Social Ecological Resilience and Irish Emigrant Survivors of Institutional Childhood Abuse

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I hereby certify that this material, which I now submit for assessment on the programme of study leading to the award of Doctorate of Philosophy is entirely my own work, that I have exercised reasonable care to ensure that the work is original, and does not to the best of my knowledge breach any law of copyright, and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

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List of Abbreviations

ABS.............................................Altruism Born of Suffering
CATS........................................Child Abuse and Trauma Scale
CECA........................................Childhood Experience of Care and Abuse
CICA.........................................Commission to Inquire into Child Abuse
CICA.........................................The Commission to Inquire into Child Abuse
CQC............................................Care Quality Commission
CSA.............................................Child Sex Abuse
CYRM.........................................Child and Youth Resilience Measure
HSE.............................................Health Survey for England
ICA............................................Institutional childhood abuse
IPR..........................................International Resilience Project
MANOVA..................................Multivariate analysis of variance
ODD..........................................Oppositional Defiant Disorder
PAR..........................................Participatory Action Research
PTE..........................................Potentially Traumatic Events
QDA......................... Qualitative data analysis
RIRB.............................. Residential Institutions Redress Board
RRC-ARM.......................... Resilience Research Centre–Adult Resilience Measure
RSA................................. Resilience scale for adults
SES................................ Socioeconomic status
VIF................................. Variance inflation factor
WEMWBS.......................... Warwick and Edinburgh Mental Well-Being Scale
Abstract

Drawing on the conceptual and methodological framework of the International Resilience Project (Ungar & Liebenberg, 2011), this study makes a significant contribution to the field of resilience by examining the individual, relational and contextual factors that promote positive adaptation for Irish emigrant survivors of institutional childhood abuse (ICA). In the first phase, 105 survivors of ICA (56 based in the UK and 46 based in Ireland) completed a quantitative survey that assessed mental well-being (as measured by the Warwick and Edinburgh Mental Well-Being Scale) and resilience potentiating resources (as measured by the Resilience Research Centre-Adult Resilience Measure). A further nine participants, resident in the UK, engaged in a structured narrative interview exploring transitions and turning points. The findings were examined using a mixed methods convergence framework.

The study found that resilience is a dynamic process that fluctuated over time with intermittent distress a feature of even the most resilient trajectories. Adaptation in functional spheres was a central characteristic of resilience and obtaining skilled employment, and to a lesser extent educational attainment, promoted mental well-being, regardless of country of residence. In describing the processes underpinning resilience, migrant survivors of ICA pointed to the initial post-migration period as a significant turning point. Turnaround people, autonomy and social identity not solely defined by institutional upbringing were important resilience enhancing resources during this period. Peer support and spirituality were significant in promoting resilience for females. Both data sets converged to show that individual personal skills, such as problem-focused coping, and individual social skills, such as altruism, were influential in the resilience of the migrant sample. The study found that resilience was motivated by defiant attitudes towards the perpetrators of childhood abuse. The study concludes with a discussion of the implications for theory, practice and policy, and future research.
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This project would not have been possible without the support and expertise of colleagues in organisations that provide dedicated services for the Irish community in London. I am privileged to have worked with such devoted and talented colleagues in my time in London, and it is only now that I have moved on that I truly understand the value of the work of this sector. In particular, I would like to thank Mary Tilki, Christine Thornton, Peter Hammond, Sean Kennedy, Eugene Waters, Gary Dunne, Jennie McShannon, Catherine Hennessey, Paul Byrne, Orla O’Neill, Mary Hughes, Sally Mulready, Phyllis Morgan, Marie Aubertin, Helen White, Sarah Goodall, Dane Buckley, Maria Connolly, Margaret Keily, Francis Whelan and Simon McCarthy.

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always.
1. Introduction

This chapter begins with a general introduction to the study. This includes a brief description of the significance of the study, the theoretical position and the methodology employed to investigate the resilience of migrant survivors of institutional childhood abuse (ICA). In order to illustrate the context and background to the study, the initial and ongoing inspirations for the principal researcher are outlined. Next the chapter provides a rationale for the investigation by positioning the study in the context of recent research. The chapter moves on to describe the theoretical framework and epistemological positions underpinning the study. Importantly, the chapter outlines the primary aims of the study and the questions it sets out to answer. Finally, the chapter concludes by outlining the structure of the study.

1.1 Introduction to the Study

Research on resilience, or the ability to manage or bounce back from significant adversity, has focused primarily on children and adolescents. Very little is known about the factors that contribute to resilience in later life for those who have experienced chronic childhood maltreatment (Rodin & Stewart, 2012; Windle, 2010). Furthermore, the literature shows a lack of research on the resilience of minority and migrant communities (Ungar, 2006). This study aims to provide a significant contribution to the field of resilience by exploring the social ecological factors that promote positive adaptation for individuals who experienced ICA in Ireland and subsequently migrated to the UK.

As a result of the landmark Commission to Inquire into Child Abuse (CICA, 2009), we know that many thousands of children and young people experienced torture, cruelty, and inhuman and degrading treatment in Irish industrial schools and reformatories (Holohan, 2011). Studies such as Carr et al. (2010) and Wolfe, Francis & Straatman (2006) have
demonstrated the complex and continuous disadvantage and psychological maladjustment experienced by the majority of survivors of ICA. This research aside, many gaps remain in our knowledge of the impact of ICA across the lifespan. For example, approximately 50,000 survivors of ICA migrated to the UK (Delaney, Femihough & Smith, 2013) and to date there have been very few empirical studies on the experiences of this group. Furthermore, although there is a growing literature on the pathology of survivors of ICA, there is considerably less data on the resilience of this group. Studies (such as Flanagan et al., 2009; Wolfe et al., 2006) have demonstrated how a significant minority of survivors of ICA show good adaptation or are ‘resilient’, as defined by the absence of disorder, despite institutional childhood abuse. However, there is little data on how individual, relational and contextual resources interact across the lifespan to result in better-than-expected outcomes, and the trajectories that survivors travel towards these outcomes, especially in the case of those who migrated to the UK.

The study is influenced by the Resilience Research Centre. The Directors of this Centre, Ungar and Liebenberg (2009, 2011), are among the chief proponents of the social-ecological model of resilience that is the conceptual cornerstone of this study. This approach posits that resilience is influenced by a broad array of social factors across the ecology of individuals who have experienced risk, and, although personal agency plays a part, the availability of culturally meaningful resources is as, if not more, important (Ungar, 2006). The International Resilience Project (Ungar & Liebenberg, 2011), perhaps the largest cross-cultural study of resilience to date, used a unique mixed methods approach to examine the resources and assets across the social ecology of individuals who had experienced significant risk exposure. The current study draws on this methodology. While this conceptualisation of resilience sits most comfortably in human development and human ecological systems theory, in keeping with
recent recommendations by leading contributors, such as Ann Masten (2010), the current study takes an inter-disciplinary approach to the study of resilience.

To fully understand the impact of migration on resilience, a comparison with survivors of ICA who remained in Ireland was sought. To facilitate a cross-cultural comparison, data were collected from a sample of survivors of ICA who migrated to the UK and from a sample that remained in Ireland. Over a two-year period, 105 participants completed a survey designed to measure the individual, relational and contextual resources that potentiate resilience (as measured by the Resilience Research Centre – Adult Resilience Measure) and mental well-being (as measured by the Warwick and Edinburgh Mental Well-being Scale). Further qualitative data (n=9) on trajectories, transitions and turning points were collected using a structured interview instrument, the adult version of the Resilience Research Centre’s qualitative interview guide. The qualitative data were analysed using NVivo and the quantitative data using SPSS. Both sets of data were analysed separately, and the triangulated results presented in a mixed methods convergence matrix. Using a mixed methods strategy designed by Farmer (2006), the findings of this integration are interpreted and placed in the context of previous literature in the final chapters of the study.

Drawing on learnings from previous research (Higgins, 2010; Moore & Thorton, 2015; O’Riordan, 2007), the current study sought to develop a methodology that was sensitive to the life experiences of survivors of ICA. Furthermore, consideration was given to the fact that many survivors of ICA have provided evidence to high-profile commissions and to the Residential Institutions Redress Board (RIRB). Resilience researchers, such as Liebenberg and Ungar (2011) have recommended Participatory Action Research (PAR) as an appropriate approach when working with communities that have experienced significant adversity. A core principle of PAR is the location of control and decision-making in the population under study rather than in the research team (Sanders & Munford, 2009) and this approach sets out
to ensure that the voice of marginalised research groups is valued. These principles guided this study from the outset, and, uniquely, survivors of ICA were involved as equal partners in the design phase of the project. Chapter four outlines the rationale for this approach and describes how it was implemented in the current study.

In reviewing the CICA (2009), Powell, Geoghegan, Scanlon & Swirak (2012) describe crimes against children on a systemic scale and involving a degree of cruelty that is difficult to comprehend in a developed Western society. Furthermore, Holohan (2011) has asserted that the ‘abuse and neglect children suffered can be categorised as torture and cruel, inhuman or degrading treatment, while the child’s right to a private and family life, rights to health and education, and the right to be free from slavery and forced labour, were also violated’ (p 29). Although this study focuses primarily on positive adaptation and resilience, the project does not intend to ignore or minimise the suffering experienced by survivors of ICA. Having worked closely with this group, I urge readers of this study, while looking through the lens of resilience, to remain cognisant of the adversity and subsequent lifelong difficulties and vulnerabilities experienced by survivors of ICA. The next section describes the principal researcher’s experiences working with survivors of ICA and then outlines the initial and ongoing inspirations for the study.

1.2 The Personal Inspiration for this Study

The study originated from my time as the Director of Welfare for the London Irish Centre (2004–2009). As part of this role, I was responsible for the operation of multi-site welfare services for vulnerable Irish migrants, including low-threshold advice, information and guidance services, mental health services, well-being services, outreach services for older people, and a targeted service for survivors of ICA. Across all of these services, the Centre worked with approximately 10,000 individuals per year. The principal function of the dedicated service for survivors of ICA was to support individuals to access the Residential
Institutions Redress Board (RIRB). Applying to this board involved initial applications and psychological assessments and required applicants to give evidence to legal professionals. The role of the London Irish Centre was to provide advice, information and guidance on this process, and the service worked very closely with Immigrant Counselling and Psychotherapy (ICAP) who provided highly effective therapeutic services for survivors of ICA (as evidenced by an external evaluation by the Anna Freud Centre in London, 2012).

Upon taking up this role, I spent time investigating the literature relating to the needs and resources of Irish people in the UK. In terms of the specialist service for survivors of ICA, I was able to draw on the CICA (2009) and research on the psychological adjustment of this group (Carr et al., 2010). This research was invaluable in helping me to understand the potential presenting needs and vulnerabilities of the group. However, and as will be detailed in chapter two, I found little scientific data on how practitioners might work with survivors of ICA to build resilience and achieve better outcomes in non-clinical settings. Satisfaction surveys and outcome evaluations told us that our clients were “very satisfied” with the service they received and in most cases achieved meaningful outcomes, such as re-housing, income maximisation and engagement in multi-agency interventions. However, due to a lack of research we were not always able to draw on evidence to understand what might constitute best practice in promoting positive adaptation or resilience post ICA in non-clinical settings. Furthermore, I found little data, beyond recommendations of continued support and safeguarding (CICA, 2009), to guide my discussions with those commissioning social services and developing social policy.

As I operated at a senior management level, I did not have day-to-day dealings with clients of the London Irish Centre. However, occasionally I was fortunate enough to come into contact with individuals who displayed extraordinary resilience in the face of challenges stemming from their institutional upbringing. Although I met many survivors who were
struggling with the challenges of their childhood, I met others who did not appear to fit the
profile set out by the CICA (2009): I met counsellors, directors, teachers, people with
master’s degrees, and others who had managed to build full and happy lives despite the
ongoing challenges stemming from their childhood. If this study initially aimed to document
the factors that potentiate better outcomes for emigrant survivors of ICA with a view to
facilitating the delivery of evidence-informed service provision, in the later stages it was
motivated by a desire to document the inspirational life histories of this group and to help
move the narrative on ICA beyond pathology.

1.3 Theoretical Rationale and Framework

The way researchers design their studies and the methodologies they use are informed by
their theoretical positions and by their understanding of the nature of social reality and human
interactions (Creswell, 2003). In a critical evaluation of resilience research, Luthar, Cicchetti
& Becker (2000) recommend that “resilience researchers must present their studies within a
clearly delineated theoretical framework within which hypotheses about salient vulnerability
and protective processes are considered vis-à-vis the specific adversity under study” (p 16).
With this in mind, this section sets out the theoretical stall of the current study.

The study is heavily influenced by the social ecological model of resilience advanced by
the Resilience Research Centre (Canada). Along with pivotal contributors such as Masten
(2001), Gilligan (2008, 2007) and Rutter (2006), the Resilience Research Centre asserts that
resilience should not be understood solely as an individual capacity or disposition to recover
or “bounce back” from risk exposure. The Co-Director of the Centre, Ungar (2011), posits
that individual resources are only as important as the capacity of the social ecologies that
facilitate their application and that resilience is also a measure of the capacity of services
providers, governments, families and communities to provide resources that are meaningful
for individuals or groups who experience adversity. This model is influenced by
Bronfenbrenner’s (1977) ecological model of development. Ungar, Ghazinour and Richter (2012) provide the following definition of a social-ecological conceptualisation of resilience, and this working definition influenced the theoretical framework, design and implementation of this study:

In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful ways (p 225).

Along with the availability of culturally meaningful resources, this definition points to the role of personal agency in accessing these opportunities. Moreover, while the capacity to navigate towards resources is an important part of the process of resilience, it remains the role of families, communities and governments to make resources available in culturally meaningful ways that reflect the preferences of those who need them (Ungar, 2012). Although the bulk of the resilience literature still centres its inquiry on outcomes at the individual level, this study sides with Lemer (2006), who has proposed the interaction between individuals and environments as the key area of investigation for resilience researchers (he symbolises this as a person-context exchange, which is mutually beneficial for the individual and his or her setting). With this in mind, rather than examining individual traits or strengths that promote positive adaptation, this study sought to examine resilience across the broad social ecology of Irish migrant survivors of ICA.

Some contributors (such as Bonanno & Diminich, 2012) suggest that resilience is the achievement of a stable healthy trajectory in the aftermath of adversity. However, like Masten (2001), Ungar & Liebenberg (2011), Luthar et al. (2000) and Windle et al., (2011), this study takes the position that resilience can wax and wane over time and researchers
should "not expect a resilient person, however defined at one point in time, to be doing well every minute of the day, under all imaginable circumstances, or in perpetuity" (Masten & Powell, 2003, p 4). For obvious reasons, longitudinal research, including pre-adversity benchmarking, was beyond the scope of this project. However, the importance of understanding adjustment across time was seen as important, and accordingly the methodological design sought to collect qualitative data that might help explain the processes and mechanisms employed over time en route to resilience. The concepts of transitions and turning points were central to this aspect of the study.

An ongoing debate within the field of resilience is how to assess positive adaptation in the face of adversity (Kolar, 2011). Studies often impose a standard set of outcome measures to examine benchmarks of normative healthy development. This approach has been criticised for explaining little in the context of minority cohorts under examination and overlooking coping strategies that are uniquely adaptive in the context of adversity (Masten & Obradovic, 2006; Ungar, 2011). Luthar et al. (2000) suggest that resilience is properly operationalised when it reflects the way positive development is understood for a sample of at-risk individuals in a particular context. This study takes a constructionist approach in conceptualising resilience as the outcome of negotiations between individuals and their environments for the resources needed to define themselves as healthy amidst conditions collectively viewed as adverse (Ungar, 2004). Consequently, the study takes the position that understandings of resilience must be co-constructed with the population that has experienced a particular risk. As a result, an important aim of the qualitative data collection phase was to accurately capture how survivors of ICA subjectively define their resilience in the context of the unique childhood risk of institutional clerical abuse.

In keeping with this constructionist conceptualisation of resilience, this study draws on salutogenic discourse (Antonovsky, 1987; Cowley & Billings, 1999). In salutogenic
discourse, in contrast to more typically pathogenic approaches, “researchers look for signs of healthy functioning irrespective of the presence or absence of a diagnosable disease” (Ungar, 2004, p 353). Notably, the field of Salutogenesis originated from the work of Antonovsky (1987) with holocaust survivors. As asserted by influential contemporary contributors to the field (Masten, 2013; Ungar & Liebenberg, 2011), resilience does not necessarily mean that one is unaffected or untouched by trauma, nor does it mean that one always functions well. Despite the considerable possibility of poor mental health (as evidenced by the work of Carr et al., 2010; Wolfe et al., 2006), somewhat uniquely within the field, this study set out to examine the adaptation of Irish emigrant survivors of ICA through the construct of mental well-being.

Despite this constructionist conceptualisation of resilience, the study does not propose a completely relativistic understanding of resilience. Rather the voice of the “at-risk” population should be positioned at the fore of research strategies, allowing positivist approaches to establish linkages and outcomes which can complement and triangulate with this contextualised data. The next section provides further detail on the epistemological position of the study.

1.4 Epistemology

Traditionally, researchers have employed a post-positivistic approach to the study of resilience. Research has often oriented towards assessment of measurable factors and processes associated with resilience through the use of statistical models (Kolar, 2011). Generally, this approach to research holds that objective, underlying truths of social phenomena exist, although this knowledge is not socially unmediated and may not be directly available to researchers through sensory experience (Alcoff, 2010; Wainwright, 1997). For example, this approach holds that resilience is knowable through approximation via indirect measurement and the construction of theories (Kolar, 2011).
Recently, some researchers have moved towards a constructivist-interpretive approach which holds that "knowledge of what others are doing and saying always depends upon some background or context of other meanings, beliefs, values, practices" (Schwandt, 2000, p 201). According to Ungar (2011, some of the strengths of this approach in the field of resilience are the ability to examine unnamed protective processes and to describe unique localised definitions of positive adaptations specific to the experience of those who experience the adversity under examination.

Traditionally, within social sciences, researchers have sought to fall in behind either a positivistic or an interpretive approach. More recently, some contributors have taken a dual stance. For example, Fries (2009) has advocated a mixed approach to the philosophy of science, in which both positions are seen as part of a larger framework for engaging in social science theorising and research. In keeping with Fries' (2009) position, the current study study takes the view that both ways of knowing (positivism and interpretivism) are valid and that the "either/or" position can limit the possibility of attaining a comprehensive knowledge of complex processes and outcomes, such as resilience. In short, the study aims to use the strengths of both positivism and interpretivism to examine the complex construct of resilience.

1.5 Aims and Objectives of the Study

The study aims to examine the factors that influence better-than-expected outcomes for Irish emigrant survivors of ICA. As part of this examination, the study sets out to delineate what resilience means subjectively for Irish migrant survivors of ICA. As will be explained in more detail in subsequent sections, drawing on the framework described in the International Resilience Project (Ungar & Liebenberg, 2011), this study employs a social-ecological conceptualisation of resilience. This means that rather than focusing solely on internal domains, the study is interested in how individual skills and competencies and relational,
social and contextual resources promote resilience for those who experienced ICA. In addition, rather than focusing on outcomes or factors that correlate with better-than-expected outcomes, the study is interested in the processes, mechanisms and interactions that influence this adaptation. Finally, the study is interested in the impact of migration on resilience and so explores how resilience differs for survivors who migrated to the UK when compared to those who remained in Ireland.

In particular, the study sets out to answer four questions:

- How do Irish emigrant survivors of ICA subjectively define resilience?
- What individual, relational and contextual resources potentiate resilience for Irish emigrant survivors of ICA?
- How does resilience differ for survivors of ICA who migrated and for those who remain in Ireland?
- What were the key transitions and turning points in the trajectories of survivors of ICA who migrated to the UK?

1.6 Significance of the Study

Previous studies have focused on how individuals respond to isolated or acute risk within a defined period of their lives, evidenced by the fact that most studies in this field have focused on young people and children (Masten, 2001; Windle, 2011). The current study will add to the limited literature on resilience in later adult life for those who experienced chronic adversity in childhood. It will enhance understandings of how resilience for those who bounce back despite the most chronic risk exposure in early life compares to the experiences of those who are adjusting to acute adversity. Furthermore, the study will add to the sparse literature examining the processes and trajectories facilitating resilience for those who experienced ICA. Along with comparable quantitative data on the factors underpinning this
resilience, the study is one of the first attempts in the field of social science to gather structured narrative data on the resilience of Irish survivors of ICA.

Immigrant and minority communities have, to date, been largely excluded from the study of resilience (Ungar, 2008). Traditionally, studies have focused on the stressors involved in the migration process. In the case of the Irish community in the UK, the majority of studies have profiled, and in some cases sought to explain, the disadvantages, weaknesses and pathologies of this community. The literature shows few studies on the resilience of this community (Moore, Waters, Tilki & Clarke, 2012). This study will provide original empirical data on the resilience of an “at-risk” group within the Irish community in UK.

Panter-Brick & Eggerman (2012) suggest that “the central mission of resilience research is to use scholarship to derive critical ingredients for effective interventions to maximise life changes and health development” (p 369). It is hoped that the collection of empirical data on the social-ecological resilience of survivors of ICA will inform future interventions and policies for this group and other “at-risk” Irish migrants to the UK.

1.7 Organisation of the Study

Structure plays a central role in making a Ph.D. thesis understandable to the reader. It has been suggested that overlooking the stylistic and structural components of integration can result in a study becoming fractured and incoherent (Dunleavy, 2003). Before write up, time was spent reviewing the literature relating to structuring a Ph.D. thesis with a view to establishing good practice in this area. For example, Dunleavy (2003) suggested that a Ph.D. thesis can be separated into three sections: lead-in materials, core materials and lead-out materials. The core sections are those with high research added value and the sections which contribute to originality either by the discovery of new facts or by the exercise of independent
critical power. Attending to the lead-in, core and lead-out structure can give a thesis structural consistency and improve the accessibility of the research (Dunleavy, 2003).

Dunleavy (2003) recommends, at most, two lead-in sections, five sections (and 5/8 of word content) made up of core content, and one to two lead-out chapters. With that in mind, this thesis provides two lead-in sections. The first chapter provides an introduction to the study, the background, the theoretical rationale and epistemological position, the main aims and the significance of the study. The second lead-in section provides a review of the literature across the key areas of investigation in this study – institutional childhood abuse, resilience and migration. As recommended by Dunleavy (2003), this review is not exhaustive and only includes literature relevant to the current investigation.

The core content of this Ph.D. thesis are chapters five, six, seven and eight. Chapter five outlines the research methods employed in the study, including information on the research strategy, data collection, analysis and ethics, and a section which describes the validity of the instruments employed in the study. As will be described in detail in chapter five, this study draws on a mixed methods data analysis technique developed by Farmer (2006). This involves initially analysing qualitative and quantitative data separately, with a view to triangulation in the form of a mixed methods convergence at a later stage. As a result, the findings of the qualitative and quantitative data collection are presented separately in the middle part of this study.

Chapters six and seven provide a detailed analysis of the qualitative data. Chapter six provides an overview of how participants defined their resilience in the qualitative data before moving on to describe the individual, relational and contextual factors that promote resilience, as per the qualitative data. Chapter seven delineates the transitions and turning points en route to resilience, as described by participants.
Chapter eight provides an examination of the quantitative data. This chapter outlines the findings of a survey with 105 survivors of ICA and examines mental well-being (measured by the WEMWBS), and individual, relational and contextual factors which potentiate resilience (as measured by the RRC-ARM). As with the chapters detailing the qualitative data, this chapter examines the quantitative data separately with a view to integration and interpretation in the concluding chapters of the study.

Chapters nine and ten are the lead-out chapters. Chapter nine draws on a previously employed mixed method analysis (Farmer, 2006) to delineate the central conclusions of the study by triangulating the qualitative and quantitative data. A key question here is whether there is convergence or dissonance between the qualitative and quantitative data. In chapter ten, the study concludes with an interpretation of conclusions stemming from the data integration by placing them in the context of previous literature. This chapter provides a discussion of the implications of the findings from the study in terms of theory and recommendations for future practice, policy and research.
2 Literature Review: Institutional Childhood Abuse

This section provides a review of the literature on ICA. Luthar et al. (2000) assert that understanding the nature and context of adversity is of critical importance in the study of resilience. With that in mind, this section draws on available literature to understand the experience of ICA, the post-ICA experiences of survivors and the impact of ICA across the life course. Since the 1990s there has been a significant volume written by academics (such as Feritter, 2009; Keenan, 2006, 2011 2015) and media contributors on the systematic and societal failures underpinning the abusive system of institutional care in Ireland. Although the chapter touches on this work, the primary focus is the experience of ICA and post-ICA living for survivors. The chapter begins by examining early and current definitions of ICA and provides a short historical overview of the industrial and reformatory school system in Ireland.

2.1 What is Institutional Childhood Abuse?

When child abuse was first conceptualised, it was believed to occur predominantly within the family context, with parents as perpetrators (Kempe, 1962). Gil (1975) expanded this understanding by positing that child abuse can occur at three levels: intra-familial, institutional and societal. The definition of institutional abuse at the time referred primarily to settings in which almost all aspects of the child’s life are controlled by the institution (Wolfe et al., 2006). Observing that care homes, prisons and military encampments are similar in that they influence the lives of residents completely, Erving Goffman (1961) coined the concept of total institutions. This concept is relevant in the case of industrial schools and reformatories, as although some children did leave to visit family, most were there continuously, and temporary leave or escape was impossible. Goffman (1961) proposed a taxonomy of total institutions. Ferguson (2006) has suggested that, considering the negative
public view towards neglected or abused children in Ireland at the time, industrial schools and reformatories fit into the category of an institution designed to house individuals who are incapable of caring for themselves and who pose a threat to others (Goffman, 1961).

This early understanding of institutional abuse did not account for the range of community institutions and organisations in which child abuse and maltreatment can occur. In recent years, accounts of past and recent child abuse have been made in relation to virtually every type of institution serving children, including religious institutions (CICA, 2009; Disch & Avery, 2001), schools (Anderson & Levine, 1999), nurseries (Kelley, 1994), sports organisations (Brackenridge & Kirby, 1997), and voluntary organisations (Potts, 1992). As the context and type of abuse is quite often unique and specific to the institution, it can be difficult to accurately capture all aspects of ICA. One of the few definitions is provided by Gallagher (2000) who defines ICA as:

The sexual, physical or emotional abuse of a child (under 18 years of age) by an adult who works with him or her. The perpetrator may be employed in a paid or voluntary capacity; in the public, voluntary, or private sector; in a residential or non-residential setting; and may work either directly with children or be in an ancillary role (p 797).

Although practically useful, this definition overlooks the role of neglect in ICA. Today, contributors agree that ICA also involves a failure to protect the child from harm or to meet standards of care, as in established definitions of child neglect (CICA, 2009; Wolfe et al. 2006). Furthermore, contributors agree that regardless of the setting and the perpetrator, ICA is rarely a single event but rather an ongoing process of neglect and abuse (Carr et al., 2009; CICA, 2009; Moore & Thornton, 2015; Wolfe et al., 2006).

Studies of child maltreatment have confirmed that contextual features, such as the environment post abuse, can influence adjustment over the life course (Kamensner & McCabe, 2000; Kaplan, Pelcovitz, & Labruna, 1999). It is important that analysis of ICA
goes beyond the abusive act itself and places the survivor's experiences in a broader context. Wolfe et al. (2006) have developed a framework for understanding ICA. In describing what they call the factors contributing to harm, Wolfe et al. (2006) point to the significance of the institution and its role within society, the role of the perpetrator within the setting, the degree and nature of the child's involvement with the institution, the degree and longevity of abuse, and post-abuse events, as critical factors when examining the impact of ICA.

For example, according to Wolfe (2003), the influence and power some organisations have over the child or his or her family are important factors in the maintenance of the abusive system. A perpetrator may use his or her position to obtain the child's compliance. Some have suggested that children in religious-run institutional settings experienced a particular form of spiritual entrapment, differentiating clerical ICA from abuse in other institutions (Rossetti, 1995). According to Kennedy (2000), victimised Catholic children learnt that perpetrators were God's representatives on earth and so, for some, submitting to the abuse was somehow "God's will". As a result, some suggest, clerical abuse may create a special "trauma bond" associated with the victim's faith.

2.2 The History of Institutional Childhood Abuse in Ireland

The residential child-care system in Ireland was traditionally dominated by the Catholic Church. From the mid-nineteenth century, a network of institutions was developed to care for children whose parents were deemed unable to look after them. These institutions were managed by religious orders, but over time became state-funded. The three main categories of institution were orphanages, reformatories and industrial schools. Orphanages were for children from more affluent backgrounds who were in need of state care. Reformatory schools were established by the Reformatory Schools (Ireland) Act, 1858. Based on a British model, these schools housed children convicted of criminal offences.
A decade later, industrial schools were introduced through the Industrial Schools (Ireland) Act, 1868. These schools dominated the system and were intended for children deemed to be neglected, abandoned or otherwise in need of care. The thrust of the education provided in the industrial schools was practical training, which would prepare the children for employment, rather than academic learning. By 1875, there were 50 industrial schools (CICA, 2009). The system housed large numbers of children. Raftery and O’Sullivan report that “a total of 105,000 children were committed to industrial schools by courts between 1868 and 1969” (2001, p 20). The CICA (2009) estimated that approximately 170,000 young people attended these schools during the years 1930–1970. The same report found that the average length of stay was seven years (CICA, 2009). Although it is difficult to establish accurate figures, it is clear that the industrial and reformatory school system had a massive scope, especially in a country the size of Ireland.

Up to 80 percent of children were committed to the industrial schools for “lack of proper guardianship” (CICA, 2009). This, it has been suggested, was a catch-all heading that included “children of unmarried mothers; children who had lost one or both parents, or whose parents were incapacitated through illness, or whose families were unable to look after them due to poverty; children who were homeless, or whose families had broken up due to the desertion or imprisonment of one parent” (Ferguson, 2006, p 126).

Some have suggested that poverty was the central reason for the industrial schools (Raftery and O’Sullivan, 2001). As a result of the adverse economic conditions, the late 1920s, the 1930s and the 1940s in Ireland were scarred by deep poverty (CICA, 2009). However, Ferguson (2006) has argued that this is a reductionist view of ICA in Ireland and that the situation was far more complex:

It was not simply a matter of the church and state swooping on unsuspecting totally innocent parents and poverty-stricken communities. There were profound injustices done
to the children of the poor and their parents, but there were also many children who entered
the industrial schools who had been abused at home, and the community played a key role
in supporting such actions (p 136).

To understand the context of ICA in Ireland, it is important to understand the Catholic
Church’s influence and power over Irish politics and society. While opinion polls were not
conducted in the 1950s, a detailed sociological study of Irish Catholicism was undertaken in
Dublin in the early 1960s by Bruce Biever, an American Jesuit. This found that clerical
influence was generally viewed in a positive light and 88 percent of respondents agreed that
the Catholic Church was “the greatest force for good in Ireland today” (Girvin, 2008, p 76).
According to Moore and Thornton (2015), “its special status meant that during the twentieth
century in Ireland it was difficult to speak out about the Catholic Church, and even politicians
who openly challenged the Catholic Church were exposed to a hostile public counterattack”
(p 93). Complaints and commissioned reports which detailed the conditions and abuse in the
industrial schools and reformatories (such as the Kennedy report, 1970) were commonly
dismissed or ignored (CICA, 2009; Holohan, 2011; Moore & Thornton, 2015).

Although the current study is interested in the post-abuse experiences of survivors of
ICA, the literature on ICA also shows a volume of research examining why some religious
abused minors in their care. Popular writing and government commissioned research has
tended to focus on the assumed psychopathology of the perpetrator (Keenan, 2006). In
considering the abuse of minors by members of the clergy, Keenan (2006) puts forward three
theories. Firstly, according to the theory of infiltration, sex offenders infiltrated the clerical
state to gain access to children to abuse. These priests might be understood as
psychologically dysfunctional and once “in” they wreaked havoc on the Church as an
research does not support the view that perpetrators of abuse joined the clergy in order to gain access to children or young people.

The second theory Keenan (2006) proposes is that of institutional hegemony. This theory suggests that abuse is brought about partly by the Church's refusal to update its theology with regard to sexuality. According to Keenan, "proponents of this theory argue that the behaviour of bishops, priests and brothers must be seen as reflecting aspects of institutional beliefs and values, in short a common culture, usually obscured from view if one focuses solely on individual action" (2006, p 6). For Keenan (2006), celibacy of itself may not be problematic, but when it is coupled with institutional deafness or denial it can become a "lethal cocktail".

Finally, Keenan (2006) proposes a theory she calls "weak faith theory", and this emphasises the decreasing loyalty to Catholic orthodox teachings. This theory asserts that if the believers, including the abusive priests, and those involved in covering up these abusive acts, had only been faithful to the Church's teaching on matters of morality, this abuse would not have occurred.

Importantly, Keenan (2006) posits that only the second theory provides a satisfactory explanation of these abusive acts. The theories of infiltration and weak faith focus solely on personal agency and do not examine the role of power structures in the perpetration and maintenance of ICA. In moving beyond explanations which focus solely on individual deficits, Keenan posits that factors such as the continuum of the sexual underworld of "normal" clergy; an inadequate theology of sexuality and the absence of a relational sexual ethics for clergy; the Church's theology of scandal; clericalism; and deficits in a moral education that is overly intellectualised, must all be considered (2012, 2015). Others, such as Holohan (2011), assert that external clericalism on the part of the Irish laity, who believed that church personnel could do no wrong, Garda deference towards the Church, and society's ambivalence about the fate of children in state care due to their perceived status as second-
class citizens, influenced the maintenance of this abusive system (Holohan, 2011). Interestingly, in the same way as the current study seeks to move beyond individualised explanations of the resilience of survivors of ICA, the work of Keenan (2006, 2012, 2015) highlights the contextual and systematic factors that influenced this abuse.

2.3 The Experience of Institutional Abuse

In Ireland, there have been reports from five inquiries conducted into institutional child abuse, notably the Ferns Report (2005), the McCoy Report (2007), the Murphy Report (2009), the Commission to Inquire into Child Abuse (2009) (also known as the Ryan Report) and the Cloyne Report (2011). Writing before the publication of the Commission to Inquire into Child Abuse (CICA, 2009), Brennan commented that “there is little dispute now that these institutions were, at best, austere places. At worst, some were the scenes of extreme suffering” (2008, p 257). In light of the evidence provided by the CICA and other reports, it has become clear that the institutions systemically administered an unprecedented level of abuse and suffering. The abuse has been described by some as Ireland's Holocaust (National Post, 21 May 2009). Others have claimed it amounted to crimes against humanity (Groome, 2011). Upon release of the CICA report, the Irish Times (21 May 2009) called the report:

A devastating indictment of Church and State authorities ... the map of an Irish hell ... the sheer scale and longevity of the torment inflicted on defenceless children ... should alone make it clear that it was not accidental or opportunistic but systematic. Abuse was not a failure of the system. It was the system.

The CICA report was published on 20 May 2009 in five volumes, with an executive summary containing 43 conclusions and 20 recommendations. In total 1541 individuals gave evidence to the Committee, including 1090 former residents. The report concluded that the schools were run in a severe, regimented manner that imposed unreasonable and oppressive
discipline on children and even on staff. Physical and emotional abuse and neglect were features of the institutions. Sexual abuse was particularly widespread in boys’ institutions. The Commission (2009) found that the perpetrators of abuse were able to operate undetected for long periods. When confronted with evidence of sexual abuse, the response of the religious authorities was to relocate the offender to where they were often free to abuse again.

In a landmark study, Carr et al. (2009) examined the psychological adjustment of adult survivors of institutional abuse in Ireland. In total, 247 adult survivors of institutional abuse in industrial and reformatory schools recruited through CICA were interviewed. In order to understand the scale and severity of the institutional abuse experienced, the research team developed and administered the Institutional Abuse Scale (CICA2009). The study found that all participants (n=247) had experienced physical abuse. As many as 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. A figure of 46.6% reported that the most severe form of physical institutional abuse occurred more than 100 times. Nearly a quarter (23.9%) mentioned that the most severe form of physical institutional abuse occurred 11–100 times. 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. Over half (50.6%) of participants reported that they had experienced sexual abuse. For 21.5% fondling and masturbation was the most severe form of sexual institutional abuse they had experienced, and for 18.6% it was oral, anal or vaginal penetration.

The CICA found that poor standards of physical care were common (2009). The same report concluded that “children were frequently hungry and food was inadequate, inedible and badly prepared in many schools. Accommodation was cold, spartan and bleak. Sanitary provision was primitive in most boys’ schools and general hygiene facilities were poor”
Along with neglect, residents frequently experienced emotional abuse, “private matters such as bodily functions and personal hygiene were used as opportunities for degradation and humiliation. Personal and family denigration was widespread. There was constant criticism and verbal abuse and children were told they were worthless” (2009, Volume IV, para. 6.39).

Academic education was not seen as a priority for residents of the industrial schools. Child labour on farms and in workshops was used to reduce the costs of running the industrial schools and in many cases to yield a profit. The upkeep of industrial schools was largely done by the children themselves (CICA, 2009). Some of these chores were heavy and standards were imposed that were difficult for young children to meet. In girls' schools, older residents were expected to care for young children and babies on a 24-hour basis. When discharged, boys were generally placed in manual or unskilled jobs and girls in positions as domestic servants (CICA, 2009).

One of the cruelest aspects of the industrial schools and reformatories was the deprivation of family contact. The CICA (2009) reports that:

Separating siblings and restrictions on family contact were profoundly damaging for family relationships ... some children lost their sense of identity and kinship, which was never recovered. Sending children to isolated locations increased the sense of loss and made it almost impossible for family contact to be maintained (2009, Volume IV, para. 6.24).

Gilligan (2000) notes that a child's experience of care can range from “a single stable enduring happy placement in a foster home, to repeated moves between residential care units, to varying combinations of residential and foster care possibly interspersed with time back home” (p 139). He stresses the importance of considering subpopulations when researching the experience of public care. For example, in terms of gender, we know now that males and females had notably different experiences growing up in clerical institutional care. Boys were
more often placed in reformatories as a result of criminal offences, while girls, more often placed in industrial schools, “were incarcerated for status reasons: wandering, being neglected or living in unsatisfactory homes” (Ferguson, 2006 p 132). It is generally accepted that schools for boys were significantly more severe and sexual abuse was more common (CICA, 2009; Holohan, 2011). Although girls were subjected to predatory sexual abuse by male employees or visitors or in outside placements, sexual abuse was not systemic in girls’ schools (CICA, 2009).

Evidence in the CICA indicates that children with disabilities were placed in institutions where there was an absence of facilities suitable for their needs. The Cussen Report (1936), which represented the Irish government’s first investigation into residential institutions, “advocated the establishment of an institution specifically for the care of intellectually disabled children with separate departments for the physically disabled under the auspices of the Department of Education” (CICA, 2009, Vol. IV, para 1.8). Figures provided by residential managers to the Cussen Commission indicated that there were 56 intellectually disabled children in residential institutions and 46 children with physical disabilities, although the CICA suggests “that this may have been a gross underestimation” (2009, Vol. IV, para. 1.8).

Evidence indicates that this group experienced particularly harsh disadvantage. For example, Mr Bernard Dunleavy, a barrister engaged by the Christian Brothers to report privately on a number of institutions, maintained that the problem of placing children with disabilities in institutions where there were no appropriate facilities, “was exacerbated by a reluctance on the part of the Brothers to direct boys to other institutions which were better able to care for them, even when there were places available for that purpose” (CICA, 2009, Vol I, para. 7.6). As part of a 1968 visitation report to an industrial school in Dublin, Dunleavy noted that:
Some are very retarded ... Others are mentally deficient, and in recent years the proportion admitted in this latter class has been on the increase. As such children require very specialised attention it is not easy for an industrial school to adjust its programme to care for them (CICA, 2009, Vol I, para. 7.6).

In his novel *The God Squad*, the ICA and disability activist Paddy Doyle (1988) described how he suffered 11 years of physical and mental abuse at an industrial school, where he was sent at four years of age following his father’s death. By the age of ten, Doyle was permanently disabled by a rare condition known as dystonia. Doyle’s account is characterised by a description of a lack of compassion and understanding, and of harsh treatment. His work remains almost the sole account of institutional abuse from the perspective of a survivor with a disclosed physical disability.

While there is very little data on the institutional childhood experiences of ethnic minority communities, there is little doubt that this intersection led to a double disadvantage. The CICA (2009) gives some insights into societal attitudes towards Traveller children and those who were of “mixed race”. Seven witnesses reported being verbally abused as a result of their Traveller and “mixed race” backgrounds. One witness described how “Br ... X ... called me a knacker and said my parents didn’t want me ...” (CICA, 2009, Vol III, para. 7.236). Another described how she was targeted for physical abuse by one nun who “didn’t like blacks” (CICA, 2009, Vol III, para. 7.236). Carole Brennan, co-founder of Mixed Race Irish Survivors, a campaign group representing mixed race men and women placed in Irish institutions, said their members were subjected to “colour specific abuse and lived in a hostile, degrading, humiliating and offensive environment that crushed their health, dignity, self-respect and aspirations” (*Irish Times*, Oct 23, 2014).
In addition to reporting abuse, the CICA (2009) gave some examples of positive experiences within institutions. Some described memories of kindness that remained with them for many years. Acts of kindness by religious and lay staff reported by survivors included being given “extra food, spoken to kindly, shown affection, having a blind eye turned to behaviour others would report, creating a positive environment and being called by one’s first name rather than by a number or surname” (2009, Volume III, para. 10.03).

Conway’s review of institutional abuse and resilience highlights the potentially positive benefits institutional care can bring into some children’s lives (2012). Children who are in residential care often come from disrupted and abusive family backgrounds, and are more likely to suffer from higher levels of emotional, behavioural and social disadvantage as a result (Daniel, 2008; Hobbs, Hobbs & Wynne, 1999; Jackson and Martin, 1998; Lösel and Bliesener, 1990; Rutter, 2000). Residential institutions can provide a stable atmosphere and reliable care to children and young people (Daniel, 2008; Gilligan, 2008). It can offer opportunities to build close trusting relationships with staff members who recognise and respond to their needs appropriately and sensitively, as well as providing a safe, secure base from which to develop wider social networks (Houston, 2010; Roman, Hall & Bolton 2008). In such instances, the experience of residential care can be a positive, resilience-enhancing turning point in the lives of vulnerable children (Rutter, 2000). However, it is very clear that this was far from the common experience of residents of industrial schools and reformatories in Ireland.
2.5 Post-ICA Experiences

Drawing primarily on the CICA (2009), this section examines the post-ICA experiences of survivors of ICA. Along with employment, relationships and migration, this section reviews the literature on psychological adjustment and resilience of this group.

2.5.1 Employment

In the CICA (2009), 21% of witnesses reported being placed directly into live-in jobs, including in farms, shops, hotels and hospitals, when they were discharged from the school system. Many describe being paid a minimal rate, sometimes not regularly or at all, and being afforded little more independence than they had in the school. The employment placements were generally either in the locality of the institution they had left, or in Dublin.

About a quarter of witnesses to the CICA described chaotic work lives; many were sporadically employed and were unable to stay in the same job for long (CICA, 2009). The majority of the female witnesses were employed as housekeepers, waitresses, cleaners and factory workers, and, for the most part, male witnesses reported working as construction workers, farm labourers, taxi drivers and factory workers. As many as 43% of female witnesses to CICA (2009) reported that after their discharge they found themselves jobs in domestic situations for the first couple of years. At least half of those who were employed in domestic service in the early years remained in similar occupations for the rest of their working lives (CICA, 2009).

Many survivors describe the detrimental effects of a poor education and poor literacy skills as impediments to stable employment. Poor literacy led to many “keeping their heads down” to avoid criticism or the shame of being “found out” as having been in an institution (CICA, 2009, Volume III, para. 11.38). In her ethnographic study of an educational establishment for survivors of ICA, Feeley (2014) describes how unmet educational needs resulted in lifelong
social disadvantage and exclusion. Many found it difficult to progress beyond unskilled
labouring, factory or cleaning work. As one witness to the CICA described:

When I came out ... the lack of education hit me. I was unskilled, I was terrified, I couldn’t
put ... (name of school) ... on the form. I couldn’t go back into education because, what is
education? It is beatings (2009, Volume III, para. 11.38).

Reports of long-term unemployment for males were associated with reports of time spent
in prison. In the CICA (2009), 14% of males reported having spent time in prison in either
Ireland or the UK after leaving the schools. In most cases the first period of detention was
within five years after discharge, and this experience established a pattern that followed for
life for many (CICA, 2009).

Some other male survivors joined either the Irish Defence Forces or overseas armies.
Many witnesses described the army as providing security and a structured regime, along with
career opportunities and the likelihood of travel:

The Army was another way, a lot of the lads joined the Army. It was the same as ... named
school ... but you got paid for it. You had the rules and regulations, you had punishment
but you got paid (Volume III, para. 11.48).

2.5.2 Relationships

In terms of relationships, in the CICA (2009), 17% (n=132) of the total sample (n=791)
were single. In the same study, 49% of respondents were married. Many participants felt they
were unprepared for marriage and family life and many reported problems dealing with
emotional demands and the expectations of physical affection and sexual relationships in the
absence of any previous experience of affection (CICA, 2009). One hundred and eighty-two
witnesses (23%), 107 male and 75 female, reported being unable to express their feelings to
their partner (CICA, 2009). Many male witnesses who married described significant
difficulties in relating to others, in particular with their spouse and subsequently with their children and extended families:

The worst thing was not being able to relate to others, not knowing how to give and receive love. I didn’t know what love was (CICA, 2009, Volume III, para. 11.08).

Of those who gave evidence to the CICA (2009), 34% described having “normal” or good relations with their children. Many described the pleasure they derived from having children of their own and being able to provide them with the love and security lacking in their own childhood. Many felt their childhood had left them unprepared for the role of being a parent (CICA, 2009), nearly a fifth (19%) reported themselves as harsh in their treatment of their children and 22% reported an inability to be affectionate with their children. Many participants described carrying a burden of guilt in relation to a perceived lack of parenting skills (CICA, 2009).

2.5.3 Migration

After being discharged from these schools, many survivors chose to emigrate. In the CICA, 37% of witnesses were living in the UK (2009). Furthermore, 32% (n=5353) of applicants to the RIRB were based in the UK (2013). In terms of the population of former residents of industrial schools and reformatories, Delaney et al. (2013) suggest that the percentage that migrated could be as high as 50% and in real terms approximately 50,000. Although some suggest migration was the result of dire economic conditions, others posit that migration was an attempt to escape scenes of past suffering.

I left ... I was frustrated with Ireland. I said “to hell with this, I’m getting out of this country”. I went to ... (university abroad) ... I have never been unemployed ... I put Ireland behind (CICA, 2009, Volume III, para. 11.56).
Despite the extent of migration, we know little about the experiences of Irish survivors of ICA living in the UK. In one of the few examples, Moore, Thornton and Hughes (2015) describe the help-seeking experiences of survivors of ICA in the UK. Although the study does not explore the broader experiences of those living in the UK, it does suggest that cultural insensitivity to institutional abuse may be a barrier to help-seeking for those resident in the UK. The same study suggests that negative help-seeking experiences in Ireland resulted in long periods of self-management (Moore et al., 2015). Furthermore, in profiling the needs of survivors of ICA, Higgins (2010) suggests that those who did not manage to build a stable life could be among the most marginal in UK society, a situation exacerbated now by their ageing.

2.5.4 The Psychological Adjustment of Survivors of ICA

The scientific literature on the effects of institutional living, abuse and neglect is sparse (Carr et al., 2009; Gallagher, 1999; Gilligan, 2000; Rutter et al., 1990; Rutter et al., 2001; Wolfe et al., 2006). Initial studies on the long-term effects of institutional upbringing have shown that compared with children reared in families, those reared in institutions have poorer adjustment (Rutter, 2000). In the short term, institutional upbringing has profound effects on cognitive and social development and some of these difficulties do not resolve when children are placed for adoption. Studies have shown that children who experience institutional upbringing from birth until two years, and are then adopted at four and six years, show impaired cognitive development, attachment problems, inattention and over-activity (Rutter, 2000). Furthermore, in reviewing the literature on challenges facing those leaving public care, Arnau-Sabatés and Gilligan (2015) assert that these may include excessive dependence, weakened networks of potential support, stressful and turbulent transitions from life in care to life after care and a personal identity often defined exclusively by their care status and experience.
In terms of long-term institutional upbringing and abuse, Wolfe et al. (2006) found that 88% of a group of 76 Canadian adult survivors of ICA at some point in their lives suffered from a psychological disorder. PTSD, other anxiety disorders, depression and alcohol abuse were the most common disorders. Furthermore, Wolfe et al. (2003) found that a sense of betrayal and diminished trust, shame, guilt and humiliation, fear of or disrespect for authority, injury or vicarious trauma, and avoidance of reminders were linked to the experience of ICA.

In the Irish context, Carr et al. (2010) found that of a sample of 247 survivors of ICA, all had experienced one or more significant life problems, with mental health problems, unemployment and substance use being the most common. More than four-fifths of participants had an insecure adult attachment style, indicative of having problems making and maintaining satisfying intimate relationships. About four-fifths of participants at some point in their lives had had a psychological disorder, including anxiety, mood, substance use and personality disorders.

Carr et al. (2010) found the prevalence of current anxiety, mood and personality disorders to be “more than twice that found in normal European, North American, or British populations. The prevalence of lifetime diagnoses of anxiety, mood, and substance use exceeded those found in normal European, North American, or British populations by between 5 and 30%” (p 485). The same study found that 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%). Furthermore, “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” (p 485). Females had a significantly higher
lifetime diagnosis of panic disorder with agoraphobia. In contrast, males had a significantly higher rate of lifetime diagnosis of alcohol dependence (Carr et al., 2010).

Carr et al. (2010) shows consistency with other studies examining psychological adjustment of survivors of childhood maltreatment. For example, childhood sexual abuse has constantly been shown to have a potentially devastating impact upon the individual, such as an increased risk of developing psychopathology (Hillberg et al., 2011; Kendall-Tackett, Williams & Finkelhor, 1993), revictimisation (Hamilton and Browne, 1999), dissociation (Hanks, and Stratton, 1995), interpersonal/sexual difficulties (Ahmad, 2006), suicidal behaviour (Mullen, King & Tonge, 2000) and addiction (Wolfe et al., 2006).

Whilst studying the profiles of adult survivors of ICA in Ireland, Fitzpatrick et al. (2009) studied three subgroups of adult survivors of institutional abuse, defined by personal accounts of their worst abusive experiences. These were found to have distinct profiles, with severe sexual, physical or emotional abuse as their worst form of maltreatment:

Survivors of severe sexual abuse had the most abnormal profile, which was characterised by higher rates of all forms of child maltreatment and higher rates of post-traumatic stress disorder, alcohol and substance abuse, antisocial personality disorder, trauma symptoms and life problems. Survivors of severe emotional abuse were better adjusted than the other two groups. (p 387).

However, they also explain that there was an association between the type of worst abusive experience and the overall level of abuse. For example, “the severe sexual abuse occurred within the context of ongoing physical and emotional maltreatment, and these traumatic experiences in turn were associated with particularly severe adult adjustment problems” (Fitzpatrick et al., 2010, p 399).
2.5.5 Resilience and ICA

Importantly, in the context of the current study, these studies also show that, although the majority of individuals show signs of maladaptation, a proportion do not. In Wolfe et al. (2003), 12% were “resilient”. In an Irish context, similar findings have emerged. Flanagan et al. (2009) found that of a group of 247 Irish survivors of institutional abuse, 45 cases did not meet the criteria for common DSM IV axis I or II disorders. According to Flanagan et al. (2009):

- the resilient group was older and of higher socioeconomic status; had suffered less sexual and emotional abuse; experienced less traumatisation and re-enactment on institutional abuse; had fewer trauma symptoms and life problems; had a higher quality of life and global functioning; engaged in less avoidant coping, and more resilient survivors had a secure attachment style (p 56).

In Carr et al. (2009), participants’ views on the personal strengths and resources that have helped them to cope with life’s challenges were evaluated on three criteria: 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? As Carr et al. (2009) explain:

- 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%) (p 102).

Finally, in reviewing the literature on resilience and ICA, Flanagan et al. (2009) found that survivors may use both functional and dysfunctional coping strategies to deal with
institutional abuse (Luthar, 2003; Rutter, Quinton & Hill, 1990). According to Flanagan et al. (2009), in the context of ICA “functional coping strategies include social support, skill mastery, planning, and spiritual support” (p 587).

2.6 Summary

This chapter provided a review of the literature on ICA. Starting with an examination of historic and current definitions of ICA, it moved to an overview of the history of ICA in Ireland, along with empirical findings from landmark studies (Carr et al., 2010; CICA, 2009). In short, these studies evidence the chronic abuse experienced by survivors of ICA and the resulting social disadvantage and mental ill health.

The review showed little if any empirical data on the experiences of survivors of ICA who migrated to the UK. In terms of resilience, although one study on resilience and institutional clerical abuse in Ireland was sourced (Flanagan et al., 2009), this study detailed the prevalence of positive outcomes, measured by the absence of diagnosable disorder, and the traits, such as secure attachment and non-avoidant coping, and global functioning associated with this outcome. This landmark study provides an excellent insight into the prevalence of resilience and factors associated with this adaptation. However, it tells us little about the trajectories survivors travelled en route to resources that enhanced this adaptation, or the broader social ecological factors that impacted on their resilience, and the study is silent on the influence of migration.

One of the cornerstones of resilience is the need to demonstrate significant adversity and, concurrent or subsequent, positive adjustment. This chapter has provided the context within which the resilience of survivors of ICA should be understood. The next chapter provides a review of the literature on resilience.
3 Literature Review: Resilience

3.1 Introduction

This chapter reviews the literature relating to resilience. The chapter begins with a brief historical overview of the concept. As resilience remains in its formative years as a concept in social science, there exists much ongoing debate with the field. The chapter outlines some of this debate with a view to delineating the position of the current study within these discussions. Beyond this, the remaining focus of the review is on empirical outcomes within the field of resilience. The empirical review aims to delineate the resilience-potentiating resources across individual, relational and community spheres. Along with highlighting gaps in the literature, this empirical review draws on previous research to delineate factor that may influence resilience for survivors of ICA.

3.2 A Brief History of Resilience Research

Traditionally, investigations of individuals and groups exposed to significant risk have sought to examine what were understood as the maladaptive consequences of this adversity. Researchers afforded little attention to individuals who showed relatively adaptive patterns in the face of significant risk exposure. Efforts focused on understanding pathology and deficits, rather than how problems might be averted or how individuals coped or managed these difficulties. The first moves away from this deficit approach began in the 1970s when a group of researchers observed positive adaptation among groups of children who were thought to be “at risk” of poor outcomes as a result of this risk (Masten, 2001). In one of the first studies of its kind, Garmezy (1970) found that of a cohort of individuals experiencing schizophrenic symptoms, those with the least severe courses of illness were characterised by a history of competence at work, social skills and relatively stable relationships. Similar studies of children of schizophrenic mothers played an important role in the emergence of resilience as
a theoretical and empirical concept (Garmezy, 1974; Masten, 1991). Evidence that many of these children thrived despite exposure to risk led to increasing efforts to understand individual variations in response to risk exposure.

Werner (1982) was one of the first researchers to use the term resilience. She studied a group of children from Kauai, Hawaii. Kauai is an economically disadvantaged part of Hawaii, and many of the children involved in Werner's study grew up with unemployed as well as alcoholic or mentally ill parents. Werner observed that of these children, two-thirds exhibited destructive behaviours in their later teen years, such as chronic unemployment and substance misuse. However, one-third did not exhibit these behaviours. Werner called the latter group “resilient”. These early efforts were heavily influenced by a cultural ethos in the United States that glorified individualism and the ability to “pick oneself up by one’s own bootstraps” (Masten, 2013). Researchers primarily focused on personal qualities of “resilient children”, such as autonomy or high self-esteem (Masten, Best & Garmezy, 1990).

The work of Werner and Garmezy belongs to what Masten and Obradovic (2006) have called the first wave of resilience research that “set out to identify the correlates and markers of good adaptation among young people expected to struggle because of their genetic or environmental risk” (Masten and Obradovic 2006, p 14). This approach focused on large heterogeneous samples and generally employed multivariate statistical methods. Across a wide range of studies, "the first wave of research revealed a remarkable degree of consistency in findings, implicating a common set of broad correlates of better adaptation among children at risk for diverse reasons" (O'Dougherty Wright, Masten & Narayan, 2013, p 21). In describing these correlates, Masten & Wright (2010) developed a short list of factors found to be associated with resilience.
Table 3-1 Shortlist of Resilience Promoting Factors (Masten & Wright, 2010)

- Positive attachment bonds with caregivers (attachment; family)
- Positive relationships with other nurturing and competent adults (attachment)
- Intellectual skills (integrated cognitive systems of a human brain in good working order)
- Self-regulation skills (self-control systems and related executive functions of the human brain)
- Positive self-perceptions; self-efficacy (mastery motivation system)
- Faith, hope, and a sense of meaning in life (meaning-making systems of belief)
- Friends or romantic partners who are supportive and pro-social (attachment)
- Bonds to effective schools and other pro-social organisations (sociocultural systems)
- Communities with positive services and supports for families and children (sociocultural)
- Cultures that provide positive standards, rituals, relationships, and supports (sociocultural).

Ungar (2006) explains that resilience-enhancing factors which emerged during this wave of research, have been routinely categorised as compensatory, challenging, or protective. He explains that:

- compensatory factors are those aspects of an individual or environment that neutralize exposure to risk in the first place....
- challenge factors are risk factors that serve the functions of enhancing resilience when the risk is manageable for the individual and of enhancing the individual's adaptive capacity over time....
- protective factors actively target specific risks and are thus better thought of as processes or mechanisms for growth (p 348).
During this phase, a number of defining concepts were advanced. For example, researchers agreed that resilience should be understood as an inferential concept that involved two distinct judgments (Luthar et al., 2000). Firstly, a judgment, by some criteria, is required that there has been a significant threat to the development or adaptation of the individual or system. Next, despite this threat or risk exposure, adaptation or adjustment of the individual or system is satisfactory, by some set of criteria (Masten, 2013, Luthar et al., 2000).

The second wave of resilience research focused on uncovering the processes and systems underpinning potential assets or promotive factors associated with resilience. The examination of the prevalence and description of protective factors was succinctly described by Masten (2006) as the "how" questions of resilience research. In describing this wave O'Dougherty Wright and Masten (2013) explain that resilience research "increasingly focused on contextual issues and more dynamic models of change, explicitly recognizing the role of developmental systems in causal explanations...this has led to greater emphasis on the role of relationships and systems" (p 22). These models also pointed to the importance of examining trajectories and turning points in individuals' lives, and to consider the complex interactions of a changing person and context (Masten, 2015 Rutter, 2000).

Importantly, this wave sought to integrate biological, social and cultural processes into studies of resilience. Researchers gave far more consideration to how multiple levels of context interacted to produce resilience, acknowledging that resilience may often stem from factors external to the individual. Research led to the delineation of factors implicated in this social-ecological development of resilience. According to Luthar et al. (2000) these included: (1) attributes of individual themselves, (2) their families, and (3) characteristics of their wider social environments.
Research during this wave indicated that protective processes are contextually specific. Empirical findings suggested that some factors may be associated with resilience in some contexts but not in others (Masten & O'Dougherty Wright, 2006). Research is now pointing to the role of culture and context in shaping the environment in which processes associated with resilience occur and how contextualised studies can facilitate the discovery of socially marginalised coping strategies which may not be detected by assessing resilience against normative criteria (Ungar, 2006). Despite this advancement, Ungar (2006) has claimed that current methodologies lack “sensitivity to community and cultural factors that contextualize how resilience is defined by different populations and manifested in everyday practices” (p 219), as a result we do not yet know what resilience means to particularly marginalised groups.

Using lessons from the first two waves, the third wave began to translate the emerging consensus around resilience into interventions intended to promote resilience. Researchers recognised that interventions designed to promote positive adaptation among individuals at high risk represented a potentially enlightening strategy for testing resilience theory.

Finally, O'Dougherty Wright and Masten (2006) have identified a fourth wave, which focuses on integrating resilience across multiple levels of analysis, with growing attention to neurobiological processes. For example, there is growing interest in how altering self-regulation might promote better adaptation among children growing up in stress-laden environments (Masten & O'Dougherty Wright, 2006).

Despite this surge in literature, the field of resilience has been criticised for a lack of theoretical and definitional consistency. The next section provides an overview of the current theoretical debates in the field of resilience with a view demonstrating emerging consensus and areas of ongoing dispute, as well as demarcating the theoretical position of the current study.
3.3 Current Debate in the Field of Resilience

Following the publication of early writings, interest in resilience has surged. This burgeoning attention has been paralleled by growing concerns about the rigour of theory and research in the area, misgivings which have sometimes resulted in assertions that overall, this is a construct of dubious scientific value (Luthar et al., 2000). Recently, the work of contributors such as Luthar et al. (2000), Rutter (2000, 2006), and Bonanno and Diminich (2012) have moved the field towards a more scientific conceptualisation of resilience. However, as with any new concept, debate continues on how to best theorise, measure and utilise resilience. The following section describes some of the issues that have been singled out in the literature and delineates the position of the current study within these debates.

3.3.1 Definitions and Terminology

There have been numerous attempts to define resilience. The existence of varying definitions has resulted in confusion in the implementation of resilience as a research strategy (Luthar et al., 2000). In fact, there is general agreement that over the years "resilience as a construct has remained conceptually fuzzy with little consistency in how the term is operationalized" (Liebenberg & Ungar, 2011). Although, there is no universally accepted scientific definition of resilience (Kolar, 2011), there are several existing definitions that share in common a number of features all associating resilience with human strengths, some type of disruption and growth, adaptive coping, and positive outcomes following exposure to adversity (e.g., Bonanno et al., 2004; Connor & Davidson, 2003; Friborg, Barlaug, Martinussen, Rosenvinge and Hjemdal, 2005; Masten, 2015). At its most basic, resilience has been defined as a dynamic process encompassing positive adaptation within the context of significant adversity. In her recent review of 2979 potentially relevant studies Windle (2011), using a concept analysis methodology, defined resilience as:
the process of effectively negotiating, adapting to, or managing significant sources of stress or trauma. Assets and resources within the individual, their life and environment facilitate the capacity for adaptation or bouncing back in the face of adversity. Across the life course, experiences of resilience will vary (p 163).

Along with highlighting the dynamic developmental nature of the concept, this definition stresses the importance of social ecological factors in the promotion of resilience. Similarly, in research across 14 difference countries, the Resilience Research Centre has pioneered the following definition and this multi-domain social ecological understanding of resilience is the foundation of the conceptual framework of the current study:

In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful ways. The dual processes of navigation and negotiation require that the locus of control for positive development be a shared experience of both individuals and their social and physical ecologies. (Ungar, Ghazinour, and Richter, 2012, p 225)

A number of issues have arisen in relation to the terminology used in this field. For example, Masten (2001) cautioned against the use of the term “resiliency” as it carries connotations of a personality trait. As a result, it has become common for researchers to refer to resilient trajectories or resilience as it relates to a process rather than describing individuals as resilient. Similarly, Luthar et al. (2000) suggest that in describing findings, researchers must specify the particular spheres to which the positive adaptation applies. Contemporary researchers are increasingly using terms such as “educational resilience” (Wang & Gordon, 1994), “emotional resilience” (Kline & Short, 1991), and “behavioral resilience” (Carpentieri, Mulhern, Douglas, Hanna, & Fairclough, 1993). Furthermore, Bonanno and Diminich (2012)
have coined the term *emergent resilience*, which in contrast to *minimal impact resilience* (adaptation in the immediate aftermath of acute isolated risk), is the measurement of adjustment in the aftermath of chronic risk exposure over the broad sweep of time.

3.3.2 Trait or Multi-level Construct?

In some early writings, individuals who did well despite risk exposure were categorised as “invulnerable” (Anthony, 1974). This term was misleading as it implied that resilience was absolute and unchanging. Initial contributors also suggested that this invulnerability or hardiness was the result of internal traits and attributes. Today, many resilience researchers have rejected models that conceptualise resilience exclusively as an internal attribution model (Luthar et al., 2000; Gilligan, 2008, Masten & Wright, 2010; Bonanno, Westphal & Mancini, 2011 Ungar & Liebenberg, 2011). Masten and Wright (2010) posit that any scientific representation of resilience as a personal attribute can inadvertently lead to perceptions that some individuals do not “have what it takes” to overcome adversity and this point has been frequently made in the recent literature.

Perhaps most importantly, the idea of resilience as an inherent individual trait is not borne out by the empirical data. Whilst examining large data sets on individuals who experience significant risk exposure, Bonanno and Diminich (2012) found that “if we measure many different predictors, we find that no one predictor accounts for much variance...no single demographic, personality or biological factor has been shown to predict or enhance resilience by more than a small degree” (p 6).

Luthar et al. (2000) posit that the trait perspective does little to explain the processes underlying resilience and by focusing on traits related to temperament and interactional processes, like attachment, studies inadvertently leave out potentially more important aspects
of resilience, such as neighbourhood safety, employment opportunities and educational or health resources which may be as just as important to individual well-being.

In contrast, many contemporary contributors to the field of resilience have proposed a social ecological model of resilience (Masten, 2013, Bonanno & Mancini 2012, Ungar & Liebenberg, 2011, Rutter, 2006). Kolar (2011) asserts that this multi-level approach to resilience has gained prominence and has produced fruitful results. This approach is heavily influenced by UriBronfenbrenner’s (1977) ecological model of development which conceived the individual’s environment as nested structures with the interaction between systems critical in understanding development. Bronfenbrenner (1979) posited that the ecological environment should be understood, topologically, as a nested arrangement of structures, each contained within the next. The first of these systems, the microsystem, is a:

Complex set of relations between the developing person and environment in an immediate setting containing that person (e.g. home, school, workplace, etc.). A setting is defined as a place with particular physical features in which the participants engage in particular activities in particular roles (e.g., daughter, parent, teacher, employee, etc.) for particular periods of time. (Bronfenbrenner, 1977, p 514).

Succeeding the microsystem is a mesosystem which contains the interrelations among major settings that involve the developing person at a particular point in their life. This system includes interactions among family, school, and peer group, “in sum, stated succinctly, a mesosystem is a system of micro-systems” (Bronfenbrenner, 1979, p 515). From a resilience perspective, mutually supportive interactions between microsystems, such as schools and families or sports clubs and schools, are connected with positive youth development (Lerner, Brentano Dowling & Anderson, 2003).
Next, the exosystem refers to the many different distal social interactions that have the potential to influence development indirectly. The exosystem shapes the quality of meso and microsystem interactions. According to Bronfenbrenner (1979):

an exosystem is an extension of the mesosystem embracing other specific social structures, both formal and informal, that do not themselves contain the developing person but impinge upon or encompass the immediate settings in which that person is found...they encompass, among other structures, the world of work, the neighbourhood”. (p 515)

While reviewing resilience research on the exosystem, Ungar, Ghazinour & Richter (2012) asserted that communities that facilitate social networks between parental microsystems provide caregivers with a set of potentially supportive relationships that makes it easier for them to sustain the provision of quality childrearing.

The Macrosystem refers to general models, existing in the culture or subculture that set the pattern for the structures and activities occurring at the material level. This system refers to the aspects of the social ecology that form the cultural backdrop to bio-psycho-social development. According to Bronfenbrenner (1979), some actually exist in “explicit form as recorded laws, regulations and rules. But most macrosystems are informal and implicit—carried, often unwittingly, in the minds of the society's members as ideology made manifest through custom” (p 515). Macrosystems are conceived and “examined not only in structural terms but as carriers of information and ideology that, both explicitly and implicitly, endow meaning and motivation to particular agencies, social networks, roles, activities, and their interrelations” (Bronfenbrenner, 1979, p 515). Finally, Bronfenbrenner (1979) proposes a chronosystem which includes all four systems. This is the cumulative experiences an individual has in their lifetime and their social historical experiences.

As mentioned, some contributors (Ungar, 2006, Windle, 2011, Rutter, 2006, Bonanno & Mancini, 2012) have moved away from an individual trait focus to the interactions and
processes by which individuals and groups secure for themselves the psychological, social and physical resources that make positive adaptation more likely in contexts of adversity. In reviewing the contemporary descriptions of social ecological resilience, Kolar (2011) explains that within this conceptualisation of resilience, resources and assets that facilitate resilience are frequently classified across three levels:

Individual-level factors (personality characteristics, talents, skills), relational-level factors (family and peer network relationships, the degree of support that can be gathered from these relationships), and societal-level factors (community, school environment, cultural norms, institutional and other outside supports)... these levels are meant to be understood in interaction with one another. (p 427)

Furthermore, Ungar et al., (2013) has proposed five types of capital (resources) that promote resilience, 1) social capital includes relationships with caregivers, feelings of trust, and cultural connectedness; 2) human capital such as the ability to learn and work 3) financial/institutional capital including social welfare programmes, health care, education programmes 4) natural capital such as land, water and biological diversity and 5) built capital such as safe streets, public transit, recreational facilities, housing and schools.

According to Ungar and Liebenberg (2011), this ecological perspective situates resilience as a theory that emphasises the nature of the individual's social and physical ecology first, interactional processes between the environment and the individual second, and individual-specific propensities toward positive development third. Drawing on the research and theory presented in this section, the current study employs a social ecological conceptualisation of resilience. Furthermore, using the Resilience Research Centre's methodology (Ungar, 2011), the study delineates findings across contextual, relational and individual domains.
3.3.3 Defining Positive Adaptation in the Aftermath of Adversity

Resilience refers to a "dynamic process encompassing positive adaptation within the context of significant adversity" (Luthar et al., 2000, p 1). Consequently, a key issue in the field is how judgements are made about positive adaptation post risk exposure. A variety of criteria have been used to judge positive adaptation in the literature, including criteria focused on the absence of pathology, achievement in age-salient developmental tasks, subjective well-being, or all of these (Wright, Masten & Narayan, 2013). In discussing the conceptualisation of resilience as the absence of pathology Bonanno and Diminich (2012) assert:

The most common perspective in the trauma literature conceptualises responses to PTEs (potentially traumatic events) almost exclusively in terms of the simple, binary distinction between chronic psychopathology versus the absence of psychopathology...the demarcation of the presence or absence of psychopathology says nothing about the different types or variations in non-pathological responses to PTEs and other forms of adversity. (p 381)

Some (Luthar et al., 2000; O'Leary & Ickovics, 1995) see resilience as a way to weather or endure a trauma that reflects no more than a return to baseline whereas for others it is exceptional adaptation. A related question is whether some outcomes should be accorded more importance than others, as the most critical indicators in the measurement of resilience. In situations where adversity confers high risk to particular outcomes, some have suggested giving these priority over others (Luthar, 1993). In a review of the measurement techniques employed in the field of resilience, Kolar (2011) states:

While such judgments are prevalent throughout the resilience literature, lacking is critical discussion on how positive adaptation or outcome has been determined as such, to whom it applies, and what the political and social implications of these judgments are. These
benchmarks of what constitutes positive adaptation frequently reflect values of white, middle-class families (p 423).

Some contributors have argued that using normative criteria to define positive adaptation fails to account for the unique and often atypical nature of resilience. Ungar (2004) has suggested that “at-risk” populations can employ atypical resilience-enhancing strategies which might appear counter-productive to research communities and he has termed these functional, but culturally non-normative, adaptations “hidden resilience”. In considering the implications for resilience researchers, he recommends that research must be guided by the context of the risk and co-constructed with the population under investigation.

Although a variety of approaches to the delineation of positive adaptation in the face of adversity exists, the importance of contextualised understandings is gaining currency. In examining resilience post ICA, this study sets out to ensure the integration of contextual understandings. That said, and as in other areas, this study also takes the position that normative and interpretative approaches can work to triangulate a valid understanding of positive adaptation in the face of risk exposure.

3.3.4 A Stable or Dynamic Process?

Although some contributors define resilience as stable and steady adjustment in the aftermath of adversity (Bonanno & Diminich 2012), others see it as a dynamic process that waxes and wanes over time (Masten, 2006, Windle, 2011). Pietrzak & Southwick (2011) suggest that resilience exists on a continuum that may be present to differing degrees across multiple domains of life. In discussing the unique dynamic pathways travelled by individuals who experience unique risk exposure, Windle (2010) writes: “that risk and protective factors may function in alternative ways for different age groups, and in alternative ways for the
same individual at different periods in the lifespan” (p 166). It ebbs and flows in response to different sets of circumstances throughout life (Daniel et al., 1999).

In response to some conceptualisations of resilience as a single pathway, Masten (2006) described four distinct patterns of adaptation in response to adversity. *Resistance* refers to patterns of reasonably steady and positive adaptive behaviour in the presence of significant threats. *Recovery* refers to patterns where the individual’s adaptive function declines as a result of adversity, then returns to a positive level. This pattern is normal and expected in situations of severe continuing adversity, representing conditions so adverse that maintaining good adaptation could not be expected. *Normalisation* patterns occur where an individual begins life in an adverse environment, and conditions improve. Once removed from the potentially risky environment the individual may show development and changes that eventually put him or her back on a normal development trajectory. *Transformation* patterns refer to cases where the adaptive functioning improves in the aftermath of the adversity. Transformation might be reasonably understood as similar to post-traumatic growth.

Linked to the idea of resilience as a dynamic process that shifts over time, is the concept of turning points. Turning points have been described as experiences that are understood as life changing (Tavernier & Willoughby, 2012) or as the opening up of opportunities (Werner & Smith, 2001). Hass, Allen and Amoah (2014) described turning-point experiences as “involving a marked discontinuity in development that results in a change in the quality and direction of one’s life trajectory” (p 387). Importantly, these experiences do not just have short-term outcomes and may effect change over the long term. They can involve experiences over which the person has control and those over which the person has no control (Hass et al., 2014), and can be understood as negative or positive. According to Ronka, Oravala and Pulkkinen (2003):
Positive turning points are usually related to the birth of a child, marriage and success in realizing one’s own goals; such as a better economic situation brought about through work…religious commitment and unexpected opportunities are other examples of life events that may bring about positive changes in individuals’ lives (p 204).

The concept of transitions and turning points is a central feature of this study and the qualitative structure interview process in particular.

3.3.5 Resilience as an Outcome or Process?

One of the primary debates in resilience research is whether the construct should be conceptualized as a process or outcome (Luthar et al., 2000). Most commonly, researchers have described resilience as an outcome evidenced by the absence of disorder, functional capacity, and social competence (Kolar, 2011) and frequently involves the examination of the factors that correlation with these outcomes. The study of the resilience of Irish survivors of ICA, by Flanagan et al., (2009), described in the previous chapter, is a good example of outcome-focused resilience research.

Ungar (2011) has suggested that resilience research which focuses on outcomes can be clustered by focus, beginning with the individual and variations in temperament, self-esteem, attribution style, problem solving, neuroplasticity, and other foundations of psychological coping under stress. Outcome-focused studies have delineated the prevalence of resilience and the factors associated with better than expected adaptation in spite of risk exposure. However, they provide limited information on how environmental, social and individual factors interact in order to facilitate positive adaptation and the trajectories individuals travel towards these resilience-enhancing resources. In some cases, this can result in superficial and reductionist descriptions of resilience (Kolar, 2011).
In the last two decades, the focus of empirical work has moved towards understanding mechanisms and processes underlying resilience. Rather than simply studying the individual, family and environmental factors that correlate with better outcomes, researchers are increasingly striving to understand how such factors interact to result in better outcomes (Luthar, 1999). Such attention to underlying mechanisms and interactive processes is viewed as essential for advancing theory and research in the field, as well as for designing appropriate prevention and intervention strategies for individuals facing adversity (Cicchetti & Toth, 1998; Luthar, 1993; Masten et al., 1990; Rutter, 1990). In discussing the contemporary movement away from outcome-focused resilience research and towards research which focuses on process, Kolar (2011) posits:

By assessing the protective and risk factors that interact to influence the adaptive capacity of an individual, this approach acknowledges that resilience is contextual and can fluctuate... In focusing on the interactive and variable nature of risk and protective factors...a process-based understanding facilitates the evaluation of resilience as a shared responsibility between individuals, their families, and the formal social system rather than as an individual burden. (p 425)

Furthermore, some have suggested that the description of resilience as a process or outcome is dependent on the nature of the adversity under inspection (Mancini & Bonanno, 2010). In the case of chronic maltreatment it may be conceptually appropriate to consider resilience as a process developing over time. On the other hand, when considering acute stress, it makes sense to consider resilience as an outcome to a specific event even if brief in duration.

This study takes the view that understanding positive adaptation via outcomes post risk and the process towards these outcomes in unison is important. The use of outcomes can help us to demonstrate the presence and frequency of resilience in relation to particular risk
exposure and the factors that correlate with this positive adaptation. Examinations of process can help explain how different factors interact in dynamic ways challenging risk exposure. Nevertheless, it is important to keep process and outcomes distinct. Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, (2003) claim that “considerable confusion arises when the outcome of adaptation and the process of adaptation are used interchangeably to describe resilience” (p 2). Furthermore, while advocating for conceptualisation of resilience as both and outcome and process, Zautra, Hall & Murray (2008), assert that “doing so allows us to develop ways to examine evidence for resilience processes, without confusing independent and dependent variable” (p 9).

3.4 Research Outcome Review

This section provides an overview of the empirical findings in the field of resilience. Randolph (2009) suggests this approach can be helpful in explaining the gaps in the literature and positioning the proposed study. Moreover, the review aims to provide insight into the factors that potentiate resilience in similar contexts in order to help position, support and interrogate the findings of the current study. As the majority of studies in this field have focused on the resilience of children and young people, the section begins with a brief overview of the literature on resilience in adulthood with a particular focus on cohorts that have experienced chronic risk. In the remaining sections, and as per the previously outlined social-ecological conceptualisation of resilience, the literature is organised across the individual, relational and community domains.

3.4.1 Resilience in Later Life

To date, resilience research has focused on the experiences of children and adolescents (Rodin & Stewart, 2012, Windle, 2011). Far less is known about resilience in adulthood and later life, especially when faced with prolonged and multiple severe risk exposure. However,
the sparse literature shows some valuable work in this area. For example, in a study of Chinese older people at risk of chronic loneliness, Lou and Ng (2012) found that social relations levels played significant roles in helping older adults overcome their loneliness. Similarly, dynamic daily rhythms and family oriented and relationship-focused coping potentiated resilience. Furthermore, in a study of older adult survivors of childhood maltreatment, Rodin and Stewart (2012) found that active engagement in relationships and in valued activities to be the most often mentioned contributors to resilience.

Research has been conducted on child survivors of the Holocaust (Lis-Turlejska, Luszcynska, Plichta, & Benight 2008; Barel, Van IJzendoorn, Sagi-Schwartz & Bakermans-Kranenburg, 2010); former child soldiers during World War II (Forstmeier, Kuwert, Spitzer, Freyberger & Maercker, 2009) and children and young people who live through war (Glück, Tran & Lueger-Schuster, 2012) and the findings are of interest in the context of the current study. In one study of elderly Holocaust survivors (Greene & Graham, 2009), a shift was identified as these individuals aged, with their primary focus moving from rebuilding their lives to maintaining their competence. Furthermore, like Irish migrant survivors of ICA, children of war were subjected to childhood violence coupled with displacement and migration. Greene & Graham (2009) used the term “sequential traumatisation” to describe the hardships that Jewish children encountered immediately after the war. These studies point to an “unending battle with traumatic memory and the process of resilience is probably never completely achieved” (Ehrensaft & Tousignant, 2006, p 478).

3.4.2 Individual Factors that Promote Resilience

Recently researchers have begun to move away from conceptualisations of resilience that focus on solely on individual factors. However, that is not to say that such competencies and capacities do not play an important part in the process of resilience. The following section provides an overview of the empirical research on individual factors that potentiate resilience.
It is not the aim of this section to prioritise specific individual resources over others rather it sets out to give a general flavour of previous empirical research in this area.

Empirical studies have indicated that personality may play at least some predictive role in resilient outcomes (Kim-Cohen, Moffitt, Caspi & Taylor, 2004). In her literature review of resilience and institutional abuse, Conway (2012) found that a positive self-image is frequent cited as a predictor of the development of resilience post ICA. In this review, self-esteem and self-efficacy were the most commonly cited personality traits. Conway (2012) posits that evidence suggests that:

Having high self-esteem, an ability to value and appreciate one's own worth, seems important in offsetting the negative impacts of external threats. Self-efficacy, that is the confidence that one can act effectively, can be seen to underpin the process of recovery from trauma, as it reinforces the belief that healing is achievable. (p 9)

Another individual factor evident in several resilience studies is the ability to look forward and see a positive future ahead (Hall, 2003; Laursen & Birmingham, 2003; Werner, 1992). This was linked with being able to perceive “achievable futures” (Hall, 2003, p 654), which sparked ambitions and aspirations (Dearden, 2004; Hall, 2003; Laursen & Birmingham, 2003). For example, in studies by Laursen and Birmingham (2003) and Dearden (2004) with young people who had lived in care, a sense of optimism was externally reinforced by close and caring adults. Supportive adults played a significant role in “facilitating high expectations, and supporting participation in activities that afford opportunities for success” (Laursen & Birmingham, 2003, p246) and maintained “positive expectations of what could be achieved in the future” (Dearden, 2004, p 192).

Conway (2012) found that meaning and order in one’s own life can promote resilience. For example, altruistic acts have been found to help individuals find meaning in the aftermath of risk exposure. Werner’s Kauai study found that a desire to lessen the suffering of others
was evident in resilient participants (1992), and this is echoed in studies which examined experiences of female survivors of various forms of childhood abuse (Colton, 2002; Thomas & Hall, 2008; Werner, 1992).

The literature also indicates that coping strategies have an important part to play in positive adaptation in the aftermath of risk exposure. Although the original intent of coping research was to empirically determine the strategies that were most effective in promoting adaptation to certain forms of adversity; it became common practice to label certain types of coping as innately adaptive or as innately maladaptive (Bonanno & Diminich, 2012). However, empirical studies have demonstrated that the same coping strategy might prove adaptive in one context and maladaptive in another and that the use of coping strategies shows little consistency across situations (Wagner, Compas & Howell, 1988; Bonanno & Diminich, 2012). In response to these findings, recently coping theorists have claimed that the success of coping efforts depends not so much on whether a person uses a particular coping strategy, but rather on the ability to utilise coping strategies flexibly and in a manner that best corresponds to the demands of the particular risk exposure (Aspinwall & Taylor, 1997; Lazarus & Folkman, 1988). For example, Bonanno & Diminich (2012) explain that a new perspective on coping has emerged:

The core idea to this view is that PTEs (potentially traumatic events) vary greatly in both their characteristics and in the behaviours or strategies that might best help people survive them. (p 392)

3.4.3 Genetic and Neurological Factors

Over the past two decades, the human genome has been mapped, and scientists are beginning to comprehend how different genetic alleles (various forms of genes) influence our biology, behaviour and overall well-being. Some contributors claim that without the use of
genetically informed designs, it is difficult to determine the influence of the environment on developmental outcomes (Lemery-Chalfant, 2010). Research has documented genetic influences in personality, such as neuroticism, extraversion and openness in response to stress life events for older adults (Saudino, Pedersen, Lichtenstein, McClearn & Plomin, 1997). Furthermore, research has indicated genetic influences on styles of parenting (Deater-Deckard, Fulker, & Plomin, 1999), marital adversity and divorce (Jockin, McGue & Lykken, 1996), educational and occupational attainment (Lichtenstein & Pedersen, 1997).

However, this genetic influence does not preclude environmental influence on these traits and outcomes and researchers today tend to focus on gene X environment interactions (G x E) in understanding human development (Lemery-Chalfant, 2010, Rutter, 2010). According to Rutter (2006), “what is clear is that we need to consider both risk and protective processes in relation to genetics, as well as environmental effects” (p 21). In examining this interplay, Caspi (2002) found individuals who had been maltreated in childhood showed more antisocial behaviour as teenagers and those with an active X-linked monoamine oxidase A (MAO-A) gene tended to exhibited lower levels of this behaviour. Similarly, Lueckcn (2004) found that the adverse early environments can alter brain neurotransmitters systems and these early environments had a different effect on individuals depending on their genotype.

Despite this innovation, the two studies above illustrate the deficit focus of this field. How environments interact with genes to promote resilience has received less attention and according to Lemery-Chalfant (2010) to date, molecular genetic approaches to identifying G X E interactions “have almost exclusively focused on putative risk alleles and adverse environments, leaving understudied the role of gene x protective environment interaction” (p 70). Moreover, according to Russo, Murrough, Han, Charney and Nestler (2012) the limited research concentrating on resilience “has focused on candidate genes with relatively weak
associations reported. Some recent examples of genes related to the HPA axis, serotonergic systems or neuropeptide Y that show weak to moderate associations with resilient phenotypes” (p 1476).

Over the past decade, neural and molecular mechanisms related to resilience have been investigated in laboratory animals. This work has provided more causal information about neuroadaptations and how they contribute to resilience. In reviewing the research on neural and molecular mechanisms related to resilience in rodents, Russo, et al. (2012) posit that resilience is “mediated not only by the absence of key molecular abnormalities that occur in susceptible animals to impair their coping ability, but also by the presence of distinct molecular adaptations that occur specifically in resilient individuals to help promote normal behavioral function” (p 1475).

In reviewing the literature on rodents, Russo et al. (2012) suggest a growing evidence base for “an active behavioural, neural, molecular and hormonal basis of resilience” (p 1474). Interestingly, in the context of the current study, they posit that animals, that have been termed resilient in some studies, usually exhibit some deleterious symptoms in response to the stress but do not exhibit deficits in key behavioural domains. They provide the example of Krishnan et al. (2007) study of the resilience of mice exposed to social defeat stress, explaining that:

Using this classification, resilient animals are not devoid of symptoms and, in fact, exhibit some behavioral adaptations that appear maladaptive, but they exhibit clear resistance to many other maladaptive sequelae of the chronic social stress. (p 1477)

Russo et al. (2012) posit that the literature points to active and passive aspects of resilience and in particular an active behavioural, neural, molecular and hormonal basis of resilience. That said, human research has found the biological aspects of resilience are dynamic. Similar to the field of evolution, individual differences are adaptive and no single
prototype is ideal for all environments (Lemery-Chalfant, 2010) and like the literature on the coping mechanisms, the literature seems to indicate that the genetic and neurological adaptation are important in resilience rather than the presence of particularly hardy or invulnerable biological characteristics.

### 3.4.4 Relational Factors that Promote Resilience

Conway’s (2011) review of the literature on resilience and ICA found that supportive relationships appear to be crucial throughout the lifespan, in terms of reinforcing protective factors. For example, Roman et al. (2008) found supportive interpersonal relationships were crucial to the resilience of female survivors of childhood sexual abuse. Conway (2011) asserts that the literature indicates that relationships are pivotal throughout life, and may even mitigate the negative impacts of adversity, by providing support to safely reflect upon and process adverse experiences and accelerating recovery. The same review found that a close, compassionate relationship between a child and at least one supportive adult plays a critical role in the longer-term development of resilience.

Several studies have demonstrated the role of relationships with significant adults, who may or may not be relatives (Dooley & Fitzgerald, 2012, Daniel et al., 1999; Daniel, 2008; Dearden, 2004; Gilligan, 2008). In the absence of, or as a complement to, a healthy relationship with at least one parent, adults outside the family can be effective role models and providers or care and support (Daniel, 2008; Dearden, 2004; Jackson and Martin, 1998). For example, a recent study by Headstrong, the Irish National Centre for Youth Mental Health (Dooley & Fitzgerald., 2012) found that the presence of “one good adult” was highly related to a range of protective factors.

Roman et al. (2008) identified two types of relationships with adults that proved particularly important to participants in their qualitative study of adult female survivors of
childhood sexual abuse. This includes the “no matter what” connections, which provided long-term “constancy, reliability and acceptance” (p 191); and “saw something in me” bonds, which increased self-esteem through a sense of being loved for “uniqueness or competence” (p 190).

In a review research investigating resilient outcomes for people with a history of childhood sexual abuse (CSA) Marriott, Hamilton-Giachritsis & Harrop (2013) found that a confiding relationship enabled individuals to resolve some of the emotional pain they had experienced as a result of risk exposure and often resulted in more resilient outcomes. It also enabled the development of interpersonal trust (Daigneault, Hébert, & Tourigny, 2006; Kia-Keating, Sorsoli, & Grossman, 2010) which is important in the context of a history of abusive relationships. Similarly, DuMont et al. (2007) and Wright et al. (2005) found that perceived support from a spouse, or having children, was associated with positive outcomes in adults with a history of CSA. In a longitudinal study, participants involved in a highly supportive relationship in adulthood were more likely to exhibit positive outcomes (DuMont et al., 2007).

3.4.5 Community Factors that Promote Resilience

Communities play an important role in promoting and fostering resilience because they provide the context and environment in which individual’s respond to risk exposure. Often communities provide the resources needed in the aftermath of risk exposure. Furthermore, “communities themselves can be ‘actors that respond to adversity’ or collective threats from the broader macro-level environment, which is especially important for disadvantaged or marginalized communities” (Chaskin 2008, p 66).

Although only a recent development, research has indicated the importance of community factors in the promotion of resilience. For example, communities with high levels
of social capital, indicated by norms of trust, mutuality and participation, have benefits for
the mental health of individuals, and these characteristics have also been seen as indicators of
the mental health or well-being of a community (Morgan and Swann, 2004). Community
variables, such as available green spaces, organised and efficient public programmes and
infrastructure, and safe community gathering places influences daily experiences, opportunities and resilience (Murray & Zautra, 2012).

Furthermore, research has suggested that the availability of positive employment
opportunities may also open a new sense of possibility for a young person who has
experienced the potential adversity of public care (Gilligan, 2008). For example, Gilligan
asserts that “work may offer opportunities to develop a precious sense of mastery in certain

Within the community context, relevant service provision and education has been shown
to impact positive on resilience. For example, after Hurricane Katrina in the USA, the re-
establishment of schools for displaced children fostered mental health benefits that are not
typical of children’s everyday experience of attending school when their environment is
stable (Heath, Nickerson, Annandale, Kemple, & Dean, 2009). Likewise, contributors, such
as Gilligan (2001, 2008) have noted the important role that social workers can have in
supporting and facilitating resilience for young people leaving institutional or public care.

As much as formal support can play a role in resilience, Gilligan (2008) argues that
building resources of informal social support is critical in fostering resilience. Sources of
informal social support may include, for example, neighbours, fellow members of faith
communities, or fellow members of sporting or community organisations. Jahnukainen and
Jarvinen (2005) note that in the context of leavers of residential care, while formal services
may be important, “much more power lies in the totally non-institutionalised and non-formal
factors such as close human relationships” (p 680).
Although only emerging as an area of interest for resilience researchers, community cohesion and networks have been shown to enhance resilience (Daniel, 2008; Werner, 1992). In one of the few examples to date, Ungar (2012) found that contextual factors related to culture, such as “participation in religious activity, nationalism and rites of passage, appear to influence functional outcomes like a child's school attendance, thoughts about school, and feelings of belonging when at school” (p 26).

The literature on childhood maltreatment and community factors that potentiate resilience is particularly sparse. There are, however, some relevant studies that highlight the importance of community-wide inventions. In a study of refugee women who experienced domestic violence, Mason & Pulvirenti (2013) found that survivors “need community support in the short term to secure their personal safety and in the long term to challenge the practices and values of men who resort to violence. They need a community that helps make them safe and secure in their new country” (p 404). Studies on CSA identified that positive school or educational experiences are associated with resilience. These include good relationships with teachers, high academic achievement and the completion of education, as well as the development of a positive future orientation that enables respondents to make realistic plans. For example, Edmond, Auslander, Elze & Bowland (2006) found that girls who did not demonstrate mental health or behaviour problems as a result of their CSA demonstrated higher scores in measures of future orientation and were significantly more likely to be sure of their educational plans. Others have found that being part of a religious group was also found to be associated with resilience in the aftermath of childhood maltreatment. This may be partly due to the meaning that it gives to people, but also to the social support that it provides by feeling part of a larger social group or community (Hobfoll 2002; Valentine and Feinauer, 1993) and the reduction of social isolation (Kia-Keating et al., 2010). This is
corroborated by research showing that support from clubs or a formal care agency is also beneficial in promoting resilience (Leon, Ragsdale, Miller & Spacarelli, 2008).

3.5 Summary

The section provided an overview of the literature on resilience. The chapter began with a brief description of the history of the field of resilience, from its inception to current station in social science inquiry. In contrast to the initial phases of resilience research which focused on internal traits, the literature points to a contemporary multileveled social ecological conceptualisation of resilience, as proposed by Ungar and Liebenberg (2011), Masten and Obradovic (2006) and Bonanno and Diminich (2012).

Although there remains some debate over whether resilience should be understood as an outcome or process, the literature highlights the importance of the interactions, processes and mechanisms underpinning better-than-expected outcomes. In their ground-breaking critical review of resilience, Luthar et al. 2000 (p 16) recommend that, considering accumulated evidence that a “particular variable does affect competence levels within a specific at-risk group, investigators need to focus their inquiry on understanding the mechanisms by which such protection (or vulnerability) might be conferred”. With that in mind, rather than concentrating solely on the outcomes achieved by survivors of ICA, the processes and mechanisms influencing better-than-expected outcomes are the central focus of the current study.

The literature highlights a number of approaches to measuring positive adaptation in the face of risk exposure, such as the use of normative or interpretative criterion and a mixed methods approach is well suited to understanding this dynamic interactive process. The importance of a contextual understanding of resilience is emphasised.
The chapter concluded by reviewing the empirical data on resilience across the individual, relational and community domains. While demonstrating striking consistency in the factors influencing resilience, it also highlights the fact that variables behave differently in different contexts. Importantly, in the context of this study, the literature indicates that the majority of studies in the field of resilience have focused on adaptation for children and young people in the aftermath of acute risk exposure and the lack of research into the resilience of adults who experienced chronic childhood risk exposure.

As this study is interested in the positive adaptation of a migrant population, the next chapter provides a review of the literature on resilience and migrant communities.
4 Literature Review: Migration and Resilience

As this study focuses on the adaptation of a population who migrated post risk exposure, this chapter provides an overview of the literature on migration and related concepts such as intercultural contact. Although the chapter provides a brief review of the key theories in this field, the theoretical lens of the chapter remains resilience. As described previously, resilience is defined as positive adaptation in the face of significant risk exposure (Windle, 2011). With this in mind, the literature on risk and resilience, as it relates to migration, is presented. To contextualise the migration experiences of Irish survivors of ICA, a review of the empirical data on Irish migration to the UK is also provided. This review focuses on literature relating to Irish migration to the UK between the 1920s and the 1970s. Beyond a brief outline of the central theories, the focus of the review is primarily on empirical outcome data and the goal is to provide data that might contextualise the findings presented later in the study.

4.1 Migration

Migration is defined as the process of moving from one country, region or place of residence to settle in another (Bhugra & Becker, 2005). The reasons for the migration, the duration of relocation, and geographic proximity, often referred to as “cultural distance” (Berry, 1992), are important factors in this process. For example, rural–urban migration is associated with economic and educational reasons, whereas movement across nations is frequently linked with economic and educational, as well as social and political, reasons (Bhugra, 2004). In terms of duration, migration may be temporary or permanent, recurring or seasonal; it may occur once in the same single generation, or as a continuing stream over generations. Migrants are frequently classified as immigrants and sojourners when their movement is voluntary, whereas refugees and asylum seekers are deemed to change their
location involuntarily (Berry, 1992). This variety indicates that the process of migration is extremely heterogeneous, and not all migrants face similar experiences before or after migration.

Migrants may move en masse or individually and the impact of this process can be understood in terms of collective or individual outcomes. From a societal perspective, for sending countries, migration of skilled individuals, often referred to as “brain drain” (Docquier & Marfouk 2006), can have a negative impact on the local economy. Equally, financial remittance from migrant communities can support native economies (Sam, 2006). The stereotypical issues for receiving environments include ethnic conflicts (Sam, 2006) and resource depletion. On the flipside, migrants can contribute to the receiving environment’s demographic base during times of population decline, and to the receiving economy. As explained by Geeraert and Demoulin (2013), contributors have highlighted, at the individual level, the:

Benefits of intercultural contact in terms of cultural learning (Masgoret & Ward, 2006; Ward, Bochner, & Furnham, 2001), personal development (Adler, 1975; Oppdal, 2006), and inter-group contact (Allport, 1954; Pettigrew, 1998). Despite these positive effects, it has also been widely acknowledged that migration can lead to phases of psychological pressure, known as acculturative stress (Berry, 1997, Berry et al., 2006) or culture shock (p 1241).

4.2 Theories of Intercultural Contact

One of the most prominent concepts in the field of inter- or cross-cultural science is acculturation (Sam & Berry, 2006). The earliest definitions of acculturation was provided by Redfield, Linton and Herskovits (1936), who described acculturation as “the phenomena which result when a group of individuals having different cultures come into continuous first-
hand contact, with subsequent changes in the original cultural patterns of either or both groups” (p 149), and Sam & Berry (2006) contend that this remains the most frequently cited definition. Although the concept has frequently involved the investigation of inter-group contact, Graves (1967) made the distinction between acculturation as a group-level phenomenon, and psychological acculturation, with the latter receiving increasing attention in recent years.

Since the early 1980s, contributors have recognised that acquiring the beliefs, values and practices of the host country does not automatically imply that the migrant will abandon the beliefs, values and practices of their country of origin (Berry, 1980). This is commonly referred to as the bi-dimensional model of acculturation. The most influential version of this model was conceptualised by John Berry (1997). According to his model, migrants are faced with two fundamental possibilities: (i) a relative preference for maintaining one’s heritage culture and identity, and (ii) a relative preference for having contact with and participating in the larger society along with other ethnocultural groups (Berry, 2005). On the basis of the answer to this question, Berry (2001) describes four possible acculturation strategies:

- Marginalisation (low affiliation with the host culture and with the native culture);
- Separation (high native-culture affiliation, low host-culture affiliation);
- Assimilation (high host-culture affiliation, low native-culture affiliation);
- Integration (high affiliation with both cultures).

A typical conclusion is that an integrationist strategy among minority members is associated with the most favourable adaptation, marginalisation with the least favourable, and assimilation and separation fall between these two extremes (Berry, 1997; Liebkind, 1996; Nguyen & Benet-Martinez, 2010; Ward, 1997, 2006). However, this approach is not without criticism. The most prominent detractor, Rudmin (2003), claims that there are “excessively
strong and over-generalized claims for the benefits of bicultural integration, even in the face of evidence that there are few, if any, benefits” (p 36). In addition, others have argued that psychometric acculturation studies, such as Berry’s four-fold approach, tend to ignore the historical, political and social context of acculturating individuals and their communities, and to over-emphasise personal agencies in acculturation choices (Chirkov, 2009).

Perhaps as a result of this debate, the literature shows a number of emerging theoretical perspectives on how individuals manage the process of acculturation. The most prominent of these is cultural learning (Ward, 2006) and a “stress, coping and adaptation” (Lazarus & Folkman, 1986) perspective. The “stress, coping and adaptation” approach focuses on how individuals cope when cultures clash, which can generate stress for migrants. From the cultural learning perspective, cultural and psychological changes take place through the process of cultural learning. Cultural learning theorists posit that acculturation experiences can be advantageous as well as potentially undermining life chances (Ward, 2006).

However, the cultural learning perspective has received significantly less attention. According to Rudmin, the stress perspective has become so fashionable that acculturation is not commonly studied independently of stress and health issues. In a full-text search of PsycARTICLES (comprised of 63 psychology journals from 1894 to the present), Rudmin (2009) found 1532 articles mentioning “acculturation”, and of these, 1328 (87%) also mention “stress” or “health”. Recently researchers (Chirkov, 2009; Rudmin, 2003) have suggested that releasing the research paradigm from its fixation on stress and health may allow greater consideration of positive aspects of migration and intercultural contact, such as freedom, competence and personal development and growth.

Another important model within the field of cross-cultural studies is Lysgaard’s stage theory. According to this theory, time is a key determinant of cultural adaptation. In the initial stage (“honeymoon stage”), individuals are fascinated by the new culture. This is followed by
a period of disillusionment and frustration ("disillusionment" or "culture shock stage") as the individual must cope with living in the new culture on a day-to-day basis. The third stage ("adjustment stage") is characterised by gradual adaptation to the new culture and learning how to perform appropriately according to the cultural norms of the host country. The fourth stage ("mastery stage") is characterised by small increases in the individual's ability to function effectively in the new culture.

Some studies have demonstrated a positive association between the length of time in the new country and increased adjustment, as well as a significant decline in distress after about a year in the new country (Lin, Tazuma & Masuda, 1979; Taft, 1962). Although a number of studies indicate a decrease in symptoms of distress after several years of residence in a new country, recently research has also revealed considerable variations (Ward, 2008).

4.3 Risk

As described in chapter three, resilience entails the experiencing of significant adversity and positive adaptation. In order to understand resilience in the context of migrant communities, this section provides a short review of the literature on the risk factors associated with migration.

Persons who migrate to a new and different community can face stressors and related challenges that prompt the need for adaptation. The literature highlights a range of stressors or risks that are relevant to the current study. These can occur prior to migration (e.g. war, famine, economic recession) or throughout settlement (e.g. prejudice, discrimination, poverty). One factor that has been shown to influence cultural adaptation or adjustment is the initial motivations for migration. This has been expanded by Berry (1997), who states that:

Migrants can range on a scale between reactive to proactive. In this continuum push motives (including involuntary or forced migration, and negative expectations) characterise
the reactive end of the dimension, while pull motives (including voluntary migration and positive expectations) are found at the proactive end (p 16).

Research suggests that those who are reactive are more at risk (Berry et al., 2006). To illustrate this point further, a meta-analysis by Porter and Haslam (2005) found that the mental health outcomes of refugees were significantly worse than a comparison group of voluntary migrants. Furthermore, Berry et al. (1987) claim that mobile, permanent and involuntary acculturating groups tend to experience greater acculturative stress.

In terms of individual factors, migrants who have low social capital acquire limited rewards from the new environments because they lack skills and capacities that are valued and rewarded by the host society. For example, as a result of non-recognition of pre-migrant human capital, migrants may be hired to carry out less-well-paid menial jobs and may experience a period of unemployment because they lack the host country-specific skills that employers seek (Hayfron, 2006). This often places financial hardships on migrant communities. Research in the Irish context has evidenced that even highly qualified migrants can experience employment status loss (Moore et al., 2012) in the initial stages of migration.

As in other fields, research has shown that social isolation can result in poorer outcomes (Castro and Murray, 2010). When a group migrates together, the likelihood of support systems travelling with them is higher. However, if individuals are dispersed across large geographical areas, or migrate in single units, social support often dissipates. In studies of refugee migrants, social isolation has correlated with higher levels of psychopathology (Mollica, 2001).

A growing number of studies have demonstrated that perceived discrimination has a negative impact on the well-being of immigrant communities (Todorova, Falcón, Lincoln & Price, 2010). For example, in a large Finnish study of six immigrant groups (Jasinskaja-Lahtí, Liebkind & Perhoniemi, 2006) and in a large Spanish study of five immigrant groups
(Zlobina, Basabe, Paez & Furnham, 2006), perceived discrimination strongly predicted psychological stress.

Similarly, research has demonstrated that low socioeconomic status (SES) is a major predictor of ill health among migrant communities (Pham & Harris, 2001; Schalk-Soekar, van de Vijver & Hoogsteder, 2004; Simich, Hamilton & Baya, 2006). In a meta-analysis of 49 studies, Moyerman and Forman (1992) found that SES was the most influential study characteristic and that lower SES samples had sharper increases in symptomology and conflict as they acculturated (p 117).

4.4 Migration and Resilience

Much has been said about the hardships of migration: uprooting, isolation, poverty, discrimination, and poor mental and physical health have all been documented in the literature (Bhugra & Becker, 2005; Ehresaft & Tousignant, 2006). At the core of the migrant's experience is the quest for a better life (Rumbaut, 1994), a sense of hope and optimism that things will be better in their new environment. In considering migration in the face of significant adversity, Ehresaft & Tousignant (2006) point out that “most newcomers hold a personal and collective history of hardship, struggle and a remarkable capacity for survival at the heart of their life experiences” (p 469). That said, there are few studies that examine resilience and migrant communities, and Ungar et al., (2012) claim that the study of resilience has focused on majority cultures to the exclusion of minority migrant groups.

Despite this focus on risk, recent studies have begun to show that migration can result in positive outcomes when compared to the host population (Ehresaft & Tousignant, 2006) and there is ample empirical evidence indicating that migration is not a universal stressor. For example, Inkeles (1969) measured the psychosomatic symptoms of roughly 6000 young men in six developing nations and found decreased levels of distress in 72 of the 74 acculturating samples compared to matched control groups of non-acculturating peers. Similarly, Escobar
(2000) examined large studies of minority mental health and concluded that "Mexican-born immigrants have better mental health profiles than U.S.-born Mexican Americans", which challenges "the old idea that immigrants are necessarily disadvantaged" (p 64). Similarly, in a very large nationally representative sample of Arab-Americans (n=201,379), Read, Amick & Donato (2005) found that Arab-Americans do not have worse health than non-immigrants, and that recent immigrants have the best health.

Although limited in number, since 2014 a handful of systematic studies on the resilience of migrant communities have emerged. For example, Keezhangatte (2006) found that meaningful reasons for migration, membership of small groups, work, and income contributes to the resilience of Indian migrant workers in Hong Kong. In their study of resilience and low-income domestic workers in the Philippines, van der Ham, et al. (2014) found:

Workers used a variety of resources in dealing with stress. Socially oriented coping strategies and spirituality seemed to play an important role as personal resources, while the influence of reasons for migration was less clear. Employers and (access to) social networks appeared important in determining social resources (p 545).

Furthermore, Ahmad, Driver, McNally & Stewart (2009) found that migrant women who were survivors of intimate partner violence identified "resources before and after the turning point (i.e. decision to confront violence), transformations in self, modification of social networks, and being an immigrant" as factors promoting resilience (p 1057). The study found that these migrants drew upon their individual cognitive abilities, social support, and professional help to move beyond victimisation. An increased sense of autonomy, positive outlook, and productivity were also associated with positive adaptation. This positive adaptation occurred over time as women developed a stronger feeling of belonging to their host society.
Finally, in terms of the promotion of resilience of migrant communities, the literature indicates that societal factors are important. For example, Murphy (1965) has argued that societies that are supportive of cultural pluralism provide a more positive environment for migrant communities. Firstly, they are less likely to enforce assimilation. Secondly, they are more likely to provide social support, both in the form of institutions such as culturally sensitive health care, and beneficial multicultural educational and employment opportunities. In a recent study of Irish migrants to the UK (Moore et al., 2012), positive perceptions of the host society towards Irish ethnic traits, such as humour and being hardworking, was linked to resilience in the face of initial post-migration living difficulties.

4.5 Irish Migration to the UK

In an effort to contextualise the migration experiences of Irish survivors of ICA, this section provides an overview of the literature on the Irish community in the UK. Irish migration to Britain has occurred over many decades and is often depicted in terms of “waves” of migration. The focus of this section is on the literature as it relates to migration between the 1920s and the 1970s. The section provides a review of the literature on the initial migration process, such as the reasons for departure and initial circumstances, and concludes with an overview of the empirical outcome data on the current circumstances and health outcomes of older Irish migrants in the UK.

4.5.1 The Initial Migration Experience

The most significant wave of migration from Ireland to the UK occurred in the aftermath of the Second World War. Irish migration to Britain increased dramatically during this period as a result of the renewed post-war demand for labour, particularly in larger cities like London and Birmingham (Tilki, Ryan, D'Angelo & Sales, 2009). More than 100,000 people left Ireland for wartime employment in Britain and the numbers leaving increased
throughout the late 1940s (Glynn et al., 2013). The decade from 1951 to 1961 saw the highest rate of net outflow since the 1870s, with almost 400,000 (net) leaving (Ireland) (Delaney et al., 2011). It is generally agreed that around 80 per cent of emigrants from Ireland entered Britain between the 1920s and the early 1980s (Commission on Emigration 1956, NESC 1991). A report by The National Economic and Social Council in Ireland (1991) estimates that “Britain accounted for 79%, 86% and 54% of the migration outflows in the 1946–51, 1971–81 and 1981–90 periods, respectively. Those aged 15–24 were the largest group in the outflow, numbering 147,000” (Delaney et al., 2011, p 4). Delaney et al. (2011) estimate a net migration of 790,000 Irish to England between 1927 and 1970 and claim that former residents of industrial schools or reformatories represented 6.3% of these migrants. These data suggest that the decision to emigrate to the UK taken by the population in the current study was not extraordinary and was commonly perceived as a route out of adversity for many Irish people at the time.

With the exception of Jackson (1963) and Walter (1980), little attention was paid to the Irish in Britain by the social sciences until relatively recently. Since the 1980s, authors such as Ryan (2006), Tilki (2006) and Hickman and Walter (1997) have significantly advanced our understanding of the sociological factors underpinning the experiences of Irish migrants during the period in question. For example, in an analysis of the reasons behind migration during this period, Tilki et al. (2009) explain:

The ease and cheapness of travel meant that migration was often seen as temporary rather than a permanent move and many migrants were ill prepared for migration or for the difficulties they might encounter in a strange society (Tilki, 2003, p 9).

Importantly within the context of the current study, Leavey et al. (2004) have suggested that a desire on the part of Irish emigrants “to escape a claustrophobic and depressing
existence in a rural environment that provided little chance for social intercourse or individual growth" (p 768) may have influenced migration during this period.

In contrast to the pattern for most other migrant groups, during this period both Irish men and women tended to migrate as single people rather than as families (Akenson, 1993). While many formed families and settled down, the menial nature of the work they did, especially as regards the men, meant that a large proportion remained unmarried and without roots in Britain, resulting in social isolation in later life (Tilki et al., 2009). Unlike most other migrant groups, women have made up the majority of Irish migrants to Britain for much of nineteenth and twentieth centuries (Ryan & Kurdi, 2014). They were often recruited directly to fill vacancies in specific sectors of the British labour market, such as domestic work and nursing and teaching occupations (Ryan, 2007).

Contributors such as Hickman and Walter (1997) have suggested that the problems associated with migration were intensified by the position of Irish migrants as outsiders in British society. The long history of British colonialism in Ireland and anti-Catholicism in British society have positioned the Irish in Britain as outsiders, different and inferior to the British (Hickman & Walter, 1997). Images of the Irish as violent, drunken and dirty “savages” were common in the British press in the early twentieth century (Ryan, 2003; Tilki et al., 2009). These images persisted in the post-war period, with Irish people seen both as dangerous, especially during the “Troubles” which began in the late 1960s, and as stupid, the butt of the “Irish joke” (Curtis, 1984).

Several contributors (Hickman and Walter, 1997; Ryan, 2003; Tilki, 2003) have pointed to the hardships and discrimination faced by Irish migrants to the UK during this period. However, while emphasising this hardship experienced by migrants, Scully (2010) has described another side to the experience:
a time of hardship and prejudice, characterised by manual labour and difficulties in finding accommodation, something exemplified by the notorious “No Dogs, No Blacks, No Irish” notices found in rented accommodation ... it was also characterised as a time of excitement, of economic opportunity, of escape from the social and religious conservatism of 1950s Ireland (p 146).

4.5.2 Current Circumstances for Older Irish Migrants in the UK

Today, as a result of the inclusion of “Irish” as an ethnic classification in the UK census, a wide range of data exist on the situation of Irish people in the UK. Data in the last three censuses indicate that the disproportionately older profile of the Irish population in the UK is associated with particular health needs, such as long-term lifelimiting illnesses. In 2009, 52.1% of “white Irish” people in the UK were over 50 years old compared to 33.5% of the population as a whole. The 2001 and 2011 census showed high levels of economic inactivity due to ill health, particularly for Irish men aged between 50 and the pension age of 65.

According to Tilki et al. (2009), using the 2001 census data, Irish people in the UK are more likely than the general population to:

- Be older, with greater numbers particularly in the pre-retirement age group (50–59 for women and 50–64 for men);
- Be single, either because they have never married or because they are widowed, divorced or separated;
- Live alone;
- Have long-term health problems or disabilities;
- Have left the labour force early due to ill health, especially men;
- Have spent their working life in occupations which are risky to health, especially older men;
• Be homeless or in poor housing conditions;
• Live in areas with high levels of multiple deprivations.

4.5.3 Health Outcomes for Older Irish People in the UK

The disparities in health of the Irish in the UK surfaced in the 1980s with Cochrane and Bal’s studies (1989) revealing the poor mental health status of Irish immigrants to England. Subsequently, Harding (1998), Leavey (1999) and Ryan (2006) have described the generally poorer aspects of health and adjustment among Irish people in the UK. Leavey (1999) concluded that “migration to Britain heightens the risk of suicide and studies from North America and Australia appear to confirm that the experience of living aboard for many Irish people is stressful” (p 168). Furthermore, studies have shown that Irish people have some of the highest rates of admission to psychiatric hospitals in the UK (Cochrane & Bal, 1989).

In terms of health outcomes, using micro data from the 1998, 1999 and 2004 Health Survey for England (HSE) surveys to examine the health status trajectories of the Irish-born population in England, Delaney et al. (2013) found that the pre-1920 Irish birth cohort were slightly healthier, the birth cohorts between the 1920s and 1960s were markedly less healthy, and recent migrants are significantly healthier than comparable native English and Irish populations.

Beyond comprehending prevalence, recent research has begun to explore the factors underlying these comparatively poor outcomes, and some have suggested that they may, in part, be a result of pre-migratory potentially traumatic events (Delaney et al., 2013), poorly planned migration (Ryan et al., 2006) and post-migration living difficulties (Hickman & Walter, 1997; Tilki et al. 2009). Tilki et al. (2009) have suggested that lifestyle may have played a part in men’s early exit from the labour market. They suggest that this economic inactivity impacts on income, social networks, mental health, and behaviour such as smoking.
and alcohol consumption. According to Delaney et al. (2013), pre-migratory factors, such as institutional and familial abuse, may explain some of the poor outcomes for certain cohorts of Irish migrants to the UK.

4.6 Summary

The section began with an introduction to the literature on migration and highlighted significant variables and heterogeneity within the experience of relocating to a new place. A review of the theoretical literature pointed to the dominant position of Berry's (1997) theory of acculturation. Furthermore, the review highlighted the long-standing emphasis on associations between stress and acculturation, and the emergence of theoretical approaches which move beyond this deficits approach and allow for the contextualisation of the process of migration, such as Ward's cultural learning framework. The chapter also presented a brief review of the empirical data on risk and resilience in the context of migration. This literature, again, points to significant heterogeneity of experience and outcomes, as well as a notable lack of research in the area of resilience of migrant communities.

The latter part of the chapter detailed the literature on Irish migration to the UK, focusing on the initial experiences, current circumstances and health outcomes for those who relocated between the 1920s and 1970s. Unique push factors, such as societal conservatism and poverty, were outlined, and economic opportunities and geographical proximity were presented as pull factors. The literature on the initial stages of adaptation point to hardship and discrimination, as well as a sense of escape and freedom.

A recent volume of literature on the health outcomes of older Irish migrants in the UK was reviewed. This research indicated significantly poorer physical and mental health outcomes for older Irish migrants, particularly those who migrated between the years 1920 and 1970. Recent research has suggested that pre-migratory potentially traumatic events
might explain these outcomes, including such events as ICA, poorly planned migration and post-migration living difficulties.

The last three chapters have reviewed the literature on the three fundamental concepts related to the current study: institutional abuse, resilience and migration. In summary, although the field of resilience has produced some valuable studies on the experiences of those who have experienced significant adversity, the majority of studies have focused on children and young people and there remains a gap in our knowledge of the factors that help adults manage, recover or challenge chronic childhood abuse. Moreover, the literature shows a clear concentration on the risks or stressors associated with migration and a tendency to neglect resilience within the examination of migration. Finally, in terms of institutional abuse, although research has evidenced the prevalence of resilience in the form of the absence of disorder, to date there has been little research into the factors, processes or trajectories which influence these resilient outcomes.

The last three chapters have considered the current study in the context of relevant literature. Importantly, in chapter three a case was made for a social-ecological conceptualisation of resilience, and the current chapter stressed the importance of moving beyond deficit-led investigations of migration communities. With these cornerstones established, the next chapter describes the methodological design of the study.
5 Research Methods

5.1 Introduction

In line with contemporary contributors to the field of resilience (Masten, 2006; Ungar & Liebenberg, 2011), this study employs a mixed methods design to the exploration of the complex construct of resilience. The chapter begins by drawing on the methodological and empirical literature to provide a rationale for the implementation of the mixed methods design. An outline of the phases of the study is then provided. Next, the chapter outlines the sampling methods and ethical procedures. A description of the instruments employed is provided, along with a discussion on the utility and validity of these measures. The section concludes by outlining the rationale for the techniques employed during analysis, as well as explaining how these techniques were operationalised.

5.2 Research Design

5.2.1 A Rationale for Mixed Methods

Until recently quantitative research has been the dominant approach to the study of resilience (Este, Sitter & MacLaurin, 2009). Studies have typically employed established quantitative instruments from other areas of social science with a view to demonstrating better-than-expected functioning in specific domains. Although these studies have provided valuable information on the factors correlating with resilience, they have been unable to shed light on the contextually specific factors promoting resilience and the trajectories individuals travel towards such assets and resources. Furthermore, according to some, researchers employing quantitative methods alone have tended to define resilience in ways that only address the unique focus, purpose and perspective of their investigation (Este et al., 2009).
Contributors such as Ungar (2003) argue that quantitative studies of resilience have two main shortcomings:

Arbitrariness in the selection of outcome variables and the challenge of accounting for the social and cultural context in which the research occurs (Ungar et al., 2005) ... if one does not test for the variables which may potentially demonstrate a child’s resilience, but instead examines other dimensions of the child which are biased towards identifying or labelling less successful child behaviours, one could come to the erroneous conclusion (a crime of omission if one will) that the child was vulnerable instead of resilient (p 88).

With these limitations in mind, qualitative research methods have gained status in resilience research. Some contributors contend that qualitative research can highlight unnamed processes, amplify marginalised voices and account for cultural context within the study of resilience (Este et al., 2009; Masten & Obradovic, 2006; Ungar & Liebenberg, 2011). This approach can facilitate the direct input of seldom-heard communities in naming the factors that help protect or moderate against risk exposure. It can also allow for an investigation of chains of events or factors and processes over time. Bryman (2008) suggests that if quantitative techniques are well suited to confirming the presence and prevalence of resilient outcomes, qualitative techniques can explore and illustrate the processes that lead to these outcomes. Nevertheless, qualitative methods are not without limitations. In particular, with samples being limited, contributors have questioned how transferable such research findings are across cultures and context, and how, although useful in generated theory, such findings are weak in establishing or validating associations between variables (Bryman, 2008).

O'Dougherty Wright and Masten (2010) remark that “because adaptation is embedded within the context of multiple systems of interactions, including the family, school, neighbourhood, community and culture ... resilience is very dependent on other people and
systems of influence" (p 29). This means that any exploration of resilience is likely to require a multi-level approach that looks beyond individual agency. Mixed methods research is well suited to the study of such complex concepts. At the most basic level, mixed methods research includes aspects of both quantitative and qualitative approaches in a study or programme of inquiry (Creswell, 2008; Johnson, Onwuegbuzie & Turner, 2007). The underlying logic of mixed methods is that the strengths of one approach can offset the disadvantages or limitations of the other (Creswell, 2004). Mixed methods have also been found to be meaningful in situations where a single research method is insufficient to understand fully the phenomenon under study, and, therefore, qualitative and quantitative techniques are employed to illuminate different aspects of an investigation (Erzberger & Kelle, 2003).

Mixed methods approaches have a number of other advantages relevant to the study of resilience. In a content analysis of social science mixed methods research conducted between 1994 and 2003, Bryman (2008) found that more complete answers to a research question or set of research questions can be achieved by including both quantitative and qualitative methods and that mixed methods allow qualitative data to explain or illustrate the findings of the quantitative data. In the current study, mixed methods were employed primarily for theoretical reasons. As the study frames resilience as a complex, dynamic multi-factorial construct, it was felt that mixed methods were well suited to the examination of such a concept.

Researchers frequently cite triangulation and validity as the main benefits of mixing methods (Bryman, 2008). In the current study, a central reason for the implementation of mixed methods was to allow for triangulation. The literature identifies two purposes for triangulation: confirmation of data and completeness of data (Breitmayer, Ayres & Knafl, 1993; Shih, 1998), and this study sought to benefit from both aspects of this technique. The
study draws on Farmer’s (2006) framework for triangulation, and this is examined in detail in the section on data analysis later in this chapter.

Some contributors, such as Creswell (2003), suggest that qualitative and quantitative methods may be used concurrently or sequentially. According to Este et al. (2009), sequential designs are more straightforward to implement, describe and report than concurrent mixed method approaches. As detailed in the section describing the phases of the study, the current study employed a sequential approach, with the initial stage involving quantitative data collection, and the later stage involving qualitative data collection.

5.2.2 Participatory Action Research

According to Liebenberg and Ungar (2009), participants with “marginalised points of view are often more likely to decline to participate in research, more comfortable with their marginalisation than the not-so-subtle exclusion they may experience as subjects” (p 11). In the case of survivors of ICA, previous research points to participants’ distrust of authority figures (Wolfe et al., 2006) and traumatic experience of previous data collection exercises (O’Riordan, 2007). With this in mind, at the outset, a challenge for the current project was to design a research methodology that was appropriate for a cohort of marginalised individuals, many of whom had previously given distressing evidence at highly charged public hearings.

Every effort was made to develop a methodology that was not insensitive or retraumatising, and ideally that was experienced by participants as meaningful and affirming. One such approach is Participatory Action Research (PAR). A key characteristic of PAR is the location of control and decision-making in the population under study rather than in the research team (Sanders & Munford, 2009). In terms of utility within resilience research, Liebenberg and Ungar (2009) suggest that by encouraging participating communities “to
guide the research process and positioning participants as experts on the topic, resilience research results in an honouring of the capacities it seeks to document” (p 15).

Baum, MacDougall & Smith (2006) suggest that PAR differs from more traditional methods in three ways. Firstly, PAR focuses on research that aims to enable action. Secondly, this approach seeks to share power between the researcher and the participant. Finally, PAR methods seek active involvement of the community under investigation in the process. Importantly, Baum et al. (2006) note that the degree to which this is possible will differ as will the willingness of people to be involved in research. They also pointed to PAR as a comparatively unpredictable and “messy” process, which can take more time than traditional approaches.

The current study sought to engage a cohort of survivors of ICA in an advisory capacity in the design phase. This was a fluid process and participants were not asked to sit on a formal committee. Rather, during the design phase, potential participants were informed of the planned study and invited to engage with the researcher. Importantly, engagement at this stage was facilitated by the principal investigator’s unique position managing services for this group. This process produced invaluable insights into the current attitudes of survivors towards the research community, but also helped formulate research questions that were meaningful for survivors themselves. Those who engaged at this stage described a need for highly sensitive data collection techniques, and this information, coupled with previous research evidencing the vulnerability of survivors of ICA (Carr et al., 2010), led to the idea of involving survivors in data collection to be discounted at this stage. Nevertheless, situating survivors as equals in the design of the project had many advantages. Information about the involvement of fellow survivors snowballed and was one factor behind the comparatively large sample size. Furthermore, the involvement of survivors coupled with the
action-oriented nature of the project meant that the principal researcher was, for the most part, met with positivity throughout the process.

5.3 Phases of the Study

The study involved four distinct phases. The first phase of the project involved engagement with key informants around the study design. In total, five survivors of ICA engaged with the researcher during this period. Generally, engagement with this group was inductive and provided information that informed the research questions and methodological design. Separately, five professionals working in NGOs in the UK and Ireland participated in this phase. The professional group agreed to recruit participants and to facilitate and supervise the local administration of the survey instrument in the second stage of the study. All members of the group agreed to recruitment procedures as approved by the Saint Patrick's College Research Ethics Committee (outlined in Appendix VII).

The second phase involved quantitative data collection via a structured survey (n=105), found in appendix VI. This questionnaire included demographic questions, questions about length of time spent in institutional care, the Warwick and Edinburgh Mental Well-being Scale (WEMWBS), and the Resilience Research Centre – Adult Resilience Measure (RRC-ARM). As described in the next section, a literature review found both measures to be suitable for the study. Both measures were also reviewed by members of the research advisory group for suitability. The survey was designed to be self-administered or administered with the assistance of professionals (where literacy issues were identified). The principal researcher delivered three presentations to staff in participating agencies on how to administer the survey. Agencies involved in recruitment were required to agree to guidelines in relation to recruitment and administration of the survey (Appendix VII). These guidelines outlined key ethical and safeguarding features of the study. Completed surveys were returned
to the principal researcher within two weeks and stored in a secure location, as described by the Saint Patrick's College Research Ethics Committee.

The third phase involved structured interviews (n=9). As is often the case in sequential mixed models studies, information from the first sample was used to make decisions regarding sampling and exploration with the second sample (Teddle & Yu, 2007). Experienced practitioners in five agencies were asked to nominate current or former clients whom they believed had coped well despite the experience of ICA and who were interested, willing and had the capacity to participate. All interviews during this phase were conducted by the lead researcher in a safe and confidential space on the premises of the participating NGOs. The main focus of the interview was the life course post institutional abuse, and no questions relating to time spent in institutional care were included. Participants were asked about factors that facilitated well-being in spite of ICA, opportunities and the availability of resources and community resources, as well as the pathway post ICA, transitions or turning points. The structured interview schedule was adapted, with permission, from the adult qualitative interview schedule used in the International Resilience Project (Ungar & Liebenberg, 2011).

The final phases of the study involved data analysis. This was completed independently, although the interim findings were presented to a cohort of survivors of ICA and professionals working with this group, and this was helpful in understanding the potential utility of the results and in writing the concluding section of the study.
5.4 Sampling

The study employed non-proportionate purposeful sampling techniques in all phases of data collection. Purposeful sampling techniques are defined as selecting units (i.e. survivors of ICA) based on specific purposes associated with answering a research study’s questions (Abrams, 2010). Maxwell (1997) further defines purposeful sampling as a type of sampling in which “particular settings, persons, or events are deliberately selected for the important information they can provide that cannot be gotten as well from other choices” (p 87).

Purposeful sampling is undertaken for several reasons: to achieve representativeness; to enable comparisons; to focus on specifics, unique issues or cases; or to generate theory (Teddle & Yu, 2007). Purposeful sampling techniques are frequently used when researching “hard-to-reach” groups (Abrams, 2010) and in resilience research, because it allows for what is also known as “outlier sampling”, which involves selecting cases near the “ends” of the distribution of cases of interest (Teddle & Yu, 2007). According to Teddle & Yu (2007), “it involves selecting those cases that are the most outstanding successes or failures related to
some topic of interest. Such extreme successes or failures are expected to yield especially valuable information about the topic of interest (p 81).

Researchers typically recruit hard-to-reach participants either through agencies (Taylor, 2009) or more street-based, snowball sampling approaches (Sadler, Lee, Lim & Fullerton, 2010). Drawing on the approaches of Miles and Okamoto (2008) and Wahab (2004), the current study used a combination of these approaches. For the most part, the current study worked with agencies that provide specific services for Irish survivors of ICA to recruit participants based in the UK and Ireland. However, considering the “seldom-heard” profile of this group, snowballing techniques were also employed. Snowballing is a type of purposeful sampling. It involves the researcher making initial contact with a group who are relevant to the research topic and then using initial participants to establish contacts with others (Bryman, 2008). It should be noted than significantly more Irish-based respondents engaged as a result of snowballing techniques, and this may have implications for the interpretation of results. Despite the limitations, these purposeful approaches were very successful in terms of engagement. The combined sample (n=116) is the largest of any study with Irish survivors of ICA to date, outside of the CICA (2009).

Phase two of the study involved the purposeful recruitment of a cohort of survivors of ICA to complete a survey instrument. As the study sought to examine the impact of migration on resilience, samples in Ireland and the UK were purposefully sought. The study used a subgroup sampling design to compare differences between subgroups (i.e. Irish-based survivors and UK-based survivors) that are extracted from the same levels of study (i.e. purposefully recruited sample of survivors of ICA). Recruitment materials initially targeted survivors of “institutional abuse”. However, upon recommendations from the Research Ethics Committee, this was changed to individuals who had experienced “institutional upbringing”. 
The Committee asserted that the use of the term “abuse” would create ethical issues, and may alienate some potential participants and encourage disclosures requiring legal interventions.

Similar recruitment techniques were employed for the qualitative data collection phase of the project. Practitioners working in participating agencies were asked to nominate a current or former client whom they deemed to have coped well despite the experience of ICA. Nine participants took part in structured interviews that focused on life course post ICA. As the study was primarily interested in resilient trajectories of survivors who migrated to the UK, only individuals based in the UK were recruited for this phase of the study.

5.5 Participants

In the quantitative phase of the study, 105 survivors of ICA completed the survey instrument. Of this sample, 53.3% (n=56) were resident in the UK and 43.8% (n=46) resident in Ireland. One participant was resident in Germany. Two others failed to provide data on their country of residence. The age range of participants was 50–99. One participant was 99 years of age. Outside of this participant, the oldest respondent was 79 years of age. The mean age was 66.55 years (SD=7.16) and the medium age was 65 years. The mean age of the UK sample was 67.42 years (SD=8.30) and the mean of the Irish sample was 65.39 years (SD=5.48). Of the overall sample, 49.5% were male and 46.7% were female. Four participants did not provide details of their gender. In the Irish sample, 60.9% were male and 39.1% were female. In the UK sample, 41.5% were male and 58.5% were female.
Table 5.1 Age, Gender and Risk Profile by Country of Residence

<table>
<thead>
<tr>
<th>Country</th>
<th>UK</th>
<th>Ireland</th>
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<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Mean</td>
</tr>
<tr>
<td></td>
<td>Valid N %</td>
<td>Valid N %</td>
</tr>
<tr>
<td>Age</td>
<td>67.42</td>
<td>65.39</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td>41.5%</td>
<td>58.5%</td>
</tr>
<tr>
<td>Years Spent in Care</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Successful Application</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>82.6%</td>
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</tbody>
</table>

In total, nine participants were recruited purposefully to take part in the qualitative interviews. All participants had successfully applied to the RIRB, indicative of having experienced abuse while in care. Of the total (n=9), seven participants were female and two were male. The age range of participants was 57–66. All participants in the qualitative phase of the study were based in London.

5.6 Ethical Issues

As noted by Luthar et al. (2000), resilience research requires that subjects have been exposed to “significant threat or adversity” (p 543), which potentially renders subjects some of the most vulnerable individuals researchers can study. As discussed in chapter two, previous studies (Carr et al., 2010; Wolfe et al., 2006) have highlighted the vulnerability of survivors of ICA. This vulnerability placed additional challenges on the current project in ensuring that the research process did not expose participants to any further risk.

The study was designed to comply with the code of ethics of Bioethics Ireland and was heavily influenced by the ethical procedures used in CICA (2009). As the study involved data collection in Ireland and the UK, the study also complied with the Research Ethics
Framework established by the Economic and Social Research Council (2005) to guide researchers in the UK. Ethical approval for the study was obtained through the Human Research Ethics Committee at Saint Patrick’s College, Dublin City University. Ethical clearance for the quantitative phase of the project was obtained in August 2012 and for the qualitative phase in October 2013.

The protection of vulnerable research participants is a central concern in research ethics. Considering the vulnerability of this group, protection from harm was imperative, and every effort was made to ensure that the data collection was carried out in a way that minimised distress for participants. For example, mirroring the practice of Carr et al. (2009), participants were offered the option of receiving a well-being phone call a few days after completing the survey. This was designed to manage risk and safeguard against re-traumatisation post interview. The survey instrument included a page with details of specific services for survivors of ICA in Ireland and the UK. These details were distributed to all respondents.

In the United States, the Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978) provides guiding principles for human subjects research. One of the principles is beneficence, which implies that persons should be treated in an ethical manner, not only by respecting their decisions and protecting them from harm, but also by making efforts to secure their well-being. The current study aimed to explore the resilience of migrant survivors of ICA and, thus, efforts were made to ensure that the data collection mechanism was a positive (resilience-building) experience for participants. Length, complexity and risk were critically important in the selection of data collection instruments. In consultation with the advisory group, several conceptually sound instruments, such as the Resilience Scale for Adults (RSA), were rejected as they were deemed to be too long, complex or deficit-oriented for use with this population. Furthermore,
in searching for instrumentation, the project sought to source tools that might result in a positive process, focusing, virtually exclusively, on the strengths of participants.

Becker-Blease and Freyd (2006) assert that researchers should gather information about child abuse, family violence and other interpersonal violence. Others have found that when researchers do not measure abuse history, they obscure the role of abuse and overestimate the strength of other factors (Putnam, Liss & Landsverk, 1996). Becker-Blease & Freyd (2006) state that “many researchers consider reporting abuse to be onerous, as it can break confidentiality promises, put families at social, psychological, and legal risk, and scare away participants. The issue is complicated because reporting laws differ from state to state. In many states, researchers are not mandated reporters, and reporting abuse is optional” (p 220). The same authors do not claim that all researchers should include a measure of abuse in their work, but that researchers should carefully consider whether abuse might play a role and, if so, examine ways of asking about abuse for the benefit of science and the participants.

Two studies examining the adjustment of survivors of ICA (Carr et al., 2009; Wolfe et al., 2006) asked participants to detail abuse experienced while in institutional care using complex and lengthy instruments. Becker-Blease and Freyd (2006) suggest that researchers must not ask about abuse without planning, ideally with clinicians, ways in which to respond that are empowering and compassionate. They also posit that it is essential that staff are trained and have debriefing opportunities to cope with their own possible emotional distress resulting from hearing about participants’ experiences. Both Carr et al. (2009, 2010) and Wolfe et al. (2006) had significant clinical resources available to help minimise risk to participants and researchers. These resources were unavailable to the current project. However, most importantly, a significant amount of data has already been collected on the childhood abuse experiences of Irish survivors of ICA (Carr et al., 2009; CICA, 2009) and many survivors have already given evidence of the abuse they experienced in childhood to a
number of different commissions in Ireland. In light of this, a decision was made not include any direct questions about the severity of abuse, and the vast majority of questions were positively framed.

Finally, study participants were granted confidentiality, subject to legal limits, and all respondents were required to sign informed consent forms.

5.7 Reflections of the Research Process

As will be discussed in detail in the findings chapter, participants in this study understood their resilience through the lens of their adversity. Despite efforts to locate the qualitative interviews in the post ICA life course, in describing their resilience participants frequently reflected on the abuse and neglect experienced in their childhood. In practical terms, this meant that throughout the qualitative interview process participants disclosed details of historic physical and sexual abuse and neglect. While much of the narrative data on resilience strategies developed in care were truly inspiring when examined at analysis stage, the chronicity and severity of the abuse and neglect described during these interviews was often very difficult to comprehend. As an Irish man with family members who attended Catholic schools, I was often upset and angered at hearing these accounts.

As a result of my professional position, I was able to avail of ‘well-being sessions’ with Immigrant Counselling and Psychotherapy. These sessions did not involve de-briefing and the confidential nature of the research was maintained at all points. However, these sessions supported me to reflect on how this material was affecting me personally and helped me to park this information in this space. I would urge future researchers to think carefully about their own resilience (meaning individual capacities coupled with the availability of meaningful resources and supports) before undertaking resilience research with marginalised groups that have experienced high levels of trauma.
As described by Wolfe et al. (2006) because of the abusive authority figures in their childhood some survivors of ICA have a fear or distrust of authority figures. As a result of the involvement of peers at the outset of the project, some of this distrust was minimised. However, in holding a senior role within a service delivery organisation some non-participating survivors (n=2) reacted negatively towards the research and, in particular, to me, as an authority figure. These queries focused on the rationale for the study, my experience and credentials and the fact that the study was supported by an academic institution with Catholic origins. Although, because of my professional experience, I was somewhat equipped for this reaction, the involvement of survivors in an advisory capacity was hugely important in helping me understand and respond to these fears. In reflecting on the research process, the PAR aspect of the study altered me to some of these concerns and provided invaluable intel and advice on how to sensitively manage the process and I would urge future researchers to give significant consideration to the possibilities of PAR in resilience research.

5.8 Measures

This section describes the instruments and measures employed in the study. The section provides a rationale for the implementation of these measures, along with a description of reliability and validity.

5.8.1 Proxy Measures of Risk Exposure

An important aspect of the study of resilience is risk exposure. Some researchers claim that resilience can only be studied effectively when there is both evidence of environmentally mediated risk and a quantitative measure of the degree of such risk (Rutter, 2006). Although a range of tools aimed at measuring childhood abuse and maltreatment exist, such as the Childhood Experience of Care and Abuse (CECA) and the Child Abuse and Trauma Scale
(CATS), as discussed above, specific questions about the severity of ICA were excluded from the interview schedule in the current study.

It was, however, possible to establish the presence of risk and infer the level of risk using proxy measures. A proxy variable is a variable that is probably not in itself of specific interest, but from which a variable of interest can be inferred (Upton & Cook, 2002). Although a proxy variable is not a direct measure of the desired quantity, a good proxy variable is strongly related to the unobserved variable of interest. Proxy variables are frequently used in the social sciences because of the difficulty or impossibility of obtaining measures of the quantities of interest (Upton & Cook, 2002).

Considering the typicality of abuse and neglect within industrial schools and reformatories, information on the length of time spent in institutional care and age at entry was deemed to be a useful proxy measure of risk. Likewise, the inclusion of questions relating to involvement in previous inquiries set up to investigate abuse in institutional care provided inferential data on risk. The Residential Institutions Redress Board was set up under the “Residential Institutions Redress Act, 2002 to make fair and reasonable awards to persons who, as children, were abused while resident in industrial schools, reformatories and other institutions subject to state regulation or inspection” (RIRB, 2009). Successful application to the RIRB indicated that the individual was deemed by the Board to have experienced some form of ICA. Therefore, by asking participants if they had successfully applied to the RIRB, it was possible to establish, in an unobtrusive and sensitive manner, whether respondents experienced some form of ICA. It should be noted that although this allowed the study to establish whether participants experienced abuse, it did not provide information on the level or severity of the abuse. This is a significant, but necessary, limitation of the study.
The majority of studies in the field of resilience have sought to demonstrate the existence of positive outcomes in spite of risk exposure. Although the existence of positive outcomes is an important aspect of resilience, these outcomes might be better understood as the consequences of the dynamic resilience process. It is the processes and trajectories towards these outcomes that are of real interest in terms of how we understand and promote resilience. This notwithstanding, it remains important to establish positive adjustment in order to explore the influencing factors and how individuals proceed towards these outcomes.

Resilient outcomes can be viewed as a cumulative product of several attained markers of successful adaptation, or can be domain specific (Luthar et al., 2000). From a multi-domain perspective, successful adaptation such as employment or language acquisition do not necessarily indicate resilience in another domain. It would not be accurate, for example, to describe someone with a history of child abuse as resilient just because he or she does not have a diagnosis of depression, if at the same time the individual is substance dependent (McGloin & Widom, 2001). Some researchers have argued that there is a need for measurements within multiple life domains and have advocated a range of methods rather than a single index of adaptation (Castro & Murray, 2010, Davidson et al., 2010). With this in mind, the current study set out to examine age and culturally salient positive adaptation across multiple domains. The project sought to employ a measure of well-being, alongside questions relating to education, employment and relationships.

In a review of instruments that set out to examine well-being, several issues were identified. Firstly, many of the instruments found were exclusively clinical and not suitable for group or population studies. Secondly, and perhaps more importantly, the majority of instruments found included significant focus on negative domains; for some, the majority of questions were framed negatively, and others were lengthy, with complex wording.
On the other hand, the Warwick and Edinburgh Mental Well-being Scale (WEMWBS) fitted the current project on several levels. It was designed to measure the key concepts of mental well-being: positive affect and psychological functioning (autonomy, competence, self-acceptance, personal growth). In contrast to many other scales, all items are worded positively and address aspects of positive mental health (Tennant et al., 2007). Studies found that WEMWBS is likely to be responsive because it evaluates individual mental well-being across both the eudemonic and hedonic dimensions (Maheswaran, Weich, Powell & Stewart-Brown, 2012). Furthermore, the length of this instrument allowed for the inclusion of other questions on education and employment, facilitating a multi-domain examination of resilience.

Studies have found the WEMWBS to be a valid, reliable and acceptable measure that is responsive to change in a wide variety of settings including population wide samples (Maheswaran et al., 2012). This scale has been validated in different adult (16+) and teenage (13+) populations across the UK, including multicultural settings, and covers an assessment period of two weeks (Clarke et al., 2011; Tennant et al., 2007). It is suitable for use at a population level and to measure change over time (Maheswaran, et al., 2012). Furthermore, people participating in studies of face validity found the scale clear, unambiguous and easy to complete (Stewart-Brown & Janmohamed, 2008). The scale comprises of 14 positively worded statements with five response categories from “none of the time” to “all of the time”. A total scale score is calculated by summing the 14 individual-item scores. Scores range between 14 and 70. WEMWBS was included in two national Scottish population surveys in 2006, allowing for validation using population data, and providing a provisional population mean score (50.7).
According to Smith et al. (2008), most instruments designed to measure resilience are based on facets of resilience that might be facilitated by protective factors. Although a number of scales have been developed to measure the process and factors that promote resilience, they are not widely adopted and no one scale is preferable to others (Ahern, Kiehl, Lou Sole & Byers, 2006). Consequently, researchers have little evidence to inform their choice of a resilience measure (Windle, Bennett & Noyes, 2011).

In Windle et al.’s (2011) review of resilience measures, 2979 articles were retrieved for consideration. From this, 17 resilience scales were reviewed. Considering the focus on children and young people, Windle et al. (2011) found that as yet there is no single resilience measure available that could be recommended for studies in this field, and a significant shortage of measures which are in line with contemporary theory in the field of resilience. Although in recent times the literature has begun to show a move towards a social ecological understanding of resilience, there are currently few instruments suitable for measuring resilience from this perspective. Furthermore, a growing number of measures of trait resilience have begun to appear (e.g. Connor & Davidson, 2003; Friborg, Hjemdal, Rosenvinge & Martinussen, 2003; Wagnild & Young, 1990). In Windle et al. (2011), of the 17 instruments deemed appropriate for inclusion, the majority (nine) focused on assessing resilience at the level of individual characteristics/resources only. Windle et al. (2011) noted that “only five measures (the Child and Youth Resilience Measure, the Resilience Scale for Adults, the Resilience Scale of the California Healthy Kids Survey, the READ, and the YR: ADS) examine resilience across multiple levels” (2011, p 14), reflecting conceptual suitability for the current study.

The literature also shows a lack of measurement instruments that are appropriate for cross-cultural studies of resilience. The Child and Youth Resilience Measure (CYRM) was
developed simultaneously across 11 countries, and was found to be the best choice for a cross-national survey (Windle et al., 2011). In terms of conceptual fit, length, complexity and cross-cultural use, the CYRM was found to be the best fit for the current study. These strengths notwithstanding, a clear limitation of the CYRM was that it was designed for use with children and young people.

Considering the absence of a gold standard and the conceptual and cross-cultural strengths of the CYRM, contact was made with the research team involved in the development of this measure and information was sought on similar measures for adult populations. The Director of Research of the International Resilience Project recommended the newly developed Resilience Research Centre – Adult Resilience Measure (RRC-ARM). This measure was developed by the Resilience Research Centre and it is derived from the CYRM-28 (Ungar & Liebenberg, 2011). The initial re-wording of the adult version of CYRM was conducted by Wilson and May-Chahal (2010) as part of the “Tracking Vulnerability and Resilience: Gambling Careers in the Criminal Justice System” study at the Department of Applied Social Science, Lancaster University. The RRC-ARM was recently presented at the Pathways to Resilience Conference III on 19 June 2015, where the measure was recommended for future use with “at-risk” adult populations, and the measure is currently in use with vulnerable populations such as prison populations (May-Chahal, Wilson, Humphreys & Anderson, 2012).

As with the CYRM-28, the RRC-ARM measured resilience-enhancing resources across three domains: individual, relational and contextual. Results show that the CYRM-28 has three subscales reflecting the major categories of resilience (Ungar & Liebenberg, 2011), and RRC-ARM is based on the same categories. Each subscale has its own groupings of questions that serve as indicators of the construct’s major categories. The first subscale reflects an individual factor that includes personal skills (5 items), peer support (2 items), and
social skills (4 items). The second subscale deals with relational care and support, as reflected in physical care and support (2 items) as well as psychological care and support (5 items). The third subscale comprises community or contextual components that facilitate a sense of belonging, components related to spirituality (3 items), culture (5 items) and education (2 items). Reliability analyses demonstrate that the CYRM-28 and its subscales are internally consistent, while results from the confirmatory factor analysis provide strong support for the model (Ungar & Liebenberg, 2011).

5.9 Reliability and Validity of Quantitative Measures

The foundation of all rigorous quantitative research design is the use of measurement tools that are psychometrically sound. Confirmation of the reliability and validity of tools is a prerequisite for assuring the integrity of study findings (DeVon et al., 2007). As discussed above, the WEMWBS has been widely validated as a measure of mental well-being (Lloyd & Devine, 2012; Stewart-Brown & Janmohamed, 2008). In contrast, although the CYRM has been validated in several studies (Daigneault, Dion, Hébert, McDuff & Collin-Vézina, 2013; Liebenberg, Ungar & Vijver, 2011; Ungar & Liebenberg, 2011), as the RRC-ARM is a new measure, it was necessary to examine both the reliability and validity of the instrument in the context of the current study. Consequently, the next section describes the goodness of fit of RRC-ARM as a measure of the social ecological resilience of an adult population.

5.9.1 Reliability

In quantitative research, reliability seeks to determine the extent to which the data or measurement is consistent (Hemon & Schwartz, 2009). Consistency refers to the extent to which the same results are produced from different samples of the same population or to what degree an instrument measures the same way each time it is used under similar conditions.
with the same subjects (Hernon & Schwartz, 2009). Bonevski et al. (2014) further define these two forms of reliability as *stability reliability* and *equivalence reliability*, stating:

Stability reliability is tested when the attributes under study are not expected to change. Equivalence reliability indicates whether all items in the tool reliably measure the attributes and if participants score similarly on like measures (p 160).

Stability reliability is commonly examined via test–retest reliability. This involves administering the same test to the same group of respondents at different times and examining the correlation between the individual questions (Bonevski et al., 2014). However, studies have shown that socioeconomic status, fear of authority and low literacy rates (Bonevski et al., 2014) can result in high attrition rates in test–retest implementation. Considering the childhood experiences of survivors of ICA, and research fatigue (as a result of CICA, 2009; RIRB, 2013), examining stability reliability via test–retest methods was deemed inappropriate in the current study. It was felt that the need for increased commitment by participants would negatively impact on uptake. This is a recognised, and, in the opinion of the researcher, necessary limitation.

5.9.2 Internal Consistency

Cronbach’s alpha coefficient is the most frequently used statistic to show equivalence reliability or internal consistency (Bonevski et al., 2014). Internal consistency indicates how well the items on a tool fit together conceptually. Cronbach’s alpha is the only reliability index that can be performed with one test administration, thus requiring much less effort than either the split-half, alternative form, or retest methods (Ferketich, 1990).

According to Nunnally (1978), the higher the coefficient the more highly correlated the items in the scale, and a coefficient of 0.7–0.8 is desirable. Previous studies have found the WEMWBS to be a reliable and acceptable measure that is responsive to change in a wide variety of settings from community settings to schools and psychiatric hospitals, making it
suitable for use in evaluation of interventions at group and individual level. In terms of the WEMWBS, Stewart-Brown et al. (2008) reported Cronbach’s alpha=0.91 (n=1749). In the current study the Cronbach’s alpha coefficient was 0.89 (n=105).

As mentioned, the Resilience Research Centre – Adult Resilience Measure (RRC-ARM) is an adapted version of the 28-item Child and Youth Resilience Measure (CYRM-28). In previous studies with the CYRM-28, Cronbach’s alpha ranged from 0.65 to 0.91, and was acceptable in all cases. In the current study Cronbach’s alpha was 0.96. This indicates high levels of internal validity for both measures.

Inflated alpha values can occur when computed for an entire scale (Bonevski et al., 2014). Some contributors have claimed that coefficient alpha should be computed for each subscale rather than for the entire scale (Nunnally & Bernstein, 1994). Previous studies found the CYRM-28 to have three subscale measures, reflecting individual, relational and contextual resilience (α=.803; α=.833; α=.794; Liebenberg et al., 2011). In the current study, the individual (11 items), relational (7 items) and contextual (10 items) subscales (α=.932; α=.928; α=.886) were found to have strong internal reliability. This indicates that, similar to the whole RRC-ARM, all items in the tool reliably measure the attributes, and respondents score similarly across the measures (Bonevski et al., 2014).

5.9.3 Validity

The validity of a measurement tool is the degree to which the tool measures what it claims to measure (Bryman, 2006). Over the past several decades, researchers have developed a set of methods for assessing the validity of a measure, including content validity (which includes face validity), construct validity, criterion-related validity, and internal validity (Hemon & Schwartz, 2009). According to Westen and Rosenthal (2003), (a) content validity refers to the extent to which the measure adequately samples the content of the
domain of the construct; (b) criterion validity refers to the extent to which a measure is empirically associated with relevant criterion variables; and (c) construct validity is an overarching term now seen by most to encompass all forms of validity, which refers to the extent to which a measure adequately assesses the construct it purports to assess (Nunnally & Bernstein, 1994).

This section examines the validity of the RRC-ARM using construct validity, via convergent validity, and content validity, via face validity. Although previous studies involving the CYRM-28 have demonstrated high levels of construct validity (Ungar & Liebenberg, 2011), these studies have primarily involved children and young adults. As validity does not necessarily transfer across different contexts (Light, Singer & Willett, 1990), it is important to re-establish validity within the context of the present study.

5.9.3.1 Construct Validity of the RRC-ARM

Construct validity, which has the most generalised application of all the forms of validity, questions whether the theoretical construct or trait is actually measured (Westen and Rosenthal, 2003). In the case of the RRC-ARM, construct validity examines whether the instrument actually measures the social ecological resilience of adults.

Researchers establish the construct validity of a measure by presenting correlations with other measures that should, theoretically, be associated with it (convergent validity) or vary from it (discriminatory validity) (Westen and Rosenthal, 2003). In terms of the current study, convergent validity is a useful method. The RRC-ARM and the WEMWBS were designed to measure concepts that are highly related: resilience and mental well-being. In their work examining the relationship between resilience and mental well-being, Mguni, Bacon and Brown (2011) assert that mental well-being and resilience are highly correlated. These results are consistent with the results of Souri and Hasanirad (2011) and Miller, Manne, Taylor,
Keates & Dougherty (1996), who have demonstrated a positive association between resilience and mental well-being.

The convergent validity of the RRC-ARM and the WEMWBS was examined using Pearson product-moment correlation coefficients. Large correlations were found between the total RRC-ARM score and the WEMWBS (r = .816, n = 93, p = .000; Cohen, 1988). The results of this test indicate that the RRC-ARM is significantly positively associated with a widely validated measure of mental well-being (WEMWBS). Research has found that the WEMWBS is suitable for use with “at-risk populations” and facilitates an accurate assessment of adaptation post adversity (Stewart-Brown, 2008), further indicating the strength of fit of the RRC-ARM as a measure of adult resilience.

![Figure 5-2 Scatter Plot WEMWBS Score and RRC-ARM Scores](image-url)
5.9.3.2 Content Validity of the RRC-ARM

Content validity looks at whether an instrument adequately covers all the content that it should with respect to the construct in question (Heale & Twycross, 2015). In other words, does the instrument cover the entire domain related to the variable or construct? A feature of content validity is face validity. In face validity, researchers look at the operationalisation, and see whether "on the face of it" the measure reflects the content of the concept in question (Bryman, 2006). It is an estimate of the degree to which a measure is clearly and unambiguously evaluating the construct it purports to assess (Bornstein, 2004). Face validity refers to the "obviousness" of a test and how clear the purpose of the test is to those taking it. Tests where the purpose is clear to respondents are said to have high face validity; tests where the purpose is unclear have low face validity (Nevo, 1985).

As with the CYRM-28, the RRC-ARM begins with the following explanatory statement, "Listed below are a number of questions about you, your family, your community, and your relationships with people. These questions are designed to better understand how you cope with daily life and what role the people around you play in how you deal with daily challenges" (Ungar et al., 2011, p 146). No participant in the current study questioned the purpose of the instrument and the majority reported clarity. This measure, along with several others, was inspected by those involved in the design phase of the study and a decision was made that the RRC-ARM was a good fit. Furthermore, the final questionnaire was presented to staff in three organisations that provide dedicated services to survivors of ICA. In all cases, staff reported good face validity.
5.10 Qualitative Measures

5.10.1 The Resilience Research Centre’s Nine Catalyst Questions

As discussed at the start of this chapter, mixed methods were used for a range of theoretical and methodological reasons. Within this mix, it was hoped that qualitative methods would give participants a powerful voice in descriptions of resilience and allow the discovery of “hidden resilience” (Ungar, 2011). Moreover, the qualitative perspective also has the capacity to show and place events in their own contexts (Munck, 2004) and can allow us to address the actions of individuals in relation to external factors whose influence may be outside their own awareness (Verd & Lopez, 2011).

With increasing frequency over the past several years, researchers have begun to use narrative inquiry and life course studies (Kridel, 1998; Sarbin, 1986). Bruner (1990) conceptualises narrative construction as a fundamental, adaptive human process that serves to reconcile normative, ordinary experiences with exceptional events that constitute breaches in the normal. Furthermore, according to Ehrensaft & Tousignant (2006), narrative construction plays an important role in the aftermath of risk exposure and may be particularly relevant to the study of resilience. What distinguishes narrative from other forms of inquiry is the focus on sequence and consequence: events are selected, organised, connected, and evaluated as meaningful for a particular audience (Hinchman and Hinchman, 1997; Riessman, 2004). Furthermore, the concept overlaps largely with life course interviews. Three basic indicators are common in the application of life course research: trajectory, transition and turning points. The idea of a trajectory or pathway refers to the succession of situations that occur longitudinally throughout life. The concept of transition refers to the changes that take place in short spaces of time throughout the biographical trajectory (Riessman, 2004). These concepts fit well with the dynamic social ecological conceptualisation underpinning the current study.
Considering this literature, the study drew on the aforementioned concepts of life course narrative inquiry. In terms of the specific structured interview schedule, although focusing on transition and turning points, it was also influenced by the Resilience Research Centre’s Adult Resilience Qualitative Interview Guide. This guide was developed to be used in conjunction with the RRC-ARM and the questioning fitted conceptually with the aims of the current project. The interview schedule adapted from the Resilience Research Centre – Adult Resilience Measure Qualitative Interview Guide can be found in Appendix VII.

5.11 Data Analysis

This section describes the approach to data analysis. As a result of limited research into the implementation of mixed methods analysis, the study employed a recently recommended (O’Cathain, Murphy & Nicholl, 2010) mixed methods integration framework (Farmer, 2006). The rationale for the use of this framework is discussed. Finally, this section outlines specific analysis techniques used across both qualitative and quantitative data sets.

5.11.1 Mixed Methods Analysis

There is much literature on the philosophical or epistemological reasons for mixing methods and the value and benefits of this approach (see Bryman, 2008). However, there is less research on the practical implementation or the “how” of mixed methods data analysis (Farmer, 2006). Furthermore, recent empirical studies of mixed methods research show that a lack of integration between components can limit the amount of knowledge that these types of studies generate (O’Cathain et al., 2008).

Caracelli & Greene (1997) have identified four strategies often involved in mixed methods analysis: data transformation, typology development, extreme case analysis, and data consolidation/merging. Data transformation is the method “by which qualitative and quantitative data can be integrated during analysis to transform one data type into the other to
allow for statistical or thematic analysis of both data types together” (p 197). This is often referred to as quantising or qualitising. In typology development “mixed-method analysis strategy, the analysis of one data type considers the homogeneity within and heterogeneity between sub groupings of data on some dimension of interest, yielding a set of substantive categories or typology” (p 198). A third strategy for mixed method data analysis involves the identification and further analysis of extreme cases. Such cases are identified through analysis of one data type and then further examined through analysis of the other data type. Finally, data consolidation involves joint use of both data types to create new or consolidated variables or data sets. These consolidated data types “can be expressed in either quantitative or qualitative form, and would be appropriately used in further analysis ... this data analysis strategy may be especially suitable for mixed-method designs with initiation intents (i.e., the use of mixed methods to uncover fresh insights or new perspectives)” (p 200).

Rather than transforming or merging the data, some have recommended that analysis by different methods should take place separately and remain faithful to the analytical methods of their tradition. As Sandelowski and Barroso (2007) write:

Linking the results of qualitative and quantitative analysis techniques is accomplished by treating each data set with the techniques usually used with that data ... the results of the qualitative analysis of qualitative data and of the quantitative analysis of quantitative data are then combined at the interpretive level of research, but each data set remains analytically separate from the other (p 252).

In line with Sandelowski and Barroso (2007) and Barbour (1999), the current study set out to analyse the qualitative and quantitative data separately and to integrate at interpretation stage. Considering the lack of clarity within the field in relation to data integration, the current study sought to replicate a previously recommended integration method. One example is provided by Farmer (2006), who constructed a meta-matrix for triangulation with
qualitative data and quantitative data. In reviewing this triangulation protocol, O’Cathain et al. (2010) highlighted the transferability of this approach to mixed methods studies within a range of context and the potential benefits in terms of analytical clarity, transparency and credibility. This technique involves producing a convergence coding matrix to display findings emerging from each component of a study on the same page. This is followed by consideration of where there is agreement, partial agreement, silence or dissonance between findings from different components (p. 383). This technique for triangulation is the only one to include silence, “where a theme or finding arises from one data set and not another. Silence might be expected because of the strengths of different methods to examine different aspects of a phenomenon, but surprise silences might also arise that help to increase understanding or lead to further investigations” (O’Cathain et al., 2010, p 1148)

5.11.2 Qualitative Analysis

This project used the qualitative data analysis (QDA) software NVivo to analyse the qualitative data provided by participants. NVivo allows researchers to code “nodes”, which are a collection of references about a specific theme, place, person or other area of interest (Bazeley, 2007). Once coding has been completed, the software allows sophisticated analysis to be run, such as quantitative frequency analysis of nodes, themes and even specific words. It can provide graphical representations of the frequency and hierarchy of the data and, although the “program is challenging it provides valuable means for advancing the sturdiness of qualitative research” (Bergin, 2011, p 6).

Once coding has taken place, NVivo can be a very powerful tool in qualitative research. However, in order to code (theme or organise) the data, researchers must first employ traditional qualitative analysis methods. As discussed previously, this study implemented a narrative approach to the qualitative data, and according to Reissman’s (2008) study, there are four common approaches to narrative analysis: thematic analysis, structural analysis,
dialogic/performance analysis, and visual analysis. The current study employed a thematic analysis in the analysis of qualitative data in NVivo.

Themes or patterns within data can be identified in one of two primary ways in thematic analysis: in an inductive or “bottom up” way (Frith & Gleeson, 2004), or in a theoretical or deductive or “top down” way (Boyatzis, 1998). The main difference between the two approaches is that for an inductive analysis, the researcher carefully reads and re-reads the data, looking for key words, trends, themes or ideas that will help outline the analysis, before any analysis takes place. By contrast, deductive analysis is guided by specific hypotheses. The researcher may still closely read the data prior to analysis, but his analysis categories have been determined without consideration of the data. Although the current study employed a specific framework to consider resilience (individual, relational and contextual), the approach to the thematic data analysis was rooted in the inductive tradition.

Braun and Clarke (2006) provide one of the few attempts to delineate how to operationalise thematic analysis. They suggest that an important question for researchers to address is what is meant by a theme. They posit that a theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set. They also assert that “an important question to address in terms of coding is: what counts as a pattern/theme, or what ‘size’ does a theme need to be? This is a question of prevalence, in terms both of space within each data item and of prevalence across the entire data set” (2006, p 82). Coding in this study initially focused on the frequency of themes across the qualitative data set.

According to Braun and Clarke it is important to explicitly outline the “level” at which themes are to be identified: at a semantic or explicit level, or at a latent or interpretative level (2006). They posit that:
With a semantic approach, the themes are identified within the explicit or surface meanings of the data ... In contrast, a thematic analysis at the latent level goes beyond the semantic content of the data, and starts to identify or examine the underlying ideas, assumptions, and conceptualisations and ideologies that are theorized as shaping or informing (2006, p 84).

The current study sits somewhere in-between. While acknowledging the primacy of the surface-level narrative, there is also a recognition that some issues may not surface easily for migrant survivors of ICA and that responses to some lines of investigation may require peripheral thinking during analysis.

Finally, coupled with the traditional approaches described above, the qualitative analysis also employed a technique called quantitating. This method is commonly understood to refer to the numerical translation, transformation or conversion of qualitative data, and has become a staple of mixed methods research (Sandelowski, Voils & Knafl, 2009). This can be achieved using techniques such as “word frequency” queries in NVivo. Quantitating is often done to analyse qualitative data in ways that will facilitate pattern recognition in such data. In the current study, this technique was employed to confirm the strength or frequency of findings that emerged using traditional qualitative techniques.

5.11.3 Quantitative Analysis

The quantitative data was analysed using SPSS 20. Several core texts were used to inform this analysis, such as Pallant (2013), Fields (2013), Tabachnick and Fidell (2007) and Steven (1997). As described previously, the quantitative data collection tool included the Warwick and Edinburgh Mental Well-being Scale (WEMWBS) and the Resilience Research Centre – Adult Resilience Measure (RRC-ARM). The WEMWBS was used to assess the mental well-being of participants. During the design phase of the project, mental well-being, rather than the absence of pathology, was conceptualised as a dependent variable, indicative
of resilient outcomes, and was employed as such in several tests. The RRC-ARM was included to explore the social ecological resources that promote resilience (Ungar et al., 2009). Subscales on the RRC-ARM (individual, relational and contextual) were conceptualised as explanatory variables, as were variables on employment attainment, educational attainment and relationship status. The survey also included questions relating to demography and a number of questions that served as a proxy measure of risk, such as length of time spent in care and status with the RIRB.

Firstly, SPSS was used to generate descriptive statistics. Next, tests were run to explore associations between mental well-being (as the dependent variable) and other variables such as subscales of the RRC-ARM, and regression analysis was conducted to examine the predictive nature of particular variables. Finally, tests (such as ANOVA and MANOVA) were used to examine between-group differences across variables of interest.

5.12 Summary

This section began with an account of the methodology employed in this study, including a discussion on the rationale for the implementation of mixed methods design in resilience research and in this study in particular. Coupled with this was a discussion on the challenges involved in designing a project appropriate to the needs of survivors of ICA, and how PAR was found to be a good fit, both in the literature and in practice. This was followed by a description of the sampling methods used in this study, as well as an outline of the ethical challenges and the strategies employed to ensure participants were not re-traumatised and, in fact, found the participation experience positive (and maybe even resilience enhancing). The chapter then examined the data collection methods. Both phases used tools adapted from the RRC in Canada. The quantitative data collection tools were shown to be highly convergent with WEMWBS. Finally, the section concluded with a description of the methods used during data analysis.
The next four chapters describe the initial findings of the study. Considering the conceptual and methodological framework of this study, the next section describes participants' understanding of their resilience, based on the qualitative data. Chapter six describes the individual, relational and contextual factors that promote resilience, as delineated through the RRC-ARM interview guide. Chapter seven describes the key transitions and turning points found in the qualitative data. The final chapter of the section outlines the findings of the quantitative data. As described previously, the data are analysed separately using traditional techniques and the findings are integrated together and interpreted in the final two chapters of the study.
6 Qualitative Findings: Individual, Relational and Community Resilience

6.1 Introduction

A central question of this study is what individual, relational and contextual resources and assets potentiate resilience for survivors of ICA who migrated to the UK? Using data gleaned from the Resilience Research Centre qualitative interview guide, this chapter outlines the resilience-potentiating resources and assets described by participants in the qualitative phase of the study. As described in chapter five, the data was initially analysed using thematic analysis. Next, NVivo was used to confirm the strength and frequency of certain themes and to graphically present the themes found in the qualitative data. Figure 6-1 below provides an illustration of the hierarchy of the themes that emerged under the three main themes. In keeping with the International Resilience Project (2011), the data were categorised across individual, relational and contextual domains.

![Nodes compared by number of items coded](image)

Figure 6-1 Parents Nodes and Child Nodes for All Qualitative Data
Traditionally, resilience researchers have employed quantitative methods to explore predictable relationships between risk and multiple factors that foster resilience. As a result, the voices of communities who have experienced risk on their culturally embedded pathways to resilience have been excluded. Ungar (2012) has asserted that processes and outcomes underpinning resilience need to be understood “within discursive spaces that influence our judgment of what is and is not experienced as an indicator of wellbeing under stress in different contexts” (p 17). With that in mind, and in response to one of the key questions of this study, this section begins by drawing on the qualitative data (n=9) to describe what positive adaptation and resilience means subjectively to survivors of ICA who migrated to the UK.

6.2 What Does Resilience Mean to Emigrant Survivors of ICA?

6.2.1 Survival

All participants were asked to define what resilience meant to them or specifically what it meant to “do well” in spite of the adversity experienced in their childhood. The theme of survival was a common initial response to this line of questioning. A word frequency search conducted in NVivo found that the word “surviving” (or similar words such as “existed”, “lived”, “lives”, “living”, “manage”, “survive”, “survived”, “surviving”) occurred in 0.46% of the qualitative text.

Even in the context of questions about positive adaptation, participants were frequently reluctant to understand their trajectories in terms of success or achievement. For many, this perspective was explained by formative childhood experiences lacking in compassion and positive affirmation.
They [the nuns] would tell you every day that you’re no good and you are damaged goods and all that. You do believe it. You have no reason not to believe it ... it takes a lot to change that way of thinking.

In explaining his trajectory, one participant who experienced significant sexual and physical abuse for a decade in his childhood yet self-reported a happy, healthy and financially stable home life, as well as success in his professional career, explained that despite positive adaptation in these spheres he felt that he had “just survived”.

I've been in places I never thought I’d be. I've always said, why am I here ... I have survived. Sometimes I think I've just survived. I think I could be a better person. Surviving is a common word, a common theme that runs through my whole life because I started off with that message.

Despite the frequent occurrence of the theme of survival in the data, some participants were not in favour of the use of the term “survivor”, which has come to be commonly used in service delivery, the media and research literature. Some participants suggested “people are fed up with survivor and the word institution” and others said it was an unhelpful “label”. Importantly, some participants felt this label did not reflect the fact that their narrative had moved beyond that of survival.

I don’t like that as well and I don’t like survivor because I think a lot of us have moved on. I don’t mean to sound snobbish or anything for one minute, but a lot of us came here and we helped ourselves.

6.2.2 Fluctuating Resilience

All participants, bar one, alluded to psychological difficulty at some point across the lifespan, and a number reported previous diagnoses. Depression was most frequently reported, along with sleep disorders (nightmares and sleepwalking), panic attacks and
substance misuse. The majority of participants stated explicitly that although they may do well in several spheres, they experienced intermittent distress related to their time in institutional care, and developing strategies to remain functional within employment and social spheres was a key aspect of their adaptation. The two quotes below, from participants who were working in professional roles, illustrate the fluctuating non-linear resilience of this group:

Most people that have been in the institution in spite of whether they survived well or not have some form of issues really ... Yeah, because I think you can’t come out of a situation like that unscathed really ... I’m better when I’m working really.

I think there is another side. There’s the side that we don’t show anybody, even our families, the painful side, the part where it’s hard to get up out of the bed in the morning ... and you can’t face another day sometimes and stuff like that. But once I’m out there I’m fine ..., if you didn’t know the background then you met me, in work or whatever, you wouldn’t know. I mean I’ve managed very well.

Several participants described their resilience using the phrase “moving on”. Words associated with “change” accounted for 0.96% of the qualitative data, suggesting the importance of the notion of movement or transition for this cohort. As will be described in detail in the next chapter, participants frequently pointed to defiant coping mechanisms as a driver of this adaptation. Generally, participants described physically “moving on” to a new location, new job or new social circle:

For me it was to step away from it, move on to a new completely environment and start building my nest again. I was given opportunities here
6.2.3 Functional Adaptation

Participants frequently described positive adaptation in terms of stable employment. Resilience was not described as exceptional functioning or outstanding achievement. Rather, as described by one participant, living a conventional life, as defined by stable employment and housing, was considered a dream come true:

*I got a fairly steady job ... working on their cars or trucks. My wife got a job in the end and we were doing really well. We bought a house. We had holidays. We just lived the life – the dream life – that everybody wants*

Participants commonly pointed to self-esteem issues throughout the majority of their life course. For some, these trajectories were disrupted by achievement in one particular sphere, and engagement in these new environments led to personal recognition, often for the first time over the life course:

*The first time I acknowledged, I suppose to myself, that I had actually done something, was the day I got off the train in Oxford to go to Brooks*

6.2.4 Identity Not Defined by ICA

In discussing the experience of survivors after leaving institutional care, Ferguson (2006) states, “consciously or unconsciously, the community may have welcomed their exclusion and ambivalently known about and been complicit in accepting their harsh treatment because they were perceived as socially dangerous” (p 129). Participants in the current study described experiencing exclusion, discrimination and prejudice in Irish society after leaving the institutions, prior to migration. In contrast, most spoke of a freedom and anonymity upon arrival in the UK. An important aspect of “moving on” for survivors who migrated to the UK was the potential to negotiate an identity that was not necessarily associated with their
childhood experiences. Several participants explained that there were few people in their social circle in the UK that had any awareness of their childhood experiences.

*There's nobody in England, there's no one that I work with or relate to in any way, shape, or form, knows what happened to me*

6.3 Individual Factors

This section outlines the individual resources or assets that, in the view of participants, potentiated resilience. These included altruism, defiance, problem-focused coping, emotional regulation, reappraisal and genetic factors. Much of the data relates to adaptive coping strategies. As described in the literature review, there is a variety of theories in the field of psychological coping. Folkman and Lazarus (1980) differentiated between emotional and cognitive models of coping. Masten & Obradovic (2006) suggest two forms of coping: coping I, referring to internal integration, and coping II, referring to external adaptation. Recently, others (Skinner et al., 2003) have suggested that the coping strategies that people use are often a mixture of these strategies and cannot be separated. This study does not attempt to classify coping strategies by the processes underlying different approaches; instead the focus is on the adaptive nature of these strategies.

Only two participants described the use of potentially maladaptive strategies, such as substance use and avoidance, at some point across the life course. Across all of the qualitative data, 39.58% related to individual strategies and resources. Importantly, although the current study set out to explore current factors which facilitate resilience, participants nearly universally understood the strategies they employed through the lens of their childhood experiences, and as a result much of the qualitative data relates to this period.
Altruism, behaviour motivated by the needs of others rather than self-interest (Staub and Vollhardt, 2008), was the most frequent theme across the qualitative data, accounting for 25.1% of all of the data on individual factor nodes and 4.93% of all of the qualitative data. Virtually all respondents gave examples of altruistic behaviour across the lifespan and in particular whilst in institutional care. Although this altruism did result in risk exposure in some instances, rather than being defined by increased risk exposure, participants described engaging in strategies that aimed to reduce exposure to physical and sexual abuse for others, often more vulnerable children or siblings. One participant explained how he had grown up with people depending on him and how helping “others to survive” was a positive coping strategy.

What helped me cope was this kind of in-built mechanism, I wanted to survive, and I wanted to help others to survive. I grew up with people depending on me in some respect or other

As illustrated by figure 6.1, when a word frequency search was conducted in the node of altruism, “protect” and “survive” were amongst the most frequently used terms. This reiterates the fact that these altruistic strategies aimed to reduce risk rather than confront risk, potentially leading to further abuse.

Figure 6-2 NVivo Word Frequency Query in the Child Node of Altruism
Importantly, in the context of resilience across the lifespan, participants who took on the role of protector in institutional care described how this behaviour continued across the lifespan.

*From the moment you got up in the morning until you went to bed at night. I used to advocate on behalf of my sister – even though she was physically bigger than me. So I was considered a bit outspoken and a bit of a tomboy and what have you. Funny enough that's never changed, thanks be to God. Yes, I took on the role of protector of my sister and protector of my friends.*

A number of participants described how this type of behaviour had continued post ICA and in most cases transferred to new actors in their life, such as family and friends.

*I now protect my children and my wife whom I love beyond life itself ... I'd make sure that no harm came to them whatever sacrifice I would have to make. I suppose the instincts, the strategies, the sort of protectiveness has transferred on to them now more than for myself.*

Furthermore, for many participants this altruism transferred into their career choice. Of the nine participants who took part in the qualitative interviews, seven were currently engaged either in helping professions or volunteering in caring roles. This mirrors findings from the CICA (2009) which show that a significant proportion of former residents became nurses. As one participant explained, this altruism, within her chosen helping profession, gave her a sense of purpose and fulfilled her “need to be needed”.

*I think I was very lucky because I went into nursing, because the need to be needed in me is very, very strong*
The importance of altruism in promoting resilience pre and post institutional care was a strong theme throughout this data set and has significant implications for those working with survivors of ICA, care leavers and those in care. As outlined previously, after triangulation the findings of this study will be placed into the context of the previous literature, in the final chapter. This chapter contains a full discussion on the implications of findings in relation to altruism.

6.3.2 Defiance

The second most common theme across the qualitative data on individual strategies was defiance, often manifested as dissent or resistance to the emotionally abusive acts of the perpetrators of their childhood abuse. Across the qualitative data on individual resilience factors, 12.5% related to defiance. Of the full qualitative data set, 2.17% was coded to the theme of defiance. Furthermore, beyond frequency, the theme of defiance was articulated more vigorously by participants than other themes in the data. Participants identified defiance as a mechanism that was developed during the course of their institutionalisation. For most, defiance was employed whilst in care in a future-oriented way.

*When I was in there I thought you’re not going to get away with this ... I don’t have to come back and tell you afterwards but I will show you that you will not get the better of me.*

For most participants, defiance was articulated in relation to the severe and enduring adversity they experienced during their childhood and was often directed towards the perpetrator of their childhood abuse.

*It’s very, very difficult at times, you know, when you’ve been locked away for a long time in a cupboard with nothing to eat, nothing to drink ... I don’t know where I got this determination but it was basically I won’t let the bastards beat me*
Furthermore, although defiance may have originated whilst in institutional care, for most it continued across the lifespan and into different spheres. For example, one respondent described how the negative and oppressive attitude of the religious had resulted in a single mindedness to do better than was expected of her and spawned an enduring attitude of personal development.

*What made me determined was they didn’t think I was going to get the sort of job I did. First of all, I went to work in an office and what happened when I went to college, they realized at college that I had absolutely brilliant typing skills ... and I got a job out of it ... it’s always something I have had at the back of my mind, I have to become better to show them*

Likewise, another participant who exhibited a particularly atypically positive trajectory, reporting a very positive family life, positive mental well-being, and employment in a senior management role, when describing his professional success pointed to a desire to prove he could “manage to do something” in response to a lack of positive affirmation in his childhood.

*I was proving really to the world I suppose that I could manage to do something, because we were always told we’d never come to anything ... I felt this determination to be better than what was expected of me ... I don’t know where I got it from but I just thought I’ll show you*

As will be discussed in the discussion and implications chapter (chapter 10), there is a significant body of research suggesting that defiance should generally be understood in pathological or negative terms (Potter, 2011). Defiance as a positive resilience-potentiating factor is rarely discussed within the literature. These findings and the implications in terms of practice for those working with survivors of ICA and others who have experienced chronic adversity are discussed in detail in the final chapter.

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6.3.3 Problem-focused Coping

Problem-focused coping is primarily aimed at problem solving or doing something to alter the source of the stress and can potentially involve several distinct activities: planning, taking direct action, seeking assistance, screening out other activities, and forcing delayed action (Carver, Scheier & Weintraub, 1989). In describing factors which facilitated resilience, participants frequently pointed to strategies first employed during their time in institutional care. For all participants, problem-focused coping strategies, during this time, were employed in an attempt to prevent sexual or physical abuse.

They were kind of mechanisms that were there because you had to try and find ways of being a really good boy because ... If you were a bad boy you got into really big problems ... I kind of began to look out for ways, strategies now I'd call them, to protect myself and protect those that were closest to me.

In terms of their time in care, participants frequently described an inability to control the environment, explaining how the best way to avoid risk was to stay out of the way of authority figures. Participants described strategies such as going to bed as early as possible or hiding in under stairs.

I kept quiet. I kept my head down. I wanted to go to sleep quickly because then I'd be hiding away from anything that was bad that was going to happen because you could hear cries in the night. You could see it, and you could guess it, but you can't control it. You can't stop it. If you stop it you are going to be victim, so you kind of hid away ... you kind of had to do whatever you could to protect yourself.

The problem-focused strategies post ICA described by participants generally related to actions which aimed to inhibit retraumatising activities or environments. In a particularly illuminating example, one participant explained that her most harrowing memories from her
time in the school related to fellow residents crying at night. This was echoed by three other participants. She described how, in her family life, she ensured her environment was managed to prevent potential reminders of this traumatic experience.

_I had the memories of my childhood with different types of pain ... like listening to children crying and going to sleep at night .... They used to cry, lingering cry, you know a really sad cry. I made sure my children never had that when they were growing up. I am very protective of them and even my grandchildren ... I tell them we don't cry in grandma's house. They can cry but not linger, you know_

In a similar example, one participant, who worked as a social worker, explained how as result of experiencing physical and sexual abuse while in institutional care she was reluctant to place herself in risky situations and always sought to ensure an easily accessible exit from one-to-one situations.

_You learn to live with it but somebody unwittingly – something small – will bring it back, like when I did advice sessions in the little rooms. I never closed those doors properly and, I couldn't ... When I'm in other people's houses being an outreach worker and even going in for advice or things the first thing I do as I walk in is scan quickly – where's my exit?_

This suggests that although problem coping strategies were essential resilience-enhancing or survival strategies during institutional care, survivors of ICA continue to employ these strategies today. Although these mechanisms set out to moderate against different stressors, the problem-focused nature of the strategies is notable. Furthermore, the fact that the strategies, learnt whilst in care, were transferable to other stressors may have implications for those working with survivors. The implications of these findings are discussed further in the final chapter of the study.
6.3.4 Reappraisal

Reappraisal involves reinterpreting the meaning of an event so as to alter its emotional impact (Jackson, Malmstadt, Larson & Davidson, 2000). For example, this might involve reinterpreting an event by broadening one's perspective to see "the bigger picture" (Schartau, Dalgleish & Dunn, 2009). In the current study, some participants described reappraising the role of the perpetrator and the societal context of institutional care. The quote below, from a participant who experienced significant long-term physical abuse, illustrates an extraordinary level of tolerance and empathy towards the perpetrator of abuse, which had developed over time as part of reappraisal.

*I had a tough time like everybody and if I see one (priest) today, I used to think it'd be very difficult for me not lay my hands on him and strangle him ... but they were only young lads themselves ... to me they were young guys ... I don't bear any grudges really.*

Another participant reflected on the harshness of his family life prior to institutionalisation. He described how over time he had re-evaluated his time in care and provided an exceptionally balanced account of his experience, pointing to some positives, such as the development of skills otherwise unobtainable in Ireland of the time. In an incredibly rational analysis, considering the abuse he experienced in the industrial school, he suggested that his previous home life was more abusive and he may have been better off in the industrial school.

*I was with my Mother... she was so badly off, she got work from a farmer weeding a field, for god's sake, we used to go down to nick fire wood. She was on her own. My dad was working in Coventry in the engineering and sending money back ... and when he came back over from England and found out, he beat on her ... in rural Ireland then if the Christian Brothers hadn't taken us in we would've been wandering around with the tinkers as they call it. We would've got worse abuse.*
Although this reappraisal involved a remarkable re-framing of the experience of ICA, it was not common among participants in this study. Few participants saw any positive aspects to the experience and, as was illustrated by the theme of defiance, many participants understood their childhood experiences as inhumane and unjust, which in turn, in part, inspired their resilience.

6.3.5 Emotional Regulation

Another theme which emerged from the data on individual resilience factors was that of emotional regulation, and in particular proactively regulating emotional expressions or behaviour as a protective response in the face of risk. Emotional regulation involves attempts to directly influence experiential, behavioural and physiological response systems (Thompson, 1994), and it has been shown to have a positive impact on satisfying hedonic needs, supporting specific goal pursuits, and facilitating the global personality system (Koole, 2009). On the flip side, research has shown that emotional dysregulation may have negative social consequences, correlating with reduced personal connections and greater difficulties forming relationships (Macklem, 2008). However, rather than unintended or unconscious emotional suppression, participants in the current study described how they learnt ways to regulate their emotional expression in order to reduce risk exposure whilst in institutional care. Typically, the way participants appraised situations influenced how they reacted, indicating the cognitive elements of this strategy.

We would always say amongst ourselves, don’t let them see you upset. Don’t let your emotions go. It’s the skill that we used at such a young age ... I am not going to let them see that this has affected me

As with other coping strategies, participants gave examples of how they continued to employ emotional regulation as a strategy to manage current adversity. One participant
described how, as a result of his childhood, he was well versed in regulating aggressive emotions and behaviour.

*I had this inbuilt mechanism to be a survivor and to fight my fight, but not to get into fights. I don't do violence. I don't do any kind of aggression. I walk away from it, so I was never getting into anything like that.*

Although an illuminating finding, only two participants pointed to emotional regulation in fostering resilience, indicating the relative unimportance of this strategy.

### 6.3.6 Spirituality

In Carr *et al.* (2010), 16.19% of participants (n=247) reported their relationship with God as the most important source of strength in their life. In the current study, of the qualitative sample (n=9), three participant's described the positive influence of spirituality in coping with post-ICA life. As one respondent explained, she did not attend religious ceremonies and her spirituality was "not necessarily this Catholic philosophy". However, particularly in the years after leaving institutional care, she found herself drawing on prayers learnt in the industrial schools during times of adversity.

*I think it was a help believe it or not. In my early years it most definitely was because I was probably always terribly scared ... and I remember if I would be walking along, I'd be praying and all these prayers that they told us.*

Similar to the data on emotional regulation, the limited data on this factor suggest spirituality is not a collective resilience potentiating factor. Moreover, a substantial number of participants described an aversion towards organised religion and Catholic spirituality.
6.3.7 Genetics

As outlined in chapter three, a range of social, individual and relational factors influence a person’s capacity for positive adaptation in the face of adversity. Recently, contributors have become interested in how genes interact with environmental factors to foster resilience. Some of the leading contributors to the field of resilience (Bonanno et al., 2011; Rutter, 2000) have concluded that resilience is in part genetically mediated. Although this was beyond the scope of the current study, two participants pointed to the influence of “DNA” and biological differences as factors that influenced their resilience.

*I think part of how we coped really is in our DNA .... the older I get, the more I believe that you either sink or swim and I think a lot of that is based on where your background comes from originally. I think there was something in our DNA that makes us succeed in some form*

On reflecting on the different post-ICA trajectories, one participant described a close relationship with fellow former residents. She explained that they had left care at the same time and spent “good times” in Dublin. She explained that they had frequently discussed their childhood and all three had a similar determination to overcome the adversity experienced in childhood. This participant suggested that biological factors played a part in the different trajectories of the group.

*I really do think it’s about the way you are made, because although Mary, Margaret and myself in particular, we were determined not to let it get to us and ... but somehow it got to Mary*

Much like the data on spirituality and emotional regulation, as a result of the small proportion of participants who drew on this theme, it is difficult to draw clear conclusions about the role of genetic factors in promoting resilience.
This section examines the resilience-enhancing factors that emerged across the data in the relational domain of the Resilience Research Centre adult resilience interview guide. In contrast to the questioning on individual factors, for the most part qualitative data on relationships was not associated with resilience and, in most cases, focused on negative experiences. Participants tended to move away from this sphere in discussions about resilience and only 10.7% of the qualitative data related to relational factors that promoted resilience. Many participants reflected on how their childhood experiences had resulted in difficulties maintaining positive adult relationships and this is in keeping with previous research on the attachment of those who experienced institutional abuse (Carr et al., 2010). These difficulties were exemplified by one participant who reflected on the impact the lack of contact with females in his childhood had on his adult relationships.

*We had only ever seen two women. One was a cook, who got brought in in the last few years and one was the nurse. The nurse was in her 50s and the cook, that's the only women we ever seen. All the rest were boys or Christian Brothers. We didn't know how to relate to women of any sort. I can do now ..., but before I would run a mile.*

![Figure 6-4 Child Nodes in the Parent Node of Relational Factors](image-url)
Despite difficulties in maintaining adult relationships, some participants did describe relational factors that promoted resilience. The next section describes the role of adult partners, children, friends, peer support and the search for family in promoting resilience.

6.4.1 The Role of a Partner

In this phase of the study two participants were in positive long-term relationships. The majority of participants described multiple relationships. Some participants described abusive relationships and others recounted feeling of loneliness and isolation within these relationships.

_I'm not saying that I'm totally against relationships but possibly now more guarded ...
from my own experience I found myself being in two marriages, they were the loneliest times of my life ... It was almost akin to being in the institution ... people say how can you be lonely in a relationship, but you can, and it's strange, I'm not lonely on my own_

For those who were currently in relationships, few described stable supportive relationships. Of those in relationships, several described how, even to this day, they had not told their partner the full story of their childhood. For these participants, their relationship with their partner was not considered a source of resilience.

_In my case it wasn't my husband because he is there. I suppose he's there as a person but he wouldn't understand any of this and actually I suppose had he known all the details in my background, we would never have married because he didn't know that I was born out of wedlock_

However, two participants described atypically positive relationships with their spouse. In these cases, the support provided by their partner was considered a central element in their resilient trajectories. Both participants described the importance of this support, stating "you
cannot do it alone ... you need support” and “I would have been lost without her”. In sharp contrast to the majority of respondents, one participant told of disclosing the details of his childhood to his fiancée prior to marriage:

_The only person I told at all was my wife before she was my wife because I always knew I had a dark secret. I said to her, “If you walk away, I'll perfectly understand. I really would understand, but I don't have the same comforts that other people have. I can't bring you home to my home like you can yours.” I adored her home ... I didn't want to marry her and then say, "Oh, by the way, I was an orphan, and I was abused, and I was harmed, and this happened to me, and that happened to me. Now do you love me still?" I wanted her to know from the very beginning_

The data indicated a variety of experience in terms of the role of adult relationships in promoting resilience. Although the majority of participants in the qualitative phases of the study had not experienced positive adult relations, this does not discount the possibility that a caring and supportive relationship may have played a significant role in promoting resilience for those fortunate enough to experience this type of relationship.

6.4.2 Relationships with Children

In response to questioning on resilience post ICA, a number of participants spoke explicitly of their relationship with their children. In fact, one-quarter of all the data on relational resilience factors related to the positive impact of children. There was much commonality between participants’ responses. For example, most respondents cited how the arrival of a child resulted in a change of focus. Many participants commented on how the arrival of children had resulted in a shift in outlook and how protecting and providing for their children were “the real issues” now.
I've reached the age where these things shouldn't matter anymore. It's about bigger issues now like your family or you knew someone or your son and daughter's illness.

These are the real issues for me now right now

As highlighted in the section on altruism, participants reflected on how they had shifted their “protectiveness”, previously a survival mechanism directed towards protecting fellow residents while in care, towards their children.

I suppose where I used to protect myself a lot one time, I now protect my children and my wife whom I love beyond life itself. I wouldn't do anything deliberately, knowingly, to harm them, and I'd make sure that no harm came to them whatever sacrifice I would have to make. I suppose the instincts, the strategies, the sort of protectiveness has transferred on to them more than for myself.

Protectiveness of children was one of the strongest themes across the data on relational factors promoting resilience and was linked to the data on reappraisal, insofar as participants described a change in perspective upon the arrival of a child. The importance of children in promoting resilience is discussed further in the chapter on transitions and turning points (chapter 7).

6.4.3 The Role of Friendships

Although not a prominent theme in the data, some participants did point to the importance of friendships in the aftermath of institutional care, whether this was in the immediate aftermath of care or in later life. When asked about things that helped her cope after leaving the school, one participant explicitly pointed to a group of friends who had supported her throughout her life. The supportive, non-judgemental nature of these relationships was significant for this participant.
In my case I don’t have a family but I have very good friends who support me through my – through all of my life. I’ve known them all my life and they never questioned me. They took me as who I was

Another participant described supportive friendships developed while training to be a nurse in the UK. This participant told of how she had been introduced to conventional family for the first time as a result of these relationships.

And that was good because then, you kind of got brought in to their family situations and you got to know more a family life really. And even though of course I couldn’t reciprocate that but it was never questioned really

In reflecting on these relationships, participants commonly pointed to the supportive, non-judgemental, and, importantly, compassionate nature of these friendships. Frequently they were described as representing the polar opposite qualities to those experienced in institutional care.

6.4.4 Peer Support

A common theme in the qualitative data was the significance of relationships with, and the support of, fellow survivors. Although the data showed conflicting views on the value of socialising exclusively with survivors, many participants commented on how the support they received from fellow survivors was unique. As detailed by the participant below, many sought to protect their family from the horrific details of their abusive childhood. However, in their relations with fellow survivors they were able to be open and honest about their experiences.

I’m married but I don’t talk to my children very much about my childhood because I don’t want them to get pains. I told them the basics. I’ve a lovely relationship with my husband and my children, thank God. But when it comes to the school and my childhood in Ireland,
I just cringe a bit. I can't because I well up and they know I'm like that so they don't want to see their mother hurt. So that's the way I coped with it. But I can make up through my survivor friend.

Some participants described the importance of peer support in the immediate aftermath of institutional care. One participant spoke of “sharing every moment of the day” with fellow survivors during that period, and how the group members looked out for each other.

*We shared every moment of the day with each other. We kind of looked out for each other.*

*There was always that sense of protecting each other. Unfortunately, we've all gone our separate ways now and went back for some and not for others.*

Thus, peer support was seen as a unique resilience-promoting factor, allowing for disclosures that would not be contemplated with others. Participants knew that they would not experience shock or sympathy from fellow survivors. Others described how knowing they could talk to someone who would understand meant they did not have to burden family members, and this in turn had a positive impact on their family relations. As with other themes, further data on the role of peer support will be provided in chapter eight (quantitative data findings) and analysed in the final two chapters.

### 6.4.5 Searching for Parents and Siblings

The final theme within the parent node of relationships was parents, and specifically the desire to reunite with parents. Only two participants out of the nine interviewed for the qualitative data collection phase had known either of their parents in the period after leaving institutional care. However, some participants described how the desire to trace their family members and records had provided a drive or a source of focus. In response to the question on coping post ICA, one respondent explained:
At that time I think I was just -- one thing at that time, I was obsessed with my mother. I had an obsession with wanting to find my mother.

Another participant spoke of a desire to search for his mother and this influenced, in part, his decision to move to London.

I remember thinking often what am I going to do? Shall I go and join that party, should I go here, should I go there? Should I go to London and search for my mother? Should I try and find my sister. What will I do next?

Similar to the data on children, those who reflected on the importance of parents as a resource of resilience did so powerfully and emotively. Considering the limited data on this theme within the current study, it is not clear how influential the process of searching for family members was in promoting resilience. What is clear is that many survivors have at some point sought to engage with estranged family members and some continue to do so.

6.5 Community Resilience Factors

Like the qualitative data on relational factors, the interviews produced limited data on the impact of community resources on resilience. Across the qualitative data, 16.4% of responses related to community resources. Figure 6.3 illustrates the main themes that emerged relating to community resilience factors. The availability of educational and employment opportunities was foremost in this data. Despite this, much of the data on community factors pointed to inadequate or inappropriate resources. Many participants described a preference for self-management strategies rather than seeking help from professionals. Furthermore, many participants gave examples of societal attitudes, policies and interventions that had a negative impact on their resilience. Although the data is sparse on the issue, the following section details community factors that promoted resilience in the eyes of participants.
Nodes compared by number of items coded

Figure 6-3 NVivo Child Nodes in the Parent Node of Community Resources

6.5.1 Employment

According to the World Health Organisation (WHO), positive employment opportunities and workplace pay and conditions can promote and protect mental health (2009). Unlike some other community resources, employment opportunities and positive work environments were universally cited by participants as resilience enhancing. In fact, 29.4% of the data coded to the node of community resources related to employment. All participants in the qualitative sample reported professional occupations, such as nursing, and skilled technical and managerial occupations.

Several participants described how employment opportunities were a central factor in their resilient trajectories. Additionally, most participants reflected on how this contrasted with the opportunities available in Ireland and how different their trajectory may have looked had they stayed in Ireland.

_I made my own opportunities really but it was only I got a fairly steady job, you know, I was working on the cars with a cigarette company for 20 years. I think if I stayed in_
Westmeath and I would have ended up working driving a truck for a farmer. I wouldn’t have been able to buy anything or do anything or move on from anything

Alongside the financial benefits, respondents pointed to the impact of positive employment environments on their adaptation. Many spoke of supportive environments that contrasted sharply with their experiences in institutional care. Some also pointed to a sense of excitement and passion for their new role, and described how they developed meaningful relationships with colleagues.

I remember very open spaces but not knowing which open rooms and corners, which corner to go into, where to put myself, but I worked hard. I did my job. I loved being around the people that I was working with. I became very close friends to this day

Despite the positivity of these experiences, some participants described how these new environments initially felt alien. Participants described facing challenges in progressing in the workplace as a result of a lack of skills and confidence stemming from their time in institutional care.

To be honest, I’m speaking now but the reason I didn’t get any progress in any of these jobs, I was very shy. I would never ever speak in front of anyone. I would be looking down like this and a lot of people would say the same.

Finally, although participants frequently reflected on the importance of employment in promoting resilience upon arrival in the UK, those who had not retired and were still engaged in employment spoke with remarkable commitment and enthusiasm about their current work.

As part of my role and my role is constantly developing and evolving I do various training events for my staff in order to make sure we’re compliant under the CQC (Care Quality Commission) and tomorrow, Monday, is a big deal. I’m lecturing to a group of people on
safeguarding vulnerable adults ... my job as the Registered Manager is to make sure that we're compliant in providing service to people in the community.

The importance of positive employment opportunities upon arrival in the UK in promoting resilience was one of the strongest themes in the qualitative data. These opportunities were seen as essential in moving beyond childhood experiences and contrasted sharply with the employment landscape in Ireland at the time. Beyond the mere availability of employment, and the economic security it provided, participants pointed to meaningfulness of these opportunities, mastery and the support networks they provided. The influence of employment on the resilience of participants is discussed further in chapters nine and ten.

6.5.2 Formal Support

A common theme across the data relating to community factors was the need for appropriate support services. Across the data on community resources, 17.6% were coded to the child node of support services. Even those who demonstrated high levels of resilience, evidenced by atypical functioning across multiple spheres, reflected on the ongoing need for professional supports, and how, for some, this support will be needed throughout the lifespan.

Survivors do need help. We’ll need help all our lives ... I feel that we, for the rest of our days, need some sort of help and advice throughout our lives.

Of the nine participants who engaged in the semi-structured interview process, three pointed to the benefits of individual therapeutic interventions. For most the empathy and compassion of the individual practitioners was more important than the profession or discipline of the practitioner. Participants reflected on the value of being able to “talk to someone”, to reflect on their experiences in a “safe” and confidential environment with
someone who understood their experience and as a place to get away from other daily hassles.

*I had an experience – I had six weeks’ counselling. Somebody said to me oh you need a bit of counselling maybe, try that ... anyway I found that the counsellor knew a lot about survivors. I’d never tell my family I’m going for counselling, I’d just go ... but I felt better going there, trying it out, with no pressure in my head from home*

Although not common, some participants described how a particular intervention had helped them pinpoint specific internal difficulties. For example, one participant described how attending counselling allowed her to identify particular emotional responses and corresponding behaviour.

‘*What I needed at the time was somebody to talk to. And I never heard of counselling. I suppose in a way, I had a lot of anger inside me and I remember when I did eventually got counselling, a counsellor said to me the rage I had inside was probably my focus because I directed I suppose my rage into trying to prove I could do something*

Despite the above examples, many also reflected on negative experiences within professional support services and formal interventions. The most common criticism was a general lack of awareness of the experience of ICA amongst helping professionals. Some participants felt that professional awareness of the existence of ICA had improved as a result of international reports. However, although no participant cited experiencing scepticism or disbelief, like that experienced previously in Ireland, many described how, in recent engagement with services providers, professionals were often noticeably shocked when the participant disclosed details of the abuse and neglect they experienced in their childhood, often leading to insensitive questioning about family history and childhood experiences.

*I went and met people and spoke to people and their mouths were open with shock, and you think oh I can’t go down that road, explaining my problems to you, what I suffered.*
They would think this never happened, I can't believe it. It can be a shock to the person that you come and visit because you might spend 10 minutes explaining to them that you're a survivor.

Participants frequently reflected on the importance of cultural competency in services provision. For example, two participants stated a preference not to work with younger helping professionals who might have no awareness of this issue. Several respondents pointed specifically to the need for organisational flexibility in how relationships were established with professionals. Other participants commented on how the authoritarian nature of their relationships with priests while in institutional care had resulted in an aversion to relationships with helping professionals who exhibited any similar traits.

It's this thing – we grew up with people talking at us day and night, told what to do, bossed about, beaten about. You don't want that now because it's humdrummed into you and it reminds you of the childhood where it was – we were all spoken at. Do this, do that, you know ... When you come – I find you want somebody on your level ... But you'd want to trust that person.

Although this section does point to the potential of formal interventions, it also highlights the fact that for the most part the help-seeking experiences of survivors of ICA have not been positive. Disclosures leading to disbelief and antagonism in the immediate aftermath of the highlighting of ICA in Ireland resulted in an aversion to formal help seeking. Furthermore, a common theme in this child node was a lack of awareness by helping professionals of the scale and severity of ICA in Ireland, often leading to insensitive practice. This issue and its implications are discussed in greater length in the section on practice in the final chapter.
6.5.3 Peer Support Networks

A common theme within the node of community supports and resources was peer support or survivor-led support groups. Participants pointed to the unique nature of the support provided by these groups. For most they allowed a level of disclosure that would not be considered with even the most trusted helping professionals. For others it allowed issues specific to survivors, such as available professional supports, to be considering from a shared perspective.

You can just say I've been to the schools or whatever... you instantly will open up and I think feel safer, there's no need to hide

However, the most important theme which emerged in this child node was the value of a shared healing or a shared journey towards recovery. Participants who cited such peer networks as a resource to enhance resilience commonly spoke of the importance of “coming together” and some referred to these groups as “like your family because it's something that we never had”. One participant, in explaining the value of these support groups, gave an example of the first meeting attended by a fellow survivor. She told of an emotional meeting that involved the attendee in question making contact with survivors that she had not met since leaving the institution. As explained by other participants, attendees were frequently reluctant to discuss their experiences initially, but the sense of community enabled her to speak about her childhood in public for the first time in her life.

Also a good friend of mine who went to the same school as me, I hadn't seen her for fifty years. She came to one of our meetings and she hadn't seen me for all them years. She could barely speak to X (facilitator) and X says can I mention a few girls' names from that school? She mentioned a few of the girls' names and X said they'll be at the meeting you know? Oh really — and suddenly that girl lightened up and her whole story came out. At the first meeting she was sort of in tears, crying, and I said you don't have to say a word,
say nothing, and we all clapped for her. At the next meeting she was one of us and she opened up, it was amazing

Furthermore, a number of participants spoke of the importance of the inspiration role played by former residents who coordinated and facilitated these meetings. Participants described the encouragement of seeing fellow survivors manage an emotionally charged discussion with dignity and humanity, and being left with an overriding sense of inspiration.

But I found X and Y very inspiring then, they sort of wanted you to open up and speak about your experiences and learn to move on ... A lot of us did want to move on but we needed someone to encourage us, to inspire us

The qualitative data points to the importance of peer networks in promoting resilience. Although the Resilience Research Centre's Adult Resilience Measure Interview Guide does provide questions on community support structures, most participants first pointed to the importance of peer support networks at the outset of this line of questioning. Importantly, neither of the two males who participated in the qualitative interviews referred to peer support networks as a resilience-enhancing mechanism. The implications of these findings, coupled with the quantitative findings in this area, are discussed in final chapter of the study.

6.5.4 Education

Although all participants in the qualitative study sat exams at or beyond second level, and spoke to the importance of training opportunities in the UK, only one respondent explicitly pointed to education as a current factor that promoted resilience. This participant pointed to a lack of supports in other areas, such as family supports, but also a desire to make up for a lack of opportunity in childhood. Importantly, this participant was able to complete a degree course as a result of support from an Irish government grant scheme designed to support the education of former residents: the Educational Finance Board.
To me education was much more important than the family life, because it’s something that I didn't have. But it was something I was always driven to and it was then when I had that opportunity to be taken out of retirement ... I went about it, thanks to the Education Board.

6.5.5 Religion

As mentioned in the literature review, religion can play an important role in resilience. Three participants pointed to the role of religion in providing access to community support and positive relationships in the aftermath of institutional care. Participants described the role of religion as a resilience-enhancing factor during their first years in the UK and pointed to increased social support as a result of engagement with their local church.

I think in a strange way, it helped to go to mass because even if you didn’t know the people there, you kind of know people to say hello to, you might know their names and vice versa, they would know yours ... So you were involved really and I think that really helped.

6.5.6 Cultural Factors

Ungar et al. (2011) assert that cultural practices, such as values and beliefs, play a critical role in how individuals navigate and negotiate their way to resilience-enhancing resources in the aftermath of significant risk exposure. However, rather than resilience enhancing, participants described an adverse cultural environment in Ireland, which lacked resilience-promoting resources. Similar to the evidence found in the CICA (2009), several participants in this study gave examples of seeking help in Ireland post ICA only to be questioned, doubted and silenced. Furthermore, a number of participants described how attempting to seek help, or escape from institutional care, had resulted in severe punishment. This, in turn, resulted in a reluctance to seek help in the future.

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People wrote to the bishop at the time complaining about how badly treated they were, but the letters came back. Nuns got the letters, and they found out who wrote them, and they were really punished. We wanted to tell them. We wanted help. We couldn’t get it.

In keeping with contemporary social analysis of ICA (such as Holohan, 2011), participants in this study pointed to failings and complicity on the part of local communities in Ireland. Most stressed the influence of the Catholic Church on all aspects of Irish society and the unmatched status of clerics in Irish society of the time. Furthermore, several participants commented on the general indifference of local communities to abuses experienced in institutional care.

But it’s like us growing up in Ireland where we were – the locals knew us growing up in orphanages. We weren’t orphans. Our parents were alive but they were blocked from seeing me, you know. That’s the Irish public’s fault, they looked away.

While participants pointed to cultural norms that prohibited help seeking and created a hostile environment for survivors in the immediate aftermath of ICA, some also pointed to a contemporary reluctance to recognise the scale and severity of the abuse experienced in industrial schools and reformatories in Irish society. While recounting the experience of first hearing of the establishment of the CICA (2009), one participant described the denial of an in-law.

When this first came out, I was in the same room in our home as my wife’s sister, “That’s a load of rubbish”, she said. “It never went on … they are only after money” … That reaction from my sister-in-law I think is probably fairly typical of Irish society. The older generation, they went through this period and they think it couldn’t possibly be happening … I’m not convinced actually that Irish society are really accepting of the reality of what happened.
In contrast, a multicultural environment in London enabled navigation towards resilience-enhancing resources. Participants described a culture that was more tolerant of different life experiences. In describing the cultural norms of life in London, one participant reflected on the non-judgemental nature of her interactions. Participants described liberating cultural norms, attitudes and beliefs.

It was just that openness to see what, how other people looked at things and really what the person next to you does is none of your business and it shouldn’t matter to you ... I met people from various parts of Europe, Swedish people, somebody who produced ABBA and stuff like that. When you look at the way they were about relationships and ... It just sort of broadened my horizons completely. I think without that sort of life, maybe I won’t be the person I am.

Participants reflected positively on their cross-cultural interactions. Most described positive intercultural relationships. Previous research has documented the prevalence of discrimination and prejudice towards the Irish community in the UK during this period (Tilki et al., 2009). Notably, no participants in this study described experiencing discrimination as a result of their ethnicity. In a somewhat representative comment, one participant tentatively described the value of relations with members of the host society.

I owe a lot. I can't say this too loudly because I don't want it to be taken out of context, but I actually owe an awful lot to the English people, to my friends who are English and who helped me along the path of guiding me academically, and saying, "Oh watch out for this, and let me help you with that, or if you're struggling let me know".

Participants described a complicated attitude towards their ethnic identity. Some contributors have suggested that the expression of ethnic pride and a sense of belonging to an ethnic group can enhance resilience (Castro, Stein & Bentler, 2009). Participants in this study did not describe a strong ethnic identity. Although most reflected on a connection to Ireland,
participants also described conflict surrounding their ethnic identity. Despite identification with Ireland, many participants also described feelings of marginalisation and rejection.

_We're like other Irish people, we're very interested in Ireland and what goes on, even though we've no homes in Ireland. We don't have any identity or heritage to Ireland – most of us don't have. But myself – I love Ireland dearly but there's a certain bit inside me that I don't love because they never wanted you._

### 6.6 Summary

The chapter began with an inductive examination of resilience for survivors of ICA. In summary, participants described how survival is a common theme across the life course of survivors of ICA. This survival is characterised by functional adaptation. Resilience is not understood as the absence of distress and the capacity to cope with or moderate internal difficulties associated with ICA is an important aspect of the resilience of survivors. Adaptive strategies developed while in care are central to facilitating positive functional adaptation. Participants described resilience as non-linear adaptation, pointing to an evolving understanding of resilience over time, with a current desire to move beyond the narrative of survival. Participants spoke of a desire to “move on” which related to stable employment, a conventional “home life”, and a post-institutional-abuse social identity.

In delineating the individual, relational and community factors across the qualitative data, analysis pointed to the primacy of individual factors in promoting resilience and this was the most frequent theme across the interview data. Participants pointed to altruism, defiance, problem-focused coping, reappraisal, emotional regulation, spirituality and genetic factors as individual factors that bolstered resilience.

Relational factors were the weakest theme across this data set. Most participants described insecure adult attachments. Females described a reluctance to disclose full details
of their childhood to their partners. That said, participants pointed to children as sources of resilience and significant turning points in their life. Friendships with fellow survivors were also sources of resilience across the lifespan.

The presence of employment opportunities was strongly associated with resilience in this data set and some participants described a range of associated benefits from skilled and meaningful employment. Participant described a continue need for formal supports. However, participants also detailed negative experiences with service providers, with a lack of awareness of ICA and resulting insensitivity the main issues. Participants pointed to the unique support provided by peer support networks allowing safe disclosure and shared healing processes that were not conceivable in formal services.

Finally, participants in this phase indicated that the post-ICA environment in Ireland hindered help seeking and the prominence of the Catholic Church resulted in cultural norms which marginalised survivors of ICA. In contrast, the multicultural environment in the UK was liberating and enabling. This issue is explored in greater depth in the next chapter, which, using the qualitative data, examines the main post-ICA transitions and turning points in the trajectories of migrant survivors of ICA.
7 Qualitative Findings: Transitions and Turning Points

7.1 Introduction

Examinations of how resilience can wax and wane over time can add significant value to the field (Windle et al., 2011). Ungar (2006) asserts that the study of trajectories and transitions is useful in describing when and how resilient cohorts adapt positively to risk exposure. Using the qualitative data, this section begins by outlining the transitions of survivors of ICA who migrated to the UK. The data points to the centrality of the first years in the UK, but also to the importance of a safe environment in the immediate aftermath of ICA. The section also highlights negative periods in later life.

Hass, Allen & Amoah (2014) have pointed to the potential of turning points in understanding changes to trajectories. This section concludes with an examination of turning points across the trajectories of survivors of ICA who migrated to the UK. Participants were asked to pinpoint life events or “turning points” which positively altered the direction and quality of their trajectories. Although turning points are not necessarily positive, participants in this study were explicitly asked for incidents which impacted positively on their resilience. Along with new opportunities in the UK, participants pointed to the role of a supportive adult in facilitating their resilience.

7.2 Transitions

The section outlines the critical phases or transitions in participants’ post-ICA trajectories en route to resilience. According to Ronka et al. (2003), “transitions are the periods in life when tension increases, past decisions are reevaluated and changes in lifestyle are considered ... roles are transformed, redefined, or left behind for new roles” (p 204). The
same authors give examples of starting school, leaving home and getting married as classic transitions.

Participants pointed to three important phases or transitions within the post-ICA trajectory: the immediate aftermath of institutional care, first years in the UK and the period surrounding the Residential Institutions Redress Board.

7.2.1 Immediate Aftermath of Institutional Care

Data on the period immediately after leaving institutional care accounted for 15.4% of all coding under the node of transitions. Most participants in the study described being placed directly into employment upon leaving the school. In the CICA (2009), 21% of witnesses reported being placed directly into live-in jobs, including in farms, shops, hotels, hospitals and religious orders, either in the vicinity of the school or in Dublin, when discharged from the school system. Respondents in the current study described similar pathways to those detailed in the CICA, as illustrated by the comment below.

Yeah, before I left the institution, what they normally did was they found you a job which was domestic, domestic help was what it was called. And my first job was in Dublin looking after six children for a family ... for probably the first year, then went back to Limerick and worked for another family in Limerick, looking after two children for a woman who was invalided because of a heart condition. So, I stayed with them for longer really, for a couple of years

Some participants commented on the significance of their post-ICA environment in protecting against further abuse and compensating against the previous risk exposure. Although some participants commented on the menial nature of their employment or inadequacy of their accommodation, only one respondent in the current study described being placed into another abusive environment. In contrast, witnesses to the CICA (2009)
frequently cited being placed into further abusive circumstances. The participant cited below, from the current study, described how her new family life provided her with a safe environment which contrasted with her childhood and provided protection from a world she had little understanding of. When asked what helped her cope after leaving the school she said:

*I think partly it was the fact that you were in a household with families and you weren’t let out at night or anything. So maybe, in a strange kind of way, it kind of protected you from everything, the dangers that could have been out there that you weren’t really aware of, going out or maybe getting into.*

The same participant reflected on the trajectory of a fellow survivor with whom she had remained friends and who had experienced a significantly less resilient trajectory post ICA.

*The only difference with Mary’s was that the foster family she went to … she was abused in a different way. Actually, she was even up for adoption and moved out for 18 months. She was abused physically by having to do lots of farm work and starved and I think mentally.*

One participant spoke of being “thrown out” of the institution once he reached a certain age. He spoke of poor housing conditions and feeling unsafe.

*I left the institution by default. I was almost kind of thrown out because they didn’t know what to do with us after you became of a certain age … I was put into a hostel which was a hell hole. It was a homeless hostel and it was the worst place on this earth. I literally had to sleep sitting upright with my back to the door on the floor because I wasn’t safe. I didn’t feel safe.*

Despite these conditions, the same participant, while reflecting on the period immediately after leaving the school, described it as a “lovely time”. He talked of how he
embraced his newfound independence, rebelling against the ethos within the school by buying a motorbike. The same participant described how the defiant attitudes and behaviour shaped whilst in the schools were evident during this period.

Some extraordinary things happened. I ended up buying a motorbike, so I was the first one to buy a motorbike or anything like that. I used to go around on my little Honda 50. They saw that as a kind of rebel, a protest ... I got a part-time job in the hospital and that was an interesting start to my existing career in a sense. I used to go to work up and down the motorbike every day and it was simply a lovely time because I was very independent.

One respondent told of being placed into a technical college in Galway to train to become a mechanic upon leaving the schools. This was not typical of the resettlement strategies employed by the industrial schools and reformatories at the time. The CICA (2009) shows that only 29 male witnesses out of 413 were placed into a trade after leaving school, 15 of whom were placed with tailors.

They said, they went on my GCSE or whatever they were and they said, “oh yeah you reached the standard. Do you want to go to the technical college in Galway?” so I did, but that was like 14 to 16 whenever and then when I got my results, they said, “what do you want to do?” I said, “I want to become a mechanic”, because of my brother. I was offered various jobs as a trainee.

The section points to some differences between the post-ICA experiences of those involved in the qualitative data collection phase of this study and the representative experiences of those involved in the CICA (2009). Notably, placement in a safe and secure environment that provided encouragement and presented opportunity was key in facilitating a positive transition out of institutional care and beyond.
7.2.2 First Years in the UK

NVivo coding queries found that 67.6% of data coding in the parent node of “transitions” related to first years in the UK. This indicates the importance of this period in the participant’s trajectory towards resilience. This section examines the subthemes that emerged within the theme of “first years in the UK”.

7.2.2.1 Reasons for Moving to the UK

Although some participants spoke of “escape” or “running away” from Ireland, the vast majority gave practical reasons for their migration. All respondents spoke of the availability and pursuit of training or employment opportunities as the primary factor in their decision to migrate. Those who moved to train or study described the importance of a supportive adult in making this decision and facilitating the move. A striking number of participants in the qualitative phase of the current study (n=5) moved to begin training as a nurse.

*I came to England to start off a nursing career. I was kind of a nursing assistant type person, and I progressed into psychiatric nursing. The rest is history. That started me off really in a complete new world for me.*

Four participants explained how family links in the UK where influential in their decision to move to the UK. Nevertheless, for most this was not the primary reason for migration. Only two participants made contact with family or other social supports in the UK prior to departure. As the quote below illustrates, those participants often sought out potential social support networks upon arrival in London out of necessity.

*I didn’t know what England was like. I didn’t know anybody in England. My sister had run away to England previously, and I’d lost contact with her. She too was an orphan ... I went searching for her, and I found her. I knew kind of where she’d possibly be. I set up my life then in X where I live now.*
All participants bar one pointed to arrival in the UK as a significant post-ICA juncture in their trajectory towards resilience-enhancing resources and positive adaptation. Similar to the data on the immediate aftermath of care, participants described a life of economic challenge. However, newfound freedom and independence made the period after arriving in the UK some of the “best years” for the vast majority of participants in the current study. Although one participant did describe experiencing social isolation upon arrival in London, all others spoke predominantly positively about this period in their life.

_Delirious, deliriously wonderful, it was like a freedom I had never known before..._

_They were good years. In fact, they were probably my best years, the first few years in the U.K ... I was training and I had no money, I had five pounds in my pocket and with that five pounds, and out of that I had to buy some books ... we still had to manage that money for dances. They were good days._

Respondents described feeling a newfound sense of freedom in the UK that contrasted sharply with their childhood in Ireland. The majority of participants spoke of a “new start” in the UK and how this had resulted in a sense of “release”. Several participants perceived UK society of the time to be less judgemental than Irish society.

_I think the UK was a great way of trying to release some of it and see a different way of life and broaden your horizons because everything was quite restricted in Ireland at the time ... it was the judgment, very judgemental. What I found in England first was there wasn’t that issue ... it was totally non-judgemental_

This newfound freedom came with occasional risk exposure and several participants reflected on how ill-prepared they were for life in a big city like London. A number of
participants described risk exposure related to a lack readiness for life outside of the institution and naivety.

*It was fantastic. Anyway, came to London, the world was my oyster and I had an immensely fantastic time, but I also hit on some very tricky situations in London and I think also it was that ... I suppose the best way I can describe it is, there was a huge naivety about me.*

Linked to this freedom was the anonymity that participants experienced in their first years in London. It was common for survivors to initially resettle in close proximity to the institution where they had experienced childhood abuse. According to Holohan (2011), survivors of ICA often experienced discrimination and prejudice from the local and wider community in Ireland. As mentioned in the earlier section, participants pointed to the significance of the opportunity to negotiate a social identity that was not defined solely by their abusive childhood in fostering resilience post ICA.

*I told not one person in my working world I am what they call today a survivor... over here they don't ask you questions and that helps you to move on*

The importance of an identity not defined by ICA was echoed by the vast majority of participants in the qualitative phase of the study and it has important implications for future policy and practice for survivors of ICA and other groups leaving public care.

7.2.2.3 Employment and Training

The importance of employment and training opportunities during this period was noted by all participants. Of the data coded within the child node of “first years in the UK” (in the parent node of “trajectories and turning points”), words relating to “work” (including “working”, “worked”, “office”, “job”) accounted for 2.56% of the data, indicating the centrality of employment in the participants’ narratives about their first years in the UK. Most
spoke of the importance of opportunities for stable and stimulating employment in fostering a resilient trajectory post ICA, which contrasted with opportunities available to them in Ireland at the time.

*In Ireland I just worked in a house because that's all I could do – domestic. As soon as you got on the plane and came to England the doors were opened for you, which was great. There were more opportunities here than Ireland*

Respondents frequently spoke of initially struggling with aspects of these opportunities, often as a result of shyness, and difficulties with literacy and numeracy. Many participants spoke fervently and in detail about their work during this time, with most describing an environment that required the development of a substantial skillset. These narratives point to huge personal investment and an immersion in their work, which for many, continues to the present day.

*We did what was called station role nursing which was a two-year course of, I suppose you could say, basic nursing but we had to take exams and everything ... we did more the hands-on care of the patient ... then about ten years ago, I went to Oxford to do a master’s in neurology, neuro rehabilitation really, because my job as a ward sister was in the stroke unit at that time ... I buried myself in work and study*

Furthermore, some participants pointed to the importance of a stable and supportive workplace, and how social supports were often developed from this sphere. These supportive environments contrasted sharply with previous institutional experiences. In discussing his first years working in a hospital in London, one participant commented:

*It had that community about it. You were never on your own. You were never going to fall down not knowing how to get up again. You had that support around you*
As this section demonstrates, the importance of stable and meaningful employment was reiterated at several stages within the qualitative data collection phase, and as noted previously, participants posited that the benefits extended far beyond the associated economic rewards. Mastery, social support and a sense of purpose have all been found to have links with resilience (Masten, 2001) and the data in this phase of the current study supports this in the context of survivors of ICA.

7.2.2.4 Social Support: Family and Community Networks

The majority of participants pointed to the presence of social support in the UK upon arrival as a protective factor against further risk exposure upon arriving in London. As mentioned, some participants found themselves in risky situations as a result of a lack “of street smarts”. However, a number of participants pointed to the role of a brother or sister living in the UK at the time of arrival in moderating against such risk.

Knowing there was someone (brother) here for me, which when I landed at Heathrow, made it a lot easier. You can imagine, I mean, I was brought up in Westmeath in the middle of nowhere. Then I was brought up by the Brothers. It was completely alien to me. It was absolutely wonderful. I didn’t have any money but then it was the hippie era and my brother’s wife and brother, he was the same age as me. He used to take me up on the bus down to Portobello Road, Shepherd’s Bush market, I thought it was just wonderful. That was absolutely wonderful ... England was great to me and I wouldn’t knock it for one minute

Previous literature indicates that many Irish migrants of the time tended to radiate primarily towards Irish communities (Tilki et al., 2009). Very few participants in the current study described exclusively Irish social networks in the UK and, in fact, the majority described difficulties in establishing a sense of belonging in this community. Some described
how some social events, such as “dances” and “Irish clubs” reminded them of their time in institutional care.

"I was staying with some Irish people. At first I had a great time but then funny enough they were always trying to bring me to Irish clubs and I found that that wasn't where I wanted to be ... when they brought me to those places I felt like I was almost like back in the convent again ... so I removed myself from that, I did have some Irish friends, stayed in touch with them but I tended to go and do things other than what the Irish people did"

In contrast to the freedom experienced in the context of their general life in the UK, many participants spoke of the conservative nature of the Irish community in the UK. Participants commented on the centrality of the pub and the role of the Church in the Irish community in the UK.

"I never got involved. One thing I could never stand, when you went into an Irish pub, the reason I didn't was it was usually all men. It's all men, 95% and you get the odd woman. You never got mixed and that's why I was against it. It wasn't because I was ashamed of it or anything ... The church is the place but I never went to church"

All participants explained that they were reluctant to disclose details of their childhood within Irish circles. Many explained that they made up alternative narratives when asked questions about their background by the Irish in the UK. Illustrating this reluctance, one participant explained how, rather than explain his childhood, he went to great lengths to give the facade of a normal family life. When asked about whether he socialised with the Irish community in the UK he stated:

"I did, and I didn't really. I was in London a few times to dances and things with some folk, but I was living a lie all the time because as far as they were concerned my home was in Cork, and I had parents ... it was all a lie. I didn't want to tell a story, and I didn't want
anyone to feel sorry for me. I used to go back to Cork with some folk. I'd drop them off in Mallow, and then, "I'll see you tomorrow", and then I'd sleep in the car on the road.

Despite the difficulties finding a sense of belonging within Irish communities, all participants spoke of interest and pride in their heritage. Most sought ways to engage with their culture. However, participants frequently described how their lack of knowledge of their identity caused difficulties in interactions with other Irish people in the UK.

You'd come from Dublin and the girls would come from Roscommon or Kerry or Cork and we would love to come to these county dances, we'd really love to. But the first thing they'd want to know is where are you from? Who's your family?

As noted previously, for many the presence of a family member in the UK was a significant protective and promotive factor upon arrival in the UK. Furthermore, participants described the development of positive social networks. Although most did not attend Irish-specific events, many told of having Irish friends. Many participants described social networks which were defined by geography, "when I came to Stanford", "where I live now", and others spoke of networks that were developed during the course of employment.

7.2.3 The Residential Institutions Redress Board

The process of applying to and giving evidence to the RIRB was a central episode in the recent lives of survivors of ICA and critically influential for future help seeking. Application to the board required applicants to make a written submission, engage in psychological assessment and give evidence to a board, often made up of professionals. Successful candidates were awarded financial settlements. All participants in the qualitative phase of the current study reflected on the process of applying to the board in a near wholly negative fashion.
Anecdotal evidence was given of fellow survivors who had experienced financial abuse upon the receipt of financial redress and others who had given the money to family out of guilt. A number of participants felt they were worse off as a result of this process. Some described a psychological impact, as it “dragging up my ungodly past”, and others spoke of difficulties managing the financial redress and the stress that came with that.

And sometimes I had to look back and to be perfectly honest, I wish I’d never heard of redress because I think in fact, financially even, and this is a weird thing to say from my point of view, I am worse off now than I was before then

One participant, a highly trained nurse currently working in a caring profession, depicted a shocking level of insensitivity by a professional involved with the board, describing his experience as being “put through hell”.

They did not make it easy. They put me through hell. There was a member of the panel who was simply awful. It was almost her job to trip you up I don’t know if she tripped me up or not, I really don’t because I told the truth

Participants also reflected on the inadequate level of emotional support provided to those who applied to the board.

There was no debriefing afterwards. No one came to me. At least you should be offered it, and I didn’t feel that we were offered. I certainly wasn’t. We weren’t offered it. We went back to our hotel afterwards, and we had a couple of drinks at a point, and they asked me how it was. They hugged me and held me and said, ”are you okay?” I thought that should have come from somebody within the four walls or redress board. Everybody should have been afforded the same thing

A number of participants also pointed to the impact of the RIRB on future help seeking. Respondents spoke of how it took them a long time to “get over” the experience and how it
had “brought chaos back into their life”. Several described how the insensitivity they experienced had a negative impact on their perception of certain helping professions.

7.3 Turning Points

This section looks at the turning points in the trajectories of participants. Tavernier & Willoughby (2012) have suggested that turning points are events that are perceived as life altering. They are not particularly objective, but rather subjective interpretations of events that are considered significant (Rutter, 1999). The current study asked explicit questions on turning points. However, data on this theme of turning points also emerged through the post-ICA life course narratives provided by participants. Four key themes emerged from the data: the importance of safe havens post ICA, supportive adults (or turnaround people), children as turning points and turning points in later life.

7.3.1 Safe Havens

Some participants pointed to the period immediately after leaving the school as one which facilitated change. Previous research (Hass et al., 2014) has pointed to the potential of “safe havens” in the aftermath of high-risk environments and this was echoed by participants in this study. Some female participants described how their newfound safe environment moderated against further risk and provided some survivors with supports to consider and plan a trajectory beyond these menial placements. One participant spoke of working as a domestic in a family home where she became attached to the children and family. This participant described the importance of learning that a previous “domestic” had left to train to become a nurse in the UK. She explained that this realisation was instrumental in her decision to move to the UK to study nursing.

I was safe in that house and whilst I was there, somebody that they had working for them had gone to nurse in England and I was thinking in my head, if she could do something
like that, I must be able to do it, I mean I never told them but the thought of education ... it was the big, big issue because I hadn’t been sent to school

7.3.2 Turnaround People

Most participants pointed to the influence of a supportive adult in facilitating a turning point in their lives. Individuals who provide instrumental support have been referred to in the literature as "turnaround people" (Werner & Smith, 2001). Benard (2004) described turnaround people as providing a combination of caring, messages about possibilities and raising expectations, and opportunities to participate in and contribute to social and academic environments. In the current study, one participant explained how, while she was living as a domestic with a family in Cork, a priest who was friendly with the family noticed her poor literacy skills. The priest encouraged her to write to him and in his response he would correct mistakes. She explained how this was the first time anyone had shown an interest in her education. This participant noted this as a hugely important turning point in her life, as it resulted in a lifelong passion for literacy, which was a necessary skill to gain entry to train as a nurse.

One Sunday he happened to be visiting and he said something, the person in question asked me to get the newspaper, got the newspaper and he might have asked me some question on the newspaper but of course I couldn’t read it. So, he then said to the lady, is this girl not able to read, she said no. Then he started saying to get me to write letters to him and my writing was awful but I used to do this and he would correct the mistakes I made. This is how my education started really ... and then of course, the children would have books, kind of learn bits from them and it was a very gradual thing; from then I was always interested in books
As described in the earlier section, for the majority of participants, arrival in the UK constituted a significant positive turning point in their trajectory. One participant highlighted the role of his sister as a supportive adult when he first arrived in the UK. In this case, the participant highlighted how his sister encouraged him to stick at his course of study, taking on a role that in other circumstances might have been played by a parent.

*I got to Paddington eventually from Swansea, which was like thousands of miles away. It was an awful long journey. I'll never forget it. I stayed a week with her ... I found myself lost, but I said I hate this, I shouldn't have come. She said, "No. You've got to go ahead with it. You've got to go to London. We'll put you on the train." She said this, "I promise you this, after 6 weeks if you come back to me and say you hate it as much as you do now, I'll pay for you to fly back." That was a good lesson for me. Now 6 weeks was a lifetime as far as I was concerned, but I tried it, and I never looked back. She gave me the kick I needed*

Perhaps the most powerful account of the role of a supportive adult in the data was given by a male respondent who had progressed to a highly successful career in nursing. This participant described how a colleague he met while working in a clerical job in a hospital was instrumental in his application to a UK University to study nursing. This respondent described practical supports, but equally importantly spoke of a compassion and positivity he had never before experienced.

*I'll never forget it. She said, "Look. You would make a great nurse," she said. "Have you ever thought about going to England?" England to me was another planet. Just didn't exist. It was like Russia. You just knew it was hundreds of thousands of miles away and you'd never get there. She set me thinking, and she had an uncle that was the Chief Nursing Officer in the hospital where I went to be, and I went there. I got interviewed by letter ... That was probably the first time anyone ever sat down with me and said something*
really positive, and something really good about me to me and she because she was able to give me real genuine examples of where that came from. I think for me that was probably a turning point.

As described in chapter three, there are several significant empirical studies that point to the role of a supportive adult in promoting resilience. Along with demonstrating the potential power of a supportive adult in challenging disruptive negative trajectories stemming from adversity, the qualitative phase of this study also describes some of the characteristics of supportive adults in the case of survivors of ICA. Commonly across all examples, turnaround people in this study demonstrated warmth, care, empathy and compassion in a way that was novel for adolescents who had experienced a harsh institutional upbringing. Furthermore, participants described how turnaround people in their adolescence had raised their expectations and had opened their eyes to new opportunities. Moreover, these “turnaround people” had provided opportunities for involvement in their social network, and in many cases they had been instrumental in obtaining, or advocated for entry into, opportunities that would have not otherwise been available to participants.

7.3.3 Children as a Turning Point

Several participants pointed to the arrival of children as a significant turning point in their trajectory. Participants generally described how they focused their energies on protecting their children. Most described a change in attitude or priorities upon the birth of their children. Unfortunately, no participant elaborated on how this manifested in terms of behaviour.

Yes, because without the children, I don't think I would have managed. The children make you focus on different things. Children tell it how it is.
7.3.4 Turning Points in Later Life

As indicated in chapter two, many survivors made complaints to school authorities, parents and others in their community, and this help seeking was frequently ignored or suppressed by religious or educational authorities. Children were regularly warned, by religious staff, not to seek help and those who did were subjected to physical abuse if discovered (CICA, 2009). Prior to their late teenage years, for most survivors of ICA intentional help seeking was a futile and potentially dangerous experience. As a result, many survivors were reluctant to seek formal support post ICA. Rather than seeking formal support, many participants described engaging in self-management techniques. A number of participants described events that changed their trajectory in relation to help seeking and were significant turning points in their later life. Most often these turning points in later life came about as a result of family and relationship issues.

Furthermore, as described in the section on peer support, female participants commonly pointed to the role of peer support in facilitating their resilience. Generally, participants did not explicitly point to peer support networks as a turning point; for most the key turning points were immediately after leaving care or the first years in the UK, but many pointed to the importance of this support in the aftermath of the RIRB.

7.4 Summary

In an effort to understand the unique pathways travelled en route to resilient outcomes, this section delineated the key transitions and turning points experienced by participants in this study.

The first period of transition occurred immediately after leaving institutional care. Several participants described a period of freedom and independence. These new environments, generally, provided safety and security. In keeping with evidence from the
CICA (2009), some participants gave anecdotal evidence of the negative impact experienced by fellow survivors who were placed into further abusive environments directly after ICA. The first years in the UK was a key transitional phase for all participants in this study. Most described this period as the “best” or “happiest” over the life course. Participants spoke of autonomy and anonymity upon arrival, and most pointed to the primacy of employment and training opportunities in promoting positive adaptation during this period. The presence of a supportive adult, mostly a sibling, was a protective and promotive factor during this period. Participants pointed to the period around the RIRB as an important period in their trajectories. For all participants, this experience was not positive, and some described regression in their trajectories and a negative impact on their future help seeking.

This section concluded with a description of the turning points across the post-ICA trajectory. Again, the safety and security of the immediate post-ICA environment was pointed to as a turning point, as was the period upon arrival in the UK and the birth of children. More than specific periods, most participants pointed to the importance of specific actors or “turnaround people” (Werner & Smith, 2001). Participants spoke of the importance of a supportive adult upon arrival in the UK in moderating or protecting against further risk, and actors in the immediate post-ICA environment who were instrumental in directing them towards opportunities. Finally, participants described “turnaround people” who set boundaries, provided educational support and direction, and offered practical assistance in the pursuit of educational and employment opportunities. For most, this was one of the first times they had experienced genuine empathy, compassion and warmth from an adult in their life.

The next section details the findings of the quantitative phase of the study. The qualitative findings described in the previous three chapters will be considered against these findings in chapter nine.
8 Quantitative Findings

8.1 Introduction

This chapter provides an analysis of the quantitative data. The key question under examination in the chapter is what individual, relational and community assets and resources promote resilience for emigrant survivors of ICA? The quantitative data collection tool included two recognised instruments; the Warwick and Edinburgh Mental Well-being Scale (WEMWBS) and the Resilience Research Centre -- Adult Resilience Measure (RRC-ARM). The WEMWBS was used to assess the mental well-being of participants. The RRC-ARM was included to explore the social-ecological resources that promote resilience (Ungar et al., 2009). The survey also included questions relating to demography and a number of questions that served as a proxy measure of risk, such as length of time spent in care and status with the RIRB. As described in chapter three, it is important that resilience studies differentiation between the outcomes demonstrating positive adaptation and the processes or factors influencing this adaptation (Windle, 2010, Kolar, 2011). Throughout this chapter, mental well-being is conceptualised as the outcome variable, whereas the subscales of the RRC-ARM are understood as independent or predictor variables.

The chapter begins by outlining the descriptive statistics associated with each measure and demographic variables. Next correlational statistics and regression analysis are presented in an effort to understand the relationship between predictor variables (RRC-ARM) and mental well-being (WEMWBS). Along with individual, relational and contextual factors, the study is also concerned with how resilience differs for those who migrated to the UK compared to survivors who remained in Ireland. With this in mind, between subject statistical tests were used to examine the differences between the UK (n=56) and Irish-based sample (n=46) across variables. Several between-group factorial ANOVA's were conducted to
examine the individual and interactional effect of independent variables, such as gender, country of residence, employment and education on the dependent variable of mental well-being. Similar tests were run to examine the interaction between gender and country of residence on length of time in institutional care. Finally, multivariate analysis of variance (MANOVA) was conducted to compare of mean scores on the subscales (individual, relational and contextual) and subscale components (individual personal skills, individual peer support and individual social skills, physical support and psychological support, spiritual, educational and cultural) of the RRC-ARM by country of residence and by gender.

As with the previous chapters, data presented in this chapter are analysed separately with a view to triangulation with the qualitative data in subsequent chapters and interpretation in the final chapter of this study.

8.2 Missing Data

The quantitative data were analysed using IBM SPSS. Codebooks were created for all data and an exploration of the missing data was undertaken prior to analysis. Only four participants were missing more than 10% of data. Littles’ missing completely at Random test was conducting and it showed that the missing data were missing completely at random (MCAR; \( \chi^2 (784) = 640.163, p = 1.000 \)). Missing data were managed using the default exclude cases pairwise function on SPSS.

8.3 Descriptive Statistics

8.3.1 Proxy Risk Measures

Resilience is an interactive phenomenon that is ‘inferred from findings indicating that some individuals have a relatively good outcome despite having experienced serious stresses or adversities’ (Rutter, 2012, p. 474). Implicit in this concept is the need to identify or
measure the presence of both positive adaptation and risk. As discussed in the chapter on methodology, as a result of ethical issues and a large volume of previous research on the childhood experiences of survivors of ICA (such as Carr et al., 2010), this study did not set out to collect data, directly, on levels of risk exposure experienced by participants. Instead, a number of proxy measures were included from which risk exposure could be inferred. Participants were asked to specify the age they entered institutional care and the length of time they spent in care. Respondents were also asked if they had successfully applied to the RIRB. Positive responses to the latter were indicative of the experience abuse in care.

8.3.1.1 Time Spent in Care

The time spent in institutional care for the overall sample ranged from 1 year to 25 years and the mean number of years spent in care was 8.16 (SD=4.06). The mean time spent in care for male participants was 6.53 years (SD=2.65) and 10.1 years (SD=4.61) for females. The data showed that the UK sample spent longer in care (M= 9.24, SD=4.84) compared to the Irish based sample (M=7.04 years, SD=2.64).

8.3.1.2 Age of Entry to Care

The mean age at entry to care for the overall sample was 7.32 (SD=3.81) and the UK sample entered care at a younger age (MD=6.7, SD=4.38) than the Irish sample (MD=7.93, SD=3.01). Similarly, data showed that females entered care at a younger age than males. The mean age of entry for females in this study was 6.14 years (SD=4.01) compared to 8.42 years (SD=3.33) for male participants.

8.3.1.3 RIRB Application Status

Of the overall sample, 84.6 % (n=88) of participants made a successful application to the RIRB, indicating that the board accepted they had experienced some form of abuse while in
institutional care. In total, 85.5% (n=47) of the UK sample and 82.6% (n=38) of the Irish based sample were successful in their application to the RIRB. This suggests that the vast majority of participants in the current study experienced the broad based adversity of institutional abuse. Previous studies have demonstrated that the experience of institutional abuse is significantly associated with mental ill health (Wolfe et al., 2006; Carr et al., 2010). The data in this study suggests a broad risk exposure profile usual associated with significant negative outcomes.

![Graph showing number of years spent in institutional care by country](image)

**Figure 8-1** Number of Years Spent in Institutional Care Compared by Country of Residence

### 8.3.2 Relationship Status

Of the overall sample, 32.7% were married and 22.1% were either separated or divorced. A further 21.2% were single, 11.4% were widowers and 5.8% were in their second or third relationship. Of the UK sample, 33.9% were married, with 21.4% single and 23.8% either separated or divorced. The Irish sample showed a similar pattern, with 31.1% married, 22.2% single and 22.2% separated. The data shows a similar distribution by gender, with 29.4% of males and 32.7% of females classifying the relationship status as married and 19.6% of males
and 22.4% of females reporting their status as single. The mean time in current relationship for the overall sample was 31.41 years (SD=16.49). The mean time in current relationship for the UK sample was 35.46 years (SD=15.89) and 27.35 years (SD=15.60) for those resident in Ireland. In summary, these data show little difference across country of residence, with the exception of higher rates of divorce in the UK. The data show a similar profile to the CICA (2009), with a higher proportion of respondents in this study reporting a single (and not widowed) status in comparison to recent census reports (CSO, 2011). These data indicate that only a small proportion of survivors have developed and maintained relational resilience-enhancing resources. This is supported by other studies such as Carr *et al.* (2010) and Wolfe *et al.* (2006).

### 8.3.3 Occupational Status

Of the overall sample, 54.9% (n=56) were retired, 13.4% (n=14) were employed in an unskilled occupation and 12.7% (n=13) were long term unemployed. A further 5.9% were employed in a skilled occupation. Of the overall sample, at the time of interview, 2.0% were employed in a professional occupation and 4.9% in a managerial or technical role.

As illustrated by table 8.1, the majority of UK and Irish-based respondents were retired. Nearly a fifth of Irish-based respondents classified themselves as long-term unemployed, while less than ten percent of the UK sample was long-term unemployed. At the time of interview, no respondent resident in Ireland was employed in a professional occupation compared to nearly 4% of UK-based respondents. Nearly a third of Irish-based respondents classified their occupation as unskilled. In contrast, no UK respondent was engaged in unskilled employment at the time of interview. Although the data followed a similar pattern when compared across gender, there were some notable differences. In particular, a higher percentage of females were retired and males reported notably higher levels of long term unemployment than females.
Although these data provide some useful insights into the different profiles across country of residences and gender, it is limited as a result of the age, and subsequent retirement status, of the majority of the sample. The next section looks at occupational history across the life span.

Table 8-1 Employment Status by Gender and Country of Residence.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Country</th>
<th>Male</th>
<th>Female</th>
<th>UK</th>
<th>Ireland</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Column N</td>
<td>%</td>
<td>Column N</td>
<td>%</td>
</tr>
<tr>
<td>What is your current job?</td>
<td>Retired</td>
<td>48.1%</td>
<td>61.2%</td>
<td>69.6%</td>
<td>37.0%</td>
</tr>
<tr>
<td></td>
<td>Long-term Unemployed</td>
<td>17.3%</td>
<td>8.2%</td>
<td>7.1%</td>
<td>19.6%</td>
</tr>
<tr>
<td></td>
<td>Unskilled</td>
<td>11.5%</td>
<td>16.3%</td>
<td>0.0%</td>
<td>30.4%</td>
</tr>
<tr>
<td></td>
<td>Partly Skilled</td>
<td>3.8%</td>
<td>8.2%</td>
<td>8.9%</td>
<td>2.2%</td>
</tr>
<tr>
<td></td>
<td>Skilled (non-manual)</td>
<td>1.9%</td>
<td>2.0%</td>
<td>3.6%</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>Skilled (manual)</td>
<td>7.7%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>8.7%</td>
</tr>
<tr>
<td></td>
<td>Managerial/Technical</td>
<td>7.7%</td>
<td>2.0%</td>
<td>7.1%</td>
<td>2.2%</td>
</tr>
<tr>
<td></td>
<td>Professional</td>
<td>1.9%</td>
<td>2.0%</td>
<td>3.6%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

8.3.4 Occupational History

In order to illustrate salient functioning across the post ICA life span, participants were asked to specify their best job since leaving the institution. Of the overall sample, 21.4% reported a partly skilled role and 12.4% reported a skilled role as their best job since leaving school. The data evidenced a notable difference between the Irish and UK samples. For example, 21.4% of UK respondents were employed in a professional role at some point in their life. In comparison, only 2.2% of Irish-based respondents had been employed in a professional occupation at any point in their life. For 10.7% of UK-based respondents their best job since leaving the school was in a technical or managerial role. For the majority of Irish based respondents unskilled work was their best job since leaving school. Previous research has indicated that the majority of survivors of ICA were placed in menial occupations after leaving care (CICA, 2009). Studies have suggested that as a result of poor literacy survivors were not confident in the workplace and commonly found progression difficult (CICA, 2009, O’Riordan, 2007, Higgins, 2010). The employment history of UK-
based participants in this study indicate that this was not necessarily the case for all survivors who migrated to the UK. The UK sample in the current study reported higher levels of attainment in professional and managerial occupation compared to the overall sample (N=791) in the CICA (2009). In the CICA, 7% of all participants reported a professional or managerial occupational status. In comparison, over 30% of the UK sample in the current study were employed in a professional or managerial/technical role at some point since leaving care. Over two thirds of UK based respondents were employed in an occupation at or above skilled employment evidencing resilient outcomes in the sphere of employment. With these differences across country of residence in mind, a Chi-square test for independence was conducted. The test found a significant association between country of residence and employment history, $\chi^2 (6, n=101) = .49$, $p = .000$, Cramer’s $V = .56$.

Some differences were found across gender. A higher percentage of females reported skilled (non-manual) or partly skilled occupation as their best job since leaving school compared to males. Furthermore, a higher percentage of males than females reported skilled (manual) and managerial and technical as their best job since leaving school. This trend mirrors the findings of the CICA (2009). As above, a Chi-square test for independence was conducted. The test found a significant association between gender and employment history, $\chi^2 (6, n=100) = .37$, $p = .013$, Cramer’s $V = .40$. The effect sizes indicate that country of residence had larger effect on employment history than gender.
Table 8-2 Best Jobs since Leaving Institutional Care compared by Country of Residence and Gender

<table>
<thead>
<tr>
<th></th>
<th>Gender</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male Column N %</td>
<td>Female Column N %</td>
</tr>
<tr>
<td>What is the best job you have had since leaving school?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term unemployed</td>
<td>3.8%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Unskilled</td>
<td>32.7%</td>
<td>31.2%</td>
</tr>
<tr>
<td>partly skilled</td>
<td>11.5%</td>
<td>27.1%</td>
</tr>
<tr>
<td>Skilled (non-manual)</td>
<td>7.7%</td>
<td>20.8%</td>
</tr>
<tr>
<td>skilled (manual)</td>
<td>19.2%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Managerial/technical</td>
<td>13.5%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Professional</td>
<td>11.5%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

8.3.5 Educational Attainment

Of the overall sample (n=105), 35.2% (n=37) had achieved no formal educational certification. For 48.6% (n=51) of the total sample, certification at primary level was their highest level of educational attainment. This data is comparable to recent data on educational attainment of older Irish populations. For example, in the 2011 census 46.3% of those over 65 were educated to primary level only (CSO, 2012). Furthermore, the data are similar to the CICA (2009) where the majority of participants (73%) had not attended post-primary level education.

The descriptive data showed some differences in the educational attainment of males and females in the overall sample. The majority of males had not passed an examination at any level, 24.6% completed primary level education, 5.8% completed second level and 3.8% had completed a certificate/diploma or apprenticeship. No male in this study had passed an examination at third level. Of the female sample, 14.3% had completed a course of study beyond second level and 8.2% had completed an examination at third level.

Five percent of the overall sample completed a certificate, diploma or apprenticeship. As with other attainment markers, there were notable differences between the educational attainment of the UK and Irish-based sample. Of the Irish-based sample, similar to the CICA (2009),
63% had not passed a qualification beyond primary level. Of Irish based respondents only 4.3% had completed second level and 2.2% had passed an examination at third level. In contrast, 14.3% of UK respondents had passed an exam at third level and 21.4% passed examinations at second level and above. Although the data is not strictly comparable to the CICA (2009) as that study asked participants to report on attendance (rather than completion) of educational levels, the data in the current study points to unique educational resilience of migrant survivors of ICA. In the CICA (2009) 10% of all respondents (n = 791) had attended third level education and in the current study 14.3% of UK-based respondents had passed an exam at third level. As with the previous section, a chi-square test for independence was conducted to examine the association between gender and educational attainment and then country of residence and educational attainment. In both cases no significant association was found.

Table 8-3 Educational Attainment compared Country of Residence and Gender

<table>
<thead>
<tr>
<th>What is the highest exam you have passed</th>
<th>None</th>
<th>Primary</th>
<th>Junior Cert</th>
<th>leaving cert</th>
<th>cert/dipl/apprent</th>
<th>lower degree</th>
<th>higher degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Column N %</td>
<td>44.2%</td>
<td>45.2%</td>
<td>0.0%</td>
<td>5.8%</td>
<td>3.8%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Female Column N %</td>
<td>24.5%</td>
<td>53.1%</td>
<td>4.1%</td>
<td>4.1%</td>
<td>6.1%</td>
<td>4.1%</td>
<td>4.1%</td>
</tr>
<tr>
<td>UK Column N %</td>
<td>39.3%</td>
<td>35.7%</td>
<td>3.6%</td>
<td>7.1%</td>
<td>7.1%</td>
<td>3.6%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Ireland Column N %</td>
<td>30.4%</td>
<td>63.0%</td>
<td>0.0%</td>
<td>4.3%</td>
<td>2.2%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
The Warwick and Edinburgh Mental Well-being Scale (WEMWBS) was employed to measure the mental well-being of participants. This instrument was designed to measure key concepts of mental well-being: positive affect and psychological functioning (autonomy, competence, self-acceptance, personal growth) (Tennant et al., 2007). A total scale score is calculated by summing the 14 individual item scores.

The mean score for the overall sample (n=105) on the WEMWBS was 42.60 (SD=13.59). As illustrated by table 8.4, the UK sample had a higher mean score (M= 45.07) than the Irish sample. Notably, the mean score of the migrant sample is comparable to respondents who concurrently classified their general health as ‘Fair’ in Northern Irish (M=46, Lloyd and Devine, 2012) and Scottish (M=47.6, Tennant et al., 2007) population wide studies. The mean score of the Irish sample (39.00) is considerably below the mean average found in these studies. In the Scottish population study (Tennant et al., 2007) no group scored a lower mean than the Irish based sample in the current study (M = 39.00), evidencing unmatched low levels of mental well-being of survivors of ICA who remained in Ireland. For example, in the Northern Irish population wide study using the WEMWBS (n = 3355), the mean score for respondents who classified their health as ‘very poor’ was 38 (Lloyd and Devine, 2012). The female sample in the current study recorded a higher mean score than the male sample. Furthermore, the descriptive data shows that participants who were separated scored lower than single participants, followed by those who were divorced. Finally, those who long term unemployed scored lowest on the measure.
Table 8-4 Means Scores and SD on the Warwick and Edinburgh Mental Well-being Scale

<table>
<thead>
<tr>
<th>WEMWBS</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>39.73</td>
<td>13.06</td>
</tr>
<tr>
<td>Female</td>
<td>44.14</td>
<td>13.28</td>
</tr>
<tr>
<td>Country</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>45.07</td>
<td>13.38</td>
</tr>
<tr>
<td>Ireland</td>
<td>39.00</td>
<td>12.88</td>
</tr>
<tr>
<td>What is the best job you have had since leaving school?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term unemployed</td>
<td>23.67</td>
<td>9.50</td>
</tr>
<tr>
<td>Unskilled</td>
<td>34.09</td>
<td>11.85</td>
</tr>
<tr>
<td>Partly skilled</td>
<td>47.64</td>
<td>10.36</td>
</tr>
<tr>
<td>Skilled (non-manual)</td>
<td>45.64</td>
<td>12.72</td>
</tr>
<tr>
<td>Skilled (manual)</td>
<td>48.08</td>
<td>10.22</td>
</tr>
<tr>
<td>Managerial/technical</td>
<td>44.57</td>
<td>15.15</td>
</tr>
<tr>
<td>Professional</td>
<td>48.54</td>
<td>14.72</td>
</tr>
<tr>
<td>What is the highest exam you have passed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>37.65</td>
<td>15.27</td>
</tr>
<tr>
<td>Primary</td>
<td>44.67</td>
<td>11.35</td>
</tr>
<tr>
<td>Junior Cert</td>
<td>31.00</td>
<td>5.66</td>
</tr>
<tr>
<td>Leaving Cert</td>
<td>50.50</td>
<td>8.67</td>
</tr>
<tr>
<td>Cert/dipl/apprent</td>
<td>47.20</td>
<td>12.87</td>
</tr>
<tr>
<td>Lower Degree</td>
<td>53.00</td>
<td>12.73</td>
</tr>
<tr>
<td>Higher Degree</td>
<td>47.50</td>
<td>31.82</td>
</tr>
<tr>
<td>Describe your relationship status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>38.09</td>
<td>15.89</td>
</tr>
<tr>
<td>Single and widowed</td>
<td>43.67</td>
<td>13.64</td>
</tr>
<tr>
<td>Living together in first relationship</td>
<td>44.00</td>
<td>11.43</td>
</tr>
<tr>
<td>Living together in second or third relationship</td>
<td>42.83</td>
<td>7.83</td>
</tr>
<tr>
<td>Married</td>
<td>48.59</td>
<td>11.76</td>
</tr>
<tr>
<td>Separated</td>
<td>37.08</td>
<td>12.91</td>
</tr>
<tr>
<td>Divorced</td>
<td>39.80</td>
<td>11.69</td>
</tr>
<tr>
<td>Did you successfully apply to the RIRB?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>41.72</td>
<td>13.42</td>
</tr>
<tr>
<td>No</td>
<td>47.31</td>
<td>14.43</td>
</tr>
</tbody>
</table>

8.3.7 Resilience (RRC-ARM)

As part of the International Resilience Project, the original version of the RRC-ARM (the CYRM-28) was designed to explore the resources (individual, relational and contextual) that potentiate resilience (Ungar & Liebenberg, 2011). In contrast to the WEMWBS, the RRC-ARM was designed to assess the presence of resources and assets that promote resilience. Confirmatory Factor Analysis conducted as part of the original resilience scale (CYRM-28) confirmed three sub-scales: Individual, relationships, and contextual factors.
Within each of these sub-scales confirmatory factor analysis identified additional clusters of questions that provide additional insight into these three dimensions.

The minimum scale score is 28 and the maximum is 140, with the higher score indicating the availability of more resilience-enhancing assets and resources. In the current study, the mean RRC-ARM score of the overall sample was 90.88 (SD=26.18). The mean total score for the UK sample was 98.34 (SD=21.87) and 81.63 (SD=27.08) for the Irish based sample. The mean score for the female sample was 97.32 (SD=23.1) and 81.81 (SD=26.41) for males.

The International Resilience Project (Ungar et al., 2009), which collected data from ‘at risk’ communities in 14 countries showed a mean score for the total sample (n=2198) of 108.62 (SD=18.66). In the same study the mean score for those with complex needs (n=1071) was 103.85 (SD=20.18). Although the data is not strictly comparable due to developmental differences in the populations, as although the IRP collected some data from adults the majority of participants were children and young people, and revisions in the data collection tool (RRC-ARM), the findings in the current study suggest survivors of ICA have less available resilience promoting resources and assets than populations who had experienced risk factors such as poverty, war, social dislocation, cultural genocide, violence, marginalization, drug and alcohol addiction, family breakdown and mental illness.

Descriptive statistics showed that the overall sample scored highest on the individual subscale (M=37.86, SD=11.22), followed by the contextual subscale (M=31.97, SD = 8.95) and, lastly, the relational subscale (M=21.40, SD = 7.99). As table 8.5 illustrates, the UK sample scored higher across all subscales. When these data were examined against normative data from previous studies using this scale (Ungar et al., 2011), the UK sample scored above the average mean (M=41.51, SD=8.96) for the IRP on the individual domain (M=35.95, SD=5.95), and lower in the relational and contextual domains. The Irish sample scored lower than any other group to use this measure on the individual and relational subscale, and...
roughly similar to groups with ‘complex’ needs (M=30.86) on the contextual subscale, indicating that individual resilience enhancing skills and competencies and relational resources remain untapped by this group.

Table 8-5 Mean Scores across Individual, Relation and Contextual Subscales of the RRC-ARM Compared by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Country</th>
<th>Individual Subscale</th>
<th>Relational Subscale</th>
<th>Contextual Subscale</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UK</td>
<td>Female</td>
<td>UK</td>
<td>Ireland</td>
</tr>
<tr>
<td>Male</td>
<td>SD</td>
<td>Female</td>
<td>UK</td>
<td>Ireland</td>
</tr>
<tr>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>34.15</td>
<td>11.34</td>
<td>40.54</td>
<td>8.89</td>
<td>8.96</td>
</tr>
<tr>
<td>19.26</td>
<td>7.89</td>
<td>22.68</td>
<td>7.33</td>
<td>7.67</td>
</tr>
<tr>
<td>29.17</td>
<td>8.87</td>
<td>34.46</td>
<td>3.49</td>
<td>3.35</td>
</tr>
</tbody>
</table>

Within each of these sub-scales of the RRC-ARM there are additional components that provide additional insight into each of the three subscales. Within the individual subscale there are three additional components; individual personal skills, individual peer support and individual social skills. Within the relational subscale the components are physical care and support and psychological and support and within the community domain the components are spiritual, educational and cultural.

Table 8-6 Mean Scores and Standard Deviation on the Subscales of RRC-ARM

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Personal Skills</td>
<td>3.62</td>
<td>.96</td>
</tr>
<tr>
<td>Individual Peer Support</td>
<td>3.23</td>
<td>1.32</td>
</tr>
<tr>
<td>Social Skills</td>
<td>3.35</td>
<td>1.12</td>
</tr>
<tr>
<td>Physical Care &amp; Support</td>
<td>3.49</td>
<td>1.10</td>
</tr>
<tr>
<td>Psychological Care &amp; Support</td>
<td>2.84</td>
<td>1.24</td>
</tr>
<tr>
<td>Spiritual</td>
<td>2.96</td>
<td>.99</td>
</tr>
<tr>
<td>Education</td>
<td>3.08</td>
<td>1.13</td>
</tr>
<tr>
<td>Culture</td>
<td>3.60</td>
<td>.92</td>
</tr>
</tbody>
</table>

As illustrated by table 8.6, across the overall sample, respondents scored individual personal skills highest with cultural factors scoring second highest. Participants scored lowest on the component of psychological care and support (M = 2.84) which is highly related to family care and support. Furthermore, as illustrated by table 8.7, the UK sample
scored higher mean scores across all components of the RRC-ARM subscales. Similarly, females scored higher mean scores across all subscale components.

Table 8-7 Mean Scores in Subscale Components of the RRC-ARM Compared by Country of Residence and Gender

<table>
<thead>
<tr>
<th>Subscale Components</th>
<th>Gender</th>
<th>Country</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td></td>
<td>Female</td>
<td></td>
<td>UK</td>
<td>Ireland</td>
</tr>
<tr>
<td></td>
<td>Mean Standard</td>
<td></td>
<td>Mean</td>
<td>Standard</td>
<td>Mean</td>
<td>Mean</td>
</tr>
<tr>
<td></td>
<td>Deviation</td>
<td></td>
<td>Deviation</td>
<td></td>
<td>Deviation</td>
<td>Deviation</td>
</tr>
<tr>
<td>Individual Person Skills</td>
<td>3.36 1.05</td>
<td></td>
<td>3.80 .79</td>
<td></td>
<td>3.93 .71</td>
<td>3.23 1.06</td>
</tr>
<tr>
<td>Individual Peers Support</td>
<td>2.74 1.24</td>
<td></td>
<td>3.63 1.24</td>
<td></td>
<td>3.40 1.39</td>
<td>2.98 1.22</td>
</tr>
<tr>
<td>Individual Social Support</td>
<td>3.03 1.12</td>
<td></td>
<td>3.55 1.01</td>
<td></td>
<td>3.74 .94</td>
<td>2.88 1.15</td>
</tr>
<tr>
<td>Physical Care &amp; Support</td>
<td>3.34 1.11</td>
<td></td>
<td>3.59 1.04</td>
<td></td>
<td>3.65 1.09</td>
<td>3.22 1.06</td>
</tr>
<tr>
<td>Psychological Care &amp; Support</td>
<td>2.44 1.19</td>
<td></td>
<td>3.10 1.14</td>
<td></td>
<td>3.16 1.25</td>
<td>2.35 1.03</td>
</tr>
<tr>
<td>Spiritual</td>
<td>2.65 .92</td>
<td></td>
<td>3.22 .97</td>
<td></td>
<td>3.04 .99</td>
<td>2.83 .99</td>
</tr>
<tr>
<td>Education</td>
<td>2.84 1.14</td>
<td></td>
<td>3.28 1.01</td>
<td></td>
<td>3.26 1.13</td>
<td>2.83 1.09</td>
</tr>
<tr>
<td>Culture</td>
<td>3.37 .97</td>
<td></td>
<td>3.80 .84</td>
<td></td>
<td>3.75 .85</td>
<td>3.43 1.00</td>
</tr>
</tbody>
</table>

8.4 Correlational Statistics

Considering the conceptual similarities between resilience and mental well-being, it was expected that substantial correlations would be found between the subscales and subscale components of the RRC-ARM and total scores on the WEMWBS. All subscales (individual, relational and contextual) significantly correlated with mental well-being (p = < .05) and demonstrated strong associations (r = > .50). Likewise, all subscale components (e.g. individual personal skills, individual social skills etc.) showed significant positive correlations with mental well-being. Furthermore, all subscale components had a strong association with mental well-being. Appendix II provides full correlation statistics between WEMWBS and subscale components of the RRC-ARM. In order to understand how well the elements of RRC-ARM as a whole predict mental well-being and to examine the impact of the three subscales, and components of these subscales, on mental well-being, multiple regression analysis was conducted.

In the first instances, a multiple regression analysis was conducted to examine the ability of individual, relational and contextual subscales to predict mental-well-being. The
data passed the assumptions of normality, outliers, linearity and homoscedasticity, assessed via visual inspection. There was one case that exceeded the critical value of 16.27 (Tabachnick and Fidell, 1996). As recommended by Pallant (2013), this fell within reasonable limits and was not omitted from the analysis. There was independence of residuals, as assessed by a Durbin-Watson statistic of 1.64. The sample size was deemed appropriate, using criteria set out by Pallant (2013) and Stevens (1997).

The data showed notable multicollinearity with the individual domain showing a strong positive correlation with mental well-being ($r = .817$). There is significant debate on how to deal with multicollinearity in multiple regression analysis. Some, such as Field (2005) suggest collinearity above .8 is problematic and in such cases researchers should consider removing variables from the analysis. In contrast, Pallant (2013) posit that collinearity of below .9 is tolerable. Moreover, in the current study, the collinearity diagnostics showed the highest variance inflation factor (VIF) was 5.50. According to Pallant (2013) only VIF values above 10 are cause for concern. Furthermore, Williams (2015) notes that in cases of strong correlation, “if you originally added the variable “just to see what happens,” dropping it may be a fine idea. But, if the variable really belongs in the model, this can lead to specification error, which can be even worse than multicollinearity” (p.4). As the current study centred on a conceptual framework which focused on two highly related concepts (resilience and mental well-being) it was expected that the constructs would be associated. Considering the conceptual framework of the current study, collinearity limits recommended by Pallant (2013) and the acceptable VIF values found, no components were removed from this multiple regression model.

The regression results show that the model, including individual, relational and contextual subscales of the RRC-ARM statistically significantly predicted mental well-being, $F (3, 92) = 63.962, p = .000$, adjusted $R^2 = .672$. Only the individual subscale added statistically
significantly to the prediction (beta=.627, p=.000). This test points to the importance of individual skills and competencies in promoting resilience for survivors of ICA, with the individual subscale accounting for 38% of the variance in mental well-being scores (Pallant, 2013).

Next, a multiple regression analysis was conducted to establish whether the subscale components of the RRC-ARM (personal skills, social skills, etc.) were significant predictors of mental well-being. As with the previous test, the data passed the assumptions of normality, outliers, linearity and homoscedasticity. There was one case which exceeded the critical value of 26.13 (Tabachnick and Fidell, 1996). As recommended by Pallant (2013), this fell within reasonable limits and was not omitted from the analysis. There was independence of residuals, as assessed by a Durbin-Watson statistic of 1.617.

The data showed that the subscale components of the RRC-ARM are a statistically significant predictor of mental well-being, F (8,94) =27.146, p=.000, adjusted R²=.672. However, as illustrated by table 8.8, only individual person skills (beta=.399, p=.004) added statistically significantly to the prediction and explaining 15% of the variance in mental well-being scores. This emphasised, again, the importance of individual skills and competencies in promoting resilience for survivors of ICA. The test indicates that that individual personal skills are a good predictor of mental well-being, but also that other subscale components, alone, are not significant predictors mental well-being for survivors of ICA. This data indicates that personal skills, such as problem solving, self-awareness and cooperation (Ungar & Liebenberg, 2011) play a central role in navigating survivors of ICA towards meaningful available resources (Ungar, 2008). Along with highlighting the primacy of individual skills and competencies, this also points to a scarcity of community and relational resources in the lives of survivors of ICA.
Finally, in terms of correlational data, the relationship between time in institutional care and mental well-being (as measured by the WEMWBS) was investigated using Pearson product-moment correlation coefficient. Preliminary analysis showed the assumptions of normality and outliers were not violated. There was no significant correlation between time spent in institutional care and mental well-being ($r=.128$, $n=105$, $p=.203$). Likewise, a Pearson product-moment correlation coefficient found an insignificant negative correlational between age at entry and mental well-being ($r=-.199$, $n=98$, $p=.244$). This suggests that the proxy measures of risk employed in this study did not significantly influence mental well-being. In short, entering the institution earlier or spending a longer period in care was not necessarily associated with lower levels of mental well-being.

8.5 Between Group Tests

A secondary aim of this chapter is to examine the differences between the migrant sample and the Irish-based sample across a range of variables. Considering the differences
noted in the descriptive data, this section is also interested in how resilience resources differed by gender. The section outlines the results of a number of between subject tests.

The descriptive data showed notable differences on the WEMWBS when compared across gender and country of residences. Furthermore, the descriptive data indicated substantial differences when compared by best job since leaving school and educational attainment. In the first instance, differences were compared using multiple testing, such as t-tests and one-way ANOVA's. However, as has been documented (Fisher, 1999; Fields, 2013; Pallant, 2013), conducting multiple testing can result in type I errors and contributors (Fields, 2013; Pallant, 2013) recommend that researchers use statistical tests that make adjustments for the potential errors stemming from multiple testing. Consequently, rather than conducting multiple t-test or multiple one-way ANOVA’s, factorial ANOVA’s were conducted. Factorial ANOVA’s measure whether a combination of independent variables predict the value of a dependent variable (Pallant, 2013). Factorial ANOVA’s are interested in whether there is an interactional effect between independent variables and when an interaction effect is present, the impact of one factor depends on the level of the other factor (Stevens, 1999). When there is no interaction effect, factorial ANOVA’s allow for the examination of main effects: the effect of one of independent variables on the dependent variable, controlling for the effects of all other independent variables (Stevens, 1999).

The first factorial ANOVA examined the effect of country of residence, gender and employment history on mental well-being. The data was normally distributed, as assessed by Shapiro-Wilk's test (p>.05). The assumption of homogeneity of variances was not violated, as assessed by Levene's test for equality of variances (p =.221). There was no significant three-way interaction, F (1,77) =.601, p =.440. Furthermore, only the main effects for Best Job since Leaving School were statistically significant, F (6,77) =3.335, p=.05, \(\eta^2_p=.207\). Along with a lack of interaction between gender, country of residence and employment history in
relation to mental well-being, this test indicates that there is no significant difference across country of residence or gender on the WEMWBS. On the other hand, the test found significant differences in mental well-being scores by employment history.

Table 8-9 Mental Well-being as effected by Gender, Country of Residence and Best Job Since Leaving School

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Partial Eta Squared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrected Model</td>
<td>5393.118a</td>
<td>20</td>
<td>269.098</td>
<td>1.974</td>
<td>.018</td>
<td>.339</td>
</tr>
<tr>
<td>Intercept</td>
<td>63660.343</td>
<td>1</td>
<td>63660.343</td>
<td>430.595</td>
<td>.000</td>
<td>.848</td>
</tr>
<tr>
<td>Gender</td>
<td>70.824</td>
<td>1</td>
<td>70.824</td>
<td>.479</td>
<td>.491</td>
<td>.006</td>
</tr>
<tr>
<td>Country</td>
<td>7.127</td>
<td>1</td>
<td>7.127</td>
<td>.048</td>
<td>.827</td>
<td>.001</td>
</tr>
<tr>
<td>Bestjob</td>
<td>2976.400</td>
<td>6</td>
<td>496.067</td>
<td>3.355</td>
<td>.005</td>
<td>.207</td>
</tr>
<tr>
<td>Gender * Country</td>
<td>71.907</td>
<td>1</td>
<td>71.907</td>
<td>.486</td>
<td>.488</td>
<td>.006</td>
</tr>
<tr>
<td>Gender * Bestjob</td>
<td>657.228</td>
<td>5</td>
<td>131.446</td>
<td>.889</td>
<td>.493</td>
<td>.055</td>
</tr>
<tr>
<td>Country * Bestjob</td>
<td>466.271</td>
<td>5</td>
<td>93.254</td>
<td>.631</td>
<td>.677</td>
<td>.039</td>
</tr>
<tr>
<td>Gender * Country * Bestjob</td>
<td>88.903</td>
<td>1</td>
<td>88.903</td>
<td>.601</td>
<td>.440</td>
<td>.006</td>
</tr>
<tr>
<td>Error</td>
<td>11383.882</td>
<td>77</td>
<td>147.843</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>187750.000</td>
<td>98</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected Total</td>
<td>17222.000</td>
<td>97</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Games-Howell post hoc comparisons showed that participants who classified their best job since leaving school as either partly skilled, skilled (manual), skilled (non-manual), managerial and technical and professional all scored statistically significantly higher scores on the WEMWBS (p = <.05) compared to respondents who reported long term unemployed as their best job since leaving care. Participants who classified their best job since leaving school as partly skilled, skilled (manual), skilled (non-manual) and professional scored statistically higher scores than participants who reported unskilled occupation as their best job. There was no statistically significant difference in mental well-being between those who reported long term unemployment or those who reported unskilled as their best job since care. This test indicates that participants who obtained skilled, managerial or professional
roles across the life course achieved better mental well-being regardless of the gender or country of residence.

Figure 8-2 Mean Scores on the WEMWBS compared by Best Job since Leaving School by Country of Residence

The second factorial ANOVA examined the effect of gender, country of residence and educational attainment on mental well-being. The data were normally distributed, as assessed by Shapiro-Wilk's test (p >.05) and outliers were assessed by inspection of a boxplot. The assumption of homogeneity of variances was violated, as assessed by Levene's test for equality of variances (p =.038). However, as sample sizes were approximately equal ANOVA was deemed suitably robust (Pallant, 2013). The test found no significant three-way interaction, F (2,81) =.776, p=.464, $\eta^2_p=.019$. Only main effects for educational attainment were statistically significant, F (6,81) =3.223, p=.007, $\eta^2_p =.193$. Notably, the effect size was smaller than that reported, in the previous ANOVA, for best job since leaving school. Post
hoc tests did not show any clear pattern of difference. For example, those who had achieved a Higher Degree did not score statistically higher (p=>.05) than any other group. Those who had completed second level education scored statistically significantly higher scores that those who had not achieved any educational certification (p=.023) and those who had completed their junior or intermediate certification (p=.075).

Along with demonstrating a lack of interaction between these variables on mental well-being, this test also found that participants who obtained educational qualification beyond junior certification achieved better mental well-being irrespective of the gender or country of residence.

MANOVA is an extension of ANOVA and is used to test, simultaneously, the relationship between several categorical variables and two or more metric dependent variables (Field, 2006). In order to examine the impact of country of residence and gender on resilience, a two-way multivariate analysis of variance (MANOVA) was conducted examining the differences between the subscales of the RRC-ARM (individual, relational and contextual) by country of residence and gender. The data did not violate the assumption of normality, linearity or homogeneity of variance. There were no multivariate outliers (Tabachnik & Fidell, 1996). The homogeneity of covariance was violated, as assessed by Box's test of equality of covariance matrices (p = .000). However, as sample sizes were reasonably similar this did not represent a significant problem (Pallant, 2013).

There was no significant interaction between country of residence and gender on the combined dependent variable, F (3,82) =.902, p =.44, $\eta_p^2 =.032$. The data showed a statistically significant difference between the UK and Irish based sample on the combined dependent variable, F (3, 82) =9.34, p =.00, $\eta_p^2 =.255$. Likewise, there was a significant difference between males and females on this combines variable, F (3,82) =3.16, p=.02, $\eta_p^2$
=.104. As with the previous ANOVA, the effect size indicated that country of residence had a larger influence on mental well-being compared to gender.

Results for the dependent variables were considered separately using the Bonferroni adjusted alpha level of .01 (.05/ number of dependent variables, as described by Pallant, 2013). As illustrated by table 8.10, using the adjusted Bonferroni alpha level, there were no significant differences across the resilience subscales when compared by gender. When compared by country of residence, significant differences were only found on individual subscale of the RRC-ARM. This test revealed that the UK sample scored significantly higher mean scores (M= 41.65, SD=8.84) than the Irish-based sample (M = 33.27, SD = 11.99) on the individual subscale of the RRCM-ARM, - F (1, 84) =8.897, p=.004, $\eta^2_p$. The effect size is considered moderate by accepted guidelines (Cohen, 1988).

Table 8-10 MANOVA Results by Gender and County of Residence on Subscales of RRC-ARM

<table>
<thead>
<tr>
<th>Source</th>
<th>Dependent Variable</th>
<th>Type III Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Partial Eta Squared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Individual Subscale</td>
<td>375.376</td>
<td>1</td>
<td>375.376</td>
<td>3.527</td>
<td>.064</td>
<td>.040</td>
</tr>
<tr>
<td></td>
<td>Relational Subscale</td>
<td>284.574</td>
<td>1</td>
<td>284.574</td>
<td>5.863</td>
<td>.018</td>
<td>.065</td>
</tr>
<tr>
<td></td>
<td>Contextual</td>
<td>523.210</td>
<td>1</td>
<td>523.210</td>
<td>6.852</td>
<td>.010</td>
<td>.075</td>
</tr>
<tr>
<td>Country</td>
<td>Individual Subscale</td>
<td>946.916</td>
<td>1</td>
<td>946.916</td>
<td>8.897</td>
<td>.004</td>
<td>.096</td>
</tr>
<tr>
<td></td>
<td>Relational Subscale</td>
<td>330.401</td>
<td>1</td>
<td>330.401</td>
<td>6.808</td>
<td>.011</td>
<td>.075</td>
</tr>
<tr>
<td></td>
<td>Contextual</td>
<td>41.706</td>
<td>1</td>
<td>41.706</td>
<td>.546</td>
<td>.462</td>
<td>.006</td>
</tr>
<tr>
<td>Gender*Country</td>
<td>Individual Subscale</td>
<td>131.111</td>
<td>1</td>
<td>131.111</td>
<td>1.232</td>
<td>.270</td>
<td>.014</td>
</tr>
<tr>
<td></td>
<td>Relational Subscale</td>
<td>29.749</td>
<td>1</td>
<td>29.749</td>
<td>.13</td>
<td>.436</td>
<td>.007</td>
</tr>
<tr>
<td></td>
<td>Contextual</td>
<td>161.394</td>
<td>1</td>
<td>161.394</td>
<td>2.376</td>
<td>.127</td>
<td>.028</td>
</tr>
</tbody>
</table>

A two-way MANOVA was conducted to examine the differences between the subscale components (personal skills, social skills etc.) of the RRC-ARM by country of residence and gender. The data did not violate the assumption of normality, as indicated by a visual inspection of the histogram, and linearity, as demonstrated by visual inspection of the scatterplot. There was one case which exceeded the critical value of 26.13 (Tabachnick and Fidell, 1996). As above, this fell within reasonable limits and was not omitted from the
analysis (Pallant, 2013). The homogeneity of variance-covariance was violated, as assessed by Box's test of equality of covariance matrices ($p = .000$). Several contributors (Tabachnick and Fidell, 1996, Pallant, 2013) have argued that Box's M can be too strict if you have a reasonably equal sample with adequate sample size, which was the case with the current sample. Similarly, homogeneity of variances was violated for one variable (individual personal skills) as assessed by Levene's Test of Homogeneity of Variance ($p = .06$). Tabachnick and Fidell (1996) have recommend a more conservative alpha of .025 or .01 rather than the conventional .05 level in such cases. As a number of assumptions were violated, the alpha value was set at .01 for this analysis. As with the previous tests, Pillai's Trace was used to interpret the data.

There was no significant interaction between country of residence and gender on the combined dependent variable, $F(8, 86) = 1.08, p = .383$, $\eta^2_p = .091$. Similarly, no significant differences were found between females and males on the combined dependent variable, $F(8, 86) = 2.44, p = .020$, $\eta^2_p = .091$ The data show a statistically significant difference between the UK and Irish based sample on the combined dependent variables, $F(8, 86) = 5.126, p = .000$, $\eta^2_p = .323$.

When the results for the dependent variables were considered separately by country of residence, two subscale components reached significance using the Bonferroni adjusted alpha level of .006 (.05/number of dependent variables as recommended by Pallant, 2013); individual social skills, $F(1, 93) = 6.61, p = .001$, $\eta^2_p = .06$, individual personal skills, $F(1, 93) = 8.184, p = .002$, $\eta^2_p = .102$. The effects sizes for all two can be consider moderate according to generally accepted criteria (Cohen, 1988, p. 284-7). This test indicates that participant's resident in the UK have more available individual social skills and personal sills and these domains are particularly important in the resilience of this group.
When the results for the dependent variables were considered separately by gender, two subscale components reached significance using the Bonferroni adjusted alpha level of .006 (.05/number of dependent variables as recommended by Pallant, 2013); individual peer support, \( F(1, 93) = 18.72, p=.001, \eta^2_p = .115 \), spirituality, \( F(1, 93) = 8.970, p=.002, \eta^2_p = .099 \). This test indicates that females have more available spiritual and peer support resource that bolster resilience. The effects sizes for spirituality can be considered large according to generally accepted criteria (Cohen, 1988, p. 284-7).

Table 8-11 Results of MANOVA by Gender and Country of Residence on RRC-ARM Subscale Components

<table>
<thead>
<tr>
<th>Source</th>
<th>Dependent Variable</th>
<th>Type III Sum of Squares</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Partial Eta Squared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Personal Skills &amp; Competencies</td>
<td>2.549</td>
<td>2.548</td>
<td>3.279</td>
<td>.073</td>
<td>.034</td>
</tr>
<tr>
<td></td>
<td>Peer Support</td>
<td>18.782</td>
<td>18.782</td>
<td>12.055</td>
<td>.001</td>
<td>.115</td>
</tr>
<tr>
<td></td>
<td>Social Skills</td>
<td>3.374</td>
<td>3.374</td>
<td>3.242</td>
<td>.075</td>
<td>.034</td>
</tr>
<tr>
<td></td>
<td>Physical Care &amp; Support</td>
<td>1.216</td>
<td>1.216</td>
<td>1.087</td>
<td>.300</td>
<td>.012</td>
</tr>
<tr>
<td></td>
<td>Psychological Care &amp; Support</td>
<td>8.592</td>
<td>8.592</td>
<td>6.974</td>
<td>.010</td>
<td>.070</td>
</tr>
<tr>
<td></td>
<td>Spirituality</td>
<td>6.970</td>
<td>6.970</td>
<td>10.243</td>
<td>.002</td>
<td>.099</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>3.326</td>
<td>3.326</td>
<td>2.839</td>
<td>.095</td>
<td>.030</td>
</tr>
<tr>
<td></td>
<td>Culture</td>
<td>4.011</td>
<td>4.011</td>
<td>4.975</td>
<td>.030</td>
<td>.050</td>
</tr>
<tr>
<td>County</td>
<td>Personal Skills &amp; Competencies</td>
<td>8.184</td>
<td>8.184</td>
<td>10.530</td>
<td>.002</td>
<td>.102</td>
</tr>
<tr>
<td></td>
<td>Peer Support</td>
<td>.661</td>
<td>.661</td>
<td>.424</td>
<td>.516</td>
<td>.005</td>
</tr>
<tr>
<td></td>
<td>Social Skills</td>
<td>11.450</td>
<td>11.450</td>
<td>11.002</td>
<td>.001</td>
<td>.106</td>
</tr>
<tr>
<td></td>
<td>Physical Care &amp; Support</td>
<td>3.324</td>
<td>3.324</td>
<td>2.969</td>
<td>.088</td>
<td>.031</td>
</tr>
<tr>
<td></td>
<td>Psychological Care &amp; Support</td>
<td>8.282</td>
<td>8.282</td>
<td>6.722</td>
<td>.011</td>
<td>.067</td>
</tr>
<tr>
<td></td>
<td>Spirituality</td>
<td>.008</td>
<td>.008</td>
<td>.009</td>
<td>.926</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>2.768</td>
<td>2.768</td>
<td>2.363</td>
<td>.129</td>
<td>.025</td>
</tr>
<tr>
<td></td>
<td>Culture</td>
<td>.921</td>
<td>.921</td>
<td>1.120</td>
<td>.293</td>
<td>.012</td>
</tr>
</tbody>
</table>

8.6 Summary

The sample shows similar demographic characteristics to the CICA (2009). The majority were married, although a notable proportion were single. Age of entry, length of time in care and successful application to the RIRB indicated board based risk profile similar to the sample in the CICA (2009).

Descriptive statistics found the overall sample to have low levels of mental well-being compared to recent population studies. The Irish-based sample reported lower levels of...
mental well-being than any other groups to use the WEMWBS (Tennant et al., 2007; Lloyd & Devine, 2012). The UK-based sample reported levels of mental well-being comparable to groups who concurrently report their general health as "Fair" (Tennant et al., 2007; Lloyd and Devine, 2012), which, considering previous research on the poor mental health of survivors of ICA (Carr et al., 2010, Wolfe et al., 2006) might be considered indicative of better than expected or resilient outcomes.

The data indicate that both samples had comparatively low levels of individual, relational and contextual resilience enhancing resources (as measured by the RRC-ARM). Across both samples, participants scored lowest on the relational domains, evidencing low levels of support from partners and family. This echoes previous studies indicating that survivors of ICA have difficulty in forming and maintaining secure and satisfying adult relations (Carr et al., 2010). Both samples scored the individual subscale and the subscale components of individual personal skills highest. Surprisingly, the UK based sample scored a higher mean score on the individual subscale when compared to the International Resilience Project (Ungar & Liebenberg, 2011), indicative of higher than expected individual resilience enhancing factors.

The data showed the RRC-ARM was a good predictor of mental well-being, but only the individual subscale was a significant predictor. Furthermore, across all subscale components of the subscales, only individual personal skills were a significant predictor of mental well-being. MANOVA found a significant proportion of variance on the individual personal skills and individual social skills components were accounted for by participants’ country of residences, with the UK sample scoring higher across both. These tests indicate the presence or availability of more individual resilience-enhancing resources for survivors who migrated to the UK. Furthermore, females scored statistically significantly higher on the individual
peer support and spirituality components of the scale, indicating that, unlike males, females draw on peer support and spirituality to bolster their resilience.

The descriptive data showed that the UK based sample achieved better outcomes in the sphere of employment when compared to Irish based respondents and the overall sample in the CICA (2009). Between group tests found no significant interaction between employment across the lifespan, country of residence and gender when examined for their interactional effect on mental well-being and only employment across the lifespan had a significant main effect on mental well-being. This effect size showed that employment history had a very strong effect on mental well-being. Furthermore, there were significant differences between in the mental well-being or those who were partly skilled, skilled, and professional and those who were long term unemployment. This indicates that, regardless of the country of residence or gender of participants, obtaining skilled employment was a significant factor in the resilience of survivors of ICA.

Likewise, between group tests were conducted to examine the influence of country of residence, gender and educational attainment on mental well-being. There was no interactional effect and only educational attainment had a significant main effect on mental well-being, although importantly the effect size was smaller than for employment history. Again, irrespective of gender or country of residence, educational attainment had a positive influence on mental well-being.

Drawing on the findings of this chapter, and integrating the main qualitative findings in chapters six and seven, the next chapter sets out to delineate the main conclusions of the study.
9 Conclusions

9.1 Introduction

This chapter outlines the central conclusions of the study. The data analysis strategy involved separate examination of the qualitative and quantitative data, using analytical techniques traditionally associated with each method, with a view to triangulation at data interpretation (or conclusion) stage. This chapter triangulates the findings of the qualitative and quantitative data in response to the four key questions of this study:

- How do Irish emigrant survivors of ICA subjectively define resilience?
- What individual, relational and contextual resources and assets potentiate resilience for Irish emigrant survivors of ICA?
- How does resilience differ for survivors of ICA who migrated and those who remained in Ireland?
- What were the key turning points in the trajectories of survivors of ICA who migrated to the UK?

Drawing on the mixed methods data analysis techniques described by Farmer (2006), this chapter considers the agreement, partial agreement, silence or dissonance between the qualitative and quantitative data sets in relation to these questions. The findings are presented in a mixed methods convergence matrix in Appendix V. The chapter closes with a consideration of the limitations and strengths of the study. The main conclusions established in this chapter are placed in the context of previous literature and the implications are discussed in the final chapter.
9.2 Subjectively Defined Resilience

The first question this study set out to answer was – how do survivors of ICA define their resilience? Chapter six provided a qualitative description of post-ICA resilience from the perspective of survivors of ICA who migrated to the UK. This section examines this narrative description in conjunction with quantitative data and full data from the structured interviews. It does not set out to call into question subjective understandings of resilience provided by participants; rather it looks to complement these findings. The following paragraph is the qualitative definition of post-ICA resilience delineated from the narrative descriptions provided by participants during the structured interviews, as described in chapter six.

Survival is a common theme across the life course of survivors of ICA. This survival is characterised by functional adaptation. Resilience is not understood as the absence of distress and the capacity to cope with or moderate internal difficulties associated with ICA is an important aspect of the resilience of survivors. Adaptive strategies developed while in care are central to facilitating positive functional adaptation. Participants described resilience as non-linear adaptation, pointing to an evolving understanding of resilience over time, with a current desire to move beyond the narrative of survival. Participants spoke of a desire to “move on” which related to stable employment, a conventional “home life”, and a post-institutional-abuse social identity.

The importance of stable and meaningful employment as an indicator of functional adaptation was widely reported in the qualitative interviews. Likewise, the importance of employment in promoting positive outcomes was echoed in the quantitative data, with employment across the life span strongly linked to mental well-being. These data add weight to participant’s subjective understandings of the importance of adaptation in functional spheres as an indicator of post-ICA resilience.
Importantly, participants did not describe resilience as the absence of disorder. Across the full scope of the qualitative data, participants described intermittent distress and disorders, coupled with positive adaptation in other spheres. Although the quantitative phase of the study did not set out to establish the absence of disorder, the data indicate that even highly functioning survivors, as evidenced by professional and managerial occupations and high educational attainment, had mental well-being below the mean of recent population-wide studies (Tennant et al., 2007). This supports the notion that resilience for survivors of ICA is not characterised by exceptional mental well-being and moderate outcomes in this domain are a good indicator of positive post-ICA adaptation and resilience.

In the quantitative data, only the individual subscale of the RRC-ARM was a significant predictor of better than expected mental well-being. Similarly, individual social skills and individual personal skills were strongly associated with positive adaptation, in the form of mental well-being, for the emigrant sample. Moreover, the qualitative data pointed to the importance of individual strategies such as altruism, defiance, problem-focused coping, emotional regulation and reappraisal. In keeping with subjective conceptualisations of resilience, both data sets support the importance of contextually adaptive strategies in promoting resilience.

Outside of the explicit description of their resilience, participants highlighted the importance of negotiating social identities that were not defined exclusively by ICA. The UK sample scored significantly higher than the Irish-based sample on the individual social skills component of the RRC-ARM. Together, these data suggest that the opportunity to "start again", as described by participants, facilitated the development of a social identity that fostered greater social participation and consequent support than may have been available in Ireland. Again, this supports participants' subjective understanding of their resilience.
Finally, outside of the specific narrative descriptions of resilience, all participants pointed to the non-linear nature of their resilience and the importance of turning points and "turnaround people" in promoting their resilience. This indicates that resilience is not a stable post-ICA adaptive trajectory. Rather, resilience, for survivors of ICA who migrated to the UK, might be better understood as an initial process of survival defined by functional and dynamic adaptation, and facilitated by empowering opportunities, progressing to a resolution to "move on" and beyond the narrative of survival.

9.3 Individual, Relational and Contextual Resilience

This section combines both the qualitative and quantitative data to examine the individual, relational and contextual factors that promoted resilience for migrant survivors of ICA. According to Ungar (2011), descriptions of resilience should consider the individual's social and physical ecology first, interactional processes between the environment and the individual second, and individual-specific propensities toward positive development third. With this in mind, in the next section, contextual factors are presented first, followed by relational factors and individual factors that promote resilience. As described in the methods chapter, this study employed Farmer's (2006) mixed methods approach to consider if the data sources agree, disagree, partially agree or are silent, and this is outlined in the following section and in Appendix V. The implications of the findings are outlined and explored in greater detail in the final chapter.

9.3.1 Contextual Factors

The quantitative data illustrate that educational attainment had a significant positive effect on the mental well-being of participants. This variable did not significantly interact with country of residence or gender, evidencing the unique effect of educational attainment on the resilience of survivors of ICA. Although only one participant in the qualitative phase
explicitly pointed to education as a current resilience-enhancing resource, all UK-based respondents outlined a post-ICA trajectory that involved training and education upon arrival in the UK. This finding indicates that, although survivors of ICA do not currently draw on educational opportunities and resources to promote resilience, the availability of educational opportunities and subsequent attainment had an influential effect across the life course.

Perhaps the most powerful finding across both sets of data was the importance of employment opportunities in promoting resilience. Those who had worked in skilled, managerial and technical, and professional jobs scored significantly higher on the WEMWBS. Factors such as country of residence and gender did not influence the impact of employment categories on mental well-being. The qualitative data converged strongly with the findings of the quantitative data. The vast majority of participants spoke of the significance of employment opportunities provided in the UK in facilitating their resilience. This convergence points to the importance of employment in promoting resilience post ICA and, considering the additional clarity in the qualitative interviews, this is one of the clearest findings of this study. Coupled with the findings on educational attainment, this highlights the importance of resources beyond individual and relational levels, and in particular human capital, in the promotion of resilience for survivors of ICA.

During the qualitative interviews, a minority of participants pointed to spirituality in promoting resilience. The relative unimportance of this factor was echoed in the quantitative data, as this item scored second lowest out of all subscale components on the RRC-ARM. However, there was a significant difference across genders, with females scoring significantly higher on this component, indicating that spirituality plays a more important role in the resilience of female survivors of ICA than it does for males. In Carr et al. (2009), nearly 17% of participants cited spirituality as a source of resilience. In the current study, one participant who reported spirituality as a resilience-enhancing resource explained that in the
years after leaving care she often called on prayers and songs learnt while in care. She explained that over time she no longer employed these techniques, and it is conceivable that the influence of religious coping strategies learnt in childhood dissipated over time, explaining the lower proportion of participants who cited spirituality as a source of resilience in the current study.

Finally, the qualitative and quantitative data diverged in relation to role of cultural factors in promoting resilience. Participants scored the cultural component of the RRC-ARM second highest. This component asked participants to rate fair treatment within their community, pride in their ethnicity and nationality, and enjoyment of community traditions. There was no significant difference between the UK and Irish sample on the main contextual subscale and in scores of national and ethnic pride. In contrast, the qualitative data pointed to contextual differences between Ireland and the UK, with anonymity and autonomy found to have been liberating and enabling upon participants’ arrival in the UK. Moreover, the qualitative data point to a complicated and somewhat separated, perhaps even liberated, ethnic identity for those who migrated to the UK. The implications for service providers and researchers are considered further in the next

9.3.2 Relational Factors

The quantitative data point to a lack of adult relational support. Both the UK and Irish sample scored the relational subscale lowest. Likewise, the subscale component of psychological care and support, which is highly related to family supports, was scored lowest by the overall sample, and by both the UK and Irish sample, evidencing a scarcity of family and relational resources. Qualitative data converged strongly with this and further illustrated the continuing challenges facing many survivors of ICA in developing meaningful adult relationships as a result of their abusive childhoods.
Despite the absence of current relational resources, the quantitative data did point to the importance of contextually specific relational support across the life course. For example, in the qualitative data many participants pointing to the role of a supportive adult in the period immediately after leaving care and also upon arrival in the UK. Although these relationships were not sustained, participants spoke of a powerful, lasting impact on their resilience. The significance of a supportive or "turnaround" adult was powerfully evident in the qualitative data.

The quantitative data found that individual peer support was significantly more important for female survivors of ICA. The qualitative data echoed this. No male participant during this phase spoke of current relations with fellow survivors. In contrast, all but one female talked about the importance of peer support. Furthermore, evidence that came from qualitative interviews pointed to the fact that peer support groups were attended primarily by women. These findings, along with a discussion of the unique aspects of these networks and the potential transferability to other care leavers, are considered in chapter ten.

Finally, the qualitative data point to the role of children in promoting resilience for adult survivors of ICA. The quantitative data was "silent" (Farmer, 2006) on this, as the subscale components on the RRC-ARM within the relational sphere primarily focused on the availability of support rather than the importance of providing support in bolstering resilience. As will be discussed in the next chapter, considering previous studies indicating the importance of this relationship for those who have experienced significant risk exposure, this silence has implications for the application and interpretation of the RRC-ARM.

9.3.3 Individual Factors

Both sets of data point to the importance of individual skills and competencies in promoting resilience. Participants across both samples scored highest on the individual
subscale of the RRC-ARM and the individual subscale was the only subscale to statistically significantly predict mental well-being. Furthermore, in NVivo, just less than half of the total qualitative data was coded to individual skills and competencies deemed to bolster resilience. Considered together, the data sets converge strongly to evidence the importance of individual skills and competencies in promoting resilience for survivors of ICA.

In a multiple regression analysis, *individual personal skills* was the only subscale component to statistically significantly predict mental well-being. Furthermore, the UK sample scored statistically significantly higher on this component. Within the data on individual resilience-enhancing factors, the qualitative data pointed to the importance of problem-focused coping, and the quantitative data supports this. For example, although not intended to measure specific constructs, the subscale component of *individual personal skills* included questions such as “I am able to solve problems without harming myself or others” and “I try to finish what I start”, indicating parallels with problem-focused coping. This suggests that problem-focused coping strategies are fundamental to the resilience of emigrant survivors of ICA.

Although not a significant predictor of mental well-being, both the UK and Irish sample scored *individual social skills* third highest across all components of the individual subscales of the RRC-ARM. Furthermore, the migrant sample scored significantly higher on this component. NVivo analysis found that 4.93% of the qualitative data related to altruistic behaviour. Again, although not designed to assess specific constructs like altruism, the *individual social skills* component of the RRC-ARM primarily assessed pro-social behaviours, such as “the ability to act responsibly” and “opportunities to be useful in life”. Although this measure does not elucidate whether specific pro-social behaviour and attitudes are motivated by altruism (or by self-interest), it does point to the importance of pro-social
behaviour as a resilience-enhancing resource. This was further supported by the caring occupations of the majority of participants who took part in the qualitative interviews.

Like problem-focused coping, the qualitative data complemented the quantitative data demonstrating the importance of pro-social behaviour and specifically altruistic behaviour in bolstering resilience. Importantly, for survivors of ICA, caring for and protecting others from harm provided a rationale for survival and may currently provide a purposefulness to overcome the ongoing adversity associated with abusive childhood experiences. This supports previous research highlighting the resilience-enhancing potential of altruism stemming from adversity (Staub and Vollhardt, 2008). The implications of this finding are discussed in detail in the concluding chapter.

Across all of the qualitative data, 2.17% related to the theme of defiance. Using the mixed methods analysis framework described by Farmer (2006), analysis found that the quantitative data was “silent” on this theme. Considering this type of behaviour is commonly considered maladaptive (Potter, 2011), it is not surprising that the RRC-ARM did not seek to measure this construct. Participants in the qualitative phase of the study explained that defiance against the abusive attitudes of perpetrators continuously motivated positive adaptation across the post-ICA life course. Participants described low levels of self-esteem and self-efficacy (supporting previous studies, such as Conway, 2012; Wolfe et al., 2006), and described how positive adaptation was motivated by a desire not to let the perpetrators of their childhood abuse “beat me” or “get the better of me”. Importantly, rather than manifesting in anger or aggression, both of which are often associated with defiance (Tessman, 2013), participants described how these defiant attitudes motivated achievement in employment and education. There are significant implications here in terms of how survivors of ICA might relate to helping professionals and those in positions of authority and how service providers understand this defiance. This is discussed further in the final chapter.
9.4 How Does Resilience Differ for Survivors of ICA Who Emigrated?

One of the core questions the study set out to examine was how resilience differed for survivors of ICA who migrated to the UK and those who remained in Ireland. This section examines both the qualitative and quantitative data with a view to delineating the unique factors that influenced resilience for those who migrated to the UK.

Firstly, survivors of ICA who migrated to the UK reported higher levels of mental well-being, more available resilience-enhancing resources and assets (as measured by the RRC-ARM), higher educational attainment post secondary level, and were more likely to have worked in a professional or managerial post at some point over their post-ICA life course. However, post-ICA employment and educational attainment were shown to have a significant effect on mental well-being and, importantly, country of residence did not have a significant main effect. This indicates that employment attainment post ICA, and to a lesser extent, educational attainment, had a more significant effect on mental well-being than country of residence. Therefore, it is not accurate to assert that migration alone was a resilience-enhancing mechanism. Rather, the availability and uptake of meaningful and stable employment, and training, opportunities was at the core of the resilience of migrant survivors of ICA. Furthermore, the qualitative data indicate that the availability of fundamental adaptive post-ICA resources, such as safe havens and turnaround people, provided a unique pathway to these opportunities.

The UK sample scored a significantly higher mean score than the Irish-based sample on the individual subscale of the RRC-ARM and a higher mean than the total sample on the International Resilience Project (Ungar & Liebenbery, 2011). This suggests that the UK-based sample have well-developed resilience-enhancing individual skills and competencies when compared to the Irish-based sample. In terms of subscale components, the UK sample scored significantly higher than the Irish-based sample on the individual personal skills and...
individual social skills components. This indicates that problem-focused coping and altruistic or pro-social behaviour are important assets for survivors of ICA who migrated to the UK. The data also suggest that individual personal skills and social skills were not significant in developing resilience for the Irish sample in this study.

As a result of the cross-sectional nature of this investigation, the study was unable to fully comprehend whether the presence of skills and competencies influenced participants’ ability to enter and achieve in educational and employment spheres, or if these skills were developed “on the job”. Nevertheless, the qualitative data point to a lack of confidence, “street smarts” and literacy and numeracy skills upon taking up education, training and employment, suggesting that those who migrated to the UK did not necessarily exhibit superior individual skills and competencies upon exiting care, and that opportunities in the UK influenced the development of these skills and consequent resilience.

As mentioned previously, the migrant sample scored significantly higher on the individual social skills subscale of the RRC-ARM. The qualitative data suggest that the ability to negotiate a new social identity that was not defined solely by ICA and networks developed via employment opportunities promoted resilience in the initial stages of migration. In the qualitative data, participants spoke positively about their arrival in the UK. One of the most powerful themes to emerge during this phase of the study was the significance of anonymity and autonomy upon arriving in the UK, and how both promoted resilience. The sense of freedom, opportunity and independence was described as “a freedom I had never known”. Furthermore, as a result of anonymity upon arrival, participants were able to construct a new narrative around their childhood experiences that was not questioned in the UK.
9.5 Transitions and Turning Points

Although this study focused on post-ICA trajectories, participants frequently understood their adaptation and resilience through the lens of their childhood adversity. The majority of participants in the qualitative interviews described individual strategies that promoted resilience, explaining how these strategies had their adaptive roots in their time in institutional care. This indicates that although many participants described a desire to “move on”, many continued to employ tools developed during this phase of their lives.

The period after leaving care was an important transition for survivors. For some this was a period of newfound freedom. Participants spoke of the importance of an environment which provided safety and security, raised expectations, and provided instrumental support in pursuing further ambitions in facilitating resilience. This contrasted sharply with those who were placed into further abusive environments post ICA, and participants in the current study hypothesised that this cumulative risk exposure moderated against resilience post ICA for those unfortunate enough to be placed into this type of environment.

The key transition or turning point for all participants in the current study was arrival in the UK. Although some described initial social isolation commonly associated with migration (Castro & Murray, 2010), the vast majority described a period of freedom and described this time as the best part of their lives. Central to this phase was engagement in employment and training and education. Importantly, participants spoke of the role of a supportive adult, or ‘turnaround people’ (Werner & Smith, 2001) in facilitating their migration or employment and training or in providing support upon arrival in the UK.

Finally, participants pointed to the period surrounding the Redress board as a negative turning point in later life. This highlights to cumulative risks associated with ICA, but also the dynamic and fluctuating nature of resilience in the aftermath of chronic adversity. For some, peer support in the aftermath of this experience was a turning point.
9.6 Limitations

This section outlines the main limitations of this study. It begins by identifying the limitations, moving on to explain how they may have impacted on the ability to answer the questions posed in this study, and outlining some of the choices made during the research process in attempting to overcome these limitations.

9.6.1 Sampling

A limitation with most research designs in the field of childhood adversity is the focus on specific populations which limit the generalisability of the findings (Davidson et al., 2010). Purposeful sampling has many advantages. It cannot, however, produce results that can be generalised and it can be difficult to avoid personal bias or preference when selecting a sample (Bryman, 2008). Failure to make optimal sampling decisions can culminate in what some researchers refer to as key informant bias (Maxwell, 1996, 2005). As Miles & Okamoto (2008) point out, agency-based samples tend to exclude the perspectives of individuals who are not connected with social services agencies. Most of the agencies that agreed to participate in this study provide advice, information and guidance to survivors of ICA. In many cases, agencies had assisted survivors to apply to the RIRB. This board provided financial compensation to Irish survivors of ICA. Over 15,000 survivors engaged with this board, which closed in 2013. It is likely that most survivors of ICA in the UK will have come into contact with these agencies in order to make an application for financial compensation or at least to seek information about the process. The ability to access such services suggests a certain preceding resilience and it may be that the most vulnerable survivors remain isolated from these services and, as a result, from this study. For example, research has indicated that Irish male survivors of ICA are over-represented in homelessness services or street homeless populations (Higgins, 2010). Furthermore, it is also possible that the most resilient survivors
did not need to contact these agencies and were able to make independent applications to the RIRB. Finally, as mentioned previously, although data on the exact quantity is unavailable, a high proportion of survivors of ICA based in Ireland engaged with the project as a result of snowballing techniques, and this may have implications for the findings.

Contemporary resilience researchers (such as Ungar, 2006 and Rutter, 2012) point to the importance of understanding resilient trajectories over time. Others have pointed to the importance of longitudinal research, and the collection of data on the pre- and post-trauma adaptation of those who experience significant adversity (Bonanno et al., 2011). Although such research was not possible for obvious reasons, the value of longitudinal resilience research and the cross-sectional limitations of the current study are recognised. The cross-sectional nature of this study limits the generalisability of the data. For example, although defiance motivated post-ICA resilience for many participants in the current study, the initial, continued and ongoing importance of this mechanism is unclear. However, it is worth noting that the qualitative narrative data, focusing on post-ICA life course, went some way to exploring the different factors that influenced resilience across time.

9.6.2 Reliability and Validity

Chapter five outlines the reliability and validity of the quantitative research instruments. In doing so, the chapter describes how the WEMWBS has been widely validated and provides comparable baseline data from population-wide studies. Although the CYRM-28 has also been widely validated, the RRC-ARM is a new measure, and, to date, has been used with a limited number of research populations.

The study found the RRC-ARM to have good internal reliability, suggesting that the tool reliably measures the attributes of resilience, and participants scored similarly across the domains of the scale. At this study's design stage, test–retest analysis was deemed
inappropriate and as a result it was not possible to ascertain the consistency of scores over time. This limits the generalisability of the findings (Hemon & Schwartz, 2009). That notwithstanding, the RRC-ARM was found to have good content validity (as examined through face validity) and to converge strongly with a well-validated measure (WEMWBS) of a construct highly associated with resilience. In short, data from this study indicates that the RRC-ARM is a valid measure of resilience, but the consistency of the measure needs further analysis.

9.6.3 Limited Assessment of Risk Exposure

Resilience is an interactive phenomenon that is “inferred from findings indicating that some individuals have a relatively good outcome despite having experienced serious stresses or adversities” (Rutter, 2012, p 474). Implicit in this concept is the need to identify or measure the presence of risk. Rutter (2012) suggests that “the first need is to determine whether each broad-based risk factor does actually constitute a risk for whatever maladapted outcome is being investigated” (p 475). This study identified ICA as a broad risk factor that previous research has found to be highly associated with maladaptive psychological outcomes (Carr et al., 2010; Wolfe et al., 2006). However, others (such as Bonanno et al., 2011) have claimed that rather than identifying broad-based risk factors, it is necessary to assess the level or severity of risk exposure across a study sample in order to fully understand adaptation. In delineating current criticisms of resilience research, Luthar et al. (2000) assert that given uncertainties in risk measurement, it is difficult to determine whether, in a given study, all individuals viewed as resilient experienced comparable levels of adversity. In the same vein, the lack of data evidencing the severity of risk exposure for participants in the current study is a recognised limitation. For example, although the data shows that neither length of time in care nor the substantiation of abusive experiences in care significantly
impacted on participants' mental well-being, it is possible that severity of risk exposure during care may have impacted on participants' resilience.

There were two main reasons behind the exclusion of questioning relating to the severity of abuse experienced. Firstly, an explicit aim of the data collection phase was to minimise any potential for retraumatisation, and as a result the data collection tool was almost totally positively framed. Furthermore, although the quantitative questionnaire was administered by professionals experienced in working with this group and who had received training on how to administer the instrument, it was felt that asking questions relating to severity of risk in an unsupported environment was insensitive at best and unethical at worst. Secondly, and perhaps most importantly, Becker-Blease & Freyd (2006) have suggested that the availability of data on the risk exposure experienced by research subjects should be a key consideration in deciding whether to collect data on specific risk exposure. The literature shows a significant volume of research examining the risk exposure of survivors of ICA (CICA, 2009), and anecdotal evidence during the design phase pointed to the traumatic nature of involvement in these projects. Consequently, questions on the severity of risk exposure were excluded from this study.

9.7 Strengths of the Study

Despite these limitations, this study has a number of strengths. The sample size makes it the second-largest study ever conducted with Irish survivors of ICA, and the largest outside of the CICA (2009). The study is the first specific study on the experiences of migrant survivors of ICA. Furthermore, to the best of the authors knowledge, which is informed by over seven years providing services for Irish migrant communities in the UK, this study represents the first systematic examination of the resilience of an Irish migrant community.
Beyond the significance of the sample, the study has a number of conceptual and methodological strengths. In the statistical analyses, the study employed a validated and widely used outcome measure (WEMWBS). This allowed for highly relevant comparative data. Equally, the RRC-ARM proved to be a good fit for the current study, providing clear information on the availability of resilience-enhancing resources with and between groups. Stemming from the social ecological conceptualisation of resilience, the RRC-ARM facilitated a broad and non-reductionist examination of the resilience of survivors of ICA and provided data with relevance to a range of players across the ecology of this community.

The qualitative data provided the first non-autobiographical narrative data on experiences and resilience of survivors of ICA. This phase of the study facilitated the discovery of highly contextualised resilience strategies and it also allowed for an examination of how resilience operated over time for survivors of ICA. Finally, the mixed methods methodology allowed the study to confirm the findings of each data set, in turn providing greater confidence in the significance of findings.

9.8 Summary

The chapter outlined the central conclusions of the study. Drawing on a mixed methods integration framework (Farmer, 2006), the chapter examined the key questions of the study in the light of both the quantitative and qualitative findings.

As discussed in chapter two, resilience is frequently examined against normative criteria, and, as a result, studies often lack insight into the “community and cultural factors that contextualize how resilience is defined by different populations and manifested in everyday practices” (Ungar, 2006, p.218). With this in mind, the first task of the current study was to examine how emigrant survivors of ICA subjectively understand their resilience. The chapter outlined participant descriptions of survival and functional adaptation as core themes in their
resilience. Resilience was understood as a dynamic process that fluctuated over time and, considering the nature of the adversity experienced, intermittent moderate distress was often a part of even the most resilient trajectories.

Next, the chapter examined the individual, relational and contextual resilience potentiating resources across both quantitative and qualitative data. The data were triangulated by considering the agreement, partial agreement, silence or dissonance of both data sets in relation to resilience across these domains. Subsequently, the chapter examined how resilience differed for emigrant survivors and those resident in Ireland.

The data converged strongly to evidence the importance of human capital, such as employment and educational opportunities, in facilitating resilience. Across the contextual (and community) domain, the presence of post-ICA safe havens, a liberating environment that facilitated autonomy and anonymity and an identity not defined by ICA, were important. Spirituality, defined as a cultural resource by the Resilience Research Centre (Ungar & Liebenberg, 2011), was more important in the resilience of females.

Both data sets indicated that relational resources and supports do not play a significant role in the resilience of emigrant survivors of ICA. However, the presence of supportive adults or ‘turnaround people’ was strongly linked to resilience. For some participants, children were a source of resilience. Furthermore, peer support was strongly linked with resilience for female participants, regardless of country of residence.

Both data sets pointed to individual skills and competencies and social skills as fundamental in the resilience of emigrant survivors of ICA. More specifically, problem focused coping and altruism were found to be influential in the resilience of emigrant survivors. It was proposed that the opportunities and freedom provided by migration to the UK were fundamental to the resilience of this group and, rather than stemming from pre-
migration attributes, differences in individual skills and competencies occurred as a consequence of this environment.

The chapter concluded with a discussion of the limitations and strengths of the study. A particular strength of the study is the unique, and systematic, account of resilience from a marginalised migrant community. In order to understand the implications and applications of these conclusions, the next chapter provides a discussion of the main findings. These findings are placed in the context of previous literature and the implications for theory, practice, policy and research are considered.
10 Discussion and Implications

10.1 Introduction

The study of resilience has been criticised for being purely empirically driven and lacking a sound theoretical framework (Rigsby, 1994). Considering this criticism, Luther et al. (2000) assert that "investigators should elucidate theoretical postulates that derive from their own findings, when considered collectively with other related results, to fully guide future inquiry in the area" (p 13). With this in mind, this section describes the theoretical implications of the findings of the current study and places the results in the context of previous research with a view to understanding the broader implications of this study. Firstly, in light of the empirical findings from the present study, the implications for general resilience theory are considered. This is followed by a discussion of the findings in the context of the social ecological model proposed by Ungar et al. (2011, 2012) at the Resilience Research Centre. Next, an examination of the implications of the findings for policy and practice is provided. Finally, this section concludes with a discussion of the implications for future research in the areas of resilience, ICA and Irish migrant communities.

10.2 Theoretical Implications

10.2.1 Co-occurrence of Functional Adaptation and Distress in High-risk Populations

Resilience involves the examination of how cohorts positively adapt in the aftermath of potentially traumatic events (PTEs) and is often framed in binary terms of pathology versus resilience (see Flanagan et al., 2009; Yehuda, 2006; Yehuda et al., 2007). According to Bonanno and Diminich (2012), defining resilience as the absence of diagnosable psychopathology is essentially the same as defining pathology and provides no useful information about the distribution of individual differences. In the current study, using the
absence of pathology as the criterion for resilience would almost certainly have excluded participants who were leading highly functional lives (and highly successful in normative terms) and who considered themselves to have adapted well to their childhood experiences.

In the context of chronic adversity, as a result of the use of normative criteria, resilience research has mostly focused on the experiences of those who, remarkably, manage to survive psychologically unscathed (as evidenced by the absence of disorders such as PTSD). Importantly, this excludes individuals who are functioning well while also experiencing psychological difficulties. In contrast, the current study facilitated the exploration of factors promoting adaptive functioning irrespective of the presence or absence of a diagnosable disorder. The findings of this study suggest that, in the context of severe childhood risk exposure, understanding the processes and mechanisms underpinning functionality in the midst of more ordinary mental well-being is important. In fact, in the context of chronic risk exposure, how individuals manage symptoms of mental ill health to achieve positive functioning in critical spheres of their life is potentially more important, and certainly more transferable, than understanding the exceptional functioning of those who display no impairment. This is particularly relevant in the field of gerontology, as previous research has found that many elderly people consider themselves to have aged successfully, despite the presence of chronic disease or disorder (Jeste, Depp & Vahia, 2010), indicating the inappropriateness of defining resilience as the absence of disorder for older populations.

However, caution is required in the application of this conceptualisation. According to some, resilience is a response to different adversities, ranging from ongoing daily hassles to major life events (Fletcher & Sarkar, 2013). Fletcher & Sarkar (2013) give examples of a job promotion or entering a new marriage as events that require a resilient response. Although this study has suggested bracket creep in terms of how we understand positive adaptation, it is theoretically essential that resilience is conceptualised as positive adaptation to significant
adversity, as is currently the case in the vast majority of the literature (Bonanno, Romero & Klein, 2015; Luther et al., 2000; Windle et al., 2011). In the face of hassles or risks that are not significantly associated with poorer outcomes, trajectories that demonstrate adaptive functioning in co-occurrence with distress or disorder are not resilient by any definition.

10.2.2 Dynamic Resilience for High-risk Communities

Bonanno et al. (2015) assert that resilience is most validly measured as a stable trajectory of healthy functioning before and after a PTE. In contrast, the present study highlights the dynamic and fluctuating trajectories of resilient survivors of ICA over the course of 40 years post ICA. In the qualitative data, some of the most highly functioning participants reported periods of social isolation and intermittent distress and disorder at different points across the life course, and this is in keeping with a wide range of studies demonstrating how resilience fluctuates over the life course (Windle et al., 2011). In situations of chronic high risk, such as ICA, as explained by participants in this study, it is highly probable that positive adaptation will fluctuate over time. In contrast, in instances of acute or more common risk, stable functioning may be an appropriate indicator of positive adaptation.

Figure 10.1 provides a hypothetical post-ICA resilience trajectory of Irish emigrant survivors of ICA. As described in the previous chapter, participants in this study outlined a number of post-ICA unique turning points that culminated in arrival in the UK and attainment of stable and meaningful employment. In contrast to some studies of resilience, this hypothetical trajectory posits that the trajectory of the participants did not turn towards its final path as a result of one isolated intervention. Rather, it was multiple interventions and turning points that resulted in the current resilient pathway. Moreover, this trajectory illustrates the dynamic and non-linear nature of the resilience for Irish emigrant survivors of ICA, highlighted by the fact that participants experienced significant adversity in later life,
such as the experience of applying to and giving evidence to the Residential Institutions Redress Board.

In discussing how resilience is best evaluated, some have suggested that measurement of pre and post adversity functioning is theoretically optimal (Bonanno et al., 2015). The current study highlights the unfeasibility of this approach in the case of historic chronic childhood risk exposure. Industrial schools and reformatories in Ireland kept poor records, let alone data that might be indicative of functioning, rendering pre- and post-risk measurements impossible. Furthermore, the concept of pre- and post-adversity measurement implies a typicality to risk exposure and although there are many predictable risks, communities continue to experience atypical and covert risks for which baseline data simply does not exist. Theoretical postulates that claim pre- and post-adversity measurement as essential may render operationalisation, and hence verification, impossible in the case of chronic risk exposure. Such a constricted theory may prevent researchers from examining the resilience of groups who have experienced unique and understudied risk as a result of the unavailability of data on pre-risk adaptation. It is critical that resilience theory permits methodological flexibility and is morally centred on the notion that resilience research must be applicable to the most vulnerable groups in our communities.
10.2.3 Contextual Resilience Informs Global Resilience

Despite the logic of the above arguments, crucially, the perspective of those who experience risk should be at the fore of judgements regarding what does and does not constitute resilience. The use of purely positivistic methods to explore the processes resulting in positive adaptation limits the investigation of resilience to intuitive and predictable processes, such as social support, mastery and optimism, and excludes the unique processes which protect and moderate against risk in environments which lack resources. We now know that resilience may stem from features that are not positive in the absence of environmental risk. They may be neutral or even risky in their effects (Rutter, 2013).
Furthermore, these strategies are often only discovered contextually (Ungar, 2005, 2006). The defiance-motivated resilience and altruistic resilience described in this study are textbook examples of Ungar’s (2011) Hidden Resilience. Both are uniquely promotive in the context of ICA, potentially risky in other environments, and would have unquestionably remained uncovered had quantitative approaches been employed in isolation.

Although predictable variables can provide useful data in more normative post-risk environments, according to Ungar (2011) the study of resilience in environments with sparse resources “requires less focus on predetermined outcomes to judge the success of growth trajectories and more emphasis on understanding the functionality of behaviour when alternative pathways to development are blocked” (p 8). As outlined above, this study supports research which evidences the importance of contextually specific resilience strategies in high-risk environments (Liborio and Ungar, 2009; Liebel, 2004). However, unlike many other studies that set out to examine the unique contextual factors related to resilience, the current study is one of the few to employ mixed methods and this approach allowed previously unnamed processes to be documented and analysed in a way that may advance credibility in positivistic circles (Bryman, 2006). In short, this approach made it possible to explore the relationships between local and global protective processes (Onwuegbuzie et al., 2009).

While the current study points to the value of homogeneity and heterogeneity in understanding resilience, the findings also indicate that contextual understandings should be prioritised and used to inform strategies that facilitate more global examinations. Contextual examinations can help researchers understand the unique nature of positive adaptation in particular communities at the outset of their studies, and in turn inform decisions about quantitative data collection tools. For example, the current study chose quantitative data collection tools prior to the point at which contextual understandings of resilience had been
delineated. As a result, the instruments did not capture specific and validated data on some of the factors influencing contextual resilience, such as altruism, the role of children and defiant motivations. The findings of this study suggest that, particularly in the case of marginalised and under-researched groups, contextual understandings of resilience should inform how we approach the examination of global resilience.

10.2.4 Individual Competencies × Environmental Resources

Despite movement towards a broader theoretical understanding of resilience, contributors continue to focus on the individual as the locus of change. For example, in a discussion with some of the main contemporary contributors to the field of resilience, Southwick et al. (2014) suggest that in defining the concept, it is “important to specify whether resilience is being viewed as a trait, a process, or an outcome” (p 2), pointing to a continued relative acceptance of resilience as an individual trait. Furthermore, Lipsitt & Demick (2012), in an in-depth review of resilience articles on PsycARTICLES, found a significant proportion examined resilience solely as an individual trait. In fact, the same review contended that one of the most pressing theoretical issues for the field of resilience was to settle on whether the construct refers to an individual trait or a dynamic process.

The individual competencies described by participants in this study were flexible and adaptive rather than embodying any particular fixed coping style, and participants explained that they were triggered by the unique environment of ICA. Although the current study evidenced the importance of individual competencies in bolstering resilience, these competencies only activated the positive adaptation that participants experience today when coupled with environmental opportunities such as employment and education. Along with supporting a move away from reductionist notions of resilience, the findings of this study provide support for a multi-layed model of resilience (Ungar & Liebenberg, 2009).
As Masten (2014) has pointed out, the conceptualisation of resilience as an individual trait runs the risk of suggesting weakness on the part of those who do not travel resilient trajectories post risk exposure. This is important in all contexts. However, it is particularly important in the context of survivors of ICA. The current study (and others, such as Conway, 2012; Wolfe et al., 2006) points to lifelong self-esteem and self-efficacy difficulties for individuals who experienced institutional abuse, and it is important that the literature does not further these feelings of blame or guilt (as described by Wolfe et al., 2006), especially through claims which are empirically unfounded. In no way does this study assert that those who remained in Ireland were in any way weaker, less strong or inferior to those who migrated to the UK. Again, the role of resilience-enhancing environmental opportunities and resources in the UK, unavailable in Ireland, was one of the strongest findings in this study.

10.2.5 Social Ecological Model of Resilience

As outlined in the introductory chapter, this study draws theoretical influence from the Resilience Research Centre’s social ecological model of resilience (Ungar & Liebenberg; 2011). Ungar’s (2014) social ecological conceptualisation emphasises the processes by which “individuals and groups of individuals (e.g. families, peer groups, communities) secure for themselves the psychological, social and physical resources that make human development more likely to succeed in contexts of adversity” (p 349). Although the RRC uses a simplified framework focusing on individual, relational and contextual factors that promote resilience, this model stems from Bronfenbrenner’s (1977) ecological model of development. Ungar and colleagues (2013) continue to use Bronfenbrenner’s model (1977) to catalogue empirical findings of resilience studies, and, accordingly, this section details the findings of this study across the microsystem, mesosystem, exosystem, macrosystem and chronosystem. It concludes with a discussion of the theoretical and methodological implications stemming from this study for the RRC social ecological model of resilience.
Considered across Bronfenbrenner’s (1977) five levels, the study showed a mix of meaningful and original data in some spheres and near silence in others. Within the microsystem, the present study highlighted a comparative lack of family support, a significant relationship with children for some and the importance of relations with fellow former residents for others. Many participants described a near immersion in activities like employment and education at different points over the life course, and the importance of social support networks developed as a result. According to Ungar et al. (2015), the human body can also be understood as one microsystem with an emotional and a cognitive subsystem. Viewed this way, the current study uncovered specific data on the motivation, coping strategies and competencies survivors of ICA employed en route to resilience. Furthermore, participants in the current study understood this sphere to have had the most significant influence on their resilience.

The examination of mesosystems pointed to a lack of interaction between systems in the lives of survivors of ICA. Some of the limited examples included the interaction of individual religious with providers of post-ICA housing and training and the interaction of supportive adults with gatekeepers in the UK. Conversely, females in this study pointed to purposefully obstructing interactions between family members and fellow former residents (members of peer networks) stemming from a desire to keep these two aspects of their lives separate.

Exosystems have very rarely been considered in resilience research (Ungar, 2011). The current study found the presence of employment and educational opportunities within the broader environment to be particularly important in promoting resilience. Furthermore, state interventions, such as the RIRB, did not enhance the resilience of survivors of ICA, and culturally incompetent and insensitive care provision was also highlighted.

The current study provided limited data on the fourth level, the macrosystem (Bronfenbrenner, 1977), which relates to laws, customs, and cultural practices. Nevertheless,
within the qualitative phase of the study participants pointed to the autonomy and anonymity afforded in the UK. Participants also spoke to the benefits of a comparatively liberal multicultural and non-judgemental environment.

Finally, investigation of the chronosystem yielded invaluable data that illustrated important periods of transition and turning points from the perspective of participants. Although limited to the post-ICA period and also limited by time (as this only represented one section of the interview schedule), this produced some of the most powerful data in the current study, such as the importance of safety and security in the immediate post-ICA environment and the central importance of the first years in the UK in providing meaningful opportunities.

10.2.5.1 Implications for the Social Ecological Model of Resilience

Firstly, the current study highlights many of the strengths of this model. Perhaps most importantly, this approach ensured a non-reductionist interpretation of the resilience of survivors of ICA. It encouraged discovery across a broad spectrum, which, along with the prioritisation of the contextual data, stimulated exploration of resilience in diverse spaces. Moreover, in keeping with the importance of interaction, as proposed by Bronfenbrenner (1977), the examination of transitions and turning points found that interactions across systems facilitated opportunities that were significant in promoting resilience of this group. For example, the lasting impact of a “turnaround” adult in the immediate post-ICA environment was unexpected, and was only captured as a result of multi-domain interactional analysis.

A common criticism of a social ecological model is that it underplays the role of personal agency (Ungar et al., 2013). However, in Ungar’s (2011) conceptualisation, resilience was understood as the interaction of individual × environment, and the empirical data from the
current study supports this theoretical stance. Although the environmental factors were
critical, discounting individual competencies and coping strategies would have diverged
significantly from the perception of participants in the study. Regression analysis in the
current study found that the model of resilience proposed by the RRC (including individual,
relational and contextual) accounted for nearly 70% of the variance in mental well-being for
participants, and upon reflection, the RRC social ecological model was found to have
facilitated a balanced ecological examination of the resilience of survivors of ICA when
compared against the findings of the qualitative data.

According to Ungar (2012), “a carefully designed programme of research should focus
on individuals and fully explore the ecologies that shape the opportunities they experience for
positive development” (p 27). Despite the implementation of research methods and tools
specifically designed to capture resilience across the social ecology, and the strength of fit of
this methodology, this study draws attention to the question of how researchers, especially
those with limited resources, can “fully explore the ecologies” of individuals who experience
significant risk exposure, and what might indicate an exhaustive examination. Occasionally
in the current project, the possibilities seemed endless and it was not always clear where or
when to delimit the interactional analysis.

Along with challenges in interpreting the scope of this model, the current study points to
challenges in assessing specific domains. Notably, the RRC-ARM, designed by the RRC to
investigate a social ecological framework of resilience, collected limited data on the macro
and chrono systems. The model proposed by the RRC includes individual-level factors,
relational-level factors and contextual-level factors. Some contemporary social ecological
models propose a fourth domain, similar to Bronfenbrenner’s macrosystem, which is often
referred to as the societal domain (Krug, Mercy, Dahlberg & Zwi, 2002). The addition of this
domain would significantly strengthen the social ecological model proposed by Ungar & Liebenberg (2011).

Furthermore, although this ecological model has been employed across cultures, limitations were found in relation to acculturative aspects of resilience. Upon analysis of the data, and set against the qualitative data, it became apparent that the questions included in the cultural sphere of the RRC-ARM generated limited data on cultural adaptation. For example, questions were framed in terms of “ethnicity” and “community”, making it impossible to ascertain the patterns of cultural adaptation to host or native communities. At the design stage of this study, additional instruments which examined the cultural adaptation of the migrant sample were considered. Giving consideration to the vulnerabilities of survivors of ICA, and potential research fatigue, a decision was made to exclude these measures to ensure the brevity of the data collection tool. The findings of this study suggest that the current version of the RRC-ARM, while suitable for cross-cultural comparative studies, is limited in the context of studies where cultural adaptation may be a factor in promoting resilience. Considering the complexity of cultural adaptation, it is recommended that future studies employ separate instruments to examine this construct.

10.2.6 Resilience and Migration

According to Castro & Murray (2010), “persons who migrate from one community to a new and distinctly different community face stressors and related challenges that prompt the need for adaptation to these stressors” (p 376). This is a common narrative in the literature on migration and it has been widely accepted that intercultural contact can lead to phases of psychological pressure, known as acculturative stress (Berry, 1997, 2006) or culture shock (Church, 1982; Oberg, 1960; Ward et al., 2001). In the current study, although the process of migration may have induced some stressors, these were considerably outweighed by resilience-enhancing resources that were presented by relocation. In their analysis of health
outcomes for Irish migrants to the UK in the twentieth century, Delaney et al. (2011) hypothesise that those who migrated between 1927 and 1970 “were not only not harmed by going to England but possibly helped” (p 29) and the current study significantly supports this view.

This study points to the potential of resilience as a theoretical framework for cross-cultural and migration studies. As outlined by Rudmin (2003), the majority of studies in the field of acculturation, even those examining refugee populations, tend to focus on stress and mental ill health as it relates to migration. Undoubtedly the current study could have found and fixated on stressors relating to the initial stages of migration, such as social isolation, financial worries and acculturation attitudes, which, interestingly, are similar to the initial migration living difficulties found in studies of recent Irish migrants to London (Moore et al., 2012). The addition of resilience to migration studies would not only facilitate a more balanced and accurate debate on the experiences of migrant populations, but would also enable research with significant utility for those working with other “at-risk” populations of migrants.

Although this study did not set out to investigate acculturation strategies of survivors of ICA, the data did provide some useful insights. According to Ward (2008), Berry has argued that individuals who experience intercultural contract are faced with two questions “(1) Is it important to maintain my original cultural heritage? and (2) Is it important to engage in intercultural contact with other groups, including members of the dominant culture?” (p 106). In this model, the key question is which of these pathways constitutes the adaptive form of cultural adaptation. To date, there has been only one, unpublished, study on acculturation and Irish people in the UK (Curran, 2003). This study reports “that acculturation strategies adopted, either consciously or unconsciously, by Irish exiles are associated with differing levels of mental health. On a sliding scale the integration model has the strongest relationship

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such that those scoring highest on this dimension have the fewest mental health problems” (p 19).

The current study did not explicitly examine acculturation strategies. However, the data illustrates that survivors of ICA engaged in activities with the host pluralist culture and isolated themselves from some aspects of Irish culture. Although participants described economic hardship upon arrival, interestingly no participant described any form of discrimination from the host community. This is in sharp contrast to the experiences of the mainstream Irish community at the time (Scully, 2010; Tilki et al., 2009). In terms of acculturation research, this points to variability amongst acculturation groups. Studies of acculturation commonly seek to generalise about the integration of particular ethnic or national groups to a new environment. This study highlights the importance of pre-migratory experiences in the study of cultural adaptation and the need for research methods which capture the heterogeneity of post-migration experiences and resulting acculturation of migrant groups.

Acculturation studies are commonly cross-sectional, with little scope to explore changes across time (Rudmin, 2003). The current study points to the dynamic nature of acculturation. For example, many participants described a reluctance to engage in Irish cultural activities and events after arriving in the UK, as these events served as reminders of their time in institutional care. However, many participants also pointed to engaging with Irish-specific services and peer support networks later in life. This indicates the importance of longitudinal and innovative research strategies that examine cultural adaptation over time.
10.3 Practice

10.3.1 Introduction

This section provides a discussion of the empirical findings of this study in the context of practice relating to, specifically, survivors of ICA, and, more generally, those who experience chronic risk exposure and migrant communities. In particular, this section examines how findings relating to the contextual understandings of resilience, defiance, altruism, peer support networks and identity might be translated into practice.

10.3.2 Exploring Resilience through the Lens of ICA

Potentially one of the most insightful findings of this study for those working with survivors of ICA relates to how the individual mechanisms which promoted resilience had their adaptive origins in institutional care. This finding provides valuable information for practitioners on the motivations and factors underpinning the current coping strategies of survivors of ICA. As is often common practice today, this project sought to take a strengths-based approach to data collection and designed strategies to shift the focus away from institutional abuse. However, participants commonly understood their post-ICA experiences and resilience through the lens of the childhood abuse. Moreover, participants described practitioners in mainstream services who lacked any awareness of these experiences as insensitive. Practitioners working specifically with this group, or in low-threshold services where contact is likely, should ensure basic levels of awareness of ICA and engage in professional development that focuses on working with clients to explore and foster resilience-enhancing strategies first developed in the context of severe risk exposure. This study points to the fact that resilience needs to be contextually understood and that the adaptive strategies historically and currently employed by survivors of ICA may appear maladaptive to practitioners without an understanding of the context of ICA. Furthermore,
despite the current focus on resilience, practitioners should also seek to understand the disadvantage and distress stemming from ICA. For those working with survivors of ICA, the findings from this study should be considered in tandem with the work of Carr et al. (2010) and Wolfe et al. (2006) which describes the psychological challenges facing the majority of survivors of ICA.

10.3.3 Resilience-building Interventions

This study delineated a range of individual and environmental factors that facilitated resilience for survivors of ICA. An important question posed by those designing resilience-focused interventions is whether to focus attention on individual change or environmental adaptations (Ungar, 2012). This study clearly points to the importance of environmental opportunities, and the development of human capital in bolstering the resilience of survivors of ICA. Although the findings also indicate that those based in the UK had significantly higher individual competencies compared to those based in Ireland, it is improbable that these differences existed in the immediate post-ICA context. Most UK respondents described poor literacy, numeracy and communication skills in the immediate post-ICA environment, and how these competencies were only gained "on the job" and as a result of social networks in the UK. These findings indicate that although the interaction of individual capacities and the environment is critical, interventions which target environmental factors may be more impactful for migrant communities. However, if this is the case, it points to challenges in the development of resilience-building programmes, as environmental factors such as employment and education opportunities are not easily amenable to short-term change. Finally, the contextualised nature of the environmental opportunity needs to be considered in the design of interventions. For example, the findings of this study do not suggest that employment opportunities will necessarily bolster the resilience of survivors of ICA today.
However, such meaningful opportunities may have a moderating effect for other “at-risk” migrant groups.

Nevertheless, the current study points to a range of resilience enhancing capacities that can be promoted and developed through formal interventions, such as problem focused coping and peer support. Some of these adaptive capacities are outlined in following sections.

10.3.4 Defiance

Participants in the current study described a childhood environment that sorely lacked compassion and where verbal abuse and emotionally crippling putdowns were commonplace. Participants described how defiance towards belittling and abusive comments received during childhood motivated positive adaptation throughout the life course. Defiance can be understood as a response to authority, and, in particular, the way that authoritative bodies use power (Potter, 2011). There is little literature on the concept of defiance in social science research. In one of the very few examples, writing from the perspective of theoretical moral psychology, Potter (2011) theorises that defiance belongs with a cluster of actions and attitudes including dissent, resistance, rebellion and civil disobedience. Rather than suggesting that defiance is necessarily destructive or maladaptive, she claims it is often a perfectly rational response to exploitation and abuse. In fact, she describes defiance as a virtue which is needed to “specifically target the injustices and harms that the disenfranchised experience and it may be a necessary character trait in order for members of oppressed groups to live with self-respect under the rule of authority and even, sometimes, to effect societal changes” (Potter, 2011, p 24).

A study by Irene Cirillo (2000) is one of the few empirical studies on this issue. Using both qualitative and quantitative methods, Cirillo examined the constructive use of aggression among a sample of 32 adults abused as children. She demonstrated that an oppositional
stance rather than passive victimage was associated with better mental health outcomes, indicating that, contrary to popular belief (according to Potter, 2011), an oppositional or defiant stance in those previously victimised can become a useful personal resource for sustaining well-being.

However, defiance is more commonly considered a maladaptive attitude or behaviour. Within traditional psychology, children who are deemed "defiant" are often diagnosed with Oppositional Defiant Disorder (ODD), with behaviour characterised as "persistent stubbornness, resistant to directions, and unwillingness to compromise, give in, or negotiate with adults or peers" (American Psychological Association, 2015). ODD is defined by the DSM-5 as a pattern of angry/irritable behaviour or vindictiveness lasting at least six months and exhibited during interaction with at least one individual that is not a sibling. Individuals must display four symptoms from one of the following categories: angry/irritable mood, argumentative/defiant behaviour, or vindictiveness (Nolen-Hoeksema, 2014).

Although not necessarily arguing against the value of diagnostic approaches, this study does suggest that the defiant attitudes described by participants are rational and adaptive in the context of ICA and should be understood by clinicians as such. In considering the implications of defiant attitudes in the aftermath of abuse, Potter (2011) suggests that the "criteria for diagnosing ODD needs to attend to socially mediated differences ... clinicians need to heed their own advice not to medicalize behaviours that are merely expressions of disagreement between individual and society" (p 33). Importantly, participants in the current study described defiant attitudes that motivated very positive behaviours, such as achieving better-than-expected outcomes in further education and employment, rather than destructive behaviours, in response to the disparaging narratives provided by authority figures in their childhood. The findings of this study also indicate that defiant attitudes should not be
automatically understood pathologically, and that, when managed constructively, such attitudes can motivate very positive outcomes for individuals who have experienced injustice.

In reviewing a model of the dimensions of harm of ICA, Wolfe et al. (2003) suggest that "studies are needed that include known victims who did not experience the same degree of harm (or were minimally affected) to see if the framework also accounts for their outcomes" (p. 188). As discussed in the literature review, Wolfe et al. (2003) described betrayal and diminished trust, shame, guilt and humiliation, fear of or disrespect for authority, injury or vicarious trauma and avoidance of reminders linked to the experience of ICA. In particular, this study suggests that fear of or disrespect for authority may not be a universal outcome of ICA and defiance may be a more accurate construct for those who demonstrate resilient trajectories.

10.3.5 Altruism

One of the clearest individual strategies described by participants in this study was altruism and this supports recent research pointing to the association between altruism and resilience (Leontopoulou, 2010; Southwick et al., 2005). Although infrequent, the literature gives examples of altruism in the face of adversity, such as the rescue of Jews during the Holocaust, whistle-blowing, and protests leading to imprisonment or physical harm. In a theoretical description of this phenomena, Shepela et al. (1999) describe "courageous resistance" as a subset of altruistic behaviour which differs from risky bystander intervention by being sustained and more deliberative. Courageous resistance is defined as "voluntary selfless behaviour in which there is significantly high risk or cost to the actor and possibly to the actor's family and associates, the actor makes a conscious decision to act, and the behaviour is sustained over time" (Shepela et al., p 787).
Staub and Vollhardt (2008) propose a phenomenon that they term Altruism Born of Suffering (ABS). In describing this phenomena, they state that “some who have suffered from violence reclaim meaning and turn toward others, becoming caring and helpful”, suggesting “potentially facilitating influences during, after, and preceding victimization and trauma” (2008, p 267). Although Staub and Vollhardt (2008) describe positive outcomes for those who exhibit ABS, such as healing, active help seeking, and pro-social role models, their model focuses on the reduction of cyclical violence rather than the resilience-enhancing aspects of ABS. Moreover, they note the need for greater empirical evidence. This study provides some evidence of the link between ABS and resilience. Although not a significant predictor in regression analysis, individual social skills were highly correlated with mental well-being and 4.93% of all the qualitative data directly related to the association of altruism and resilience. Importantly, the altruism described by participants was “born of suffering” (Staub and Vollhardt, 2008), had its roots in institutional care and was a strategy that transitioned to other actors and spheres throughout the post-ICA life course.

Having been the target of harmful actions often leads to the need for defence, and past victimisation can fuel violence (Dodge, Bates & Pettit, 1990). In a study exploring child abuse potential, Craig & Sprang (2007) claimed “childhood sexual abuse, childhood physical abuse, adult physical abuse, and domestic violence were all significant predictors of child abuse potential in adult caregivers” (p 302). Although other studies (Ertem, Leventhal and Dobbs, 2000) provide conflicting evidence, a narrative exists in some circles that victims of childhood abuse have greater potential to become abusers. While the current study did not specifically test this question, the data on altruism suggests a second narrative: individuals who have suffered abuse are not condemned to cyclical inhumanity and violence, and those who experience horrendous childhood abuse can make important contributions to the well-being of others who have suffered.
The findings in relation to ABS have potential for future interventions for survivors of ICA and other groups that have experienced chronic childhood abuse. Staub and Vollhardt (2008) suggest that such interventions could include cognitive elements such as understanding “the roots of violence, fostering meaning and engagement with one’s experience, and information that increases perceived similarity with other individuals who have suffered” (p 277). It may also help people who have suffered to realise the extent to which many others have suffered.

Practitioners might also consider behavioural interventions such as the provision of meaningful opportunities for survivors to help others who have suffered. Many participants engaged in the current study resolved “to ensure it never happens again” and to ensure that “Ireland learns from this”. In her work with British children who experienced ICA in Australia, Irizarry (2008) points to the importance of naming the link between social injustice and trauma. For example, she states “it may be impossible to relinquish grief that has been caused by social injustice until some of that injustice has been addressed and acknowledged” (2008, p 236). She described the value of developing historical narratives, working with survivors to arrange a service of reconciliation, assisting with access to historical records and co-arranging meetings with religious orders. The inclusion of social justice in interventions is transferable and may have applications for those working with Irish survivors of ICA.

10.3.6 Peer Support Networks

Triangulation of the qualitative and quantitative data pointed to the importance of peer support in promoting the resilience of survivors of ICA. Examples of peer support in the literature range from unstructured mutual aid to peer-run self-help groups to peer support work like peer-led advocacy organisations or peer involvement in mental health services (Mahlke, Krämer, Becker & Block, 2014). The peer support described by participants in this study related to user-led support networks and participants pointed to the significance of the
role of fellow survivors in facilitating these groups. For some, the fact that the groups were managed by peers was “inspirational” and helped to shape an incomparably empathic environment.

Peer support interventions can foster trust, decrease stigma and create a sustainable forum for seeking help and sharing information about support resources and positive coping strategies (Money et al., 2011). Furthermore, Money et al. (2011) posit that “peer supporters ‘speak the same language’ as those they are helping as a result of shared experience(s), which fosters an environment of credibility and trust” (p 4). Although this study did not set out to evaluate peer support networks, the data echoed some of the above. Participants pointed to an environment of trust that facilitated disclosures; shared information that promoted pathways to formal help seeking; and the development of informal supports within these networks, with some participants describing fellow participants as their “family” or “my girls”. Perhaps most importantly, participants described the shared healing experienced in these groups; the groups were “chaotic” to begin with, and some members occasionally “hijacked the meeting with their anger”, but, as described by the participant below, over time the group enabled the development and even growth of participants.

*But that has changed and I think I have seen a lot of women really develop and really finding themselves in a way, I suppose find their inner person.*

The study clearly points to the value of these groups. However, the groups described by participants in this study were developed and managed by survivors with minimal support from outside agencies. In considering the transferability of such interventions, this study points to the importance of ensuring that those who have experienced ICA, or other forms of chronic childhood maltreatment, are the key drivers of such interventions. The independence of these groups sidestepped issues of authority and the institutional factors that might accompany peer support groups delivered by mainstream bodies. Those considering such
interventions with survivors of ICA should give significant consideration to limiting institutional influences. Importantly, although these groups facilitated a shared healing experience, participants described a secondary focus on social justice, and, rather than exclusively seeking to elicit childhood trauma, peer support networks designed for those who have experienced chronic abuse and injustice should consider the potential of this approach.

Finally, although this study points to the positive influence of peer support groups on resilience, the data indicate that these supports were more meaningful for females. According to Gilligan (2008), there is at least some evidence to suggest that at different stages of the life cycle, women may be more proficient than men at accessing informal social support, or the resources from which support might be drawn, and this study supports this view. Considering the power of the quantitative data and, in particular, the narrative data, policy makers and those commissioning and delivering services should consider the potential of user-led and user-managed support groups for males who have experienced ICA.

10.3.7 Identity

Contributors have suggested that identity operates on four layers (Hecht, Warren, Jung, & Krieger, 2004; Jung & Hecht, 2004): personal, enacted, relational (via interpersonal connections) and communal. Participants in the current study described deprivation of family contact and personal identity. Some participants described searching for family members and records with a view to understanding their personal identity. However, in explicitly discussing issues surrounding identity, participants spoke of relational and communal notions of identity. For example, although participants spoke of an identification with Irish communities in the UK, many also described a separation from activities in this community as a result of cultural practices which centred identity on the family and school.
While discussing the importance of social roles in the resilience of young people who have experienced public care, Gilligan (2008, p 40) states that “there is a risk that people in adversity may have a restricted range of socially valued roles, and may instead develop a stigmatised and, ultimately, all-embracing master identity such as ‘young-person-in-care’”. This echoes the experience of participants in this study prior to migration to the UK. However, participants described experiencing a sense of freedom upon arrival in the UK. Importantly, this allowed survivors of ICA who migrated to the UK to forge social identities that were not solely defined by institutional upbringing. This points to the importance of interventions that facilitate the development of personal identities which move beyond the childhood experiences of this group.

This experience shows similarities to that of Jewish Holocaust survivors in the aftermath of WWII. In examining identity reconstruction post WWII, Schwartzman (2015) asserts “[the] disclosure/nondisclosure dialectic foregrounds the conflicted status of the Holocaust survivor. In addition to coping with the ongoing personal aftermath of trauma, survivors faced the challenge of assessing how disclosure would position them socially” (p 289). Some survivors used a strategy of strategic concealment, which was employed in situations where disclosure would have resulted in negative consequences. The most fundamental constraint on disclosure, according to Schwartzman (2015), stemmed from confronting the limits of any verbal representation. He provides the example of a survivor who endured multiple ghettos and concentration camps prefacing each major event during his live presentations with the rhetorical question: “How can I possibly describe ...?” Likewise, another participant in Schwartzman’s (2015) study described escaping Germany shortly after Kristallnacht, then spending more than three years in the Philippine jungles evading Japanese occupiers; this participant paused during his narration and asked: “Can you imagine?” In the present study,
participants used identical turns of phase to indicate challenges in verbalising their childhood experiences. In response to questions about disclosure, one participant commented:

*Initially, you don't want to talk to anybody and you're ashamed of it to be honest. Can you imagine?*

Bar-On (1999) distinguishes between two types of nondisclosure in Holocaust survivor narratives— an unwillingness to disclose (or listen), and survivors' limitations as storytellers. However, according to Schwartzman (2015) this points not simply to narrative limitations, but also to the limits of the "sayable". Challenges in verbalising abusive experiences suggests there may be potential in interventions that help survivors of ICA articulate their experiences in ways that listeners can be receptive to, yet remain truthful and meaningful to their histories. Much more importantly, it also points to a need for awareness-raising programmes, which promote a wider readiness to listen and engage with these narratives, similar to Holocaust education projects.

**10.4 Policy**

**10.4.1 Dedicated Service Provision**

Despite the focus on contextually defined resilience in this study, it is important that, as with practitioners, policy makers continue to recognise the ongoing vulnerabilities of survivors of ICA, both those who migrated to the UK and those who remained in Ireland. To reiterate this point, in a recent study with Chinese and Indian migrants in the UK, where participants were selected pragmatically with a view to hearing the voices of those who are often "hard to access", the mean score on the WEMWBS of a Chinese sample was 49.39 and the mean score of a Pakistani sample was 49.63 (Taggart *et al.*, 2013). As mentioned previously, in a Scottish population study (Tennant *et al.*, 2007), no group scored a lower mean than the Irish-based sample (m=39.00), evidencing the chronic vulnerability of former
residents who remained in Ireland, with the UK-based sample scoring a mean comparable only to previous participants who concurrently reported their general health as “Fair”. Participants reflected on the impossibility of coming out the other side of ICA unscathed, and most described intermittent distress related to their childhood, with an ongoing need for meaningful and effective service provision. It remains important that appropriate services that are culturally meaningful, equitable, transparent and user-led are readily available for survivors; in short, the complete antithesis to the industrial schools and reformatories.

Rittel and Webber (1973) posit that in attempting to solve complex problems, such as ICA, the solution to one aspect may expose another more complex problem. Furthermore, Devaney and Spratt (2009) argue that reducing such problems into smaller components, which are then tackled in the hope that this will reduce the core problem, is unrealistic and ultimately ineffective. The same authors argue that by recognising the complexity of childhood abuse and adversity it is less likely that simplistic solutions will be proposed. From the evidence in the current study, the financial compensation provided as part of the RIRB might be considered an example of such a simplistic solution which took little view to potential longer term outcomes. With a view to understanding the complexity of ICA, Wolfe et al., (2003) have developed a framework for understanding the impact of child abuse in nonfamilial settings. In describing what they call the factors contributing to harm, Wolfe et al. (2003) highlight the significance of the institution and its role within society, the role of the perpetrator, the degree and nature of the child’s involvement with the institution, the degree and longevity of abuse, and post abuse events, as critical factors when examining the impact of ICA (2003). This type of social systematic analysis is important not only in terms of historical cases, but has significant potential in future investigations of institutional abuse.
10.4.2 Turing Points

Turning points refer to significant life events which cause a lasting adjustment in the developmental trajectory, or at the very least some reprioritisation of activities (Clausen, 1995). In their landmark study on turning points, using a random sample of Finnish adults, Ronka et al. (2003) found that most turning points were normative role transitions of early adulthood: leaving home, ending school, starting a new job, starting or ending a relationship, becoming a mother or father. The turning points perceived as most positive were those related to success in achieving one's own personal goals; for example, events that bettered one's economic situation, and new opportunities that opened up due to one's work or education.

The majority of participants in the current study pointed to the non-normative experience of migration to the UK as their chief turning point. However, this was directly related to the improved opportunities frequently discussed throughout this study. Ronka et al. (2003) claim that an important question in the field of development and contemporary resilience is whether there are certain periods in life when people are especially susceptible to change. Participants in the current study described turning points which occurred between their late teens and early twenties and, commonly, in close proximity to leaving care. This supports previous research which has highlighted the importance of early intervention for survivors of child abuse (Devaney and Spratt, 2009). This may have implications when considering interventions designed to provide turning points for individuals leaving care or who have experienced chronic childhood abuse. Relatively unsupported educational and employment opportunities may act as powerful turning points for individuals in the immediate aftermath of chronic abuse. However, studies have pointed to the increased likelihood of cumulative risk and poly-victimisation for individuals who experience childhood abuse (Higgins, 2010),
and it is questionable whether such unsupported opportunities would impact as positively at a later point in the trajectory of care leavers.

In the current study, although environmental factors such as safety, liberty, autonomy and opportunity were all cited in discussions on turning points, rather than specific periods, most participants point to the importance of specific actors or “turnaround people” (Werner & Smith, 2001). Participants spoke of the importance of a supportive adult upon arrival in the UK in moderating or protecting against further risk, and actors in the immediate post-ICA environment who were instrumental in directing them towards opportunities. This supports previous research showing that having at least one caring adult in a young person’s life can act as a buffer against stress, lead to positive psychological functioning (Bogard, 2005) and can help the young adult to source employment and to cope with the demands of balancing work, study and other parts of their lives (Gilligan, 2015). A recent study by Headstrong, the Irish National Centre for Youth Mental Health (Dooley & Fitzgerald, 2012), found that the presence of “one good adult” was highly related to a range of protective factors. These factors are reported in order of significance: “perceived support from family, perceived support from friends, life satisfaction, self-esteem, seeking social support for problems, optimism, and using planning strategies to cope with problems” (p 15). The qualitative data in the current study reiterates the potential significance of a supportive adult.

However, if previous studies point to the importance of one good adult for all adolescents, the current study indicates the life-changing role “turnaround people” can have in the trajectories of more vulnerable communities. As Benard (2004) noted, “turnaround people” provide caring relationships; clear, positive, youth-oriented expectations; and opportunities for participation and contribution. Sometimes these supportive relationships may develop naturally through regular and meaningful interactions with teachers, counsellors, or other adults. In the current study, participants described “turnaround people”
who set boundaries, provided educational support and direction, and offered practical assistance in the pursuit of opportunities. For many, this was one of the first times they had experienced genuine empathy, compassion and warmth from an adult in their life.

Recently, organisations such as the National Centre for Youth Mental Health have pioneered the concept of “One Good Adult” and have rolled out programmes to enhance the capacity of individual actors within a community to provide promotive supports. Those designing interventions for individuals who have experienced ICA should consider purposefully placing “turnaround people” (such as mentors) in the environs of public care leavers. Although not discounting the importance of longer-term psychological interventions, the findings of this study in relation to turning points suggest the potential lasting impact of adults who offer brief, and, importantly, non-authoritarian support and compassion, and who open doors for those who have suffered injustice.

Some studies (such as Ronka et al., 2003) have sought to understand turning points homogenously. In contrast, Rutter (1996) asserts that turning points are not universal experiences of development but, rather, are unique to particular individuals or groups, and data from this study supports this view. For example, it is highly unlikely that fleeting moments of compassion would be perceived as a turning point for individuals who experience a warm and loving childhood. In developing a model of turning points, Hass et al. (2014) suggest that turning points are activated by the interaction between the person (sense of autonomy), supportive people (social and instrumental support), and environments that provide safety and opportunities to express competence (p 391). Although the findings of this study generally support this model, they also highlight the importance of time in the concept of turning points. In Ronka et al. (2003), all participants were aged 36 and were asked to detail turning points over their life course. Although such an approach may produce insightful data with purposeful samples, turning points with normative samples describe predictable
trajectories. The current study points to the importance of accessing turning points across
different phases of the life course. Asked generically about turning points, it is probable that
most participants in the current study would have pointed to childhood experience, and, while
this is clearly very valuable information, framing turning points in a post-ICA context
provided very different data, highlighting the value of considering turning points at different
points in the trajectory.

10.5 Future Research

10.5.1 Resilience Research

Masten (2001) has described four waves of resilience research. These waves have
focused primarily on the resilience of children and young people, and although resilience
research with children and young people has progressed from the delineation of the factors
that correlate with better-than-expected outcomes to an examination of the processes and
mechanisms underpinning resilience, the same cannot be said of resilience research with
adults. According to Windle et al. (2011), there is now a consensus on the factors that
promote resilience for children and young people, as can be seen by Masten’s (2001) shortlist
of resilience factors. There is a need for large-scale research to delineate the resources and
assets that influence resilience in later adulthood.

Furthermore, research on individuals who are functioning well in age-salient behavioural
domains despite the presence of manageable disorder could provide highly usable data for
clinicians and those in other helping professions. Resilience has previously focused on
individuals who exhibit exceptional outcomes. In the context of chronic childhood abuse,
understanding the factors that enable functional adaptation could make a powerful impact on
this field.
Recently contributors have stressed the importance of a broader social ecological conceptualisation of resilience. This study used contemporary instrumentation to capture data on a wide range of factors influencing the resilience of survivors of ICA. However, and as is nearly always the case, this study focused on the individual as the primary unit of investigation. Resilience research would benefit from studies which seek to gather secondary data from a broader range of actors within the ecology of the group of interest, thus providing powerful data from across the ecology. For example, collecting additional secondary data, perhaps from family members and service providers, on resilience-enhancing factors would have added unique insight into the social ecology of survivors of ICA.

As described in chapter three, resilience at its most base can be understood as the presence of adversity and positive adaptation in the face of this adversity. Some recent studies have examined resilience in contexts which lack significant adversity (Ungar, 2006). This is conceptually erroneous. As the current study demonstrates, resilience should always be examined through the lens of the adversity in question. In his landmark studies, Rutter (1987) posits that perhaps the most powerful interventions include decreasing risk exposure or changing the meaning that the risk has for the individual and reducing negative chain reactions that follow risk exposure. It is crucial that resilience is not viewed as the only viable solution to toxic environments, such as institutional abuse, and it is essential that prevention and, to a lesser extent, early intervention are prioritised over resilience in research, practice and policy in the area of childhood maltreatment.

10.5.2 Irish Migration

Despite nearly two decades of research, there remains no published scientific research on the cultural adaptation of Irish people who migrate to the UK. Over the last ten years in particular the literature has seen an increase in outcome studies which document the current
needs and resources of Irish people in the UK. However, in terms of understanding the attitudes of Irish migrants towards host and native cultures and the processes involved in cultural adaptation, those working in and interested in this field continue to rely on biographical and small-scale qualitative data. There is a need for systematic research which examines the acculturation attitudes and behaviours of different groups of Irish migrants and how these attitudes and behaviours impact on the outcomes achieved by migrants.

Although this study indicates that migration was a resilience enhancing mechanism for Irish survivors of ICA, it also suggests that the environment that Irish survivors left was not conducive to positive adaptation in the aftermath of ICA. Rather than promoting migration as a solution to socially created problems, it is important that communities examine their own ability to promote resilience in the aftermath of adversity. The current study indicates that resilience, rather than relying solely on personal agencies, is equally the responsibility of families, communities and societies to provide resources and systems that promote positive adaptation. While migration to the UK provide opportunity, liberty and anonymity, it is equally notable that Ireland of the time was sorely lacking in resources that promoted resilience for survivors of ICA. The findings point to the value of cross-cultural or cross-contextual examinations of post adversity reactions and the potential learning for sending communities as much as host communities.

10.5.3 Future Research on ICA

Firstly, there is a need for ongoing research on the factors which protect against institutional abuse. Although the public assumption is that institutional abuse is in many ways a thing of the past, recent events in Áras Attracta, a facility for people with learning disabilities in Mayo where physical abuse was found to be common, highlights the continued occurrence of institutional abuse within Irish society (Irish Times, Dec 14, 2014).
Considering the past harm and recent controversies, research aimed at the prevention of any future occurrence must be a priority.

Despite some progress in the area of child protection, (such as the Children First Act, 2015), there remain many gaps in policy in relation to ICA. For example, in Ireland there is currently no legal or academic definition of institutional abuse. The CICA (2009) provides definitions of what an institution is and the various forms of abuse (sexual, physical, emotional and neglect). However, it does not offer a definition of the systemic nature of institutional abuse. The lack of a definition which places institutional abuse within the context of a system has implications for future cases and for how different oppressed groups understand similarities with the oppression others have experienced. A formal definition of this kind would locate common ground for those affected by institutional abuse, in all its forms, and overtly and publicly locate the systems and processes which have historically underpinned this abuse in Ireland.

Importantly, there is a need to understand the resilience of survivors who remained in Ireland. This study suggests that the post-ICA environment in Ireland may have hindered resilience. Using the conceptualisation of post-ICA resilience delineated in this study, there is a need to understand the factors and processes that facilitated functional adaptation and resilience in order to design effective interventions for those who remained in Ireland.

For close to a decade the narrative surrounding survivors of ICA has been one of chronic abuse, disadvantage and pathology. This study does not dismiss the importance of these themes in the life histories of survivors. It does, however, suggest that it is now time to embrace resilience as a lens with which to examine post-ICA life. In contrast to Holocaust studies, research on former residents of industrial schools and reformatories is minuscule. The landmark CICA report (2009), the current “go to” investigation, was state produced, and may be considered, by future generations, as constituting a conflict of interest. To evidence
this further, a cursory review of the literature, via the DCU summons database, found no less than 50 journal articles on resilience and survivorship related to Holocaust survivors. The current study represents only the second attempt in the context of Irish survivors of ICA.

The CICA (2009) makes three recommendations relating to the alleviation of the suffering of survivors of ICA: a memorial should be erected; counselling and educational services should be provided; and lessons on the past should be learnt. A memorial was erected in 2013, and, although there has been no evaluation of the impact of these services, educational and counselling services continue to be provided. In contrast, despite the existence of a considerable body of biographical accounts (Doyle, 1988; Flynn, 1983), there has been no independent collection of narrative accounts from survivors of ICA. When asked “how does one treat survivors of the Holocaust?”, Elie Wiesel, Nobel Laureate and holocaust survivor, replied, “listen to them, listen very carefully. They have more to teach you, than you do them.” (Gilbert-Lurie and Lurie, 2011). There is a palpable need for a larger-scale independent initiative designed to listen to survivors of ICA on their terms and capture narrative descriptions of the resilience of a community who endured what some have called “Ireland’s Holocaust” (National Post, 21 May 2009).
References


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Appendix I: Correlations between WEMWBS and Subscales of RRC-ARM

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<td>Sig. (2-tailed)</td>
<td></td>
<td>.000</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>96</td>
<td>96</td>
<td>96</td>
<td></td>
</tr>
<tr>
<td>Contexttotal</td>
<td></td>
<td>.755</td>
<td>.975</td>
<td>.706</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>N</td>
<td>99</td>
<td>96</td>
<td>94</td>
<td>99</td>
</tr>
</tbody>
</table>
Appendix II: Correlations between WEMWBS and Subscale Components of the RRC-ARM

<table>
<thead>
<tr>
<th>WEMWBS</th>
<th>Pearson Correlation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>105</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual Personal Skills</th>
<th>Pearson Correlation</th>
<th>Sig. (2-tailed)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.808</td>
<td>.000</td>
<td>103</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual Peer Support</th>
<th>Pearson Correlation</th>
<th>Sig. (2-tailed)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.553</td>
<td>.000</td>
<td>103</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual Social Skills</th>
<th>Pearson Correlation</th>
<th>Sig. (2-tailed)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.748</td>
<td>.000</td>
<td>103</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Care &amp; Support</th>
<th>Pearson Correlation</th>
<th>Sig. (2-tailed)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.515</td>
<td>.000</td>
<td>103</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychological Care &amp; Support</th>
<th>Pearson Correlation</th>
<th>Sig. (2-tailed)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.589</td>
<td>.000</td>
<td>103</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spiritual</th>
<th>Pearson Correlation</th>
<th>Sig. (2-tailed)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.590</td>
<td>.000</td>
<td>103</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>Pearson Correlation</th>
<th>Sig. (2-tailed)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.701</td>
<td>.000</td>
<td>103</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Culture</th>
<th>Pearson Correlation</th>
<th>Sig. (2-tailed)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.750</td>
<td>.000</td>
<td>103</td>
</tr>
</tbody>
</table>

286
Appendix III: Frequency Distribution of WEMWBS by Country of Residents
Appendix IV: Frequency Distribution of total RRC-ARM compared by Country
Appendix V: Mixed Methods Convergence Matrix
<table>
<thead>
<tr>
<th>Resilience Potentiating Factor</th>
<th>Method</th>
<th>AG</th>
<th>DA</th>
<th>PA</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Personal Skills</td>
<td>Quantitative</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Qualitative</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Social Skills</td>
<td>Quantitative</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Qualitative</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relational Resilience Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Relationships</td>
</tr>
<tr>
<td>Quantitative</td>
</tr>
<tr>
<td>Qualitative</td>
</tr>
<tr>
<td>Peer Support</td>
</tr>
<tr>
<td>Quantitative</td>
</tr>
<tr>
<td>Qualitative</td>
</tr>
<tr>
<td>Children</td>
</tr>
<tr>
<td>Quantitative</td>
</tr>
<tr>
<td>Qualitative</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contextual Resilience Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Opportunities</td>
</tr>
<tr>
<td>Quantitative</td>
</tr>
<tr>
<td>Qualitative</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Quantitative</td>
</tr>
<tr>
<td>Qualitative</td>
</tr>
<tr>
<td>Spiritual</td>
</tr>
<tr>
<td>Quantitative</td>
</tr>
<tr>
<td>Qualitative</td>
</tr>
<tr>
<td>Cultural Identity</td>
</tr>
<tr>
<td>Quantitative</td>
</tr>
<tr>
<td>Qualitative</td>
</tr>
</tbody>
</table>

1 AG= Agreement, DA= Disagreement, PA=Partial Agreement, S=Silence.
Appendix VI: Quantitative Data Collection Instrument

Title
Resilience and Institutional Upbringing

Purpose of the Study
This study sets out to find what factors helped people who spent time in institutional care in Ireland cope or recover after they left the institute. The study does not focus on experiences whilst in the institution. The study will also examine some of the differences between survivors who stayed in Ireland and those who moved to the UK.

All information will be treated confidentially and at no point will we use your personal details. The study will not name any of the institutes cited in the study. All questionnaires will be sent directly to the London Irish Centre, stored in a locked cabinet in the Centre and securely destroyed in 2014. The project team aim to publish the results in 2014 in social science journals.

Requirements of Participation in Research Study
Anyone who spent time in an institute in Ireland can take part.
The questionnaire takes 15 minutes to complete. It is up to you whether you participate and you don’t have to if you don’t want to. If you decide to take part, you can stop at any time. If you are in contact with an organisation working with survivors, a professional will be available to help you complete the form.

Participants should be aware that confidentiality of information provided can only be protected within the limitations of the law. Disclosures without consent will only take place in the case of immediate risk or threat of harm or in cases involving the protection of a child.

Do you understand the information provided? Yes/No
Have you had an opportunity to ask questions and discuss this study? Yes/No
Have you received satisfactory answers to all your questions? Yes/No
COMPLETION OF THIS FORM CONFIRMS THAT YOU UNDERSTAND THE PURPOSE OF THE STUDY AND THAT YOU FREELY CONSENT TO PARTICIPATE IN IT.

If you want more information about this study, please contact:

Jeff Moore T: 00 44 207 916 2222 E: jeff.moore33@mail.dcu.ie

2. Demographic Questionnaire

<table>
<thead>
<tr>
<th>1</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Year of Birth</td>
</tr>
<tr>
<td>3</td>
<td>Post Code or County</td>
</tr>
<tr>
<td>4</td>
<td>What is your current job? Please tick one of the following: Retired □ Long-term unemployed □ Unskilled □ Partly Skilled □ Skilled (non-manual) □ Skilled (manual) □ Managerial/Technical □ Professional □</td>
</tr>
<tr>
<td>5</td>
<td>What was the best job you had since leaving school? Please tick one of the following: Long-term unemployed □ Unskilled □ Partly Skilled □ Skilled (non-manual) □ Skilled (manual) □ Managerial/Technical □ Professional □</td>
</tr>
<tr>
<td>6</td>
<td>What is the highest exam you have passed? Please tick one of the following: None □ Primary Cert □ Junior Cert □ Leaving Cert □ Cert/Diploma/Apprenticeship exam □ Lower Degree (e.g. BA) □ Higher Degree (e.g. MA) □</td>
</tr>
<tr>
<td>7</td>
<td>What year did you gain this qualification? Year:</td>
</tr>
<tr>
<td>8</td>
<td>Are you single or married? Please tick one of the following: Single □ Single and widowed □ Living together in first relationship □ Living together in second or third relationship □</td>
</tr>
</tbody>
</table>
9. How long have you lived with your current partner? Number of years:

11. How many children do you have? Number:

3. Warwick and Edinburgh Mental Well-being Scale

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

<table>
<thead>
<tr>
<th>STATEMENTS</th>
<th>One of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I've been feeling optimistic about the future</td>
<td>1</td>
<td>2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>I've been feeling useful</td>
<td>1</td>
<td>2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>I've been feeling relaxed</td>
<td>1</td>
<td>2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>I've been feeling interested in other people</td>
<td>1</td>
<td>2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>I've had energy to spare</td>
<td>1</td>
<td>2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>I've been dealing with problems well</td>
<td>1</td>
<td>2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>I've been thinking clearly</td>
<td>1</td>
<td>2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>I've been feeling good about myself</td>
<td>1</td>
<td>2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>I've been feeling close to other people</td>
<td>1</td>
<td>2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>I've been feeling confident</td>
<td>1</td>
<td>2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>I've been able to make up my own mind about things</td>
<td>1</td>
<td>2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>I've been feeling loved</td>
<td>1</td>
<td>2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>I've been interested in new things</td>
<td>1</td>
<td>2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>I've been feeling cheerful</td>
<td>1</td>
<td>2 3</td>
<td>4 5</td>
</tr>
</tbody>
</table>

4. Experience in the Institute

What Institute did you attend?
What year did you enter the institution?

How many years did you spend in the institution?

Did you successfully apply to the Redress Board?  Yes □  No □

5. Resilience Research Centre – Adult Resilience Measure

<table>
<thead>
<tr>
<th>To what extent do the statements below describe you?</th>
<th>Not at All</th>
<th>A Little</th>
<th>Somewhat</th>
<th>Quite a Bit</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have people I can respect</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. I cooperate with people around me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Getting qualifications or skills is important to me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. I know how to behave in different social situations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. My family have usually supported me through life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. My family know a lot about me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. If I am hungry, I have money to buy food to eat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. I try to finish what I start</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Spiritual beliefs are a source of strength for me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. I am proud of my ethnic background</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. People think that I am fun to be with</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. I talk to my family/partner about how I feel</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. I can solve problems without harming myself or others (e.g. without using drugs or being violent)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. I feel supported by my friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. I know where to get help in my community</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. I feel I belong in my community</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17. My family stands by me during difficult times</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18. My friends stand by me during difficult times</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19. I am treated fairly in my community</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>20. I have opportunities to show others that I can act responsibly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>21. I know my own strengths</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>22. I participate in organised religious activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>23. I think it is important to support my community</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>24. I feel safe when I am with my family</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>25. I have opportunities to be useful in life (like skills, a job, caring for others)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>26. I enjoy my family's/partner's cultural and family traditions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>27. I enjoy my community's culture and traditions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>28. I am proud of my nationality</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Services for Survivors of Institutional Upbringing

Immigrant Counselling and Psychotherapy (London)

Icap is a registered charity providing high quality counselling and psychotherapy across the UK to help people heal their lives and deal with emotional trauma, depression and risk of suicide. This service is free to survivors of institutional abuse. (00 44 20 7272 7906)

National Counselling Service (Ireland)

The Health Service Executive National Counselling Service provides counselling and psychotherapy for survivors of childhood abuse. This service is free for survivors of abuse. (Dublin 1800 234 110, Cork and Kerry 1800 234 116)

The London Irish Centre (London)

The London Irish Centre provides free confidential and non-judgemental advice to survivors of institutional abuse living in London. The Centre provides support, educational activities, access to counselling, and advice on tracing. (00 44 20 7916 2222)

Right of Place- Second Chance (Ireland)

Right of Place provides free information and support to survivors of institutional abuse living in Ireland. (00 353 21 4551377)

Irish Survivors Advice and Support Network (London)

Irish Survivors Advice and Support Services provide specialist advice services for survivors, particularly for those who need a lot of support with a range of complex issues. This organisation also provides support groups for male and female survivors. (00 44 20 7267 9997).

Aislinn (Dublin)

Aislinn provides support, counselling, and educational opportunities to survivors in the Dublin area. (353 1 8725771)
Appendix VII: Guidelines for Administering the Questionnaire

Re: Resilience and Survivors of Institutional Upbringing

Dear X

Many thanks for speaking to me on Friday.

I have enclosed a plan language statement and guidelines for administering the questionnaire verbally. If you feel you are able to assist with this research, please read this document, sign and return to indicate your consent and adherence to the guidelines.

If you are working with a group of clients who are interested in participating, please let me know and I can arrange a time to come to your organisation to assist in this process. If you have clients who are willing to participate and can complete the survey independently, please distribute the questionnaire and post them to me within 7 days of completion via registered post. It is imperative that the completed surveys are kept in a secure place until they are posted.

If you have any questions about the project or the survey, please do not hesitate to contact me.

Yours sincerely,

Jeff Moore
GUIDELINES FOR ADMINISTERING THE QUESTIONNAIRE

1. Participants must tick yes to indicate they have understood the nature of the research and have had an opportunity to ask questions.

2. If you are completing the form verbally participants must be asked the questions exactly as they appear on the questionnaire with no deviations.

3. Where participants want to deviate from the protocol and discuss specific issues in details (such as the abuse they suffered), interviewers should use the following script (as per the Commission to Inquire into Child Abuse): ‘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 these 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.’

4. Please ask all participants at the end of the interview if they would be interested in receiving a call in few days after the interview to check that they are ok. If the participant agrees, please ensure you undertake this task within 7 days and use the script enclosed.

5. Any participants who are currently experiencing significant health problems or those who do not have the ability to give consent should not be asked to participate.

6. Please provide all participants with the list of support organisations provided once they have completed the survey.

7. If any participant should disclose information about previous abuse, you should ask the participant if this information has already been disclosed to the Redress
Board. If it has not, please contact Jeff Moore (jeff.moore33@mail.dcu.ie or 0044 20 7916 2222).

8. Please keep data in a locked cabinet for no longer than 7 days. Please use the address envelopes provided to post the questionnaire or deliver by hand to the principle researcher (Jeff Moore) within 7 days. All questionnaires sent by post on behalf of respondents must be sent through registered post only. The principle researcher will provide resources for this.

I have read and understood all the information on this form and agree to adhere to the guidelines above when administered the questionnaire.

Date:

Name Initials:

Worker's Signature:
Title

Resilience and Institutional Upbringing

Purpose of the Study

This study sets out to find what factors help people who spent time in institutional care in Ireland cope or recover after they left the institute. The study does not focus on experiences whilst in the institution. The study will also examine some of the difference between survivors who stayed in Ireland and those who moved to the UK.

All information will be treated confidentially and at no point will we use your personal details. The study will not name any of the institutes provided by participants. All questionnaires will be sent directly to the London Irish Centre, stored in a locked cabinet in the Centre and securely destroyed in 2013. The research team aims to publish the results in 2015 in social science journals in Ireland and the UK. The results will be used to improve services for survivors.

Requirements of Participation in Research Study

Anyone who spent time in institute care in Ireland can take part.

The questionnaire takes 15 minutes to complete. It is up to you whether you participate and you don’t have to if you don’t want to. If you decide to take part you can stop at any
time. If you are in contact with an organisation working with survivors, a volunteer or worker will be available to help you complete the form.

Participants should be aware that confidentiality of information provided can only be protected within the limitations of the law. Disclosures without consent will only take place in the case of immediate risk or treat of harm or in cases involved the protection of a child.

If you want more information about this study please contact

Jeff Moore T: 00 44 207 916 2222 E: jeff.moore33@mail.dcu.ie
Appendix IX: Qualitative Data Collection Instruments

Title
Resilience and Institutional Upbringing

Purpose of the Study
This study sets out to examine what factors have helped people who spent time in institutional care in Ireland cope or recover after they left the institution. The study will examine some of the differences between survivors who stayed in Ireland and those who moved to the UK. It is hoped that the results will help to improve services for survivors of institutional childhood upbringing.

Requirements of Participation in Research Study
Organisations and professionals that work with survivors will be asked to nominate individuals who they think have coped well despite institutional upbringing and who are interested and willing to participate. Participants will be asked to take part in an interview which will last approximately 40 minutes. The interview will take place on the site of the organisations that has referred the individual to this study. Participants will be asked questions about how they coped after leaving the institution. The interviews will be recorded and transcriptions will be destroyed in 2015. All information will be treated confidentially and at no point will participant’s personal details be disclosed. The study will not name any of the institutions provided by participants.
Participants should be aware that confidentiality of information provided can only be protected within the limitations of the law. Disclosures without consent will only take place in the case of immediate risk or threat of harm or in cases involving the protection of a child.

Do you understand the information provided? Yes/No
Have you had an opportunity to ask questions and discuss this study? Yes/No
Have you received satisfactory answers to all your questions? Yes/No

YOUR COMPLETION OF THIS FORM CONFIRMS THAT YOU UNDERSTAND THE PURPOSE OF THE STUDY AND THAT YOU FREELY CONSENT TO PARTICIPATE IN IT.

If you want more information about this study, please contact E: jeff.moore33@mail.dcu.ie

<table>
<thead>
<tr>
<th>Year of Birth:</th>
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</thead>
<tbody>
<tr>
<td>Gender:</td>
</tr>
<tr>
<td>Postcode or Country:</td>
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<tr>
<td>Name of Institution:</td>
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<tr>
<td>Number of Years in Institution:</td>
</tr>
<tr>
<td>Successful Application to the RIRB: Yes/No</td>
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</tbody>
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Interview Schedule

Life after Institutional Care
Can you tell me about what you did when you left the school?
At the time, was there anything in particular that helped you cope?
How do you describe people who grow up well despite experiencing institutional upbringing?

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Migration to the UK

How would you describe your first years in the UK?

How would you describe your relationship with the Irish community in the UK?

How is life different for survivors in the UK compared to survivors who stayed in Ireland?

Transitions and Turning Points

Can you think of any turning points in your life since leaving the institution?

Positive Outcomes

As a survivor, what did you need to grow up well?

Can you share a story about how you have managed to overcome challenges you face personally, in your family, or outside your home in your community?

Resilience

What do you do when you face difficulties in your life?

What do you do, and others you know do, to keep healthy, mentally, physically, emotionally, spiritually?

What does being healthy mean to you and others survivors?