

Chapter 3

The psychological adjustment of adult survivors of institutional abuse in Ireland Report submitted to the Commission to Inquire into Child Abuse¹

Executive summary

- 3.01** The present report describes a research project which was commissioned by the Commission to Inquire into Child Abuse (hereafter referred to as CICA).
- 3.02** 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.
- 3.03** 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.
- 3.04** 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.
- 3.05** 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.
- 3.06** 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.
- 3.07** 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

¹ Professor Alan Carr, PhD, Professor Alan Carr, PhD. June 2006 (revised for minor inaccuracies in December 2008).

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.

- 3.08** 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.
- 3.09** 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.
- 3.10** 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 cross-sectional, 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.
- 3.11** 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.
- 3.12** The second recommendation is that evidence-based psychological treatment continue to be made available to adult survivors of Irish institutional abuse.
- 3.13** 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.
- 3.14** The fourth recommendation is that research be conducted to evaluate the effectiveness of psychological treatment for adult survivors of institutional abuse.

Acknowledgments

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3.22 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 participants from the interviewing team

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

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

3.25 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.

3.26 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.

3.27 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.

3.28 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.

3.29 We offer you our gratitude, respect and admiration.

The Interviewing Team

June 2006

Part 1 Introduction

Summary of Part 1

3.30 A number of tentative conclusions may be drawn from the cursory literature review in Part 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

3.31 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.

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

3.33 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.

3.34 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

3.35 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).

3.36 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

3.37 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

3.38 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

3.39 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

3.40 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.

3.41 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

3.42 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.

3.43 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.

3.44 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

3.45 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.



Part 2 Methodology

Summary of Part 2

3.46 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.

3.47 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)).

3.48 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

3.49 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.

3.50 **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.

3.51 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 than those who had spent only a brief period living in an institution.

3.52 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.

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

3.54 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.

3.55 To achieve these aims, the methodology described in this Part 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 safeguard 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 Part contains a detailed description of these research methods. Data analysis and results are presented in subsequent Parts.

Time frame

3.56 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

3.57 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

3.58 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

3.59 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 from 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 experience and training.

Interview organizers

3.60 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

3.61 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'Keefe, 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

- 3.62** 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

- 3.63** 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.
- 3.64** 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.
- 3.65** 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.
- 3.66** 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.

3.67 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.

3.68 Approximately 20% of CICA attenders participated in this study. Out of a total pool of 1267 people who attended either of CICA's 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.

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

Assessment interview

3.70 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 strengths
- 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

3.71 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 41 (SCID I, First et al., 1996)
- Structured Clinical Interview for DSM IV Personality Disorders 41 (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

- 3.72** 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

- 3.73** 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

- 3.74** 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

- 3.75** 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

3.76 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.

3.77 The factorial structure and reliability of the IAPCI were evaluated in the present study and this is described in Part 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

3.78 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

3.79 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

- 3.80** 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

- 3.81** 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

- 3.82** 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

- 3.83** 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

- 3.84** 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

- 3.85** 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

- 3.86** 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

- 3.87** 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

- 3.88** 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

3.89 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.

3.90 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

3.91 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

3.92 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

3.93 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.

3.94 Where participants wanted to deviate from the protocol and discuss specific issues in details, interviewers said the following script: ‘ I understand that this is 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.’

3.95 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.

3.96 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

3.97 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

3.98 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.

3.99 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

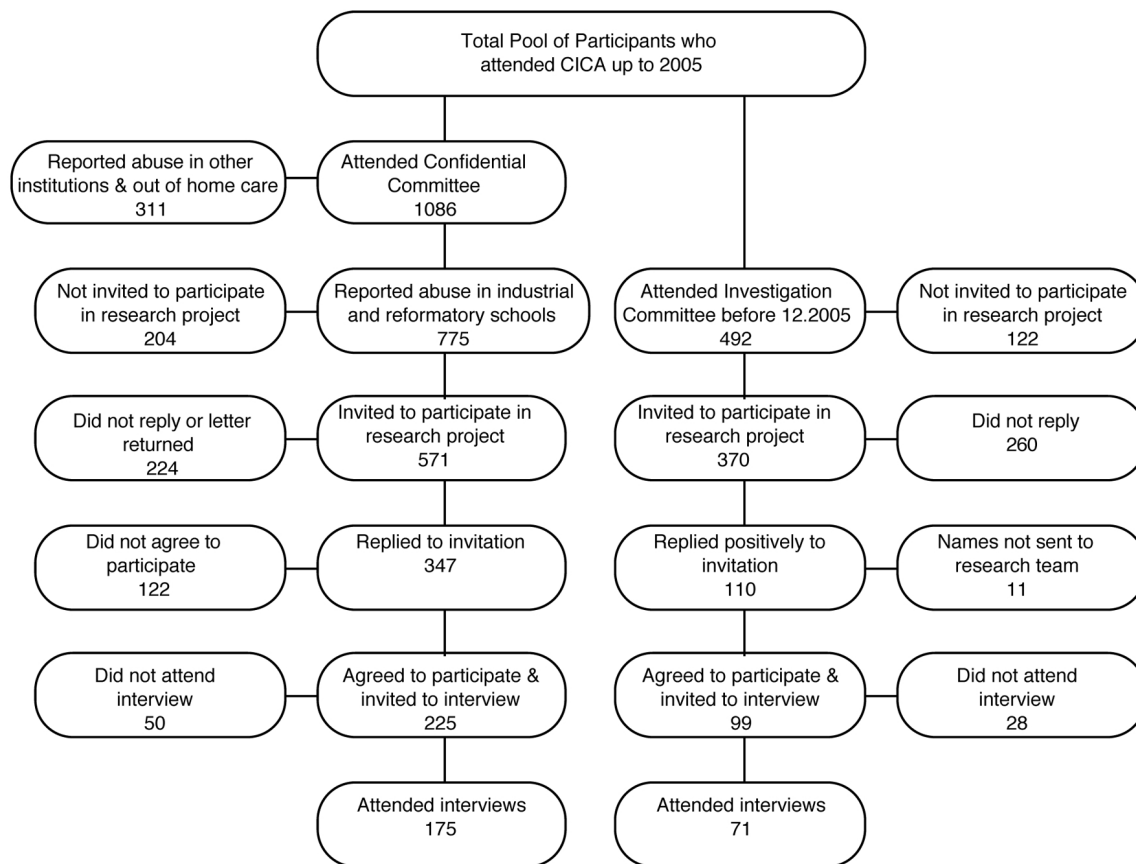
3.100 Hardcopies of interview protocols were stored in locked filing cabinets in the School of Psychology at UCD. Each protocol contained a case number. Data from each protocol identified by case number, but not the participants name were entered into an SPSS data file by the team of 3 postgraduates 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.

3.101 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

3.102 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 from the CICA confidential and investigation committees



Part 3 Characteristics of the sample

Summary of Part 3

- 3.103** 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.
- 3.104** 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.
- 3.105** 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.
- 3.106** 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.

- 3.107** All participants had experienced one or more significant life problems. Mental health problems, unemployment and substance use were the three most common difficulties.
- 3.108** Self-reliance, optimism, work and skills were the most frequently reported sources of personal strength and factors that helped participants face life challenges.
- 3.109** 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
- 3.110** The majority of participants showed clinically significant posttraumatic symptomatology on the Trauma Symptom Inventory, indicative of continuing posttraumatic adjustment difficulties.
- 3.111** 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,
- 3.112** Institutional sexual abuse was found to be associated with current post-traumatic symptomatology and major life problems.
- 3.113** 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 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.
- 3.114** 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.
- 3.115** 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 institutions 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

3.116 The overall characteristics of the sample of 247 participants is presented in this Part 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

3.117 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 a 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

3.118 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

3.119 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

3.120 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% it 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

- 3.121** 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 is usually taken at about 15 or 16 years of age, midway through secondary school. Only 5.3% had passed the Leaving Certificate Examination, which is 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

- 3.122** 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

- 3.123** 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 relationships 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

- 3.124** 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

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

Institution version of the Childhood Trauma Questionnaire

- 3.126** 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

3.127 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

3.128 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

3.129 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

3.130 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

3.131 121 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

3.132 44 participants reported that they had experienced physical abuse, serious enough to mention in answer to questions about the most severe form 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

3.133 14 participants reported that they had experienced sexual abuse, serious enough to mention in answer to questions about the most severe form 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

3.134 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

- 3.135** 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

- 3.136** 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

- 3.137** 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.
- 3.138** 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.
- 3.139** 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

- 3.140** 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

- 3.141** 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

- 3.142** 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

- 3.143** 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

- 3.144** 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

- 3.145** 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

- 3.146** 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

- 3.147** 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 Part. 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.

- 3.148** 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

- 3.149** 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.

- 3.150** 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.

- 3.151** 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.

- 3.152** 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

3.153 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 $X = ((X-M)/SD) \times 10 + 50$, 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

3.154 135 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.

3.155 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.

3.156 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.

3.157 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

- 3.158** 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.
- 3.159** 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.
- 3.160** 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.
- 3.161** 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

- 3.162** 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 institutions through the courts for petty crime and left because their sentences were over, and more lived in institutions run by religious brothers or priests.
- 3.163** 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.
- 3.164** 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

3.165 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 I 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 5 th or 6 th 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 |

| Variable | Categories | Values |
|---|---|---------------------|
| 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) | | |
| | 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 | % |
|--|---|----------|----------|
| INSTITUTIONAL 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 | |

| Variable | Scales, items or categories | f | % |
|--|---|--------|-------|
| 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 |

| Variable | Scales, items or categories | f | % |
|---|---|-------|-------|
| 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 brother tried to rape me but did 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

Severe physical abuse

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 a paid employee and left unconscious

I was beaten and hospitalised by the head brother and not allowed to go to my fathers funeral in case my bruises were seen; also the head brother threatened to killed me

Being accused of sexually interfering with other boys and being beaten until made to write down the names of boys I had touched. In the end I wrote down two names to stop the torture

They made me change my surname and beat me until I accepted it. They took my identity from me. The put me through mental torture which is still with me now. They separated me from my sister and sent her to another institution.

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

Severe physical abuse

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

Severe physical abuse

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

Severe sexual abuse

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

Severe emotional abuse

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

Severe emotional abuse

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 an 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 | % | Inter-rater reliability Kappa |
|---|------------------|----------|--|
| Mental health problems | 183 | 74.10 | 1.00 |
| Unemployment | 128 | 51.80 | 1.00 |
| Substance use | 94 | 38.10 | 1.00 |
| Frequent illness | 73 | 29.60 | 0.95 |
| Frequent hospitalisation for physical health | 70 | 28.30 | 0.95 |
| Anger control in intimate relationships | 64 | 25.90 | 1.00 |
| Non-violent crime | 55 | 22.30 | 1.00 |
| Homelessness | 52 | 21.10 | 1.00 |
| Self-harm | 44 | 17.80 | 0.81 |
| Anger control with children | 33 | 13.40 | 1.00 |
| Incarceration for non-violent crime | 33 | 13.40 | 1.00 |
| Hospitalisation for mental health problems | 32 | 13.00 | 1.00 |
| Violent crime | 25 | 10.10 | 1.00 |
| Incarceration for violent crime | 18 | 7.30 | 1.00 |

Note: N=247. Life problems do not represent mutually exclusive categories and so percentages sum to more than 100%. Inter-rater reliability was assessed on 52 cases with Kappa (Cohen, J. (1960). A coefficient of agreement for nominal scales. *Educational and Psychological Measurement*, 20, 37-46). The inter-rater reliability kappa coefficient for 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? | What has helped you most in facing life challenges? | What is the thing that means most to you in your life? |
|---|---|--|--|---|
| | | (N=243) | (N=243) | (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 |

| | Frequency | % | Inter-rater reliability Kappa |
|---|-----------|-------|----------------------------------|
| 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 Scandinavica*, 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) | 13 | 13-65 | 17-65 | 44.46 | 10.82 | .99 | .98 |
| | CTQ-Institution (N=247) | 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 | |
| Family-based child abuse | 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 |
| | Total CTQ-F score | 25 | 25-125 | 32-128 | 54.12 | 19.07 | .99 | .99 |
| Trauma symptoms | 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 |
| | Total severe family abuse | 8 | 0-32 | 0-26 | 4.27 | 6.02 | .27 | .90 |
| Life Problems | 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 |
| | Total trauma symptoms | 95 | 0-255 | 1-241 | 94.95 | 50.03 | .99 | .99 |
| Quality of Life | Total number of life problems | 14 | 0-14 | 0-12 | 3.66 | 2.80 | .99 | .98 |
| | Total WHOQOL 100 score | 102 | 1-5 | 1-5 | 91.53 | 16.95 | .99 | .99 |

| Domain Instrument | Constructs and variables | No. of items in the scale | Possible range | Actual range | M | SD | Internal consistency Reliability | Interrater reliability |
|---------------------------|--------------------------|---------------------------|----------------|--------------|-------|-------|----------------------------------|------------------------|
| Global functioning | GAF (N=235) | 10 | 1-91 | 1-91 | 61.00 | 16.77 | — | .90 |
| Relationships | KMS (N=136) | 3 | 0-21 | 3-21 | 17.00 | 4.39 | 1.00 | 1.00 |
| | KPS (N=212) | 3 | 0-21 | 0-21 | 15.98 | 4.70 | .99 | .99 |
| | ECRI (N=247) | 18 | 0-122 | 18-122 | 66.86 | 25.26 | .99 | .99 |
| | Anxiety 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. SPSS=Most severe forms of physical and sexual abuse. IAPC=Institutional Abuse Processes and Coping Inventory . TSI=Trauma Symptom Inventory (Briere, J. (1996). *Trauma Symptom Inventory*. Odessa, FL: Psychological Assessment Resources). LPC=Life problems checklist. 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., Kennedy, 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 psycho-logical disorders | LPC Total no. of life problems | GAF Global Functioning | Total trauma symptoms on TSI | SES | Number of failed relationships | KMS Marital satisfaction | ECRI Anxiety | ECRI Avoidance | KPS Parental satisfaction | WHOQOL 100 UK Total QoL |
|------------------------------|-----------------------------------|---|--------------------------------|------------------------|------------------------------|------|--------------------------------|--------------------------|--------------|----------------|---------------------------|-------------------------|
| IAS (N=247) CTQ-I (N=247) | Number of years in institution | .00 | -.23 | .01 | .01 | -.01 | -.05 | -.05 | -.01 | .02 | -.13 | -.02 |
| | Specific institutional abuse | .12 | .19 | -.11 | .29 | -.05 | .01 | .03 | .21 | .15 | .15 | -.14 |
| | 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 |
| SPSA-I (N=247) | 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 |
| | Total severe institutional abuse | .16 | .25 | -.07 | .34 | -.16 | -.01 | -.02 | .21 | .16 | .03 | -.18 |
| CTQ-F (N=121) | 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 |
| | 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 | .16 | -.04 | .16 | .00 | .00 | .03 | .09 | -.00 |
| | Emotional abuse | .09 | .22 | -.14 | .13 | -.03 | .07 | -.01 | .07 | .04 | .05 | -.08 |
| SPSA-F (N=121) | 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 |
| | 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., Snectman, 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 | |

| Variable | | | Group 1 Males N=135 | Group 2 Females N=112 | Chi square or t |
|---|---|--------|------------------------------|--------------------------------|--------------------------|
| Children's living arrangements (N=211) | Skilled manual and farmers owning 30-49 acres | f % | 21.00 16.40 | 10.00 9.34 | 25.09*** |
| | Non-manual, professional, managerial, and farmers with more than 50 acres | f % | 14.00 10.93 | 24.00 22.42 | |
| | Spent some time living with their other parent | f % | 26.00 23.20 | 2.00 2.00 | |
| | Spent some time living with their relatives or in care | f % | 8.00 7.10 | 8.00 8.10 | |
| | Always lived with respondent | f % | 78.00 69.60 | 84.00 84.80 | |
| | Children put up for adoption | f % | 0.00 0.00 | 5.00 5.10 | |

Note: Group 1 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 | Group 2 | t |
|--|--|-------|---------|---------|---------|
| | | | Males | Females | |
| | | | N=135 | N=112 | |
| 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: Group 1 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 = $((X-M)/SD) \times 10 + 50$, 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 | Group 2 | Chi square |
|--|---|---------|---------|------------|
| | | Males | Females | |
| | | N=135 | N=112 | |
| 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. Group 1 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 | Group 2 | t-value |
|--|----|---------|---------|---------|
| | | Males | Females | |
| | | N=135 | N=112 | |
| 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: Group 1 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 60.20 | 108.00 80.60 | 19.93** |
| | Sentence was over | f % | 9.00 8.50 | 10.00 7.50 | |
| | Family wanted him/her home | f % | 24.00 21.20 | 10.00 7.50 | |
| | Ran away | f % | 6.00 5.30 | 2.00 1.50 | |
| | Institution closed | f % | 4.00 3.50 | 0.00 0.00 | |
| | Unknown/Other | f % | 2.00 1.80 | 4.00 3.00 | |
| | Current socio-economic status (SES) (N=241) | Unemployed | f % | 41.00 36.00 | |
| Unskilled manual | | f % | 24.00 22.00 | 14.00 10.60 | |
| Semi-skilled manual / farmers owning less than 30 acres | | f % | 20.00 18.30 | 8.00 6.10 | |
| Skilled manual, non-manual professional, managerial and farmers owning more than 30 acres | | f % | 16.00 14.70 | 14.00 10.60 | |
| Retired | | f % | 8.00 7.30 | 77.00 58.30 | |
| Duration of relationship with current partner (N=134) | | M SD | 26.02 9.01 | 34.97 10.36 | 5.24*** |
| | | M SD | 24.38 5.47 | 26.52 5.46 | |
| Age when had first child (N=207) | | M SD | 24.38 5.47 | 26.52 5.46 | 2.82** |

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). 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 | Group 2 | t |
|--|--|-------|---------|---------|---------|
| | | | Younger | Older | |
| | | | N=113 | N=134 | |
| 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 = $((X-M)/SD) \times 10 + 50$, 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., Sheckman, 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 SD | 4.60 4.10 | 7.38 5.03 | 4.11*** |
| Years spent in an institution (N=246) | | M SD | 10.94 4.86 | 7.84 5.41 | 4.38*** |
| Reason for entering an institution (N=245) | | | | | |
| | Illegitimate | f % | 40.00 23.10 | 8.00 11.30 | 22.60*** |
| | Petty crime | f % | 27.00 15.60 | 31.00 43.70 | |
| | Parents could not provide care | f % | 80.00 46.20 | 24.00 33.80 | |
| | Parent died | f % | 26.00 15.00 | 9.00 11.30 | |
| Reason for leaving (N=236) | | | | | |
| | Too old to stay on | f % | 139.00 82.73 | 36.00 52.90 | 26.82*** |
| | Sentence was over | f % | 7.00 4.16 | 12.00 17.60 | |
| | Family wanted him/her home | f % | 19.00 11.30 | 15.00 22.10 | |
| | Ran away | f % | 3.00 1.78 | 5.00 7.40 | |
| Institution management (N=246) | | | | | |
| | Nuns | f % | 105.00 60.00 | 16.00 22.50 | 31.76*** |
| | Religious brothers or priests | f % | 38.00 21.70 | 38.00 53.50 | |
| | Nuns and religious brothers or priests | f % | 32.00 18.30 | 17.00 23.90 | |
| Age when worst experiences began (N=246) | | M SD | 8.75 3.68 | 10.19 3.37 | 2.77*** |
| Number of long term relationships or marriages that have ended (N=216) | | | | | |
| | No relationship has ended | f % | 61.00 40.10 | 164.00 21.90 | 10.77 |
| | 1 relationship | f % | 50.00 32.90 | 29.00 45.30 | |
| | 2 relationships | f % | 28.00 18.40 | 9.00 15.50 | |
| | 3 or more relationships | f % | 13.00 8.60 | 12.00 18.80 | |

| Variable | Categories | | Group 1 CC N=175 | Group 2 IC N=71 | Chi square or t |
|--|--|---|------------------------|-----------------------|--------------------------|
| 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 | 11.70 |
| | | % | 5.30 | 11.70 | |
| | Always lived with respondent | f | 126.00 | 36.00 | 60.00 |
| | | % | 84.00 | 60.00 | |
| | Children put up for adoption | f | 4.00 | 1.00 | 1.70 |
| | | % | 2.70 | 1.70 | |

Note: Group 1 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: Group 1 contained all participants from the Confidential Committee (CC). Group 2 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 $X = ((X-M)/SD) \times 10 + 50$, 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, $F(3, 242) = 3.12, p<0.05$.

Part 4 Profiles of groups with different histories

Summary of Part 4

- 3.166** 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.
- 3.167** **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.
- 3.168** **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.
- 3.169** **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.
- 3.170** **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.
- 3.171** 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.

3.172 **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.

3.173 **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.

3.174 **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.

3.175 **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.

3.176 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

3.177 Profiles of groups with different histories of institutional living and differing histories of institutional abuse are the main focus of this Part. 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.

3.178 The main question addressed in this Part 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 than those who had spent only a brief period living in an institution.

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

Statistical analysis strategy

- 3.180** 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 Part, 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 Kruskal Wallance 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

- 3.181** 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

- 3.182** 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.
- 3.183** 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

- 3.184** 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

- 3.185** 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.
- 3.186** 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.
- 3.187** 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.
- 3.188** 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.
- 3.189** 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.

Family-based child abuse

3.190 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

3.191 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

3.192 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

3.193 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

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

3.195 **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.

3.196 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.

3.197 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.

3.198 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

3.199 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 Part 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

3.200 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.

3.201 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.

3.202 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.

3.203 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.

3.204 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

- 3.205** 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.
- 3.206** 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.
- 3.207** 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.
- 3.208** 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

- 3.209** 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

- 3.210** 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

- 3.211** Profiles of these four subgroups of cases who reported suffering differing types of worst abusive experiences in institutions are summarized in Table 4.16.
- 3.212** **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.

3.213 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.

3.214 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.

3.215 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

3.216 The main question addressed in this Part 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 Part. 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 Diff |
|---|----|-------------------------|------------------------|------------------------|------------------------|------------------------------|-------------------|
| 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) | f | 44.00 | 4.00 | 0.00 | 0.00 | 199.30*** | 1>2,3,4 |
| | % | 40.70 | 6.00 | 0.00 | 0.00 | | |
| Illegitimate | f | 3.00 | 1.00 | 21.00 | 33.00 | | 3,4>1,2 |
| | % | 2.80 | 1.50 | 95.50 | 68.80 | | |
| Petty crime | f | 47.00 | 45.00 | 1.00 | 11.00 | | 1,2>3,4 |
| | % | 43.50 | 67.20 | 4.50 | 22.90 | | |
| Parents could not provide care | f | 14.00 | 17.00 | 0.00 | 4.00 | | 1,2>3 |
| | % | 13.00 | 25.40 | 0.00 | 8.30 | | |
| Parent died | f | 97.00 | 51.00 | 15.00 | 13.00 | 18.32*** | 1,2,3>4 |
| | % | 88.20 | 76.10 | 68.20 | 27.10 | | |
| I was too old to stay on | f | 1.00 | 1.00 | 2.00 | 0.00 | | 3>1,2,4 |
| | % | 0.90 | 1.50 | 9.10 | 0.00 | | |
| The institution closed down | f | 1.00 | 2.00 | 3.00 | 13.00 | | 4>1,2 |
| | % | 0.90 | 3.00 | 13.60 | 27.10 | | |
| My short sentence was over | f | 6.00 | 11.00 | 1.00 | 16.00 | | 4>1,3 |
| | % | 5.50 | 16.40 | 4.50 | 33.30 | | |
| My family wanted to take me home | f | 4.00 | 0.00 | 1.00 | 3.00 | | NS |
| | % | 3.60 | 0.00 | 4.50 | 6.30 | | |
| Reason for leaving the institution (N=247) | f | | | | | | |
| | % | | | | | | |
| I ran away | f | | | | | | |
| | % | | | | | | |

| Variable | | Group 1 N=110 | Group 2 N=67 | Group 3 N=22 | Group 4 N=48 | Chi Square or ANOVA F | Group Diffs |
|--|--------------------------------------|---------------------|-----------------|-----------------|-----------------|--------------------------------|----------------|
| Institution management (N=247) | Others | f 1.00 0.90 | 2.00 3.00 | 0.00 0.00 | 3.00 6.30 | | NS |
| | Nuns | f 70.00 63.60 | 42.00 62.70 | 0.00 0.00 | 9.00 18.80 | 144.96*** | 1,2>3,4 |
| | Religious brothers and priests | f 1.00 0.90 | 19.00 28.40 | 22.00 100.00 | 35.00 72.90 | | 1,2<3,4 |
| | Priests, religious brothers and nuns | f 39.00 35.50 | 6.00 9.0 | 0.00 0.00 | 4.00 8.30 | | 1>2,3,4 |
| Were you happy to leave the institution (N=247) | Yes | f 53.00 48.20 | 44.00 65.70 | 16.00 72.70 | 39.00 81.20 | 19.14** | NS |
| | Mixed feelings | f 51.00 46.40 | 19.00 28.40 | 6.00 27.30 | 8.00 16.70 | | 1>4 |
| | No | f 6.00 5.50 | 4.00 6.00 | 0.00 0.00 | 1.00 2.10 | | NS |

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 N=110 | Group 2 N=67 | Group 3 N=22 | Group 4 N=48 | Chi Square | Group Diff's |
|--|---|--------------------------|------------------------|------------------------|------------------------|-------------------|---------------------|
| Gender (N=247) | Male | f 45.00 % 40.90 | 28.00 42.00 | 22.00 100.00 | 39.00 81.25 | 43.83*** | 3,4>1,2 |
| | Female | f 65.00 % 59.18 | 39.00 58.20 | 0.00 0.00 | 9.00 18.75 | | 1,2>3,4 |
| Age in years (N=247) | | M 58.59 SD 7.65 | 61.11 8.64 | 61.82 9.92 | 61.27 8.31 | 2.32 | NS |
| | | | | | | | |
| Current socio-economic status (SES) (N=241) | Unemployed | f 23.00 % 21.50 | 13.00 19.70 | 5.00 23.80 | 19.00 40.40 | 17.54 | NS |
| | Unskilled manual | f 20.00 % 18.70 | 13.00 19.70 | 3.00 14.30 | 2.00 4.30 | | |
| | Semi-skilled manual and farmers owning less than 30 acres | f 14.00 % 13.10 | 6.00 9.10 | 3.00 14.30 | 5.00 10.60 | | |
| | Skilled & other non manual, farmers owning 30-200 acres, lower & higher managerial & professional | f 16.00 % 15.00 | 7.00 10.60 | 0.00 0.00 | 7.00 14.90 | | |
| | Retired | f 34.00 % 31.80 | 27.00 40.90 | 10.00 47.60 | 14.00 29.80 | | |
| | Unskilled manual | f 49.00 % 46.2 | 32.00 50.00 | 8.00 42.10 | 15.00 32.60 | 22.95 | NS |

| Variable | | Group 1 N=110 | Group 2 N=67 | Group 3 N=22 | Group 4 N=48 | Chi Square | Group Diff's |
|---|---|------------------|-----------------|-----------------|-----------------|------------|--------------|
| Education: Highest exam passed (N=244) | Semi-skilled manual and farmers owning less than 30 acres | f % | 14.00 21.90 | 7.00 36.80 | 20.00 43.50 | | |
| | Skilled & other non manual, farmers owning 30-200 acres, lower & higher managerial & professional | f % | 18.00 28.10 | 4.00 21.10 | 11.00 23.90 | | |
| | None | f % | 27.00 40.30 | 14.00 63.60 | 31.00 66.00 | 17.21 | NS |
| | Junior school exam in 5 th or 6 th class (e.g. primary cert) | f % | 25.00 37.30 | 5.00 22.70 | 5.00 10.60 | | |
| | Intermediate or Leaving Cert. | f % | 8.00 11.90 | 1.00 4.50 | 7.00 14.90 | | |
| | Certificate or diploma or apprenticeship exam, or primary degree | f % | 7.00 10.40 | 2.00 9.10 | 4.00 8.50 | | |
| | Single and never married or cohabited | f % | 5.00 7.50 | 2.00 9.10 | 3.00 6.30 | 13.45 | NS |
| | Single & separated/ divorced from first marital/cohabiting partner | f % | 14.00 20.90 | 3.00 13.60 | 10.00 20.80 | | |
| | Single & separated/ divorced from 2 nd /later partner | f % | 2.00 3.00 | 3.00 13.60 | 3.00 6.30 | | |
| | Single and widowed | f % | 7.00 10.40 | 2.00 9.10 | 2.00 4.20 | | |
| Marital status (N=245) | | | | | | | |
| | | | | | | | |

| Variable | | Group 1 N=110 | Group 2 N=67 | Group 3 N=22 | Group 4 N=48 | Chi Square | Group Diff's |
|--|--|--------------------------|-----------------|-----------------|-----------------|------------|--------------|
| Number of long term relationships or marriages that have ended (N=217) | Married/ cohabiting in 2 nd or later marriage or long term relationship | f 16.00 % 14.80 | 11.00 16.40 | 3.00 13.60 | 7.00 14.60 | | |
| | Married/cohabiting in first long term relationship | f 40.00 % 37.00 | 28.00 41.80 | 9.00 40.90 | 23.00 47.90 | | |
| | No relationship has ended | f 29.00 % 32.20 | 19.00 30.60 | 7.00 35.00 | 20.00 44.40 | 6.90 | NS |
| | 1 relationship | f 32.00 % 35.60 | 26.00 41.90 | 5.00 25.00 | 16.00 35.60 | | |
| | 2 relationships | f 19.00 % 21.10 | 10.00 16.10 | 4.00 20.00 | 4.00 8.90 | | |
| | 3 relationships | f 10.00 % 11.10 | 7.00 11.30 | 4.00 20.00 | 5.00 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) | | f 9.00 | 5.00 | 8.00 | 6.00 | 17.08 | NS |
| | Spent some time living with their other parent | % 10.30 | 8.30 | 38.10 | 14.00 | | |

| Variable | | Group 1 N=110 | Group 2 N=67 | Group 3 N=22 | Group 4 N=48 | Chi Square | Group Diff's |
|--|---|------------------|-----------------|-----------------|-----------------|------------|--------------|
| 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 N=110 | Group 2 N=67 | Group 3 N=22 | Group 4 N=48 | ANOVA F | Group Diffs |
|--|----|------------------|-----------------|-----------------|-----------------|------------|----------------|
| INSTITUTIONAL ABUSE IAS (N=247) | M | 48.31 | 58.39 | 50.84 | 50.13 | 2.41 | NS |
| | SD | 9.63 | 10.35 | 11.36 | 9.23 | | |
| CTQ-Institution (N=247) | M | 49.88 | 48.48 | 52.68 | 51.18 | 1.28 | NS |
| | 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 |
| | SD | 10.84 | 9.54 | 9.54 | 8.53 | | |
| Total severe institutional abuse | M | 51.58 | 48.69 | 50.09 | 48.17 | 5.59*** | 1>4 |
| | SD | 5.86 | 5.87 | 5.45 | 5.35 | | |
| Severe institutional physical abuse | M | 54.26 | 48.91 | 46.72 | 43.19 | 18.37*** | 1>4 |
| | SD | 9.37 | 9.54 | 8.80 | 7.71 | | |
| Severe institutional sexual abuse | M | 50.46 | 47.85 | 52.50 | 50.75 | 1.67 | NS |
| | SD | 10.58 | 9.81 | 9.16 | 8.86 | | |

| Variable | | Group 1 N=110 | Group 2 N=67 | Group 3 N=22 | Group 4 N=48 | ANOVA F | Group Diffs |
|---|-------------------------------------|------------------|-----------------|-----------------|-----------------|------------|----------------|
| CHILD ABUSE IN FAMILY CTQ-family (N=121) | Total family abuse Score | M SD | 49.07 9.99 | 52.11 8.56 | 50.14 10.51 | 0.68 | NS |
| | Physical abuse | M SD | 46.84 7.56 | 54.27 11.96 | 51.70 10.58 | 5.56** | 3>4>2 |
| | Sexual abuse | M SD | 50.98 11.19 | 47.05 0.00 | 50.12 10.59 | 1.13 | NS |
| | Emotional abuse | M SD | 49.74 10.24 | 50.31 10.09 | 50.12 9.90 | 0.03 | NS |
| | Physical neglect | M SD | 48.45 9.82 | 54.94 9.49 | 49.65 9.94 | 3.23 | NS |
| | Emotional neglect | M SD | 49.51 9.91 | 53.12 11.01 | 49.23 9.63 | 1.18 | NS |
| | Total severe family abuse | M SD | 48.93 6.35 | 49.50 5.23 | 48.17 5.35 | 0.43 | NS |
| | Severe family physical abuse | M SD | 48.13 9.72 | 46.21 9.03 | 43.19 7.71 | 3.94 | NS |
| | Severe family sexual abuse | M SD | 48.93 10.21 | 51.54 8.87 | 50.74 8.86 | 0.75 | NS |
| | SPSA-family (N=121) | | | | | | |
| (N=121) | | | | | | | |
| (N=121) | | | | | | | |

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 Part 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<.05 **p<.01 ***p<.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 | For Chi Square | Group Diff's |
|---|----|-------------------------|------------------------|------------------------|------------------------|-----------------------|---------------------|
| INSTITUTIONAL 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 | | |

| Variable | | Group 1 N=110 | Group 2 N=67 | Group 3 N=22 | Group 4 N=48 | For Chi Square | Group Diff's |
|--|---------|------------------|-----------------|-----------------|-----------------|----------------|--------------|
| Age when worst thing began (N=237) | M SD | 7.74 3.60 | 9.11 3.17 | 11.69 1.63 | 11.70 3.22 | 19.40*** | 1<4 |
| Duration of worst thing (N=225) | M SD | 7.19 5.13 | 4.73 4.19 | 4.33 3.37 | 2.14 1.51 | 15.27*** | 1>2,3>4 |
| CHILD ABUSE IN FAMILY | | | | | | | |
| Age when most severe form of physical abuse began (N=41) | M SD | 0.00 0.00 | 7.00 2.16 | 6.91 1.92 | 7.65 3.48 | 0.31 | NS |
| Duration of most severe form of physical abuse (N=42) | M SD | 0.00 0.00 | 2.91 2.72 | 5.16 3.75 | 6.44 4.61 | 2.57 | NS |
| Age when most severe form of sexual abuse began (N=11) | M SD | 8.00 0.00 | 8.40 2.30 | 0.00 0.00 | 8.80 3.11 | 0.05 | NS |
| Duration of most severe form of sexual Abuse (N=11) | M SD | 12.00 0.00 | 3.42 2.94 | 0.00 0.00 | 4.04 4.14 | 2.45 | NS |

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

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

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 N=110 | Group 2 N=67 | Group 3 N=22 | Group 4 N=48 | Chi Square | Group Diff |
|--|---|------------------|-----------------|-----------------|-----------------|------------|------------|
| 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 | | |

| Variable | | Group 1 N=110 | Group 2 N=67 | Group 3 N=22 | Group 4 N=48 | Chi Square | Group Diff |
|--|---|------------------|-----------------|-----------------|-----------------|------------|------------|
| 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. ** $p < .01$. *** $p < .001$.