Uncertain Legacies: Resilience and Institutional Child Abuse - A Literature Review

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In 2009, a Pilot Forum, Time to be Heard, was set up to hear evidence from adults who had been looked after in Quarriers children's homes at various times between the 1930s and the 1980s. The Forum recorded the testimonies of ninety eight individuals, some of whom had experienced abuse while resident in the homes. While many survivors had struggled to cope with the after-effects of abuse well into adulthood, others reported fewer lingering impacts. This report summarises the findings of a literature review on resilience and institutional child care abuse, which was carried out in response to a Forum report recommendation that research should be carried out to identify factors which seemed to increase resilience in some survivors.

Main Findings

- The concept of resilience is seen as helpful in explaining why survival experiences might vary from individual to individual; however despite extensive research, there is no single, comprehensive definition of resilience.

- The literature overwhelmingly saw resilience as a process (rather than a personality trait), which is dynamic; influenced by a range of outside factors; can fluctuate over an individual's lifetime; can vary from situation to situation; and is shaped by both personal circumstances and relationships with other people. It is helpful to see it as a journey, rather than a destination.

- Factors such as personal characteristics and circumstances, interpersonal relationships and social exchanges, and social, political and economic environments, interact with one another to produce patterns of resilience in individuals.

- There is a lack of research into the resilience of adult survivors of institutional abuse, including those who were abused in residential care settings.

- Some aspects of institutional child abuse which occurs in a residential setting might affect the resilience of adult survivors of this form of child maltreatment, and these merit further investigation.

- Disclosure of any form of abuse can often be difficult and challenging, and in the case of institutional child abuse, this has implications for the sort of support offered to survivors who take part in public inquiries and investigations.

- A focus on enhancing an individual's resilience in the context of residential care generally is consistent with current policy approaches in child care - for example in the Getting it Right for Every Child strategy and in related areas, such as health - and also offers a useful framework for understanding the diverse reactions of adult survivors of institutional abuse who have already disclosed and those who may disclose in the future.

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Introduction

In 2009, a Pilot Forum Time to be Heard was set up to hear evidence from adults who had been looked after in Quarriers children's homes at various times between the 1930s and the 1980s. The Forum recorded the testimonies of ninety eight individuals, some of whom had experienced abuse while resident in the homes, and provided a means publicly to acknowledge the distress and suffering they had endured. The Report on Time to Be Heard: A Pilot Forum (Scottish Government 2011) reflects different recovery experiences among survivors of child abuse in Quarriers, and this is consistent with the wider literature relating to other forms of childhood abuse: for some the negative impacts are felt long into adulthood, while others seem more able to flourish despite suffering similarly traumatic experiences at a young age. One possible explanation for these different experiences is that a combination of personal circumstances, available relationships, community resources, and environmental factors combine at a particular time to increase an individual's ability to overcome adversity more effectively: that is, their resilience. The report on Time to be Heard recommended that further research should be carried out to identify factors which seemed to increase resilience in some survivors.

This literature review attempted to respond to that recommendation. It aimed to review the existing academic literature in order to identify definitions of resilience, the factors that are associated with resilience, and how this knowledge might contribute to our understanding of adult survivors of childhood abuse while in residential care. The study drew on literature published between 1990 and 2011 across a range of disciplines. Despite an absence of material which discussed the concept of resilience in relation to adult survivors of abuse in institutional care, resilience might provide a useful means of understanding the different recovery experiences of survivors of this form of abuse, and prove useful in developing effective support mechanisms in the future.

Note of Caution

There is a dearth of primary data relating to this group of survivors. This review focussed on a small, methodically identified selection of academic papers. The conclusions drawn are therefore preliminary, and aim to stimulate constructive debate on future work.

The issue of definition is a complex one, and a standardised definition of resilience is absent in the literature. So too is a universal acknowledgement of what constitutes 'successful' survival; given the complexity of highly individualised responses to personal experiences, this will inevitably vary from individual to individual. Some care must be taken, therefore, to distinguish between academic definitions of 'resilience', and how resilience might be perceived by individuals themselves.

Definitions of resilience

The well-documented impacts of experiencing abuse as a child can be longstanding, and lead to difficulties in forming intimate and caring relationships; substance and alcohol abuse; suicidal thoughts or attempts; criminal offending; and problems finding and maintaining employment, which leads to higher rates of homelessness and poverty (Wolfe et al, 2003, Lev-Weisel, 2008; Jackson and Martin, 1998; Roman et al, 2008). However, the studies reviewed here noted a proportion of survivors reporting fewer or no persisting problems as a result of their childhood abuse experiences: this varied among studies from 13 percent up to one third of participants (Hauser, 1999; Simpson, 2010, Werner, 1992). The concept of resilience was seen as helpful in explaining why survival experiences might vary from individual to individual.

Despite extensive research and developmental work in the last few decades, it has proved impossible to establish a single, comprehensive definition of resilience. Nevertheless the literature reviewed overwhelmingly identified it as a process rather than an individual character trait or a particular outcome. However, two elements were apparent in all the proposed definitions: they described *positive personal responses* in the face of *adverse external events*.

Although there is no single definition, it is possible to identify a range of interlinking characteristics that might be associated with resilience: it is dynamic, because it evolves over time; it is contingent, dependent on a range of interactive factors which shape personal responses; it is longitudinal, as it can ebb and flow throughout life; it is multidimensional, and might vary from situation to situation for any individual; and it is highly individualised yet reliant on interactions with other people. It is, therefore, a fluid, lifelong process that is context specific, yet fluctuates across multiple aspects of an individual's life, and is shaped by personal circumstances and social interactions.

Factors which affect resilience

There was an extensive list of factors discussed in the literature, often divided into two categories: 'risk' and 'protective' factors. Risk factors were associated with heightened chances of suffering negative outcomes as a result of adverse events or experiences, while protective factors acted as a buffer to offset potential harm caused by these experiences. However, risk does not always translate into harm, and neither do protective factors act as a concrete safeguard against it. What is important is the balance between these factors for any individual, at any one time, and in any given situation.

The review found that resilience is dependent on interactions between internal personality characteristics (internal/personal), relationships with other people (external/social) and the social and political environment (structural factors).

Internal/personal factors include self image, control, meaningfulness and hope. They relate to how we see ourselves, the world around us, and also how we perceive the past, the present and the future. External/social factors relate to relationships with family, friends, and the wider community. Structural factors, including gender and race, influence experiences and responses to them. The literature focussed on individuals at different points in the lifespan, and consistently identified the quality of relationships, within and outwith the family, as a critical influence on resilience (Daniel et al, 1999). Relationships which were consistent and stable provided some insulation against the impacts of adversity and negative experiences. In fact, for abuse survivors, safe and caring relationships might help to accelerate healing (Rutter, 2000).

Institutional child abuse

The Scottish Government (2002) describes five categories of harm which constitute child abuse: physical injury; physical neglect; emotional abuse; sexual abuse; and non organic failure to thrive. When any of these harms are inflicted on a child in any of a range of care settings provided by the public, voluntary or private sector, they are defined as institutional abuse (Gallagher, 2000). Professional practice has changed significantly in the last few decades, and is now underpinned by a public ethos which seeks to safeguard the wellbeing of children in all care settings – evidenced by for example efforts to promote safer recruitment practices, registration of care workers, closer monitoring and inspection of residential homes and the introduction of the

Scottish Government's Getting It Right For Every Child strategy (GIRFEC) However it is acknowledged that abuse of children while in institutional care has occurred and requires appropriate state responses. This review focussed on institutional child abuse in a very specific circumstance: that which occurs in residential care. The rates of all forms of child abuse are unknown, and there is a distinct lack of research relating to institutional abuse in particular, although a proliferation of high profile, national investigations in recent years indicate that it affects some children in care. Residential care can be a positive turning point in many children's lives. Nevertheless, revelations of persistent abuse of some children in the care system suggest that formal care settings have not always been the safe, stable and nurturing environments they were thought to be.

Many of the papers reviewed addressed resilience and looked after children, but on the assumption that any abuse experienced had taken place before admission. It is difficult to unravel the impacts of different strands of abuse which occur at different times. However, Wolfe et al (2003) identified five longer term impacts associated with institutional abuse: betrayal and diminished trust; shame, guilt and humiliation; fear of, or disrespect for, authority; avoidance of reminders; and injury or vicarious trauma (p184-187).

Although the literature reviewed did not directly discuss resilience in relation to survivors of institutional child abuse in residential care, it was possible to identify various aspects of abuse experienced in this context which might hamper the development of resilience. These included: the isolation of a child in institutions invested with high levels of public trust, away from family and community support; the stigmatisation of children in care, which might make their claims of abuse less convincing; and the particular difficulties associated with disclosure, a potentially public process which may be prolonged over a period of many years, and which, if met with disbelief or rebuff, has the potential to cause further traumatisation to the adult survivor.

Conclusions

Resilience is most helpfully seen as an ongoing, long term process rather than an inherent personality trait or a definitive outcome: it is a complex journey, rather than a destination. Resilience draws our attention to the fact that negative outcomes are not always an inevitable consequence of encountering adverse events or experiences.

Much of the literature reviewed related to young people's experiences in institutional care, but institutional child abuse is a significant and under-researched problem. There are aspects of this form of abuse which merit further attention, including the distinctive public dimension to disclosure which is often absent in other forms of abuse. This has implications for the type of support offered to survivors who take part in public inquiries and investigations.

Nurturing individual resilience, both among children currently in the care system and for those adults who experienced abuse as children in residential institutions, means focussing on strengthening resources available to an individual at personal, social and environmental levels, and this chimes with other contemporary policy strategies in Scotland, namely assets based approaches in health. Resilience is a useful concept when focussing on children who experience abuse in residential care for two reasons: it raises awareness of the needs of children who are currently in care, and for whom much can be done to nurture and develop longer term resilience as they grow into adulthood; and it offers a meaningful frame for understanding the diverse experiences and support needs of survivors who have already disclosed or who are likely to emerge in the future.

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