from getting the shakes or becoming sick?	2. Withdrawal as manifested by either A or B. A. At least two of the following developing within several hours to a few days after cessation of (or reduction in) heavy and prolonged alcohol use • Sweating or pulse rate over 100bpm • Increased hand tremor • Insomnia • Nausea or vomiting • Psychomotor agitation • Anxiety • Grand mal seizures • Transient visual, tactile or auditory hallucinations or illusions B. alcohol or tranquillizers taken to relieve or avoid withdrawal symptom	1	2	3
		For a current diagnosis of alcohol dependence 3 of the 7 criteria were present in past month	**1**		**3**
		For a lifetime diagnosis of alcohol dependence 3 of the 7 criteria were present prior to the past month	**1**		**3**

	Substance Abuse Question	Substance Abuse Criteria			
	Have you ever taken any of these drugs to get high, to sleep better, or lose weight, or the change you mood. Which one caused you the most problems? (Circle) Which one did you use the most? (Circle) If no significant drug use occurred – skip substance use and substance dependence sections and go the personality disorder section	**Downers - Sedative-Hypnotics-Anxiolytics** Quaalude (ludes) Seconol (reds) Valium (roche 5) Xanex, librium, barbiturates, Miltown, Ativan, Dalmane, Halcion, Restoril **Cannabis** Marijuana, hashish (Hash), THC, pot, grass, weed, reefer **Uppers – Stimulants** Amphetamine, speed, crystal meth, dexadrine, Ritalin, diet pills, ice **Opiods** Heroin, morphine, opium, Methadone, Darvon, codine, Percodan, Demerol, Dilaudid **Cocaine** Snorting, IV, freebase, crack, speedball **Hallucinogens- Psychedelics** LSD (Acid), mescaline, peyote, psilocybin, STP, mushrooms, Extacy, MDMA **PCP – Phencyclidine** Angel dust, Special K, ketamine **Other** Steroids, glue, ethyl chloride, paint, inhalants, nitrous oxide (laughing gas), amyl or butyl nitrate (poppers), sleep or diet pills			
A	Now I'd like to ask you some questions about your use of (DRUG USED THE MOST OR CASUSED MOST PROBLEMS). During that time..	A. A maladaptive pattern of substance use leading to clinically significant impairment or distress as manifested by **one or more of A1-A4 occurring within a 12 month period:**	1	2	3
A1	Did you miss work or school because you were intoxicated, high or very hung over? How Often? What about doing a bad job at work or failing courses at school because you used DRUG? (If appropriate) What about not keeping your house clean or not taking proper care of your children because of DRUG? How often?	A1. Recurrent substance use resulting in a failure to fulfil major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance related absences, suspensions, or expulsions from school; neglect of children or household)	1	2	3
A2	Did you ever use DRUG in a situation in which it might have been dangerous? How often?	A2. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use).	1	2	3
A3	Did your use of DRUG get you into trouble with the law? How often and when?	A.3. Recurrent substance related legal problems (e.g., arrests for substance-related disorderly conduct)	1	2	3
A4	Did your use of DRUG cause problems with other people, such as with family members, friends, or people at work? Did you ever get into physical fights when you were using DRUG? What about having bad arguments about your drug use? Did you keep on using DRUG anyway?	A4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substance (e.g., arguments with spouse about consequences of intoxication, physical fights)	1	2	3
B		B. Symptoms have never met the criteria for substance dependence.			
		For a current diagnosis of Substance Abuse, criteria A and B are met for the past month	**1**		**3**
		For a lifetime diagnosis of Substance Abuse, criteria A and B are met prior to the past month	**1**		**3**

	Substance Dependence Question	Substance Dependence Criteria			
A	I would like to ask you some more questions about (TIME WHEN USING THE MOST DRUGS/TIME WHEN DRUGS CAUSED THE MOST PROBLEMS).	A. A maladaptive pattern of substance use leading to clinically significant impairment or distress as manifested by **three or more of the following occurring at any time in the same 12 month period**	1	2	3
A3	During that time did you often find that when you started using DRUG you ended up using much more than you were planning to? If No – What about using it over a much longer period of time than you were planning to?	3. Substance is often taken in larger amounts or over a longer period than was intended	1	2	3
A4	Did you try to cut down or stop using DURG?	4. There is a persistent desire or	1	2	3

	If yes – Did you ever actually stop using DRUG altogether? How many times did your try to cut down or stop altogether? If no – Did you want to stop or cut down? Is this something you kept worrying about?	unsuccessful effort s to cut down or control substance use			
A5	Did you spend a lot of time using DRUG or doing what ever you had to get to it? Did it take you a long time to get back to normal?	5. A great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances) use the substance or recover from its effects	1	2	3
A6	Did you often have times when you would use DRUG so often that you started to use DRUG instead of working, spending time with your family, or friends or engaging in other important activities such as sports, gardening or playing music?	6. Important social, occupational, or recreational activities are given up or reduced because of substance use	1	2	3
A7	Did your drug use cause any psychological problems such as making you depressed or anxious, making it hard to sleep, or causing blackouts? Did your drug use cause significant physical problems or make a physical problem worse? If yes - Did you keep on using anyway?	7. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by substance(e.g., current cocaine use despite recognition of cocaine induced depression).	1	2	3
A1	Did you find that you needed to use a lot more DRUG in order to get the feeling you wanted than you did when you first started using it? If yes - How much more? If no – What about finding that when you used the same amount, it had much less effect than before?	1. Tolerance, as defined by either or the following: A. A need for markedly increased amounts of the substance to achieve intoxication or desired effect B. Markedly diminished effect with continued use of the same amount of the substance	1	2	3

A2	Did you ever have any withdrawal symptoms when you cut down or stopped suing DRUG? If yes- what symptoms did you have? If withdrawal symptoms occurred - After not using DRUG for a few hours or more, did you often use it to keep yourself from getting sick with WITHDRAWAL SYMPTOMS? What about using NAME ANOTHER DRUG IN THE SAME CLASS when you were feeling sick with WITHDRAWAL SYMPTOMS so that you would feel better?	2. Withdrawal as manifested by either A or B A. A characteristic withdrawal syndrome for the substance B. the same or a closely related substance is taken to relieve or avoid withdrawal symptoms **Sedatives** 2 or more of the following: sweating, high pulse rate, increased hand tremor, insomnia, nausea and vomiting, transient hallucinations or illusions, psychomotor agitation, anxiety, grand mal seizures. **Stimulants & Cocaine** Dysphoric mood and 2 of the following: fatigue, vivid unpleasant dreams, insomnia, hypersomnia, increased appetite, psychomotor retardation or agitation. **Opiods** 3 or more of the following: dysphoric mood, nausea and vomiting, muscle aches, lacrimation, rhinorrhea, pupillary dilation, piloerection, sweating, diarrhoea, yawning, fever, insomnia. **Cannabis, Hallucinogens and PCP** No withdrawal syndrome occurs	1	2	3
		For a current diagnosis of substance dependence 3 of the 7 criteria were present in past month	**1**		**3**
		For a lifetime diagnosis of substance dependence 3 of the 7 criteria were present within a 1 year period excluding the past month	**1**		**3**

SCID II for DSM IV-TR

Follow these rules for all rating all 4 personality disorders

For each criterion, always ask the first question and then ask probes as required until you have enough information to rate the criterion as 3= true; 1=absent or false; or 2=subthreshold.

After completing ratings for all criteria for a personality disorder, if the criteria for a current personality disorder are met, code the personality disorder as present and go to next disorder.

Do not rate lifetime personality disorders which are no longer current (as you did for mood, anxiety and substance use disorders).

Summarize the final list of diagnoses on the summary SCID grid.

	Avoidant PD Questions	**Avoidant PD Criteria**			
		A pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following			

1	Have you avoided jobs or tasks that involved having to deal with a lot of people? Give me some examples? What was the reason that you avoided these? Have you ever refused a promotion because it would involve dealing with more people than you would be comfortable with?	(1) avoids occupational activities that involve significant interpersonal contact, because of fears of criticism, disapproval, or rejection. To score 3- must give 2 examples.	1	2	3
2	Do you avoid getting involved with people unless you are certain they will like you? I you don't know someone likes you would you ever make the first move?	(2) is unwilling to get involved with people unless certain of being liked To score 3 – almost never takes initiative in a social relationship	1	2	3
3	Do you find it hard to be open even with people your are close to? Why is this? Are you afraid of being made fun of or embarrassed?	(3) shows restraint within intimate relationships because of the fear of being shamed or ridiculed To score 3 – true for almost all relationships	1	2	3
4	D o you often worry about being criticized or rejected in social situations? Give me some examples. Do you spend a lot of time worrying about this?	(4) is preoccupied with being criticized or rejected in social situations To score 3 – a lot of time is spent worrying about social situations	1	2	3
5	Are you usually quiet when you meet new people? Why is that? Is it because you feel in some way inadequate or not good enough?	(5) is inhibited in new interpersonal situations because of feelings of inadequacy To score 3 – Acknowledges trait and gives many (3) examples	1	2	3
6	Do you believe that you are not a s good, as smart, or as attractive as most other people? Tell me about that?	(6) views self as socially inept, personally unappealing, or inferior to others To score 3 – acknowledges belief.	1	2	3
7	Are you afraid to try new things? IS that because you are afraid of being embarrassed? Give me some examples	(7) is usually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing To score 3 – several examples (3) of avoiding activities because of fear of embarrassment	1	2	3
		Avoidant PD - 4 items or more are coded 3.	**1**		**3**

	Dependent PD Questions	**Dependent PD Criteria**			
		A pervasive and excessive need to be taken care of that leads to submissive and clinging behaviour and fears of separation, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:			
1	Do you need a lot of advice or reassurance from others before you can make everyday decisions – like what to wear or what to order in a restaurant? Can you give me some example of the kinds of decision you would ask for advice or reassurance about? Does this happen most of the time?	(1) has difficulty making everyday decisions without an excessive amount of advice and reassurance from others To score 3 – several (3) examples	1	2	3
2	Do you depend on other people to handle important areas in your life such as finances, child care, or living arrangements? Give me some examples. Is this more than just getting advice from people? Has this happened with most important areas of your life?	(2) needs others to assume responsibility for most major areas of his or her life Do not include just getting advice from others or sub culturally expected behaviour To score 3 – several (3) examples	1	2	3
3	Do you find it hard to disagree with people even when you think they are wrong? Give me some examples of when you found it hard to disagree. What are you afraid will happen if you disagree`?	(3) has difficulty expressing disagreement with others because of fear of loss of support or approval. Do not include realistic fears of retribution. To score 3 – acknowledges trait or several (3) examples	1	2	3

4	Do you find it hard to start work on tasks when there is no one to help you? Give me some examples. Why is that? Is this because you are not sure you can do it right?	(4) has difficulty initiating projects or doing things on his or her own (because of lack of self-confidence in judgement or abilities rather than a lack of motivation or energy) To score 3 – acknowledges trait	1	2	3
5	Have you often volunteered to do things that are unpleasant? Give me some examples of these types of things. Why is that?	(5) goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant Do not include behaviour intended to achieve goals other than being liked, such as job advancement. To score 3 – acknowledges trait or gives one example	1	2	3
6	Do you usually feel uncomfortable when you are by yourself. Why is that? Is it because you need someone to take care of you?	(6) feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself or herself To score 3 – acknowledges trait	1	2	3
7	When a close relationship ends do you feel you immediately have to find someone else to take care of you/ Tell me about that. Have you reacted this way almost always when close relationships have ended?	(7) urgently seeks another relationship as a source of care and support when a close relationship ends To score 3 – happens when most close relationships end.	1	2	3
8	D you worry a lot about being left alone to take care of yourself? Are there often times when you keep worrying about this? Do you have period when you worry about this all the time?	(8) is unrealistically preoccupied with fears of being left to take care of himself or herself. To score 3 –persistent unrealistic worry.	1	2	3
		Dependent PD – 5 or more items are coded as 3	**1**		**3**

	Borderline PD Questions	**Borderline PD Criteria**			
		A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:			
1	Have you often become frantic when you thought that someone you really cared about was going to leave you. What have you done? Have you threatened or pleaded with him or her?	(1) frantic efforts to avoid real or imagined abandonment. Do not include suicidal or self-mutilating behaviour covered in Criterion 5 To score 3 – several (3) examples	1	2	3
2	Do your relationships with people you really care about have lots of extreme ups and downs? Tell me about them. Were there times you thought they were everything you wanted and other times you thought they were terrible? How many relationships were like this?	(2) a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation To score 3 – either one prolonged relationship or several briefer relationships in which the alternating pattern occurs at least twice.	1	2	3
3	Have you all of a sudden changed your sense of who you are and where you are headed? Give me some examples of this. Does your sense of who you are often change dramatically? Tell me more about that? Are you different with different people or in different situations so that you sometimes don't know who you really are? Give me some examples of this? Do you feel this way a lot? Have there been lots of sudden changes in your goals, career plans. Religious beliefs, an dos on?	(3) identity disturbance: markedly and persistently unstable self-image or sense of self Do not include normal adolescent uncertainty To score 3 – acknowledges trait	1	2	3

4	Have you often done things impulsively? What kind of things? What about buying things you really couldn't afford? What about having sex with people you hardly know or unsafe sex? What about drinking too much or taking drugs? What about driving recklessly? What about uncontrollable eating? If yeas to any of these- Tell me about that. How often does it happen What kinds of problems has it caused?	(4) impulsivity in at least two areas that are potentially self-damaging (for example, spending, sex, substance abuse, reckless driving, binge eating.) Do not include suicidal or self-mutilating behaviour covered in Criterion 5. To score 3 – several (3) examples	1	2	3
5	Have you tried to hurt or kill yourself or threatened to do so? Have you ever cut, burned or scratched yourself on purpose? Tell me about that	(5) recurrent suicidal behaviour, gestures, or threats, or self-mutilating behaviour To score 3 – 2 or more events when not in a major depressive episode	1	2	3
6	Do you have a lot of sudden mood changes? Tell me about that. How long do your bad moods last? How often do these mood changes happen? How suddenly do your moods change?	(6) affective instability due to a marked reactivity of mood (for example, intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days) To score 3 – acknowledges trait	1	2	3
7	Do you often feel empty inside? Tell me more about this.	(7) chronic feelings of emptiness To score 3 – acknowledges trait	1	2	3
8	Do you often have temper outbursts or get so angry that you lose control? Tell me about this. Do you hit people or throw things when you get angry? Tell me about this. Do even little things get you very angry? When does this happen? Does this happen often?	(8) inappropriate intense anger or difficulty controlling anger (for example, frequent displays of temper, constant anger, recurrent physical fights) To score 3 – acknowledges trait and gives one example	1	2	3
9	When you are under a lot of stress do you get suspicious of other people or feel especially spaced out? Tell me about that.	(9) transient, stress-related paranoid ideation or severe dissociative symptoms To score 3 – several (3) examples that do not occur during a psychotic disorder or a mood disorder with psychotic features.			
		Borderline PD – 5 or more items are coded as 3	**1**		**3**

	Antisocial PD Questions	**Antisocial PD Criteria**	**1**		**3**
B	Are you currently over 18?	B. The individual is at least age 18 years.	1	2	3
D		D. The occurrence of antisocial behaviour is not exclusively during the course of schizophrenia or a manic episode.	1	2	3
	If the person meets criterion B (over 18 years) and criterion D (antisocial behaviour not due to mania or schizophrenia) proceed to ask about conduct problems before age 15 (criterion C – items C1-C15 below) until at least 2 of the 15 criteria are met.				
C		C. There is evidence of Conduct Disorder with onset before age 15 years.	1	2	3
C1	Before you were 15 would you bully or threaten other kids? Tell me about that.	(1) Before the age of 15 often bullied threatened or intimidated others			
C2	Before you were 15 would you start fights? How often?	(2) Before the age of 15 often initiated physical fights			
C3	Before you were 15 did you hurt or threaten someone with a weapon like a bat, brick, broken bottle, knife or gun? Tell me about that?	(3) Before the age of 15 used a weapon that can cause serious physical harm to others (e.g., bat, brick, broken bottle, knife, gun)			
C4	Before you were15 did you deliberately torture someone or cause someone physical pain and suffering? What did you do?	(4) Before the age of 15 was physically cruel to people			

C5	Before you were 15 did you torture or hurt animals on purpose? What did you do?	(5) Before the age of 15 was physically cruel to animals			
C6	Before you were 15 did you rob, mug or forcibly take something form someone by threatening him or her? Tell me about that.	(6) Before the age of 15 stole while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)			
C7	Before you war e15 did you force someone to have sex with you, to get undressed in front of your, or to touch you sexually? Tell me about that.	(7) Before the age of 15 forced someone into sexual activity			
C8	Before you were 15 did you set fires? Tell me about that.	(8) Before the age of 15 deliberately engaged in fire setting with the intention of causing serious damage			
C9	Before you were 15 did you deliberately destroy things that weren't yours? What did you do?	(9) Before the age of 15 deliberately destroyed others' property (other than by fire setting)			
C10	Before you were 15 did you break into houses, other buildings, or cars? Tell me about that.	(10) Before the age of 15 broke into someone else's house, building or car			
C11	Before you war e15 did you lie a lot or con other people? Want would you lie about?	(11) Before the age of 15 0ften lied to obtain goods or favours or to avoid obligations (i.e., cons others)			
C12	Before you were 15 did you sometimes steal or shoplift things or forge someone's signature? Tell me about it.	(12) Before the age of 15 stole items of nontrivial value without confronting the victim (e.g., shoplifting, stealing but without breaking and entering, forgery)			
C13	Before you were 15 did you run away and stay away overnight? Was that more than once? With whom were you living at the time?	(13) Before the age of 15 ran away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)			
C13	Before you were 13 did you often stay out very late, long after the time you were supposed to be home? How often?	(14) Before the age of 13 often stayed out at night despite parental prohibitions			
C15	Before you were 13 did you often skip school or mitch? How often?	(15) Before the age of 13 often truanted from school			
	If two items from C1-C15 are present criterion C is met, so proceed to questions about criterion A				
A		A. There is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three (or more) of the following:			
A1	Now, since you were 15 have you done things that are against the law – even if you weren't caught – like stealing, using or selling drugs, writing bad checks, or having sex for money ? If no – Have you ever been arrested for anything?	(1) Failure to conform to social norms with respect to lawful behaviours as indicated by repeatedly performing acts that are grounds for arrest To score 3 – several (3) examples	1	2	3
A2	Since you were 15, do you often find you have to lie to get what you want? Have you ever used an alias or pretended you were someone else? Have you ever conned others to get what you want?	(2) Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure To score 3 – several (3) examples	1	2	3
A3	Since you were 15, do you often do things on the spur of the moment without thinking how it will affect you or other people? What kind of things? Was there ever a time when you had no regular place to live? For how long?	(3) Impulsivity or failure to plan ahead To score 3 – several (3) examples	1	2	3

A4	Since you were 15, have you been in many fights? How often? Have you ever hit or thrown things at your spouse or partner? How often? Have you ever hit a child, yours or someone else's – so hard that he or she had bruises or had to stay in bed or see a doctor? Tell me about that. Have you physically threatened or hurt someone? Tell me about that.	(4) Irritability and aggressiveness, as indicated by repeated physical fights or assaults To score 3 – several (3) examples	1	2	3
A5	Since you were 15, did you ever drive a car when you were drunk or high? How many speeding tickets or penalty points for speeding have you gotten or car accidents have you been in? D you always use protection if you have sex with someone your don't know well? Has anyone ever said that you allowed a child that you were taking care of to be in a dangerous situation?	(5) Reckless disregard for safety of self or others To score 3 – several (3) examples	1	2	3
A6	How much of the time in the last 5 years were you not working? If for a prolonged period – Why? Was there work available? When you were working did you miss a lot of work? If yes- Why? Did you ever walk off a job without having another one to go to? If yes –How many times did this happen? Have you ever owed people money and not paid them back? How often? What about not paying child support, or not giving money to children or someone else who depended on you?	(6) Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behaviour or honour financial obligations To score 3 – several (3) examples	1	2	3
A7	How do you feel about (LIST SOME ANTSOCIAL ACTS THAT THE PERSON DID)? Do you think what you did was wrong in any way?	(7) Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another To score 3 –lacks remorse about several (3) antisocial acts	1	2	3
		Antisocial PD – 3 or more items from A1-A7 are coded as 3 and criterion B (over 18) criterion C (conduct disorder before 15) and criterion D (absence of current mania or schizophrenia) are met.	**1**		**3**

Global Assessment of Functioning (GAF)
Base your GAF rating on all available information and put GAF rating below and on the SCID grid

Consider psychological, social and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical or environmental limitations.

100 I 91	Superior functioning in a wide rage of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many qualities. No symptoms.
90 I 81	Absent or minimal symptoms, good functioning in all areas, interested and involved in a wide range or activities, socially effective, generally satisfied with life, no more than everyday problems or concerns.
80 I 71	If symptoms are present they are transient and expectable reactions to psychosocial stresses; no more than slight impairment in social, occupational, or school functioning
70 I 61	Some mild symptoms OR some difficulty in social, occupational, or school functioning, but generally functioning pretty well, has some meaningful interpersonal relationships.
60 I 51	Moderate symptoms OR any moderate difficulty in social, occupational, or school functioning.
50 I 41	Serious symptoms OR any serious impairment in social, occupational, or school functioning.
40 I 31	Some impairment in reality testing or communication OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood.
30 I 21	Behaviour is considered influenced by delusions or hallucinations OR serious impairment in communications or judgment OR inability to function in all areas.
20 I 11	Some danger or hurting self or others OR occasionally fails to maintain minimal personal hygiene OR gross impairment in communication.
10 I 0	Persistent danger of severely hurting self or others OR persistent inability to maintain minimum personal hygiene OR serious suicidal act with clear expectation of death

SCID GRID

Summarize the results of the SCID I and SCID II and the Global Assessment of Functioning on this Grid

	Any DSM IV Axis 1 psychological Disorder		
ANYC	Any axis 1 disorder current	Yes 1	No 0
ANYE	Any axis 1 disorder ever	Yes 1	No 0
	Mood Disorders		
MC	Any mood disorder current	Yes 1	No 0
ME	Any mood disorder ever	Yes 1	No 0
MDC	Major depression current	Yes 1	No 0
MDE	Major depression ever	Yes 1	No 0
DC	Dysthymia current	Yes 1	No 0
	Anxiety disorders		
AC	Any anxiety disorder current	Yes 1	No 0
AE	Any Anxiety disorder ever	Yes 1	No 0
PDC	Panic disorder without agoraphobia current	Yes 1	No 0
PDE	Panic disorder without agoraphobia ever	Yes 1	No 0
PDAC	Panic disorder with agoraphobia current	Yes 1	No 0
PDAE	Panic disorder with agoraphobia ever	Yes 1	No 0
AGC	Agoraphobia without panic disorder current	Yes 1	No 0
AGE	Agoraphobia without panic disorder ever	Yes 1	No 0
SPC	Social phobia current	Yes 1	No 0
SP	Social Phobia ever	Yes 1	No 0
PC	Specific phobia current	Yes	No

		1	0
PE	Specific phobia ever	Yes 1	No 0
OCDC	Obsessive compulsive disorder current	Yes 1	No 0
OCDE	Obsessive compulsive disorder ever	Yes 1	No 0
PTSDC	Posttraumatic stress disorder current	Yes 1	No 0
PTSDE	Posttraumatic stress disorder ever	Yes 1	No 0
GADC	Generalized anxiety disorder current	Yes 1	No 0
GADE	Generalized anxiety disorder ever.	Yes 1	No 0
	Substance induced disorders		
ASDC	Any alcohol or substance use disorder current	Yes 1	No 0
ASDE	Any alcohol and substance use disorder ever	Yes 1	No 0
ALCC	Alcohol abuse current	Yes 1	No 0
ALCE	Alcohol abuse ever	Yes 1	No 0
ALCDC	Alcohol dependence current	Yes 1	No 0
ALCDE	Alcohol dependence ever	Yes 1	No 0
SAC	Other substance abuse current	Yes 1	No 0
SAE	Other substance abuse ever	Yes 1	No 0
SDC	Other substance dependence current	Yes 1	No 0
SDE	Other substance dependence ever	Yes 1	No 0
	Personality disorders		
ANYPDC	Any personality disorder	Yes 1	No 0
AVPD	Avoidant current	Yes 1	No 0
DPPD	Dependent current	Yes 1	No 0
BPD	Borderline current	Yes 1	No 0
ANPD	Antisocial current	Yes 1	No 0
	Overall functioning	Yes 1	No 0
GAF	Global assessment of functioning	Yes 1	No 0

Personal Strengths							
We are coming to the end of the interview now. There are three final questions. These are about your own strengths and people or things that have given you strength in your life.							
S1	You have shown great strength in your life facing very difficult situations. Have you any ideas about where this strength comes from?	Relationship with current partner 1	Relationship with a friend including other survivors 2	Relationship with therapist or counsellor 3	Relationship with god or spiritual force 4	Self-reliance My work My skills My character strengths like Optimism Etc 5	Other Specify 6
S2	You have faced very difficult challenges in your life. What has helped you most in facing these?	Relationship with current partner 1	Relationship with a friend including other survivors 2	Relationship with therapist or counsellor 3	Relationship with god or spiritual force 4	Self-reliance My work My skills My character strengths like Optimism Etc 5	Other Specify 6
S3	What is the thing that means most to you in your life?	Relationship with current partner 1	Relationship with a friend including other survivors 2	Relationship with therapist or counsellor 3	Relationship with god or spiritual force 4	Self-reliance My work My skills My character strengths like Optimism Etc 5	Other Specify 6

Thank you for your help with this interview.

By Christmas we will be giving our independent report of the results of this study of 400 survivors of institutional living to the Commission to Inquire into Child Abuse and this will be referred to in the final Report of the Commission.

As a routine procedure we give all participants in the study this leaflet on how to contact a counsellor, just in case this is something you want to do it the future.

Is there anything you would like to add or ask before I show you out?

Would you like me to call you in a few days to check that you are OK and that there is nothing further you wish to add or ask at that point?

Thank you again for your help.

APPENDIX 2. SCRIPTS AND INFORMATION SHEETS

Telephone recruitment script

TELEPHONE RECRUITMENT SCRIPT

Hello, this is X from UCD. I am contacting you in connection with the Child Abuse Commission.
We are conducting an independent study of the adjustment of adult survivors of institutional living.
The commission said that you would be interested in taking part in a study like this.
Can I just check with you if you would like to take part in a study?

Pause for answer. If the participant declines the invitation, say:
That is fine. Thank you for taking our call. Goodbye.

If the participant says that they would like more information or would like to take part in the study, say:
Let me tell you a little bit about the study. It involves taking part in a confidential interview at INTERVIEW SITE.
We will meet you at INTERVIEW SITE
We will then bring you to the interviewing room.
The interview will involved talking to a researcher for about 2 hours.
There will be opportunities to take breaks during the interview if you wish, and you may end the interview at any time you wish.
You will not be asked to read any material or write any answers down during the interview.
We are only interested in what you have to say about your past and present situation.
Your travelling expenses will be paid.
Do you think that you would like to participate in the study, or would you like more information about the study at this point?

If the participant says they would like to participate, then set up a time.
Give directions to the INTERVIEW SITE.
Give and take a contact number in case the participant is late or gets lost.
Tell them the name of their interviewer and that the interviewer will carry a large white card saying INTERVIEWER.

If the participant requires more information, say the following:
About 400 people who attended the Child Abuse Commission will be taking part in this study or survey.
The study aims to find out the effects of living in an institution during childhood on adult life.
It will be the first study of its kind in Ireland.
Your name will not be mentioned in the report of the study.
Rather the results will state how the overall group of 400 participants were affected by institutional living.
How it affected their psychological adjustment, their quality of life and how survivors coped with the challenges they faced.
The independent report of the study will submitted to the Commission to Inquire into Child Abuse and reference will be made to it in the final report of the Commission. This will be published in a couple of years and have a major impact on how children in institutions in the future are protected from harm.
Do you think that you would like to participate in the study?

Pause for answer. If the participant declines the invitation, say:
That is fine. Thank you for taking our call. Goodbye.

If the participant says they would like to participate, then set up a time.
Give directions to the INTERVIEW SITE.
Give and take a contact number in case the participant is late or gets lost.
Tell them the name of their interviewer and that the interviewer will carry a large white card saying INTERVIEWER.

Follow-up phone call script

FOLLOW-UP PHONE CALL SCRIPT

Hello this is NAME from the research study. We met the other day in LOCATION.
When you were leaving there was an arrangement that I would call you, just to check in and see how you are doing?
Is that still OK with you?
I was wondering how you are right now?
REFLECT BACK WHAT IS SAID IN SUMMARY, BUT NOT PARROT FORM.
I also wanted to check how you have been since we spoke a few days ago, if that's OK with you?
REFLECT BACK WHAT IS SAID IN SUMMARY, BUT NOT PARROT FORM.
IF THE PERSON IS DOING OK SAY,
Anything you want to add or ask now?
Can we leave it there then?
Thank you again for your help. Goodbye NAME.
IF THE PERSON IS DISTRESSED SAY
I'm wondering if you would like to talk to someone about this? Maybe a counsellor?
IF THE PERSON SAYS YES, OFFER A COUNSELLOR NUMBER THEY CAN CALL.

Information leaflet on contacting the National Counselling Service

HOW DO I TO CONTACT A COUNLELLOR?

Thank you for participating in this research project. If you require counselling for abuse-related issues including any issues arising from the research interview you may contact the National Counselling Service (NCS) in Ireland or the Immigrant Counselling and Psychotherapy service (ICAP) in England and request an appointment. The National Counselling Service, which is free and confidential, has been set up as part of the Government Strategy for victims of institutional abuse. If you are in England you can contact the Immigrant Counselling and Psychotherapy service (ICAP). Here is a list of NCS centres in Ireland and ICAP centres in the UK.

Ms. Isolde Blau, Director of Counselling, Laragh Counselling Service, NHE, Prospect House, Prospect Road, Glasnevin, Dublin 9. Phone 1800 234 110 or 01-8824100. Covers Dublin - North of the Liffey

Ms. Rachel Mooney, Director of Counselling, AVOCA Counselling Service, NHE, Baggot Street Hospital, Lower Baggot Street, Dublin 4. Phone: 1800 234 111 or 01 6681740. Covers Dublin - South of the Liffey (Ringsend-Crumlin), Dun Laoghaire etc., Wicklow

Ms. Marion Rackard, Director of Counselling, Alba Counselling Service, NHE, 2 McElwain Terrace, Newbridge, Co. Kildare. Phone 1800 234 112 or 045 448176. Covers Kildare, South West Dublin (Tallaght, Walkinstown, Drimnagh, Crumlin, Clondalkin, Lucan), Parts of Wicklow (e.g. Blessington, Baltinglass)

Mr. Jonathan Egan, Director of Counselling, The Arches, NHE, 21 Church Street, Tullamore, Co. Offaly. Phone: 1800 234 113 or 0506- 27141. Covers Laois, Longford, Offaly, Westmeath

Ms. Theresa Flacke, Director of Counselling, NHE, Woodquay Centre Counselling Service, 7 Daly's Lane, Woodquay, Galway. Phone 1800 234 114 or 091 561336. Covers Galway, Roscommon, Mayo.

Ms. Noreen Harrington, Director of Counselling, NHE, 106 O'Connell Street, Limerick. Phone 1800 234 115 or 061 411900. Covers Clare, Limerick, North Tipperary.

Mr. Philip Moore, Director of Counselling, Harbour Counselling Service, NHE, Penrose Wharf, Penrose Quay, Cork. Phone 1800 234 116 or 021 4861360. Covers Cork, Kerry

Ms. Fiona Ward, Director of Counselling, Rian Counselling Service, NHE, 34 Brew's Hill, Navan, Co. Meath. Phone 1800 234 117 or 046 9067010. Covers Cavan, Monaghan, Meath. Louth

Mr. Gerard O'Neill, Director of Counselling, COMHAR, Adult Counselling Service, South Eastern Health Board, 49 O'Connell Street, Waterford. Phone 1800 234 118 or 051 852122. Covers Waterford, Kilkenny, Wexford, South Tipperary

Mr. Tom McGrath, Director of Counselling, NHE, 68 John Street, Sligo. Phone 1800 234 119 or 071 9142161. Covers Donegal, Sligo, Leitrim.

London. ICAP Immigrant Counselling and Psychotherapy, 79 1/2 Tollington Park, London N4 3AG , UK Phone 0207-272-7906

Birmingham. ICAP: Immigrant Counselling and Psychotherapy, 72 Digbeth, Birmingham, B5 6DH, UK, Phone 0121-666-7707

Briefing for directors of NCS centres

BRIEFING FOR DIRECTORS OF NCS CENTRES

Dear Colleagues
From May to September 2005, a study of adult survivors of institutional living commissioned by the Child Abuse Commission will be conducted at UCD, under the direction of Professor Alan Carr. I have been appointed as a consultant to the project. The study will provide important information on the impact of institutional living on adult adjustment and quality of life. This will be the first large scale study of its kind to be conducted in Ireland, and one of the first of its kind to be conducted in the English speaking world. The study will be conducted with ethical approval of the Child Abuse Commission and UCD, and informed consent of all participants. For this project about 400 adult survivors will be interviewed over about 4 months in the Summer of 2005. This time scale for data collection has been requested by the Child Abuse Commission. Interviews will be carried out in UCD by trained and supervised interviewers. The structured interview protocol will cover demographic and historical information, experiences of institutional living, mental health, and quality of life. Recalling abusive experiences and giving accounts of current life problems may be distressing for some participants. In view of this, all participants will be informed about the National Counselling service using the leaflet below. It is anticipated that some participants in the study will refer themselves to the NCS to address the issues raised by the research interview through counselling. Please contact Alan Carr at 01-716-8740 if you require more information on the study. If you have specific inquires about responding to self-referrals arising form the study, please contact Jonathon Egan at 0506- 27141.

Jonathan Egan, M Psych Sc

Director of Counselling,
The Arches, 21 Church Street,
Tullamore, Co. Offaly.
Phone: 0506- 27141