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**”Some call it resilience”: A profile of dynamic resilience-related factors in older adult survivors of childhood institutional adversity and maltreatment**

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## Supplementary Material

### Appendix A: Overview of Semi-Structured Interview Guide

#### Qualitative Semi-Structured Interview Guide

##### Instructions to Interviewer

Use the following interview topics to guide you during the interview and to act as prompts if needed.

##### Interview Topics

###### Welcome and Introduction [10 mins]

- Welcome the interviewee and thank them for their time and interest.
- Explain the procedure for today's interview.
- Read through Information Sheet with interviewee and answer any open questions.
- Read through Informed Consent form with interviewee. Once informed consent has been provided, proceed with interview.

###### Experiences During Childhood and/or Adolescence [10 mins]

- Institutional care – describe typical experiences
- Maltreatment and abuse – types experienced
- Context of experiences – environment, (lack of) support, religious culture/influence

###### Dealing with Experiences [15 mins]

- Coping during experiences – own coping strategies, support of others
- Positive experiences during institutional care – friends, school
- Asking for help – disclosure, reporting and responding practices
- Outside support – community, school

###### Outcomes of Experiences and Related Factors [20 mins]

- Negative outcomes – health, interpersonal, psychological
- Potential beneficial outcomes – personal development, personal/social relationships
- Potential for resilience – sense of being stronger or more resilient as a result of experiences
- Potential resilience-related factors – mechanisms supporting (or hindering) resilience

**Reflection on Life After Experiences** [20 mins]

- Current stressors – related stress/adversity, stigma
- Coping after experiences – own coping strategies, support of others, state support
- Disclosure – talking about experiences, reactions, (lack of) support
- Influence on beliefs – religious-run context/institutions, (changing) religious culture of Ireland
- Healthy ageing – what does it mean to you, factors that enable healthy ageing across lifespan

**Final Check** [5 mins]

- Ask if anything they would like to add or cover in more detail

**Debriefing** [10 mins]

- Check interviewee emotional state, if ok with all discussed
- Read through debriefing form, provide list of support contacts if required
- Provide reimbursement to interviewee
- Thank them again for their time and participation

**Appendix B:** Extended data analysis – Adversity and Maltreatment Themes and Sub-themes.

Note that each quote below is followed by the participant number, gender, and age.

## **1. Childhood Adversity and Maltreatment**

This topic focuses on the adversities and maltreatment experienced in childhood or adolescence during the participants' time in institutional care. Three main themes emerged on this topic.

### ***Abuse and Neglect***

This theme encompasses five sub-themes, depicting the range of abuse, maltreatment, and neglect experienced by participants. (1) *Severing of family bonds*: One of the first adversities reported by many participants was the separation from family, either during removal from their home, or within the institutional setting. One participant did not know that she had siblings in the same institution until years later when her father came to visit them together. (2) *Physical abuse and neglect*: The majority of participants reported physical abuse and punishment, which was often unwarranted and unpredictable. For instance, one participant recalled being “hit from behind” for not holding her knife and fork properly, stating that such physical abuse was commonplace as “there was a lot of beatings and stuff I didn't take any notice of it ‘cause it was a regular thing” (P1, female, 50). Such physical abuse was reported by both male and female participants:

“I got the cane and I got beaten and, uh, I got boxed in the nose, you name it. The head beat against the wall and whatever.” (P14, male, 53)

“But she'd put you across the bed then and she'd get a leather strap... This was her favourite pastime, I think, of all time. She'd get an older girl to hold your legs, you'd have no underwear on, and she would beat you till you were bleeding.” (P11, female, 66)

Participants also reported physical neglect in the form of substandard living conditions, a lack of medical attention when sick or injured, and poor nutrition:

“They weren't fond of using electricity, the heating wasn't on, you were cold, they didn't feed you properly (...) I've seen better given to an animal, than what they gave us.” (P8, female, 61)

(3) *Emotional/Psychological abuse and neglect*: Most participants experienced a lack of care or affection. Favouritism exacerbated this, with some children receiving better/more food, less beatings, and more affection. Psychological abuse was also prevalent, including insults and

being told that they would “never amount to anything” (P2, male, 50). Some participants reported extreme acts of degradation that still stood out vividly:

“One day, I don’t know what, I might have done something wrong, I don’t know, and she’d just strip you naked, she’d put a dog’s collar on you and she’d make your sisters walk you around to eat off the ground and just throw you food.” (P16, female, 61)

(4) *Sexual abuse*: Reported by both male and female participants, sexual abuse included inappropriate viewing or touching, and rape.

“Being in the bath and having a nun, ehm, scrub you, and uh, she scrubbed you in places she shouldn’t be scrubbing you, like, (pause) your nether regions.” (P10, female, 57)

“I was raped then by a priest when I was 7 (...) You think, you knew there was something not right, but it was normal you know like, to get physically abused, and then to get sexually abused, and mentally abused. You’d just think that this is all the norm.” (P2, male, 50)

For some participants, the sexual abuse was frequent or ongoing:

“Because part of his (...) routine, was to inflict pain while he was inflicting pleasure on himself.” (P4, male, 51)

(5) *Educational neglect*: Some participants felt labelled in school and were considered a ‘moron’ or ‘unable to learn’. Many also reported a lack of life knowledge and skills, with one participant being unable to tell the time or tie his own shoelaces until he was 16 years old.

Another participant experienced terror after getting her period for the first time:

“Puberty, and nobody’s telling you about facts of life. And one day you’re bleeding. I was quite young, I was only twelve, and I thought I was dying.” (P9, female, 63)

### ***Harsh Regime***

This theme encompasses three sub-themes on the intense regime and operational practices associated with institutional care. (1) *Forced maturation*: The majority of participants engaged in physical manual labour, such as daily chores. However, many also had tasks particularly unsuitable for children:

“In the kitchens or in the nursery it was a case of knowing how to keep a routine and how to look after a child, in a sense that to change a child, to feed a child, wash a child, you know, all that. But I was a child myself, I shouldn’t have had those responsibilities.” (P10, female, 57)

In addition, participants made rosary beads and other items for sale, men were often hired out to work on local farms, and women were often hired out to families as cleaners and

childminders. (2) *Oppression and control*: Most participants felt a lack of control due to the oppressive nature of their upbringing. Religion was often used to induce fear (e.g., of hell) and maintain control. Participants' sense of agency was also oppressed by acts of dehumanisation, such as being given a number instead of their name:

“When you're in there, you were nothing. You were trash to them. And that's what you were, was trash. You were a number, they used to call me ‘you’. They couldn't think of a name, but a number, [number omitted] was my number.” (P8, female, 61)

(3) *Displacement*: Several participants felt a sense of displacement after leaving the institution. For instance, one participant was told that she could not come back to the “place that I had called my home for seventeen years” or visit the others without an appointment (P1, female, 50). Many participants were left with little money and nowhere to go and felt they had not been prepared for life on their own:

“There should be more input on informal skills, like how to manage your income, how to, you know, basic skills that would help you in the adult world. I mean, I'm sorry, but like five decades of the rosary's not gonna feed you.” (P10, female, 57)

### ***Detrimental Perceptions and Interactions***

This theme incorporates three sub-themes describing the negative perceptions, actions, and inaction. (1) *Stigma and discrimination*: Participants experienced frequent stigmatisation and discrimination. One participant felt that institutional children were considered “lower than dirt” by society (P2, male, 50), and another was ostracised from his community due to his status (P12, male, 63). This stigma often resulted in feelings of shame and insecurity:

“I was born out of wedlock, that was shame. And I didn't know my mother and my father and my family, that was shame. I couldn't read or write, that was shame. I was in rags, that was shame. I wasn't washed or cleaned, that was shame. I didn't have any money, that was shame. I didn't have any food, that was shame. So everything around my life, growing up, was to do with being shamed. Shame was the full part of my life, it was the fullest word that I knew, was totally shame. And totally being different than anyone else.” (P3, male, 77)

(2) *Societal inaction*: Several participants stated that the lack of action from society was akin to abuse. They felt that communities were “fully aware of the conditions” (P10, female, 57), but the status and power of the church prevented people from speaking out:

“They knew about, people outside knew what was going on. That's the most important, that was the worst thing, once they knew what was going on, they could've done

something but they didn't. It was the church had the power. It was what the church says, that goes.” (P15, female, 54)

(3) *Unsuccessful disclosure*: Some participants did not disclose the abuse for fear of further punishment or not being believed. One participant was afraid she would be locked in a mental institution and get the “electric treatment”. She felt that the church’s status protected them as they “were nuns and these were good people so they were never questioned” (P16, female, 61). One participant who reported the abuse stated that stigma and the church’s power led to a negative bias and impeded help:

“The sergeant said, ‘sure you must’ve done something to deserve it’, the sergeant of the police. So that, after that, no, I knew then, I had no one. (...) And that's a policeman. He's supposed to be there like to, if someone breaks the law. I mean, if that nun was a civilian and she wasn't wearing a habit, and if she'd done that to me in the streets, she would've been done with grievous bodily harm. But because she was a nun in the Mercy order, she walked from it.” (P10, female, 57)

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## **2. Related Later-Life Adversity**

This topic refers to adversities experienced in later life as adults, specifically those associated with their institutional care. Three main themes emerged on this topic.

### ***Re-exposure and Reminders***

This theme incorporates two sub-themes on experiences and events that cause painful reminders of their childhood adversity. (1) *External triggers*: Some participants experienced flashbacks in response to visual or auditory triggers, such as hearing a certain voice, or being called ‘hey you’ again:

“The memories will flash back, the places will flash back in your head. (...) And especially if someone said ‘Oh well my childhood and when I done this’ you trigger, everything triggers off in your head. And you go ‘oh my God, my childhood wasn’t like that’, it’ll come back to you.” (P7, female, 66)

One participant recalls her first memory in the institution of being scared by a “tight-lipped” nun whenever she sees someone with similarly thin lips (P16, female, 61). (2) *Recounting experiences*: For many participants, talking about their experiences again as adults re-exposed them to the pain and was often distressing:

“When you actually say the first words out of your mouth, I was raped. It's like your whole world just comes down on top of you. (...) it's like if you get a sledge hammer and bounce it off your head. That's the pain that you actually feel. When you actually utter the first words: I was abused.” (P2, male, 50)

### ***Failure of System and Society***

Two sub-themes are encompassed within this theme, referring to problematic reactions and responses to participants and their experiences. (1) *Social (un)acknowledgement*: Several participants experienced negative responses, disbelief, or a lack of acknowledgement from society, friends, or family. For example, one participant was met with judgment and disbelief when an acquaintance downplayed her experiences because “it couldn't have been that bad, the way you're looking” (P1, female, 50). For another participant, the topic was taboo and not acknowledged amongst his friends and family:

“Just the ‘elephant-in-the-room syndrome’, you know. That we better not talk about this, we can't talk about that, because if we do, it'll do this to him.” (P4, male, 51)

(2) *System failings and problematic support*: A major issue for participants was the system-level response to the institutional abuse. A commission was set up by the state to investigate the institutional abuse. As part of the response, support organisations and services were set up, including counselling. Most participants had tried or attended counselling, but several found that “some therapists out there don't have a grasp” (P5, male, 60), because they had never experienced what the survivors had went through and could therefore not understand. In addition, the commission offered compensation money to institutional survivors in a redress process. Many participants felt that this process was not transparent or fair. Others felt that a lack of consideration in managing the money led to further complications for some survivors, such as those coping with addiction:

“I think the redress destroyed a lot of survivors. (...) We had no experience with money, ‘cause we never had it. Then all of a sudden, you got this big ball of money into your bank account. And believe me, it drove most of us mad.” (P2, male, 50)

Some participants felt injustice at the action/inaction of both church and state. This was particularly evident for Protestant survivors, due to the focus on Catholic institutions:

“If Catholic people are getting help from the state, why ain't we who are not Catholics? (...) There's been several, there's been almost seven inquiries since 1970 on Catholic homes, but none on Protestants. In actual fact, the first commission for Protestant homes



to be included wasn't 'til 2015. This current one was the first, and only one. Ever.” (P3, male, 77)

### ***Cycle of Abuse***

This theme contains three sub-themes depicting the ways in which the adversities have continued into later life. (1) *Systemic*: Many participants felt that the redress process was detrimental, particularly the process of explaining their experiences to the commission. Many participants reported feeling as if they were on trial:

“I didn't like the commission now either (...) they make you feel as if you're a murderer. Like, what were we doing, we were telling our story, we were telling our lives. And they knew, they knew it all, they had all the documents anyway. They're all state documents that I had, and that everybody has, they're not 'making up' ones. And yet they question everything. It was cross-examination.” (P6, female, 67)

Some participants had not yet disclosed everything to their families and felt put in an awkward position. Others felt that it re-opened issues that they had tried to forget:

“Because when the redress came about (...) it opened up a can of worms that you weren't really kind of prepared for (...) Because here was something I wasn't ready to talk about. It was kinda forced on me (...) You don't have to bring out everything that happened to you, right. But the redress demanded it.” (P11, female, 66)

(2) *Constricted identities*: Some participants reported adverse interactions with organisations or institutions, which affected their sense of self and connection to their past. For instance, one participant highlighted the importance of photos for reflection, which was prevented when she was refused access to the photos of her as a child:

“I asked the nuns for my pictures, 'cause they used to take group pictures of us. And she told me they're property of the [institution], and under no circumstances would they be released to any of us. So they're still at the control and the manipulation.” (P10, female, 57)

Further restrictions included difficulty getting access to their personal records or family information. One participant experienced “genetic bewilderment”, an identity conflict due to missing information about oneself or family. In addition, the lack of information raised concerns about potential hereditary illnesses:

“I was looking for any documentation that the [national health system] may have, belonging to me. In relation to my mother, any information that will further relate to

who my birth father is. Any information whatsoever on particular illness that may be of genetic predisposition.” (P5, male, 60)

(3) *Transgenerational*: Many participants were concerned that the transgenerational effect of the abuse “goes down to the grandchildren, or down to the sons and daughters” (P5, male, 60). Two participants experienced a direct effect on the next generation, as they could no longer afford to put their children through university due to changes in the education financing available to survivors. Another participant was concerned about the affect his upbringing had on his parenting style:

“No matter how I justified it, it's still what the nuns did to me. And because they thought it was acceptable to do it to me, I thought it was acceptable to do it to my kids. Do you know, which it wasn't.” (P2, male, 50)

A concern expressed by several participants was the potential emotional transfer of the lack of care and affection they experienced in childhood:

“The fact that nobody nourished me in the orphanage. That I was just treated like a number. So the question is, did I treat my children like a number?” (P17, female, 60)

### **3. Childhood Adversity and Later-life Resilience**

This topic refers to the link between childhood adversities and adult resilience, as described by the participants and illustrated in the following quotes:

- “Another fighting part of you will come, will surface, that you didn't know that was there. Why is it surfacing? Because as a child you didn't have the ability to fight your corner, but it's within you, to fight it.” (P9, female, 63)
- “But then again I'm reflecting here, like thinking, I couldn't achieve what I have achieved or what I will achieve if I didn't live the life I lived. Ironically.” (P10, female, 57)
- “We carry what they've preconditioned into our brains with us, every day of the week. And it's an internal battle to be functional. And I mean functional in our own way, not OCD-functional, I'm on about just having a life, having relationships, having bonds with people.” (P10, female, 57)
- “So it's an endurance, I think it's an endurance, the fact that we had to endure, endure stuff in the home. And you had, you couldn't stand up for yourself, so we had to endure everything. So I would have a huge, capability of enduring an awful lot. But I think that's what got me through, my endurance.” (P17, female, 60)