Looking Back and Moving Forward: An Exploration of Survivors' Narratives of Historical Institutional Child Abuse

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Acknowledgements

Abstract

At a time when nations and states across the world are critically examining historical childcare practices, it may be overlooked that until the late 1980s, there was little public awareness of the abuse of children in public care. Since then, despite public inquiries, autobiographies and scholarly writing, little research has explored the influence of such experiences on care leavers' lives. This study sets out to address this.

Fourteen adult care leavers shared personal narratives of childhood experiences in residential care between 1915 and the early 1970s and adult lives thereafter. Experiences varied widely but narratives converged in that all identified themselves as having encountered what is now known as historical institutional child abuse. Most identified this as having impacted varyingly on personal identity, self-confidence, adult relationships and emotional wellbeing. This study explores survivors' narratives and the process whereby they made meaning of experiences of historical institutional child abuse over the course of their lives.

To fully understand survivors' narratives, it was necessary to consider a number of contextual factors. Interviews with ten participants from service provider agencies helped explain the obstacles encountered by survivor participants in completing their life narratives while literature illuminated the changing constructs of childhood, child abuse and children's rights; changes in law, the developing notion of transitional justice and the process whereby historical institutional child abuse has come to be perceived as historical injustice. These have been influenced in turn by processes associated with late modernity, which impacted on personal lives and service providers' systems and practice. Arguably what has been the public narrative of the care of vulnerable children in Scotland historically is now being challenged by survivors' narratives.

This study offers lessons for practice, in respect of survivors of historical institutional child abuse and children in care today.

1 Introduction

1.1 Introduction

'Who controls the past controls the future: who controls the present controls the past' so Orwell (1949, p.32) reminds us of the dynamics at play in narrating what is generally referred to as 'History'. Nations and states across the world are now critically examining the care of children over the years, and narratives of children in public care are being told through autobiographies such as those of David Whelan (2010) and Margaret Irvine (2010), inquiries (Corby, Doig and Roberts, 2001) and historical accounts (Abrams, 1998; Magnusson, 1984; 2006; Murphy, 1992). Meanwhile historical institutional child abuse is joining other human rights abuses to be construed as a matter of historical injustice (Thompson, 2002; Torpey, 2003).

It should be acknowledged at the outset of this study that many people had positive experiences as children in public care. Margaret Irvine for example concluded her autobiography describing her childhood in residential care in the 1940s and 1950s:

> I never for one moment missed not having my natural parents around. Being in one place for my entire childhood until the age of sixteen gave me everything any child needs to have. I had stability, education, love and security – exactly what any parent wants for their child - as Miss Martin and her staff made sure that all of the children at Tenterfield never missed out on all these things. (2010, p.201-202).

Having worked as a practitioner and manager in childcare services for over 40 years, it was my expectation that all children in public care in the United Kingdom (UK) should have had a similar experience. This is not the case.

This study emanates from an encounter some 15 years ago. When employed as Lecturer at the Scottish Institute for Residential Child Care (SIRCC), the Chief Executive of a large childcare provider suggested that SIRCC facilitate service providers in exploring good practice when managing allegations of what is often referred to as 'historical institutional child abuse'. Having qualifications and experience in residential child care, child protection and therapeutic work with children and their families and having worked in the statutory and voluntary sectors, I became involved. A closed seminar was convened with participants from voluntary

and statutory agencies, invited because of their experience in this field (SIRCC, 2002). It became apparent that a number of adults were coming forward in Scotland reporting maltreatment while in residential care as children. There was considerable relevant experience among participants, but reticence about discussing this outwith the forum; one suggested because of possible stigma and the consequential impact on reputation and funding, particularly for voluntary agencies. A working group was convened resulting in publication of a practice paper (Hawthorn, 2006). It was notable however, that no member of the group was known to be a care leaver or survivor of historical institutional child abuse. A brief review of literature revealed that little had been written about survivors of historical institutional child abuse and, even less, involving their views. This is a very sensitive area of enquiry, one possible reason for the dearth of material. Having relevant knowledge, skills and experience to complete such a complex study, I decided to explore the perspective of survivors of historical institutional child abuse. Several questions emerged in the planning and it was thought that it would be helpful to include not only the views of survivors, but also the perspective of service providers who may be able to contextualise firstly, the survivors' childhood memories, and secondly their adult experiences of approaching the agencies when seeking to complete their life narrative. The delicate and evolving nature of the subject raised ethical issues which influenced the research process throughout. This will be explored in more detail in Chapter Three: Research Design and Process.

While historical institutional child abuse had been the focus of political attention internationally since the 1990s (Sköld and Swain, 2015), it was not until this study was already underway that the subject gained comparable political and media interest in Scotland. Running concurrently with the latter stages of this investigation, I worked with colleagues, survivors and service providers to develop and implement the Action Plan on Justice for Victims of Historic Abuse of Children in Care in Scotland based on a model of transitional justice (SHRC, 2014). This will be discussed in Chapter Two of this work. As a result, the context of the survivors' narratives has changed and my relationship with survivors' groups has evolved to that of working in partnership. I have also engaged in international debate on the subject through conference presentations and literature (Kendrick and Hawthorn, 2015; Kendrick, Hawthorn, Karim and Shaw, 2015). These changes did not affect the original ethical position in respect of the survivor participants, rather the research became more Scottish focussed than originally anticipated.

While survivor narratives are now more in the public domain in Scotland than at the start of this study, appearing as testimony in the National Confidential Forum (2017) and as evidence in the Scottish Child Abuse Inquiry (2016), one distinctive feature of this work is the depth of personal narratives shared. There remains a lack of research and analysis in the UK of such intimate perspectives.

1.2 Emerging Understanding of Historical Institutional Child Abuse

In the late 1990s, survivor-led support groups such as In Care Abuse Survivors (INCAS) formed in Scotland (INCAS, 2012) and in 2002, Chris Daly, a survivor of institutional child abuse lodged Petition PE535 in Scottish Parliament calling for an independent inquiry into the historical institutional abuse of children (The Scottish Parliament, 2002). Although there had been concern about what is now referred to as child abuse since at least the late 19th century (Abrams, 1998; Department of Health, 1995), and disquiet about the wellbeing of children in residential care at different points throughout the 20th century (Kendrick and Hawthorn, 2012), increased awareness of institutional child abuse did not become apparent until the 1970s in the United States of America (USA), and 1980s in the UK (Kendrick, 1997) with the concept of historical institutional child abuse coming to the fore in numerous Western countries, including Scotland, during the 1990s (Sköld & Swain, 2015). Since then, there has been a growing body of literature on the subject (Sen, Kendrick, Milligan and Hawthorn, 2008) extending during the early 21st century to considering historical institutional child abuse within the context of transitional justice (Kendrick, Hawthorn, Karim and Shaw, 2015; Thompson, 2002; Torpey, 2003).

1.3 Aims of the Study

This is an exploratory study to address a gap in research, the aim of which is:

To understand survivors' developing comprehension of experiences of historical institutional child abuse over the course of their lives.

To assist in focussing the thesis, three objectives were identified:

1. To hear and explore the life narratives of historical institutional child abuse.

2. To place the narratives of survivors in the broader context of the development of residential childcare services, policy and social attitudes to children.

3. To identify key factors which may have influenced survivors' experience, developing narrative and identity.

Semi-structured interviews were conducted with both survivor and service provider participants. Survivors recounted rich narratives of their lives and shared autobiographical material, poetry, photographs and copies of records; I was invited to visit the site of a former care establishment, attended annual memorial services and a support group meeting involving survivors not included in the study; I shared the platform with one survivor as we spoke with care leavers and survivors affected by a high-profile episode of institutional child abuse in another part of the UK. As outlined above, the relationship with some survivors is now that of colleagues working in partnership.

1.3.1 Definitions: Terminology

For the purposes of this study, the definition of historical child abuse is that used by Scottish Government (Scottish Government, 2014). Although the term 'historical institutional child abuse' holds a variety of meanings, in this study, unless described otherwise, the term refers to historical abuse, of children in public care, which occurred in children's homes or Approved Schools/List D Schools. More recently there has also been recognition of abuse of children in foster care (Hawthorn, Lerpiniere, Patterson and Kendrick, 2013; Kendrick and Hawthorn, 2012) and the independent school system (Scottish Child Abuse Inquiry, 2016) but at the time of planning this study, concern in Scotland was primarily in respect of those abused as children in residential care hence the focus on institutional abuse. It should be noted at an early stage, while the term 'historical abuse' is used to refer to abuse that occurred a significant time ago, the effects of such experiences are very much present for those affected (Hawthorn, 2006).

The term 'survivor' or 'survivor participant' is used to describe those who perceive themselves as having experienced institutional childhood abuse. Different terminology has been used in other contexts, such as 'victim-survivor' on the basis that all are victims of a crime. No-one participating in the study made this differentiation therefore 'survivor' is used as a generic term as this was the

expression used by the group from which most participants came forward. In respect of adults who spent part of their childhood in care but do not describe themselves as having been abused, I have referred to them as 'care leavers'**.**

'Service provider participant' is used to describe participants who work either for or on behalf of childcare service providers. Former service provider is used as a generic term to describe those service providers that no longer provide childcare services. No former service providers took part in this study although two provided short pen pictures of residential care services provided by their agencies historically. Service provider participants are not knowingly related to those agencies identified by survivor participants.

Historically in Scotland some organisations that delivered childcare services were explicitly faith-based (Abrams, 1998). These are termed 'faith-based organisations'. The definition of 'faith-based' for the purposes of this study is that of the Oxford Dictionary Online (Oxford Dictionary Online, 2018) 'affiliated with or based on religion or a religious group'. In some of these organisations, children were looked after by a combination of lay staff and members of religious orders. As some survivor participants differentiated these, the former are referred to as 'staff' and the latter as 'Religious'.

The term 'narrative' is used throughout the study. The definition of 'narrative' is in dispute (Squire, Andrews Tamboukou, 2008). Drawing on the work of van der Merwe and Gobodo-Madikezela (2007), 'completing their narrative' is used to identify the way in which survivor participants were seeking to understand their life experience by identifying causal links between different events and understanding how aspects of their lives related to each other. Van der Merwe and Gobodo-Madikezela (2007) identify such exploration as part of the process of turning one's life into a narrative structure, thus counteracting the transience of life. I have occasionally used the term 'personal history' or 'life story' as a synonym for narrative. Other terms such as 'experiences', 'accounts' or 'testimony' are used to capture individual events, themes and patterns which contribute to the life narrative. I also argue that collective narratives may be created by groups, organisations, and individuals coming together.

As the study progressed, narrative research proved useful as an approach to analysis. Narrative research and narrative analysis are discussed in more detail in Chapter Three: Research Design and Process.

1.4   Theoretical Frameworks

I did not approach this study with a pre-existing overarching theoretical stance but as analysis progressed, certain frameworks helped explain the findings. Firstly, modernity and the three facilitating conditions identified by Giddens (1991a; 1991b) helped contextualise the experiences of both adult survivors of institutional abuse and service providers as the concept of historical institutional child abuse came to be identified in the UK and survivors' understanding of their childhood experiences evolved. Theoretical frameworks associated with narrative and identity were also evident. Arguably there already existed a public narrative of the care of vulnerable children in Scotland historically (Abrams, 1998; Magnusson, 1984; 2006; Murphy, 1992). This study revealed an alternative history. For survivor participants, the process of completing their personal narratives was linked to identity. With developments in social media since the 1990s, arguably a feature of modernity as identified in the relationship between time and space (Giddens, 1991a; 1991b), survivors were able to connect with other survivors of historical institutional child abuse, sometimes with childhood friends. As experiences were shared, the collective identity of survivor of historical institutional child abuse was created, which became a force campaigning for justice. Over time, the survivors' collective narrative has come to challenge the existing public narrative as evidenced for example in the Hearings of the Scottish Child Abuse Inquiry (2017). Since embarking on this study, transitional justice has also proved a useful framework, not only for understanding survivors' aspirations for justice, but also for shaping organisational and state responses.

1.5   Structure of Thesis

1.5.1   Chapter One: Introduction

The first chapter of this thesis introduces the subject and the study.

1.5.2   Chapter Two: Review of Literature

Chapter Two lays out the Review of Literature. While initially following a number of subjects related to institutional abuse, once interviews were underway, it became clear that this needed to be extended in light of emerging themes. Survivor participants' responses indicated that their understanding of childhood experiences had evolved over the course of their lives and there was a need to contextualise this. They had been in public care between 1915 and the mid-1970s; in the intervening

years, there been significant social changes. The chapter opens therefore by considering the concept of history as well as processes of late modernity and associated opportunities for reflexivity. Constructs of childhood and related changes in social policy and legislation are explored, endeavouring to capture the shift over time and factors underlying such evolution in thinking. Due to the volume of material on the subject, childhood maltreatment, institutional child abuse and historical institutional child abuse are considered separately, before reflecting on the needs of adult survivors of abuse. During the 1990s, historical institutional child abuse joined other human rights abuses, to be viewed as historical injustice. The implications of this are considered in both an international and Scottish context. The literature review concludes by exploring the learning from historical institutional child abuse and some implications for current practice.

1.5.3 Chapter Three: Research Design and Process

Chapter Three considers the Research Design and Process. These were heavily influenced by the sensitive nature of the study. This chapter explores the reason for selection of an exploratory approach, the recruitment of participants, data collection and analysis and the ethical considerations arising from working with such sensitive material. As analysis progressed, it became clear that I had collected some rich personal narratives. Methods associated with narrative research were helpful in progressing the analysis.

1.5.4 Chapter Four to Chapter Nine: Findings and Analysis

This section contains the Findings and Analysis of the study.

4 Findings and Analysis I: Introduction to Findings and Analysis

This chapter provides a short introduction to the Findings and Analysis chapters, describing how these are structured. In order to contextualise survivor participant narratives, it outlines the age of participants at the time of interview and briefly reviews relevant social policy and legislation.

5 Findings and Analysis II: Childhood Experiences

This chapter contains two sections.

Childhood memories

This section explores childhood memories of family life prior to and during the process of admission to care. Possibly because of the age at which some left their birth family, only a few were able to share such details. It was thought relevant to include these however as they portray some of the circumstances bringing children into public care historically and contextualise the narratives which unfold.

In-care experiences

The section opens with reflections on family relationships once in care. These varied: some maintained contact with siblings, parents or extended family, others were separated. Positive experiences in care are described. Against such memories, accounts of trauma, abuse and betrayal of trust stand out in sharp relief. Survivors spoke of factors, which they perceived as contributing to maltreatment. They identified that abuse was not simply carried out by individuals but often programmes of care or the wider system perpetuated this and served to prevent maltreatment being recognised outwith the establishment. Linked to this are children's efforts to alert adults. With a few exceptions, abuse continued undetected. Participants shared thoughts on the impact and how they dealt with such experiences as children. The section ends with memories of transitions from care, some returning to live with family, some moving on to live independently.

A number of themes emerge in this chapter, which continue through the study; although abusive practices occurred decades ago, drawing on literature (Kemp and SHRC, 2010; Shaw, 2007) much would have been defined as abuse at the time and would now constitute historical injustice (Sköld and Swain, 2015). The significance of the peer group in children's lives also emerged. Overall, childhood experiences influenced developing narrative and identity, which was carried into adulthood.

6 Findings and Analysis III: Implications of In-Care Experiences

A small number of survivor participants had experienced periods of homelessness or prison, but in the main, adult lives were settled and productive. Initially it seemed as if childhood adversity had had little impact and some identified ways in which they perceived childhood adversity as having had a positive influence on aspects of their adult lives. As alluded to above however, most had had difficulty completing their personal narrative. Another marked similarity across the group was a reluctance to

share in-care experiences with family and friends. The considerable media coverage from 1990s onwards was met with mixed emotions; while it gave words to identify and describe their experiences, for some, family questioned why they had not shared this previously. Identity continued as a theme; modernity explained the fluidity of identity, and the process by which experiences took on a different meaning over time during adulthood. The 1990s brought new technology and considerable media coverage, which reconnected survivors with childhood friends and others who had shared similar experiences. The identity 'survivor of historical institutional child abuse' developed since the 1990s and survivors became a campaigning force seeking justice for their childhood experiences.

7 Findings and Analysis IV: State and Agency Voices

In seeking to complete their personal narrative and access justice, some survivor participants had tried to contact the agencies formerly responsible for their care. None were satisfied with the response. This chapter provides some explanation as service provider participants contextualised the survivors' experiences, details possibly difficult for survivors to recognise from their position; why survivors did not receive the unqualified apology from agencies formerly responsible for their care; why there were long delays in accessing records; why records may not truly reflect survivors' memories of childhood. The involvement of 'expert systems' (Giddens, 1991a; 1991b) such as insurers and legal advisers, explains some of these challenges.

8 Findings and Analysis V: Accessing Justice

In the penultimate chapter of the Findings and Analysis section, aspirations for justice are discussed, bringing together the views of both survivor and service provider participants. These interviews were carried out before Scotland developed the Action Plan on Justice for Victims of Historic Abuse of Children in Care based on a model of transitional justice (SHRC, 2014). Despite this, survivor aspirations for justice correspond with remedies included in this framework. All had encountered obstacles in accessing justice, however. Service provider participants were able to contextualise survivor experiences and help identify the barriers.

9 Findings and Analysis VI: Summary

The final chapter of this section synthesises findings and analysis. Central themes and theoretical frameworks are identified.

1.5.5   Chapter Ten: Conclusion and Recommendations

Chapter Ten concludes the study. At the outset, I had anticipated neither the warm and enthusiastic response of participants nor the wealth of material which they would share, nor had I anticipated the developments internationally in respect of historical justice. Some survivor participants have since become part of the process of creating a pathway to justice for survivors of historical institutional child abuse in Scotland.

The interrelationship of theoretical frameworks discussed above proved helpful in contextualising survivor participants' experiences. Although it is generally agreed that episodes of historical abuse need to be considered within the context of laws, policy and attitudes towards children at the time of their in-care experiences (Department of Health, 1995; Ferguson, 2004; Parton, 2006; Smith, 2009), viewing survivor participants' experiences within the wider context of late modernity and what Giddens (1991a; 1991b) identifies as the three facilitating conditions helped explain survivor participants' experiences. The emergence of new technology facilitated the separation of time and space enabling creation of relationships with other survivors through the internet, media and social media; friendships and relationships from childhood were renewed. Service provider participants shared details of processes and involvement of 'expert systems' such as legal agencies and insurers (Giddens, 1991a; 1991b) that directed their contact with survivors. Increased reflexivity and moves away from tradition, also features of modernity, allowed survivor participants to reframe childhood experiences and to challenge previously accepted practices, institutions and power bases such as churches and childcare providers.

Theories of identity and narrative helped bridge theories of modernity and those of historical justice. As acquaintances were renewed and personal narratives pieced together from fragmented memories and other sources, this facilitated a collective narrative and emergence of the identity of 'survivor of historical institutional child abuse'. This group became a force campaigning for justice through survivor led organisations, which developed in Scotland around this time. Arguably this alternative narrative, of the marginalised voices of adults abused while in care as children, came to challenge the dominant public narrative.

Around the same time, historical institutional abuse of children was being recognised internationally as historical injustice. Although Scotland has its unique history of childcare practice influenced by a number of factors (Abrams, 1998; Murphy, 1992), structures associated with transitional justice have provided a useful framework for survivors formulating an agenda for justice and for these to be addressed by the state, care providers and former care providers.

Appendices are included and contain material such as participant profiles; interview and information schedules for both survivors and participants from agencies. The next chapter will consider literature which contextualises survivor narratives.

2 Review of Literature

2.1 Introduction and Context

This chapter explores literature relevant to the investigation. Some material contextualising participants' experiences will also be woven through Findings and Analysis Chapters.

Section 2.2 considers the concept and function of history, and the constructs of modernity and late modernity. These not only provide a context to individuals and groups endeavouring to locate themselves in relation to the past, but also provide a framework for explaining survivors' experiences over time. Subsequent sections explore topics more specifically related to historical institutional child abuse. Section 2.3 considers the construct of childhood and the interface with adulthood. Recognising that the concept of childhood has changed over time, this further contextualises survivors' experiences. Such shifting in social constructs is related to changes in services for children in public care. Section 2.4 therefore considers the theory, policy and practice of the residential care of children. Section 2.5 discusses literature in respect of children's rights, child protection and changes over time. Closely linked to these themes is the emerging awareness since the late 1970s in the USA and 1980s in the UK that children removed from home because of concerns for their wellbeing were not safe in out of home care (Corby et al., 2001; Kendrick and Hawthorn, 2012). Literature examining institutional child abuse is therefore contained in Section 2.6. As experiences of adult survivors of institutional child abuse were shared through the media, the concept of historical institutional child abuse emerged, both internationally and in Scotland, during the 1990s (Sköld and Swain, 2015). This is considered in Section 2.7. The aim of this study is to understand developing narrative of survivors of historical institutional abuse. The needs of adult survivors of institutional child abuse, including our current understanding of identity are explored in Section 2.8. Over recent years historical institutional child abuse, including childcare practices, which were accepted at the time, joined other human rights abuses to be construed as historical injustice addressed by frameworks used in transitional justice. This will be discussed in Section 2.9. The chapter concludes in Section 2.10 by considering the implications for service providers of this heightened

awareness of institutional child abuse. Material in the chapter is synthesised and gaps in literature identified, which this study sets out to address.

2.2 History and Modernity

2.2.1 History

Having been in public care between 1915 and 1970s survivor participants were striving in the early 21st century to make sense of their childhood experiences by which time there had been considerable social change. Hobsbawm acknowledges the importance of locating oneself in relation to the past proposing that:

> To be a member of any human community is to situate oneself with regards to one's (its) past. The past is therefore a permanent dimension of the human consciousness, an inevitable component of the institutions, values and other patterns of human society. (Hobsbawm, 1998, p.13).

There are however different interpretations of the concept and purpose of history. Foucault described History as:

> (having) a certain number of major functions in Western culture: memory, myth, transmission of the Word and of Example, vehicle of Tradition, critical awareness of the present, decipherment of humanity's destiny, anticipation of the future, or promise of a return. (Foucault, 2002, p.400).

The concepts of memory and myth have resonance for survivors of historical institutional child abuse and some of their critics.

Nietzsche meanwhile differentiates three kinds of history, monumental or exemplary history, antiquarian history and critical history (1990). In respect of a critical mode of history, which is most pertinent to this study, Nietzsche writes:

> Critical history […] challenges accounts of the past, bringing to light injustices from the past which can be addressed in the interest of the present. (Nietzsche, 1990, pp.102-103).

Nietzsche contended that while all three approaches to history are relevant, history must serve life and the future; it should not strive to achieve historical justice arguing rather for an ethic aimed at the present (Bevernage, 2008).

Highly pertinent to this study and notions of 'wilful blindness' and denial discussed below, Nietzsche also proposed:

> For since we happen to be the products of earlier generations, we are also the products of their blunders, passions, misunderstandings and indeed their crimes; it is impossible to free ourselves completely from the chain. (Nietzsche, 1990, p.103).

As will be discussed, writers on transitional justice have drawn on Nietzsche when discussing historical justice (Bevernage, 2008; Torpey, 2003). Foucault (2002) concurs proposing that at any given period and in any given domain there are considerable constraints on how people are able to think, that 'the event, because we are caught up in it, is largely beyond our comprehension' (Foucault, 2002, p.239). He proposes that knowledge and language are rigorously interwoven and that individuals operate in a conceptual environment that determines and limits them in ways in which they cannot be aware (Foucault, 2002). Such thoughts resonate with this study in that institutional abuse of children continued largely undetected until the 1980s with some professionals appearing unaware.

While reflections on history are helpful in framing survivors' experiences, there have been social changes over the 20th century significant to explaining both survivor and service provider narratives. Studies in modernity and late modernity help contextualise these.

2.2.2 Modernity

In pre-modern contexts, tradition is seen as ordering time, linking the future and the past and becoming a major factor in the organisation of social life (Berman, 1982; Giddens, 1991a). Mixing cognitive and moral elements, gives 'a sense of firmness to life events over time' (Giddens, 1991a, p.48). Modernity equates broadly with the industrialised world from around the 17th century onwards (Giddens, 1991b) and with associated institutional dimensions and 'meta-narratives' such as capitalism, socialism and feminism (Smith, 2009), all of which have implications for present-day life.

Giddens (1991a) identifies three facilitating conditions associated with the move to modernity; the first, Separation of Time and Space, he describes as fundamental to the energy that modernity introduces to social affairs. It drives modern social life away

from the hold of tradition through the 'use of history to make history' (1991a, p.17). Giddens proposes that such 'historicity' becomes global by creating a standardised past and universally applicable future. The second facilitating condition, Disembedding Mechanisms, consist of abstract systems. These take social relations away from specific settings. Giddens differentiates as examples 'symbolic tokens' and 'expert systems'. Money is an example of symbolic tokens. 'Expert systems' utilise accumulated experience or 'technical knowledge' acquired over 'time and space' and include for example doctors, counsellors and therapists as well as scientists, technicians and engineers (1991a, p.18). The third condition, Institutional Reflexivity, refers to the organisational propensity to constant revision in light of new knowledge or experience. Social sciences play a fundamental role in this. The reflexivity of modernity can undermine the previously perceived certainty of securely founded knowledge such as in social and natural worlds (Giddens, 1991a).

Giddens proposes that traditional elements are still apparent in some sectors of modern life, albeit often fragmented, with only a partial influence over behaviour (1991b). It has been argued however that many of the traditional relationships that existed in the 1950s and 1960s can no longer be taken for granted (Parton, 2006). Drawing on such thinking, we now generally experience life in what some refer to as the historical epoch of 'late' or 'high' modernity. (Giddens, 1991b).

While some link developments in social work services with modernity (Ferguson, 2004; Smith, 2009), there are some features of life in Scotland such as the locus of marriage and religion that indicate adherence to the traditional. This will be discussed in more detail in Findings and Analysis chapters. In order to more fully understand survivors' narratives, it is necessary to consider the concept of childhood.

2.3 Children and Childhood

Over the life course of survivor participants, perceptions and understanding of children and the construct of childhood has changed. It is now recognised that transitions between childhood and adulthood vary across time and culture (Berger and Luckman, 1967; Okley, 1996). By the 1870s the notion of child was distinct from that of adult, distinguished by nature of his or her ignorance, dependence and innocence, and linked, it is argued, to the debates and legislation around this time on child labour, education and child delinquency (Abrams, 1998). It has also been suggested that in the latter half of the 20th century, the transition from childhood to

adulthood has become even more protracted. Drawing on the ideas of Berger and Luckman (1967) in respect of the social construction of reality, Milligan and Stevens (2006) propose that much of what people think of as the universal characteristics of childhood is shaped by their own society and culture, informed by images surrounding them in the media. The phenomena of teenager and youth culture for example were only recognised, in more prosperous Western societies in the years after World War Two, associated with increasing affluence, and 'spending power' hence further distinguishing 'youth culture' from that of adults. Such discussion is helpful when considering the transition to adulthood of participants in this study and the ways in which this has changed over the years for children in residential care.

Some perceive our views on children as paradoxical however. At one and the same time we see them as 'innocent', seeking to protect them from adult exploitation and coercion, while also seeing them as menacing and dangerous, it being ourselves who need protection from them (Goldson, 2001; Hendrick, 1994; 2003; Stainton Rogers, 2001). Hendrick (2003) describes 'the narrative of victim/threats' whereby:

> The child victim was nearly always seen as harbouring the possibility of another condition, one that was sensed to be threatening to moral fibre, sexual propriety, the sanctity of family, the preservation of the race, law and order and the wider reaches of citizenship. (Hendrick, 2003, p.7).

In a similar vein, Ferguson (2007) proposes that children were framed in the context of morality, moral damage or 'moral dirt', that this rather than social, emotional and cognitive needs or psychological trauma had implications for interventions in their lives. Treatment was seen in terms of 'religious conversion rather than psychotherapy' (Cox, 1996 in Ferguson, 2007, p.134). Frost and Stein (1989) meanwhile propose that children in contemporary Western societies:

> (Find themselves) in an apparently contradictory position, occupying a privileged space as objects of our collective good intentions but, simultaneously, they are a large oppressed minority without a voice, subject to a range of abuse and exploitation. (Frost and Stein, 1989, p.3).

As will be discussed below, such views of children and childhood resonate with survivor participants' reflections on their experiences as children.

2.4 Residential Care of Children: Theory, Policy and Practice

It is now accepted that the changing concept of childhood and status of children, the shifting nature of what is perceived as good childcare practice and the changing role of the state and childcare professionals in the lives of children and their families are intertwined (Abrams, 1998; Corby, et al., 2001; Ferguson, 2004; Hendrick, 1994; 2003; Mahood, 1995; Middleton, 1971; Parton, 2006). This synopsis begins in the mid-19th century, as social change, legislation and thinking from this period influenced residential childcare until well into the 20th century (Abrams, 1998; Corby et al., 2001; Middleton, 1971) by which time most survivor participants in this study had experienced residential care as children.

Developing concern about child welfare was formalised through legislation for example various Factory Acts between 1802 and 1901 and the Education (Scotland) Act 1872 (Abrams, 1998). Such concern was also reflected in the changing relationship between family and state whereby the state could intervene in the privacy of family life. Introduction of mass compulsory education heightened awareness of the physical condition and needs of children (Abrams, 1998). Legislation was introduced which raised the statutory school leaving age to 14 in 1901, subsequently increasing to 15 years in 1945 and 16 years in 1972 where it remains at present. Some argue that this is indicative of thinking at the time in respect of the shifting boundary between childhood and adulthood (Abrams, 1998) although others caution against such sequencing of events (Archard, 2015).

2.4.1 Residential childcare pre-1948: Social and economic context

While trends were similar to those in England, it has been argued that the policy and practice of protecting children historically have been influenced by the interrelationship of a number of factors specific to Scotland; religious affiliations, education and legal systems, the influence of industrialisation, urbanisation and related migration following the Industrial Revolution along with the geographical and cultural divide between urban and rural environments (Abrams, 1998; Murphy, 1992).

In respect of support for vulnerable children and their families, the Poor Law (Scotland) Act 1845 adapted the original Poor Law legislation of 1579 to the contemporary industrial conditions. Residential poorhouses or workhouses became more widely used throughout Scotland and England, designed to deter use of the system (Middleton, 1971). To avoid children entering the workhouses, childcare

institutions were set up by private individuals and (a few) local authorities, as well as charitable and religious bodies that also facilitated adoption and migration (Abrams, 1998; Middleton, 1971). In Scotland, children were usually 'boarded out' with families thus separated, often permanently, from birth parents (Abrams, 1998). Although superficially similar to the contemporary model of foster care, there were not the rigorous assessment, matching and supervision processes. In impoverished rural environments, it has been argued that children were additional work hands (Scottish Home Department, 1946), and that the process was an attempt at social engineering to repopulate the Highlands after the 'clearances' and World War One (Abrams, 1998).

Arguably such provision reflected the framework of morality and threat discussed above. Children perceived as unruly, disabled, 'insane' or 'dangerous' were deemed unsuitable for boarding out with families. Girls thought to be wayward, were 'rescued' and placed in Magdelene Homes; children viewed as 'imbeciles' were placed in asylums; 'unruly' children were placed in training ships, reformatories and industrial schools (which became Approved then 'List D' schools). Such provision was developed to discipline and reform the body and mind of children perceived as 'problems' (Abrams, 1998). Charitable provision was developed for orphaned, destitute and neglected children. Some charities were to develop into large organisations still operational today; others remained smaller, all catering for homeless, orphaned and over time neglected and abused children with the emergence of the Scottish National Society for Prevention of Cruelty to Children (SNSPCC), the forerunner of the Royal Scottish Society for Prevention of Cruelty to Children (RSSPCC), now Children 1st. Some organisations were explicitly faith-based. It has been suggested that there existed a valid 'Catholic sense of insecurity' in a dominantly Protestant culture. Difficulties in placing Roman Catholic children with families of the same faith through the boarding out process (Abrams, 1998) and fears of proselytising of the Catholic community (Lynch, 2016; Urquart, 1901) have been suggested as driving forces in provision of residential care by the Religious Orders such as Smyllum Orphanage (latterly in Lanarkshire) set up in 1864 by the Daughters of Charity (Daughters of Charity, personal communication, 11th August, 2014) and 'Nazareth House' set up in four locations across Scotland between 1862 and 1931 (Sisters of Nazareth, personal communication, 15th August, 2014); Aberlour Orphanage on Speyside, an Episcopalian establishment, was set up by the Reverend Jupp around the same time (Abrams, 1998). Others while not established by faith-

based organisations, had strong religious underpinnings such as the Orphan Home of Scotland founded by William Quarrier, a wealthy philanthropist who had experienced childhood poverty (Magnusson, 1984; 2006) (hereafter referred to as Quarrier's Homes). Religion and charity were closely linked in Scotland, thus influencing the ethos of residential care.

Many of the homes were small for the time, housing 30-40 children (Abrams, 1998). Some provision such as Quarrier's Homes was larger, but separated into cottages run on family lines, influenced by the model developed by Dr. Barnardo, which had been pioneered in Germany (Abrams, 1998). Other establishments were very large, with children sleeping in dormitories; there were 700 children resident in Smyllum, during World War One and 'a great number' during World War Two (the organisation is unable to establish exactly how many) with the home under pressure to take more children (Daughters of Charity, personal communication, 11th August 2014). Some, such as establishments in Glasgow and Edinburgh had specific remits, delineated by factors such as age, gender and social status (Abrams, 1998); residential nurseries for younger children were established during the 1930s and 1940s (Murphy, 1992), continuing into the 1970s (White, 1973, as cited in Shaw, 2007).

Residential care and boarding out were described as a last resort for parents but they believed that their children would be well looked after, many hoping that they would take their children home once family circumstances improved (Abrams, 1998). Some returned home but others remained in care, some being included in the Child Migrant Scheme (Humphreys, 1995; Lynch, 2016). As will be discussed below, there was criticism of childcare provision during this period (Scottish Home Department, 1946).

Factors influencing the development of residential childcare: Pre-1948

While concern for children's wellbeing was evident during the 19th century, as discussed above, it has been suggested that protective legislation was concerned with their presence as threats rather than simply their suffering as victims (Abrams, 1998; Hendrick, 2003). Such views may have been related to Scotland's religious heritage. There are indications that prominent philanthropists in Scotland such as William Quarrier perceived child welfare in terms of redemption. Those involved in their care did not want children to be contaminated by the immorality and vice of their family circumstances (Butler and Drakeford, 2003; Smith, 2009). Children were 'rescued' and removed to environments where they could be observed, disciplined

and educated or to work in rural environments and domestic service in the Highlands or the Dominions thus saved from 'debasement' and having an opportunity to work for redemption (Abrams, 1998). Gender has also been linked to morality influencing the development of residential childcare services. While residential care may still be seen as a 'gendered site of practice' (O'Neill, 2008; Smith, 2009), historically it was feared that unless change was effected, boys would become involved in criminality and girls vulnerable to sexual immorality or precocious behaviour (Ferguson, 2007; Jackson, 2000; Mahood and Littlewood, 1994).

Economic considerations also influenced internal processes of residential establishments. The majority of funding came from appeals and donations (Abrams, 1998). Factors such as comparative lack of affluence until the second half of the 20th century (Murphy,1992) with children having to be grateful for their care, led to acceptance by most of a modest standard of living (Abrams, 1998). It has also been argued that the regime of several establishments was directed towards preparing children for life of working after care. Before World War Two this was expected to be domestic service for girls and farm or manual labour for boys. Within the homes, children carried out chores, sometimes becoming employed as what may now be called 'care assistants' on leaving school, carrying out domestic tasks and looking after younger children. While given a small amount of pay and privileges, it has been argued that the regimentation, routine and discipline created a regime supported by physical punishment and withdrawal of privileges designed to allow staff to maintain control (Abrams, 1998). Such descriptions provide explanatory context to survivors' experiences.

Child development and emotional wellbeing: Pre-1948

Despite accounts of austerity, there were attempts to recognise individuality through, for example, introduction of cottage homes such as those of William Quarrier (Magnusson, 2006). Into the early decades of the 20th century there were changing perceptions of the developmental and emotional needs of children. Influenced by emerging knowledge and the development of psychodynamic thinking, gradually the view held from the 19th century that delinquency and childhood disorders were inherited was replaced with a view that these were acquired within the context of the child's environment, that emotional troubles of children could be rectified through services delivered by child guidance services (Abrams, 1998). Despite child guidance practices being pioneered in Scotland however (Stewart, 2015), even into the early

1950s, some within the larger residential establishments in Scotland were reluctant to consider psychiatric or psychological input for children in preference to religious and moral training (Abrams, 1998).

Indications are that alongside such developments, the 'Poor Law ethos' of encouraging family self-sufficiency through harsh conditions of the workhouse continued after the end of the Poor Law system in 1929 when the Local Government Act 1929 handed the responsibilities of the Poor Law over to the local authorities (Corby et al. 2001; Middleton, 1971). In the 1930s and 1940s, the period relevant to several participants, children and young people in Scotland were placed into public care by local authorities, parishes, churchmen, parents, relatives and officers of child-saving charities, through various routes and legislative provision, for different reasons (Abrams, 1998). Several establishments were not the responsibility of any public authority (Scottish Home Department, 1946) continuing to be run by private individuals, voluntary and faith-based organisations (Butler and Drakeford, 2003; Hendrick, 1994; Middleton, 1971) Such complexity has proved problematic for care leavers to negotiate when seeking to complete their life narrative. World War Two had a major impact on this however.

World War Two: Childcare policy and practice

World War Two significantly influenced welfare provision for children and families throughout the UK including residential care of children. As well as rationing, there was additional pressure on residential and childcare services due to bombing, the evacuation of children, mothers and vulnerable adults from major cities and increase in lone parents through conscription and the death in active service (Kendrick and Hawthorn, 2012; Shaw, 2011). Some also sheltered children fleeing Europe (Daughters of Charity, personal communication, 11th August, 2014).

Again, it has been argued that the Scottish experience of evacuation differed slightly from that elsewhere in the UK as there was no suggestion that the poor condition of evacuees was due to poor parenting or social inadequacy, but rather to structural factors, poverty or poor social circumstances (Stewart and Welshman, 2006). The experiences of war brought together the worlds of inner city and rural Britain, creating an ethos of common need and suffering while highlighting issues of poverty, health, education and the needs of children in residential care (Holman, 1996; Murphy, 1992; Stewart and Welshman, 2006). Pioneers in England advocating for the children had

influence across the UK. On 15 July 1944, a letter appeared in *The Times* written by Lady Marjory Allen of Hurtwood, Chair of the Nursery Schools Association of Great Britain and widow of a Labour peer, describing children in public care as having been 'entirely forgotten' (Butler and Drakeford, 2003; Holman, 2001). This, coupled with the death in foster care of Denis O'Neill (aged 13) in 1945 drew attention to the low standards of care of children and inter-departmental confusions and rivalries sustaining these (Murphy, 1992). This stimulated public and political pressure to implement plans already under consideration and contributed to the first public inquiries in the UK into the treatment of children in public care, The Report for the Care of Children Committee (hereafter referred to as 'the Curtis Report') for England and Wales (Care of Children Committee, 1946) and The Committee on Homeless Children for Scotland (Scottish Home Department, 1946) (hereafter referred to as 'the Clyde Report') (Holman, 1996; Murphy, 1992). As several participants were in residential care during the two decades surrounding publication of the Clyde Report, this will be explored in more detail.

Residential childcare: Post-war review and refocus

The remit of the Committee on Homeless Children which produced the 'Clyde Report' was:

> To enquire into existing methods of providing for children who, from loss of parents or from any other cause whatever, are deprived of a normal life with their own parents or relatives; and to consider what further measures should be taken to ensure that these children are brought up under conditions best calculated to compensate them for the lack of parental care. (Scottish Home Department, 1946, p.4).

Of the 25 recommendations in the Clyde Report, eight were explicitly in respect of residential care. The Clyde Report did not define children's experiences in terms of 'abuse' but was critical of some arrangements for children unable to live with their families. It referred to the uniformity, repression and impersonality 'of cold forbidding abodes (affording) no real consolation to the children who grew up in them' (Scottish Home Department, 1946, p.15). It also recognised the lack of preparation for living independently. The Inquiry was critical of some Authorities placing children in Poor Law facilities, and sick wards of General Hospitals. Both the Curtis and Clyde Reports emphasised the need for more personal care of individual children and despite the

prosecution (in Scotland) of foster carers John and Margaret Walton in 1945 found guilty of wilful assault and ill treatment of a foster child (Abrams, 1998), the Clyde Committee viewed foster care as preferable to residential care because it was more like family life. The Clyde Committee was however critical of the practice of boarding children out to crofts, citing this as being 'regarded as an industry' where the children's labour enabled the guardians to maintain the croft. Clyde recognised the value of residential care for certain children dependent on their circumstance. (Scottish Home Department, 1946).

In respect of residential childcare services, the Clyde Report recommended:

- Where possible every endeavour should be made to keep families together;

- Under no circumstances should children be housed in a Poorhouse or an annexe to the Poorhouse;

- Large institutions should be divided into smaller groups. Cottage style accommodation was commended, that the group should resemble as far as possible the family home;

- Infant homes should be established for children upto two years 'whether or not in the same group of buildings as the older ones' with a trained nurse in charge;

- The control exercisable over the Voluntary Homes under the Children and Young Persons (Scotland) Act 1937 be extended to include all Homes;

- Institutionalism should be avoided and every encouragement given to the children as individuals; establishments should be in locations where children could have access to life in the community such as schools, cinema and entertainments;

- Religious practice should be encouraged and children should attend church and school outside of the home;

- Recognising the difficulties in moving between the sheltered environment of the home and life outwith, the Report made recommendations to ease

the transition, and to ensure that children had someone to recognise their individuality; what may now be described as a befriender;

- There should be basic training in child care which all staff must undertake and further qualifications possessed by staff.

(Scottish Home Department, 1946).

While similar in some ways, the Clyde Report stood quite separate to the Curtis Report. There were several reasons; some groups such as those in Approved Schools, Remand Centres and 'Certified Institutions' included in the work of the Curtis Committee were excluded from the considerations of the Clyde Committee, nor did the public and press appear to be demanding change as was evidenced in England. In comparison with the Curtis Report, the Clyde Report has been described as 'a side-show' (Murphy, 1992, p.25). The Curtis and Clyde recommendations were accepted by Government, and had an important influence on post-war welfare policies including those in respect of residential childcare, subsequently becoming enshrined in statute in the Children Act 1948, applicable throughout the UK.

The post-war years have been described as a period of optimism, with a belief that family based interventions and psychodynamic approaches could relieve problematic behaviour, thus moving on from the ethos of Poor Law (Crimmens and Milligan, 2005; Hendrick, 2003; Kahan, 2001). The Children Act 1948 was part of this legislative package.

The Children Act 1948

The Children Act 1948 addressed the legal complexity pertaining to children in public care prior to World War Two, bringing to an end 400 years of Poor Law services. Arguably it demonstrated a shift from notions of rescue in that it required the local authority to receive into care any child who needed it 'but otherwise to return to parent, guardian, relative or friend' (Murphy, 1992, p.89). Cities, counties and large burghs were required to set up a Children's Committee to carry out their functions under the Children Act 1948, to establish Children's Departments and to appoint a Children's Officer (Murphy, 1992). It also provided an organisational framework for developments in residential childcare provision over the next 20 years until the Kilbrandon Report in 1964 brought about the changes incorporated in the Social Work (Scotland) Act 1968. The Children Act 1948 introduced a new set of regulations

imposing general standards on how the home was run to ensure the wellbeing of children in its care although these were not enacted until 1959 when introduced as The Administration of Children's Homes (Scotland) Regulations 1959, replacing the terms of The Children (Boarding-out etc.) (Scotland) Rules and Regulations 1947. The Children and Young Persons (Scotland) Act 1937 was still in force and quite separate. The Children and Young Persons (Scotland) Act 1937 legislated for the protection of vulnerable children as well as regulating for their treatment as offenders or in need of care and protection. It raised the age of criminal responsibility from seven to eight and defined a child as under 14 and a young person as 14 but younger than 17. Under the Children Act 1948, children's departments acquired responsibility for the remand homes, (Murphy, 1992), which catered for those children between the ages of eight and eighteen, awaiting a court appearance, placement in an approved school, placement in a mental hospital or requiring a place of safety. As a result, 'remand homes' could hold a mixture of children on place of safety orders along with young men aged 17 charged with serious crimes (Murphy, 1992). Under the Social Work (Scotland) Act 1968, 'remand homes' became known as 'assessment centres'. While this may appear quite removed from developments in residential childcare and survivors completing their personal narratives, anecdotal accounts from professionals and care-experienced adults indicate that this complexity causes confusion when seeking to complete their personal life history.

Despite the optimistic outlook, and possibly because of differences between the Curtis and Clyde Reports, indications are that the timescales and enthusiasm with which the Clyde Report and the Children Act 1948 were implemented varied across Scotland. Some councillors and officials were described as apathetic, failing to comprehend the need for change (Murphy, 1992). The complexity of the legislative and regulatory framework pertinent to this period as well as the process of implementation is comprehensively covered by Murphy (1992) and Shaw (2007).

2.4.2 Residential childcare 1948-1968

Between 1949 and 1958 the number of local authority homes increased from 37 to 83, with only an increase by 25% of children resident indicating a reduction in size of the homes. With very few exceptions, these were medium sized homes rather than the smaller cottage or family group homes catering for 12-15 as recommended by the Clyde Report; these were not introduced until after implementation of the Social Work

(Scotland) Act 1968 (Murphy, 1992). Residential nurseries continued, some until the 1970s (White, 1973, as cited in Shaw, 2007).

Boarding out continued during the period 1948–1969 for 60% of children in care in Scotland. It has been argued that with 75% of children boarded out or in voluntary homes, there was less focus on standards in residential care. Children's departments continued to be relatively understaffed and staff under-trained (Murphy, 1992). Although there was little in the way of reports of abuse and neglect in local authority childcare services, Murphy (1992) suggests that this may have been masked by low expectations; the comparatively low conditions of nourishment, clothing and housing in the general population, the acceptance of harsh and punitive discipline in children's homes and schools as well as the relatively undeveloped idea of child abuse until the 1960s.

In respect of training, while some organisations introduced programmes for their staff (Daughters of Charity, personal communication, 11th August 2015; Magnusson, 2006) until 1960, there was only one external professional training course and by 1989, just over 20% of childcare staff were qualified (Murphy, 1992). This concurs with the findings of a study involving former residential care practitioners during the period 1960-1975 in Scotland (Shaw and Kendrick, 2017). Despite some positive reports, participants' accounts indicated that childcare practice in some residential establshments suffered due to lack of experience and awareness of issues relating to child development, abuse and neglect, the predominance of institutional imperatives, an inability to raise concerns, combined with a lack of external inspection and accountability. It was over 50 years before training for residential childcare staff and inspection of establishments became mandatory under the Regulation of Care (Scotland) Act 2001.

Overall, there was a decline in use of residential care after 1948. During the 1960s and 1970s there was increased criticism of institutional care (Foucault, 1977; Goffman, 1961). Combined with the higher cost of residential care (Crimmens and Milligan, 2005) these factors served to create a conceptual environment, which preferred family based care, either with birth family or alternative family through fostering and adoption. Residential care was increasingly reserved for older, disabled children and those with severe problems (Sen et al., 2007).

2.4.3 Residential childcare 1968s onward

By 1970, a major change was underway in social work services in Scotland. In contrast with the 19th century practice of 'rescuing' children (Grant and Gabor, 2006; Smith, 2009), The Social Work (Scotland) Act 1968 and the Children (Scotland) Act 1995 had elements explicitly to promote family relationships, including making financial payments, thus diminishing the need to receive children into care or to keep them in care. Meanwhile, the number of children and young people in residential care had dwindled from 9,631 in 1945 (Kendrick and Hawthorn, 2012) to fewer than 6,000 in 1954 to fewer than 4000 early 1970s. The number peaked again at over 6,300 in mid-1970s, an increase possibly related to the growing awareness of child abuse in the first half of the 1970s (Sen et al., 2007). There was further contraction, partly concurring with financial priorities, possibly also related to the increasing professionalization of Social Work following implementation of the Social Work (Scotland) Act 1968 but also supported by evidence from research, that social workers saw reception into care as a sign of 'failure' (Barclay, 1982). Research also identified large numbers of children 'drifting in care' estranged from their families (Rowe and Lambert, 1973) thus influencing recognition of the need for 'permanency'. In the 1980s this came to inform strategies of social service departments and the practice of individual social workers (Crimmens and Milligan, 2005; McKay, 1980) further demonstrating a shift from rescue to assessing whether birth parents or substitute parents were better able to meet a child's needs and to help parents and children separate permanently where deemed appropriate.

Although research cited above pertains largely to the wider UK, such trends concur with the Scottish experience evidenced in policy documents of Strathclyde Regional Council such as *'Room to Grow'* (Social Work Department, Strathclyde Regional Council, 1979) and '*Home or Away*: *Residential Child Care for the Eighties* (Edwards, 1983). *Room to Grow* supported the need to develop fostering and community-based services, but emphasised the continuing need for residential care in certain circumstances and for staff to be properly trained. It contained a substantial critique of the way that homes ran at that time (Social Work Department, Strathclyde Regional Council, 1979). With a population of 2,250,000 people covering a large geographical area of Scotland, such policy decisions by Strathclyde Regional Council had significant consequences for residential childcare services across Scotland (Magnusson, 2006).

Narratives of service providers during this period indicate a changing profile of residential childcare in Scotland between 1948 and the mid-1980s as they adapted to changing trends. Larger institutions such as Smyllum reduced from several hundred children in dormitory accommodation during World War Two to smaller mixed family groups in the 1960s with Sisters trained as housemothers, closing in the early 1980s with the few remaining children moving to either foster homes or family group homes (Daughters of Charity, personal communication, 11th August, 2014). Establishments run by the Sisters of Nazareth followed a similar course (Sisters of Nazareth, personal communication, 15th August, 2014). Although built on the model of cottage homes, similar to that envisaged by the Clyde Report, Quarrier's Homes experienced a similar decline (Magnusson, 2006). By 1980s the raft of changes brought in by the Social Work (Scotland) Act 1968 were beginning to impact and childcare providers diversified into other services. By the end of the 1980s the number of children in residential care had declined dramatically to 2,364 (Kendrick and Fraser, 1992 in Shaw, 2007). The most recent statistics available for the number of children in residential care in Scotland is 1,477 (Scottish Government, 2017a).

Child development and emotional wellbeing 1948 onwards

Literature on child development in the post-war years is extensive; only a brief summary can be given here. Increased concern about children's emotional wellbeing continued after 1948 supported by research such as that of Bowlby (1951), Winnicott (1953) and Freud (1998). Bowlby's work was influenced by his experience working in residential care with emotionally troubled children in the late 1920s (Ainsworth and Bowlby, 1991; Bretherton, 1992). This helped elucidate disturbed patterns of attachment and the importance of a 'secure base' (Bowlby, 1998), which can contribute to mental health and wellbeing in later life (Howe, 2005). These, along with models of resilience profiling, continue as subjects of research today (Conway, 2012; Daniel, 2008; Gilligan, 2001; Howe, 2005). More recently, the processes of attachment and the impact on children of trauma, abuse and neglect have been influenced by developments in neuroscience (Perry, 2002; 2006; 2009; Schore and Schore, 2008; Wilkinson, 2006). Recent research indicates significant health, social and economic risks resulting from childhood trauma (ACE Studies, 2016) and studies drawing on neurobiological research indicate that unless appropriate remedial action is taken, the impact of such early childhood experiences can be life-long (Perry, 2002) although this has been disputed (Wastell and White, 2012).

It is now recognised that children in foster and residential care suffer greater physical, health and educational problems than children outside the public care system (Browne, Falshaw and Hamilton, 1995; Dimigan et al., 1999; McCann, James, Wilson and Dunn, 1996; Meltzer, Lader, Corbin, Goodman and Ford, 2004; Ridley and McCluskey, 2003; Roberts, 1993; Ward and Skuse, 1999, as cited in Scott and Hill, 2006; House of Commons Education Committee, 2016). This includes the costs of going into care; stigma, lack of continuity of relationships, bewilderment, reduced family contact, feelings of abandonment and changes in environment, school, family and friends (Browne and Falshaw, 1998; Browne and Herbert, 1997). A number of studies including some in Scotland show that children entering public care already have high rates of mental health problems and are more likely to show what is referred to as 'delinquent and criminal behaviour' in comparison to other children (Browne and Lynche, 1999; Falshaw, Browne and Hollin, 1996). It is also thought that the harm which children suffered at home may be compounded by the childcare system, large numbers of placements and the 'drift' of the most hard to place children into children's homes where the mean age is higher (Hobbs, Hobbs and Wynne, 1999). While these studies are specific to children entering the public care system in the late 20th century onwards, as will come apparent in the Findings and Analysis Chapters below, some of these processes are pertinent to those who came into care historically. Recent legislation has been influenced by such heightened awareness of the emotional and developmental needs of children and young people in 21st century Scotland.

Residential child care today

Since 1970, there has been a volume of research and analysis examining residential child care and the complexity of the residential practitioner's task. Factors contributing to best outcomes are comprehensively critiqued in works such as Skinner (1992), Kent (1997), Shaw (2007), Bayes (2009) and associated reviews of literature (Kendrick and Fraser, 1992; Kendrick, 1997; Sen et al., 2007) along with the growing body of writing during this period such as Ainsworth and Fulcher (1981); Crimmens and Milligan (2005); Kendrick (2008); Smith (2009); Trieschman, Whittaker and Brendtro (1969); Ward (1993).

Recent policy recognises that for some children, residential care is the most appropriate placement with the National Residential Child Care Initiative proposing that 'with a more strategic role, residential child care has the potential to be a highly

flexible, responsive, more effective and an integral part of children's services' (Bayes, 2009, p.10). Current providers of residential childcare services in Scotland remain broadly similar to those in the 1980s distributed between the local authority, voluntary, not-for-profit and private sectors although the houses are significantly smaller, typically with a maximum of eight young people generally over the age of 12 years. Scotland also retains a number of residential schools, which have taken over from the former List D/Approved schools providing between them around half of the residential population. Meanwhile, there has been a resurgence of concerns in respect of children 'drifting' in public care and a focus in research, policy and planning in a striving for permanence (Gadda and Harris, 2014; Selwyn, Frazer, and Quinton, 2006).

Running through this historical critique has been concern about what would now be referred to as safeguarding children. Recent legislation in respect of safeguarding has been underpinned by the view of children having rights. The next section will consider the notion of children's rights, focussing on the right to protection from harm.

2.5 Children's Rights and Child Protection

Key to survivors' understanding of experiences of childhood maltreatment has been the changing perception of both children's rights to protection from harm and the construct of child abuse. Since the 1980s, the theme of children's rights has emerged globally, reflecting growing concerns about the impact on children of economic and social change, and shifting perspectives on children and childhood (Ruxton, 2001). Although The United Nations Convention on the Rights of the Child (UNCRC), ratified by the British Government in 1991, has recently helped stimulate the development of laws, policies and institutions to promote children's rights (UNICEF, 2016), recognition of children having rights is not a recent phenomenon. International recognition of children's rights dates back to The Declaration of Geneva in 1924, which stated that children have a right to care and protection. While this pre-dated the birth of most participants, there was little evidence of professional awareness of children having rights in their accounts of in-care experiences . The remainder of this section will consider the safeguarding of children.

Safeguarding children: a history

Current thinking is that child abuse is not an absolute concept (Department of Health, 1995) but rather, socially constructed by 'human meaning-making' (Stainton Rogers,

2001). What is regarded as 'standards of ill treatment' has evolved over the years (Department of Health, 1995; Ferguson, 2004; Kemp and Scottish Human Rights Commission, 2010; Parton, 2006; Smith, 2009), with the threshold beyond which child abuse is considered to occur gradually being lowered, reflecting values and opinions of a particular culture at a specific time (Department of Health, 1995). In order to provide an adequate explanation for the abuse of children in the past, it is therefore necessary to view this against the concepts of childhood, child abuse and attitudes towards children and law and policy existing at the time (Ferguson, 2007; Kendrick and Hawthorn, 2012; Shaw, 2007; Smith, 2009).

A recurrent theme throughout this study is adult failure to identify abuse of children. Although there had been concern about vulnerability of children in Europe and the UK during the early 19th century (Labbé, 2005; Middleton, 1971; Owen, 1817), recent concern about child maltreatment has come in two 'waves', the 1880s and 1890s and since the 1960s (Abrams, 1998; Hendrick, 1994). The first period of heightened awareness, in the 1880s saw the founding of organisations which became the National Society for the Prevention of Cruelty to Children (NSPCC) in the UK and the RSSPCC in Scotland.

While the current wave of concerns in respect of child abuse can be traced back to the 1960s, (Abrams, 1998; Hendrick, 1994), laws aimed at safeguarding children in Scotland has been evident in parts of Scotland since the 7th century (Dhonnchadha, 1997; Márkus OP, 1997) and more recently since the 19th century. Protecting children from abuse was enshrined in statute with the Prevention of Cruelty to, and Protection of, Children Act 1889 providing a focus on child welfare. This was followed by a raft of legislation laying out the responsibilities of parents as well as what constituted 'cruelty and neglect' (Hendrick, 1994; 2003) which was amalgamated in the Children Act 1908 that also criminalised incest (Abrams, 1998). In Scotland, however, 'the wilful and culpable neglect' of a child was already a crime punishable by imprisonment (Abrams, 1998). Abrams (1998) proposes that the consequences of this approach to child protection, (despite the protestations of the SNPCC, forerunner of the RSSPCC), was the downgrading of the birth family and as a consequence, the child was removed to an alternative environment. This is suggestive of what has been referred to in literature as the 'Rescue period' (Smith, 2009) or the Reformation-Rescue period (Grant and Gabor, 2006) during the second half of the 19th century, the period during which a number of orphanages were established. The notion of child rescue has been challenged however. Citing examples of residential care being

a short-term measure for some families, Ferguson (2004) argues that only a fraction of children coming to the attention of child protection services were removed permanently. Perpetuating a 'myth' of child rescue, he argues, takes away from the complexity of decision-making in respect of grounds for removal of children, as well as analysis of concepts of trust and risk.

After this period of growing awareness of 'child cruelty', it has been argued that there was a period where public consciousness virtually disappeared in the inter-war years. Abuse and maltreatment of children was rarely recorded and much of the focus has been retrospective (Kendrick and Hawthorn, 2012). In respect of child sexual abuse, Smart (2000) argues that there were contested and 'silencing' discourses, the process of 'knowing' and 'not knowing' during this period. She proposes that during the more recent upsurge of concern about sexual abuse there was disproportionate emphasis on the silencing potential of psychoanalytic discourses, with insufficient attention to the role of the legal establishment and criminal justice system, which persistently failed to define adult/child sexual contact as abusive or harmful, preferring to accept erroneous medical explanations of sexually transmitted diseases among children (e.g. through contact with toilet seats, towels or baths) which persisted until the 1980s. Arguably such 'not knowing' is similar to what has been described more recently as 'willful blindness' (Hefferman, 2012; Jay, 2015) discussed in more detail below.

There was further consolidation in the Children and Young Persons (Scotland) Act 1937. Shaw (2007) proposes that this laid the foundation for the modern law on child protection, substantially increasing the legal responsibilities of public authorities. The right of children to protection under this legislation extended to 'boarding out' and residential placements, but seems to have been rarely enacted.

During the 1940s and 1950s in the USA, links were made between traumatic injuries to children and parental behaviour (Hendrick, 1994; 2003; Parton, 1985). It has been proposed that this emerging awareness was heightened during the 1960s through a convergence of influences; the emphasis on the rights of children as individuals, ease of disclosures, the influence of feminist social theories about victimisation and public expectation that the state should intervene in the privacy of family life (Department of Health, 1995). The Inquiry following the death of Maria Colwell (DHSS, 1974) was arguably pivotal in the recent history of child protection in the UK in that this lead to the foundation of what is the current child protection system, establishing the

forerunner of Child Protection Committees, interdisciplinary case conferences and child protection registers (Corby et al., 2001). Since this point, Child Protection Guidance in Scotland has been periodically revised reflecting contemporary concerns, the most recent being 2010 and 2014. One significant change in 2010, retained in subsequent reviews was the inclusion of guidance on Historical Allegations of Abuse (Scottish Government, 2010; 2014).

Because of its locus in the experience of survivor participants, physical chastisement merits specific attention. There is still ambivalence about definitions of child abuse in Scotland with the continued acceptance of physical chastisement of children and the defence of 'justifiable assault' of a child (CYPCS, 2016). This is despite concerns about child protection, the banning of corporal punishment in several countries and known adverse associations in childhood and adulthood (Bussman, 2004; Zolotor and Puzia, 2010). Bussman (2004) argues that in modern societies we can increasingly identify an anti-violence discourse. Such changes have been reflected in social policy over the years, and in Scotland, there has been a consultation on the proposed Children (Equal Protection from Assault) (Scotland) Bill aimed at removing the legal defence of justifiable assault (Scottish Government, 2017b). Physical chastisement will be explored in more detail in the next section, which considers child abuse within residential childcare settings, often referred to as Institutional Child Abuse.

2.6   Institutional Child Abuse

As outlined above, despite post-war developments in childcare services, it was the 1970s in the USA and the 1980s in the UK before institutional child abuse was publically recognised and caused a comparable level of concern to that of the abuse of children living with their families (Kendrick, 1997). Although children and young people in residential care may be exposed to a range of negative experiences, there is a lack of comprehensive data on the extent and forms of institutional child abuse due to confusion in definition, issues of thresholds, under-reporting, under-representative sampling and the absence of central mechanism for recording investigations (Kendrick and Hawthorn, 2012).

2.6.1   Some definitions

As well as definitions such as physical, sexual and emotional abuse and neglect, some early literature on the subject sought to define institutional abuse by identifying

behaviours and consequences specific to the context (Garrett, 1979 in Kendrick, 1997; Groze, 1990 in Kendrick, 1997; Rabb and Rindfleisch, 1985). Some definitions were very broad, differentiating the kinds of 'corruption', which takes place in pursuit of acceptable policy goals from those unrelated to the aims of policy (Wardhaugh and Wilding, 1993) or systems that violate the rights of children to healthy physical and psychological development (Doran and Brannan, 1996). Briere (1996) differentiates between acts of omission and acts of commission. Most typically, acts of omission consist of child neglect, including psychological neglect and parental non-responsiveness or psychological unavailability. Acts of commission includes abusive acts directed towards the child, which if perpetrated during early childhood disrupt normal development. Some frameworks have been devised, which embrace such definitions and arguably withstand changes over time. Gil proposes as abusive '…any system, program policy, procedure, or individual interaction with a child in placement that abuses, neglects, or is detrimental to the child's health, safety, or emotional and physical well-being or in any way exploits or violates a child's basic rights' (1982, p.9). She suggests three modes of abuse of children in out of home care:

- Overt or direct abuse of a child by a childcare worker, which could be physical, emotional, sexual or a combination of them;

- Programme abuse, which occurs when programmes within a facility are abusive. These may include for example maladministration of medication;

- System abuse of children occurs where the working of the childcare system fails to meet the needs of children within it or prevent them reaching their potential. (Gil, 1982, pp.9-13)

Programme abuse occurs when 'programmes within a facility are below normally accepted standards; have extreme or unfair policies; or rely on harsh, inhumane or unusual techniques to teach or guide children' (Gil, 1982, p.10). System abuse is abuse by the childcare system itself, such as multiple placements (Gil, 1982). Gil suggests that this is the most difficult to define, acknowledge or correct in the short term, partly because it involves the long-term negative consequences of the care system itself. Williams of Mostyn (1996) meanwhile suggests that system abuse may be said to occur 'whenever the operation of legislation, officially sanctioned procedures or operational practices within systems or institutions is avoidably damaging to children and their families' (1996, p.5). Penhale (1999) devised a similar

framework to that of Gil (1982) except that the first category includes abuse between **individuals** within the residential setting thus allowing for peer abuse. This may however be a consequence of the regime of the institution, giving older residents inappropriate responsibilities over younger children. All scenarios perceived as abusive by survivor participants fell within Gil and Penhale's frameworks.

Arguably it may be difficult to distinguish forms of abuse; Pilgrim (2012) proposes that in Ireland, sexual, emotional and physical abuse co-existed; that official investigators made no clear distinction, especially in relation to perpetrators who were nuns. The Ryan Report classified some beatings as a form of physical abuse rather than sexual abuse, despite the sado-masochistic connotations (Pilgrim, 2012). Similarly, there were possible differences in classification of types of abuse on grounds of gender, with nuns being involved in scenarios of 'enforced voyeurism' but not appearing to be regarded in the same light as 'paedophile priests' (2012, p.407). Such discussion concurs with survivors' search for meaning in this study.

None of the above definitions make explicit 'Faith Abuse' or 'Spiritual Abuse'. As much of the abuse experienced by survivor participants occurred within faith-based contexts, this has particular resonance in this study. Sullivan and Beech (2002) refer to the number of high profile cases relating to faith community leaders within all Christian churches and major faith communities. More recently the Nolan Review on Child Protection in the Catholic Church in England and Wales (2001) and the McLellan Commission in Scotland (2015) examining abuse within the Catholic Church recognise that many survivors have turned their backs on the Church because of experiences of maltreatment in faith-based settings.

2.6.2 Institutional abuse: Emerging awareness

Corby et al. (2001) put the upsurge in concern about institutional child abuse within the context of the rise in awareness of childhood and child abuse in general, key factors behind this being the increase in affluence in the USA and UK. Along with other medical advances, it was now expected that children would be protected from illness, accidents and harm. This provided the context for the work of child protection protagonists with child abuse becoming associated with health and the future. Through increased awareness of intra-familial abuse, concerns about the impact of child abuse gained hold on society, heightening awareness of a wider

range of children in need and their experiences, thus drawing in extra-familial abuse (Corby, 2001).

These ideas resonate with writing on late modernity referred to above, and what some regard as a contemporary preoccupation with risk (Bauman, 2006; Beck, 1992; Giddens, 1991a) of 'colonising the future' through controlling risk (Giddens, 1991a, p.114). Similarly, Butler and Drakeford (2003) suggest that in respect of understanding scandal (such as institutional child abuse) interest fluctuates; in some policy contexts, scandals do not happen. Scandals, they suggest, are a product of culturally and historically specific reactions to particular events. It is within this context, changing over time, that survivors are seeking to make meaning of childhood experiences.

2.6.3 Distinguishing characteristics of institutional abuse

Several factors distinguish institutional abuse from intra-familial abuse. Kemp and SHRC (2010) regard the experience of children living away from home as an 'aggravating factor' when considering the threshold whereby conduct may be considered cruel, inhuman or degrading. The care contract also distinguishes institutional abuse from intra-familial abuse (Nunno and Motz, 1988; Penhale, 1999). Penhale (1999) argues that trust involves a complex web of relationships, which derive from the care contract. While betrayal of trust and secrecy are found in both intra-familial and institutional abuse, the nature of betrayal in institutional abuse differs as the concept of trust differs. Statements on 'corporate parenting' (Secretary of State for Health, 1998) may be seen as attempts to make the contract more explicit in relation to children (Penhale, 1999). Possibly related are the different levels of discretion in child-rearing practices between parents and residential care practitioners (Rosenthal et al., 1991). The scope of culpability is arguably greater in residential placements than in the family context in that culpability extends beyond the immediate abuser to include those who are responsible for the establishment (Nunno and Motz, 1988), and factors such as mitigating circumstances are not relevant in determining institutional abuse (Thomas, 1990 in Barter, 1999). Some childcare practices such as harmful restraint are also more related to the residential context than family settings. Similarly, different standards may be expected in the area of supervision and provision of necessities (Rabb and Rindfleisch, 1985). One further difference lies in the relationship between individual service users (Penhale, 1999).

While residents of institutions live together, they will not necessarily be in close or intimate relationships with one another.

Utting (1997) identified challenges particular to institutional abuse during the investigation process as social workers may find themselves examining the actions of people regarded as professional colleagues. Reluctant to have failures or weaknesses exposed, or unable to acknowledge the possibility of harmful misconduct of its employees, management may wittingly or unwittingly obstruct the investigation. The scale of investigations into abuse in residential childcare services may also mean that hundreds of children and staff need to be interviewed, and large numbers of alleged perpetrators arrested, interviewed and charged (Gallagher, 1999; Sullivan and Beech, 2002). In the midst of such an investigation, it is easy to lose sight of child protection as a primary focus, and that children may be further abused by the process (Clayden, 1992).

In respect of physical chastisement, which featured strongly in survivor accounts, Shaw (2007) refers to 'concern' and 'uncertainty', reflected in research, policy and statute in Scotland at different points from 1940s onwards. While not linking to abuse, the Strathclyde Regional Council Policy Document, *Room to Grow* (1979), discussed the use of corporal punishment and the need to give clear guidance to residential establishments regarding this. The Report recommended against the use of any instrument in corporal punishment but reflecting public views of the time, was unsure about 'smacking' (Sen, et al., 2007). In a period when corporal punishment of children in schools was still legal, where physical chastisement by parents was accepted, and before this was banned in residential and foster care in the late 1980s, it has been argued that it is difficult to determine what constitutes historical physical abuse within residential establishments (Smith, 2009). Smith cites a Government report into issues of control in residential care:

> The clout in anger worries us less than formal beatings […] Distanced, retributive corporal punishment seems to us […] less preferable than cuffs delivered during normal social interaction. In any case this type of sanction is very difficult to prevent as it can arise quite spontaneously. (Millham et al., 1981, p.39 in Smith, 2009, p.37).

Against such a backdrop of acceptance of physical chastisement as the 'norm' there is a risk of seeing the treatment of children such as described by survivor participants

as being 'of its time'. Inquiries such as Shaw (2007; 2011) and reports such as those of Scottish Human Rights Commission (SHRC) (Kemp and SHRC, 2010; SHRC, 2010), however, support the accounts of survivors, similar to those in this study, defining excessive physical chastisement as abuse.

Because of experiences narrated, enuresis within residential care also merits specific consideration. Links between bedwetting and maltreatment echo the findings of Lady Marjory Allen who, on visiting a children's home in the 1940s was advised that 'persistent bedwetters were caned in the chapel' (Holman, 2001, p.34). Drawing on the writing of George Orwell and his experieces at boarding school, Goffman also refers to enuresis and how in the total institution, punishments and privileges are applied to actions not clearly or usually subjected to discipline. 'Bedwetting' is then seen as a sign of 'dirtiness' or 'wickedness' (Orwell, 1952, pp.506-509, as cited in Goffman, 1961, p.83) again resonating with the notion of children as threats or 'amoral'. Goffman (1961) suggests that such behaviour is translated into moralistic terms 'suited to the institutions avowed aims'. Staff then evolve what may be thought of as 'a theory of human nature' (1961, p.84). Over the centuries, bedwetting has led to a range of treatments, becoming problematized in the 19th century with the increasingly cramped living conditions accompanying urbanization (Hurl, 2011). During World War Two, children's bedwetting was seen as an emotional response to evacuation. While this appears to have evoked sympathy in some quarters, helping to focus academic thinking on appropriate responses, it educed very punitive responses elsewhere, including residential childcare establishments (Holman, 2001).

Some establishments developed guidance on managing enuresis. In Quarrier's Homes, this was defined as a medical matter requiring treatment through referral to the Medical Officer. Standing Orders stated:

> The objectionable habits of children who are bed-wetters and 'given to soiling their bedclothes and wearing apparel' (is) 'very difficult to cure'. The utmost sympathy is felt for Housemothers who have to put up with all the consequent inconvenience.

There is an underlying concern about the children however:

> In dealing with such cases, House fathers and House mothers should consider how they would handle the same condition if the children were their own. (Quarriers, 1944).

As with current practice, the challenge is ensuring that the underlying principle and intent is followed (Corby et al., 2001).

Hurl (2011) proposes that with the development of psychoanalytic approaches in the post-war period, enuresis came to be perceived as maladjustment of both the body and the personality, thus drawn into the moral panic of the time and associated with 'delinquency, truancy and contrariness'. Developments during the 1990s have explored genetic origins of bedwetting, but unlike other conditions where genetic technology has come to predominate, enuresis continues to be articulated as a physiological, psychological and sociological problem.

2.6.4 Who is abused?

Research shows that children and young people were varyingly at risk in different care settings with disabled children known to be more vulnerable (Stalker, Green-Lister, Lerpiniere and McArthur, 2010; Westcott and Cross, 1996). Boys were found to be more at risk in residential schools and girls more at risk in children's homes (Westcott and Clements, 1992). It has been suggested that this may be related to the nature of 'all male' institutions, where men are more likely to be in primary care roles, making the environment more facilitative of sexual abuse (Barter, 1999; Sullivan and Beech, 2002). Gallagher (1999) suggests that variations in risk may be explained in part by the targeting behaviour of abusers. Abusers may target particular children either out of sexual preference or from a belief that they are more susceptible to abuse and less likely to disclose, due to characteristics such as previous experience of abuse (Jones, 1994) or physical or social isolation (Sloan, 1988). A recent study of abuse in Romanian childcare institutions showed similar features in that factors such as gender, amount of time spent in the current placement, presence of siblings in the institution, and institutional characteristics had a significant effect on the probability and frequency of children being punished, including being beaten, by staff (Rus et al., 2013). In an exploratory study of the incidence of allegations of abuse in residential and foster care throughout the UK during the period 2009-2012, Biehal, Cusworth, Wade and Clarke (2014) found the vast majority of children to be aged 12-17; not surprisingly, they acknowledge, as residential care tends to be reserved now for older young people. Where ethnic origin was reported (n=26) 22 were white, three were Black African-Caribbean and one young person was reported to be of mixed origin. Seventeen were reported to have no physical, sensory or learning impairments; two were reported to have a learning disability and one was reported to be on the autistic

spectrum. Four young people were believed to have social, emotional and behavioural difficulties although it was acknowledged that this was likely to have been an underestimate. It seems likely, however, that as the use of residential care and foster care changes over the years, the characteristics of children abused are also likely to vary.

2.6.5   Prevalence of institutional abuse

Historically surveys of young people in residential care indicated under-reporting of abuse (Gallagher, 1998; 1999; Moss, Sharpe and Fay, 1990 in Horwath, 2000; Rindfleisch and Bean, 1988; Rindfleisch and Rabb, 1984). It has also been suggested that many professionals believed that the incidence of harmful acts and omissions in treatment facilities was exaggerated. They objected to being treated as part of the problem when they believed themselves to be part of the solution (Rindfleisch and Rabb, 1984). A more widespread barrier to detecting and measuring the extent of abuse, however, lay in the absence of clarity and consensus about what constituted a harmful act or omission in a residential facility, and under what circumstances these were reportable to a child protection agency (Rindfleisch and Rabb, 1984). More recently, Sullivan and Beech (2002) propose that literature available on institutional child abuse indicates that, predominantly complaints are of a sexual nature and that the majority have not been reported. In the study by Biehal et al. referred to above (2014), (not including peer-on-peer abuse) there are currently likely to be around 250-300 confirmed cases of abuse or neglect in residential care across the UK each year representing between two and three confirmed allegations per 100 children in residential care each year. Within this it was noted that for the three years of the study there were considerably fewer allegations (both total and substantiated) per 100 children in residential care in Scotland than in England and Wales. There are many possible reasons for this; differences in the makeup of residential populations, residential care providers and out of area placements in the three countries, different practices in dealing with allegations as well as different definitions and thresholds for reporting and recording cases of suspected abuse. It may reflect differences such as staff training or funding to support the sector. As suggested by Biehal et al. (2014) this would merit further exploration.

Studies on peer-on-peer abuse meanwhile, suggest that this has also been much more common than formerly recognised (Lindsay, 1999; Westcott and Clements, 1992). Farmer and Pollock (1999) similarly identified that while awareness of the

potential for children to be abused by adults in care settings had increased markedly, the risks, which children face from other children have received considerably less attention.

2.6.6 Why does abuse take place?

Along with emerging awareness of institutional abuse, a number of contributory factors have been identified. Some are critical of the relatively undeveloped theoretical base of residential childcare and the limited theoretical understanding of those involved in its practice allowing 'pseudo-theories' to go unchallenged (Stanley, 1999). Critiques such as Goffman (1961) and Foucault (1977), into the culture and power of institutions and the way in which these could dehumanise residents have therefore had little impact (Stein, 2006). Bluestone (2005, citing Ashton, 1999 and 2001; Herzberger, 1988; O'Toole, O'Toole, Webster and Lucal, 1994) suggests a link between professionals' personal experience and their views on discipline, that when faced with ambiguous situations, they may make decisions guided by personal, subjective factors. There is, she suggests, a significant gap between the official discourse about child protection practices and the reality of the emotional and practical complexities of this process (Buckley, 2000 in Bluestone, 2005).

Other contributory factors suggested are inadequate programming (Gil, 1982) and environmental disruption and changes (Blatt and Brown, 1986). Viewing institutional abuse from a family systems perspective, Durkin (1982) proposed that childcare staff were unsupported, underpaid, overstressed and in an isolated position where power over children became their only possibility of obtaining any real sense of significance, indicating a need to focus on remedies in respect of staff support and training.

Failure to deal effectively with the threat posed by adults, mainly men who betray positions of trust and responsibility has been suggested as a factor (Colton, 2002; Pringle, 1993). The creation of a 'macho-culture' was evident in Bryn Estyn for example, where young men were sexually abused over a ten-year period. Staff frequently manifested cruelty, unconcern and lack of interest and affection towards the boys, leaving them feeling isolated, unsupported, unloved and uncared for (Colton, 2002). Pringle (1993) suggested that this opened the debate on restricting men's role in the care of children. Colton disagreed, proposing it as essential to employ quality male staff to look after adolescent males, but with appropriate safeguards in place (Wolmer, 2000 in Colton, 2002). Such gendered arguments

distract from the fact that while the majority of sexual offenders against children may be male, women have been convicted of both sexual and physical abuse of children and young people over the years including in residential care (Kendrick and Hawthorn, 2012). Based on studies of abuse in Ireland, Pilgrim (2012) proposes that failure to recognise women as abusers contributed to abuse remaining undetected and no action being taken.

It has been suggested that rather than any single cause, institutional child abuse is an interplay of a number of factors such as lack of adequate education, training, supervision, selection systems and registration of caregivers; ineffective management monitoring systems and patterns of organisation; inappropriate institutional cultures and the ambivalence of the wider public towards children in care (Colton, 2002). Shaughnessy (1984) suggests a mixture of human, institutional and fiscal problems as contributory; while quality, quantity, adequacy and consistency of staff were important variables, organizational, communicative and political concerns also contributed to unintended consequences including child abuse. Institutional abuse occurred as a result of the child being managed by a bureaucratic facility with which s/he lacked the skills to cope. Drawing on works of the previous two decades, Wardhaugh and Wilding (1993) suggest institutional abuse depends on lack of normal, moral concerns and is closely connected with the balance of power and powerlessness in organisations. Associated with particular pressures and kinds of work, it is more likely in enclosed, inward looking organisations. They also found that management failure often underlies such practices, that factors such as absence of clear lines and mechanisms of accountability, particular models of work and organisations and the nature of certain client groups encourages such malpractice. More specifically, related to the context in Ireland, Pilgrim (2012) recognised the complex pre-conditions to abuse occurring, such as the enmeshment of State and Church, the culture of spiritual authority invested in religious staff along with learned rituals of piety and obedience, leading to children experiencing a form of spiritual entrapment. A wider range of unrelated factors exist similar to those outlined above; social marginalisation leading to low social status, and credibility along with a tendency towards 'wilful blindness' from the community; physical isolation thus away from the daily scrutiny of outsiders and with no 'corrective loop' of others in the system (Pilgrim, 2012). These factors resonate strongly with survivor experiences in this study.

2.6.7   How abusers operate

Although there is an extensive body of literature on the characteristics of sexual offenders, this review will only refer to material pertinent to the experiences of survivor participants in this study. Literature examines both the dynamics of establishments (Doran and Brannon, 1996) and characteristics of the individual abuser (Gallagher, 1999; Sullivan and Beech, 2002). It seems that there is an interrelationship between the two (Finkelhor, 1984).

Abusers vary in how they operate (Burgess and Hartmann, 1987; Gaspar and Bibby, 1996) and present; 'authoritarian', 'charismatic', 'quiet', 'unassuming' or 'inadequate' (Rowlands, 1995; Sullivan and Beech, 2002). Although those who sexually abuse children in residential care share some characteristics with perpetrators of child sexual abuse in general, such as the overwhelming majority being male, there may be important differences (Gallagher, 1999). Citing Faller (1988), Gallagher (1999) found that many perpetrators were 'paedophiles' in that they 'actively sought situations that afford them the opportunity to sexually abuse and citing Rowlands (1995) that they carefully plan much of the abuse (1999). Gough (1996) identified abuse in residential care as a form of organised abuse proposing that surveys in USA (Blatt, 1992; Powers, Mooney and Nunno, 1990) and UK (Westcott and Clements, 1992) indicate that such abuse is common but many cases never identified (Gough, 1996). This highlights the need for co-operation and coordination between national inquiries in the UK to assist identifying networks.

Due to the way in which they operate, it is helpful to understand the process whereby abusers access children and young people. Bibby identifies firstly, the 'seduction' of children after a lengthy period of targeting and grooming, followed by 'hooking', hence ensuring that children keep coming back as and when the perpetrator requires, silencing by threats, shame and persuasion that the children themselves are responsible for the acts (1996). Linking this with the 'Four Pre-conditions Model of Sexual Abuse' (Finkelhor, 1984) can help explain the process within the residential establishment by which abuser are able to operate. Analysing factors identified as contributing to sexual abuse, Finkelhor (1984) proposed that those relating to sexual abuse could be grouped as contributing to one of four preconditions that needed to be met before sexual abuse could occur. The potential offender needed to:

- Have some motivation to abuse a child sexually;

- Overcome internal inhibitors against acting on that motivation;

- Overcome external impediments to committing sexual abuse;

- Undermine or overcome the child's possible resistance to sexual abuse. (Finkelhor, 1984, p.54)

Assuming that s/he met the first two preconditions, in order for the perpetrator to abuse a child, s/he has to overcome the 'external impediments'. This was evident in the modus operandi of abusers such as Frank Beck in Leicestershire (Kirkwood, 1993) and Ralph Morris at Castle Hill School in Shropshire (Brannan, Jones and Murch, 1993). Once in a position of power, managers such as Morris and Beck set up systems to sustain the abusive practices and regimes (Brannan et al., 1993; Kirkwood, 1993;). This also concurs with Sullivan and Beech (2002) who suggest that one of the key characteristics of professional perpetrators and extra-familial sex offenders is the level of sophistication of the techniques used to manipulate victims and those who protect them thus ensuring that their position is so unassailable they will not be challenged. While this may apply to the approach of abusers acting alone, literature indicates that in respect of institutional child abuse, there appears to be a significant likelihood of more than one abuser being involved (Gallagher, 1999; Gallagher, Hughes and Parker, 1996). This was evident in the findings of the Inquiry into abuse in children's homes in North Wales (Waterhouse, 2000). While recognising the strengths, Finkelhor's model was subsequently criticised (Ward and Hudson, 2001). They suggest that 'the theoretical possibilities, overlapping constructs and rich array of vulnerability factors […] require teasing out and clarification', that this would also help improve its clinical utility and research potential (2001, p.306). The Finkelhor model does however provide a framework that helps explain high profile episodes of institutional child abuse.

It is known that the specific reasons bringing children into care, be it disability (Kelly, 1992), physical, material or emotional abuse or deprivation (Jones, 1994) leave them more vulnerable to abuse (Gough, 1996). Staff intent on abuse may use children's difficulties to their own advantage in terms of identifying those vulnerable to abuse and potential abusers to be recruited into a network of mutual abusers and victims (Gough, 1996). It has also been suggested that if residents have been subjected to abuse or trauma, they may be physically or sexually aggressive to their peers (Westcott and Clements, 1992). Once recruited into such a network, it makes it

considerably more difficult for children to report the abuse during childhood and arguably in later life as adults. It is argued that perpetrators were careful to select vulnerable groups of children, in the belief that they are more susceptible to abuse and less likely to disclose (Gallagher, 1998; 2000).

2.6.8 Barriers to disclosure and detection

It has been suggested that positive actions and new procedures are required to ensure that 'whistle-blowing' is not only encouraged but also required by staff in childcare institutions when they encounter malpractice (Waterhouse, 2000). While pertinent to some circumstances, this may prove difficult in practice. As identified above, although legislation was in place to protect children regardless of their living circumstances, historically, in both the USA and UK, institutional abuse and neglect appears to have been seen as an issue of low importance until the late 20th century (Rindfleisch and Rabb, 1984); there was underreporting (Rindfleisch and Bean, 1988) and children had been 'legally invisible' (Rabb and Rindfleisch, 1985). While these studies were carried out in the USA, from the number of historical abuse inquiries coming to the fore since the 1990s there is no reason to believe that the situation in UK was any different at the time (Corby et al., 2001).

As well as reasons discussed above for failure to identify injustice (Foucault, 2002; Nietzsche, 1990), several 'barriers' to reporting are suggested. Drawing on Systems Justification Theory and Moral Foundations Theory, Harper and Perkins (2017) suggest that those most likely to observe signs of abuse may be the least likely to believe them. Research over the years has identified factors which may contribute to failure to report such as the conflicts which grow out of the differing perspectives of residents, their advocates and professionals responsible for their care; the absence of cultural and legislated consensus about what acts and omissions require protective intervention; organizational barriers whereby despite measures put in place to support the reporting of adverse treatment, such reporting remained negligible; and the inherent difficulty in linking specific acts or omissions to particular staff members (Rindfleisch and Bean, 1988) or difficulties in conceiving of a colleague as a potential perpetrator of abuse (Horwath, 2000). Westcott (1991) meanwhile suggested four barriers to reporting abuse within institutions:

- lack of procedures/policies for reporting and investigating a complaint of institutional abuse;

- institutional abuse being viewed as a problem of the individual member of staff, not the institution;

- the closed nature of institutions;

- the belief system of institutions.

A more fundamental deterrent to identifying maltreatment it has been suggested lies in the failure of child protection services and institutions to share a common perception of the problem (Nunno and Motz, 1988), belief that for the vast number of children and young people, an out of home placement was preferable to leaving a child with his/her own parents, hence little attention was given to the quality of care after placement, linking to notions of 'rescue' referred to above (Grant and Gabor, 2006; Smith, 2009). As well as the conflict of interest in respect of agencies' capacity to make objective investigations into their own decisions or the actions of individuals or agencies operating on their behalf, victims of abuse or neglect in placement may have limited understanding of their legal rights and recourse, while parents, often from backgrounds of poverty or minority status may lack the legal resources and sophistication to press for redress against the system (Rosenthal, Motz, Edmonsen and Groze, 1991).

Possibly related but outwith the institutional abuse of children, Jay in the Rotherham Inquiry identified what she referred to as 'groupthink' (Janis, 1972 in Jay, 2015) in respect of elected members and senior officers. Drawing on the work of Canadian academic Margaret Hefferman (2012), Jay identified the concept of 'wilful blindness'. Hefferman had independently observed the process of inaction in Rotherham concluding that in the early years, nobody had the clarity, energy or will to speak up except for a researcher who was punished for expressing her concerns (Jay, 2015). In order to fully understand both how such abuse can remain undetected over the years, as well the impact on children and adult survivors so affected, it is helpful to consider the concept of historical institutional child abuse.

2.7 **Historical Childcare Practices and Historical Institutional Child Abuse**

Since the 1990s, when care leavers began to increasingly come forward reporting maltreatment while in residential care as children, this has become the focus of political attention internationally (Sköld and Swain, 2015). Historical institutional child

abuse is complex territory however. Policy and legislation have changed during the lifetime of participants and some treatment of children and young people, such as methods of physical chastisement, which would now be deemed abusive, were permissible at the time (National Records of Scotland, 1966-71; National Records of Scotland, 1968-1971; Shaw, 2007). It is also difficult to comment on someone's actions, when there are only a few surviving documents, lacking dates and detail (O'Loughlin, 1997).

This section focuses concerns about children historically, the construct now known as historical institutional child abuse and the counter-arguments, challenging the phenomenon.

2.7.1 Children's wellbeing: Historical concerns

While some have dismissed survivor accounts of historical institutional child abuse as childcare practices, which were 'of their time' (Smith, 2012), as discussed above, concern about the wellbeing of children is evident historically. In 1817 Robert Owen who was seen as a pioneer in humane factory management and education of the poor in New Lanark, Scotland advocated that children 'be treated with uniform kindness, directed by reason' and would thus become beings full of health, activity and energy (Owen, 1817, pp.145-146). A few years later in 1841, Kay-Shuttleworth made an appeal to the Poor Law Commissioners for the banning of corporal punishment in workhouse care (Kay-Shuttleworth, 1838; Middleton, 1971). Almost 100 years later, in 1924, by which time the first participant in this study was a child in residential care, the League of Nations Declaration on the Rights of the Child (The Geneva Declaration) stated as a general principle:

> …the orphan and the waif must be sheltered and succoured; the child must be […] protected against every form of exploitation.

Although not legally binding, it indicates an awareness of the particular vulnerability of children and demonstrates the genesis of a child rights perspective at the international level (SHRC, 2010).

It is also clear from historical accounts, that there was concern about some childcare practices during the childhood of participants in this study. In 1937, for example the then Chairman of Quarriers, Dr. James Kelly wrote to the Fathers in Charge of the boys' cottages about 'several cases of extreme corporal punishment meted out to the

lads […] brought to our notice' by parties including the RSSPCC, a Donor and a visitor (Magnusson, 1984, p.109; 2006, p.134). He articulated a sound understanding of the impact of such practices on the developing child although is unclear whether action was taken against the house-parents (Magnusson, 1984; 2006). Despite the lack of reference to specific instances of abuse in The Clyde Report, a number of concerns were reported in the media around this time indicating awareness and concern about standards of residential and foster-care provision in the inter-war years (Abrams, 1998; Kendrick and Hawthorn, 2012). While there may have been some changes following World War Two, literature and media indicate that children were still being subjected to maltreatment (Abrams, 1998; Kendrick and Hawthorn, 2012).

Moving to the early 1960s, one service provider participant shared archival material, an extract from the record of a meeting of the Board of Governors of a voluntary agency in 1961:

> Housefather's misconduct:
>
> Action has been taken by reporting to the police a case of alleged indecency with boys in the Orphanage by a former assistant housefather. The person in question had earlier been dismissed (from) the service of the Orphanage for other reasons.
>
> The view was strongly expressed by (name) that the Home Office should be told that in the view of the Governors it was desirable as regards persons unsuitable for employment in children's homes that they should have a list of such and should adopt the same practice as the Scottish Education Department which kept Education Authorities informed of the names of persons whose recognition as teachers had been suspended or withdrawn by the Secretary of State on account of misconduct.

It was not clear if the Home Office were told of the concerns, but this again indicates awareness of the need for some 'regulation' of those involved in the residential care of children.

In Scotland shortly after this time, records held in the National Records of Scotland (1966-1971; 1968-1971) refer to serious concerns about standards of practice and the use of corporal punishment in approved schools and children's homes neccessitating the intervention of Social Work Services Group and the Secretary of

State for Scotland, Bruce Millan in the late 1960s (Kendrick and Hawthorn, 2012). There was considerable upheaval in childcare services around this time with the implementation of Social Work (Scotland) Act 1968, a situation described as having 'excessive expectation, unlimited demands and inadequate resources' (Murphy, 1992, p.178). Along with a change of government in 1970, this combination of factors may have led to a missed opportunity to address concerns.

In England, there appears to have been similar disquiet about physical assaults and misuse of corporal punishment being 'an issue of concern' in residential care around the 1970s, (Berry, 1975, p.105 in Sen et al., 2007) with staff dismissed for hitting children (Holman, 1996). Kahan (2000) described a 'struggle' in persuading other professionals that abusive treatment occurred in residential care in the 1960s. Meanwhile in Surrey, as described above, one of the first public inquiries in respect of institutional child abuse took place in 1965 when punishment rules were found to have been broken at Court Lees School (Home Office, 1967 in Corby et al., 2001). It is clear therefore that in some quarters historically there has been concern about standards of practice in residential care.

2.7.2 Historical accounts of institutional child abuse

Arguably supporting this backdrop of concerns in respect of children's' well-being, there is a body of contemporaneous literature and inquiry acknowledging maltreatment of children historically (Kendrick and Hawthorn, 2012). The study of historical abuse can now involve a range of professionals; care leavers, historians, archivists, theologians, lawyers and museum professionals, as well as psychologists and social care professionals more typically associated with child abuse studies (Sköld and Swain, 2015). Issues of narrative and identity are raised and official histories contested with care leavers and survivors 'wresting back control of the narrative' (Wilson and Golding, 2015, p.36).

As discussed above, in Scotland the term "historical abuse" has been defined by Scottish Government (2014). The term is, however imprecise and value laden. Despite literature indicating concern about the harsh treatment of children, it has been proposed that historically there was a fair degree of acceptance of physical means of control no longer tolerated in care settings and contrary to regulations (Corby et al., 2001). Doran and Brannan (1996) extend this to encompass childrearing practice generally, that all children experienced physical abuse, which

was seen as a necessary part of their education and learning. The purpose was to instil a sense of discipline, a fear of authority and a sense of order. For working-class children, this meant 'knowing their place', for middle and upper class children, especially boys, this was seen as character forming for leadership. They also suggested an underlying acceptance that modern institutions (children's homes and psychiatric hospitals) emulate eighteenth-and nineteenth-century workhouses, asylums, borstals and poorhouses, with the undercurrent abuse of power, and that the poor, disadvantaged, disabled or mentally ill have fewer rights (1996).

Magnusson endeavours to capture some of this complexity in her accounts of the history of Quarriers. Despite the intervention of Dr. Kelly described above in respect of physical chastisement, she describes the homes as 'being of their time' where service delivery depended on rules and regulations. By way of example, Quarrier's Standing Orders on contact between brothers and sisters (undated) suggests that they were written with the interest of staff and smooth running of the home in mind. There was a clear underlying principle of paying heed to children's interest with the Standing Orders detailing opportunities, which should be afforded in order to retain relationships (J Bell, personal correspondence, September 2nd, 2015; Magnusson, 1984; 2006). Such practice contextualises survivors' accounts of separation from siblings discussed in Chapter Five of this study.

Similarly, the Child Migrant Scheme had mixed reception at the time. Some children were sent to residential establishments in colonies in the former British Empire, often without parental consent; in some instances, parents were told that their children had died (Humphreys, 1995). Although there was little public awareness of the practice until the latter decades of the 20th century, there were critics of the system until it ceased in 1970 (Humphreys, 1995; Lynch, 2016; Magnusson, 1984; 2006; Parker, 2008; Urquart, 1901) with allegations that institutional priorities of moving children to ease congestion supported political aspirations to populate the colonies (Child Migrant Trust, 2014; Lynch, 2016). As with other aspects of childcare policy and practice, it has been argued that Scotland's experience of the child migration was different from that of the rest of the UK in that children were more likely to be boarded out in the Scottish Highlands and Islands where there was an internal need for labour (Parker, 2012) although some childcare providers in Scotland supported the Child Migrant Scheme.

2.7.3 Sexual abuse: Confusing and contested discourses

Despite heightened recognition of physical abuse of children within families in 1960s, it seems that child sexual abuse did not become recognised as a significant concern in the UK until into the 1980s (Corby et al., 2001). There were however references to the possibility of sexual attraction by staff to children before this date (Anthony, 1968) and several references to sexually problematic behaviour on the part of staff and young people (Sen et al., 2007); Wills (1971) reported severe bullying and sexual assault between some young male residents in the Cotswold Approved School; Kahan recollected that while there was little explicit discussion of sexual abuse in the late 1970s and early 1980s, there was occasional knowledge of someone being moved for sexually inappropriate behaviour towards the boys and girls (2000); Holman (1996) reported that from 1948-1971, there were six internal investigations into alleged sexual abuse by Manchester Children's Department.

There appears to have be an element of uncertainty as to how such behaviour should be addressed. Again, reported in mainstream literature, it was questioned by a staff member what action should be taken when a young person makes an allegation of sexual misconduct, strongly implying a preference for dealing with such allegations internally to the residential unit (Davis, 1980). While stressing that he did not suggest license for free sexual relationships in residential care Davis cites literature arguing that a sexual relationship between resident and a worker should not automatically be grounds for dismissal (Righton, 1977 in Davis, 1980). The author, Peter Righton, former Director of Education at the National Institute for Social Work, was later convicted and fined for possession of child pornography. Again, these possibly support a thesis of 'not knowing' (Smart, 2000) or 'wilful blindness' (Hefferman, 2012; Jay, 2015), pertinent to survivors' experiences in this study.

2.7.4 Historical institutional child abuse: The counter-argument

As recognised above, the concept of historical institutional child abuse is value laden and there are voices internationally and within Scotland disputing the extent to which it has occurred. Some may refer to this as a 'backlash', defined as 'a negative response to a constructive or positive step forward' (Myers, 1994, p.17). It is proposed that the increasing public concern for residential childcare is a recent phenomenon emerging in the 1990s 'with little to suggest that the residential sector was considered to be problematic over the previous century' (Smith, 2009, p.36).

Such increased concern about institutional child abuse has drawn this into the frame of 'moral panic' along with other contemporary social work concerns of child protection generally, and child exploitation and trafficking (Smith, 2012; Smith, Cree and Clapton, 2012; Clapton, Cree and Smith, 2012; Cree, Clapton and Smith, 2012). Reference to 'moral panic' in the context of child abuse and historical institutional child abuse has been subject of counter-argument (Daly, 2014a; Pilgrim, 2017; 2017a) with Pilgrim proposing that 'moral panic claim makers evade any detailed empirical examination about CSA (Child Sexual Abuse) and its underestimated scale, when they divert our attention to the putative social construction' (Pilgrim, 2017a, p.352-353).

Within the UK, the extent and accuracy of accounts of care leavers involved and the professional and state response has also been challenged (La Fontaine, 2005; Smith, 2009; Webster, 2005) with Smith (2010) proposing that victim narratives are favoured over the other accounts leaving some voices silenced and marginalized. Smith, Cree and Clapton meanwhile critique the notion of historical institutional child abuse by contesting the validity of Time to be Heard, the record of a pilot confidential forum designed to test one model of acknowledging experiences of childhood abuse in Scotland (Shaw, 2011). Citing Lowenthal (1998) and deconstructing the concept of history, Smith et al. suggest that Time to be Heard is best described as Heritage:

> (It) omits and forgets, distances us from our past, and seeks, instead, to locate those aspects of the past which we might rather forget with external demons whom we might blame for what were, in truth, commonplace child rearing practices, which each of us who have grown up in Scotland can probably recognise and, indeed, identify bits of ourselves in. Instead of facing up to this, we construct ways to separate our self from the monstrous other, the child abuser. (Frankfurter, 2006 in Smith et al., 2012, p.12).

While it could be regarded as a form of oral history, Shaw did not set out to write a 'history' in Time to be Heard; he had already carried out a 'historical critique' of residential care of children in Scotland (Shaw, 2007).

While Smith (2007) and Webster (2005) acknowledge that some people have experienced maltreatment during childhood in residential care, Smith et al. (2012) dismiss other narratives of historical institutional child abuse as childcare practices, which were 'of their time'. Such child rearing practices have recently become subject

of scrutiny and criticism (Craig, 2017; Sinclair, 2018). Craig links these to Scotland's economic, social and religious history. Drawing on Adverse Childhood Experience Research (Felitti et al., 1998) she argues, that Scotland's historical child nurturing practices were authoritarian and have had adverse implications for physical and mental health outcomes in adulthood which are poor in comparison with other European countries. As discussed above, literature identifies a relationship between professionals' personal experiences and their views on discipline (Bluestone, 2005; Ashton, 1999; Ashton, 2001; Herzberger, 1988; O'Toole, O'Toole, Webster and Lucal, 1994; Wall, Redshaw and Edwards, 2013). It may be that staff personal experience of being nurtured, linked with the lack of training and external scrutiny (Shaw and Kendrick, 2016), account for some of the survivors' negative experiences discussed in literature (Shaw, 2011; Kendrick and Hawthorn, 2012). There is a lengthy history of concern for the wellbeing of children in residential care (Magnusson, 1984; 2006; Abrams, 1998; Kendrick and Hawthorn, 2012) and it is against this backdrop of conflicting and contested accounts that survivors seek to understand their experiences and access justice. The next section will examine the impact of childhood abuse on adult lives.

2.8 Adult Lives

In writing of the Child Migration Scheme, Humphries (1995) reported that migrants' narratives varied; some recollected experiences of kindness and compassion while others shared accounts of physical, emotional and sexual abuse as well as various forms of neglect. The impact could be life-long. Similarly, in an oral history study of people, who grew up in Australian orphanages, Murray, Murphy, Branigan, and Malone (2009) found diverse narratives; adults varied in their understanding of 'who they were' and in making sense of their lives. A range of factors influenced this such as reasons for admission to care and experiences thereafter, public perceptions of people growing up in residential care and religious faith. This section discusses what is known about the impact of child abuse and institutional child abuse over the life course, factors influencing telling of abuse, concluding with thoughts on resilience, identity and narrative.

Impact of abuse

As the body of relevant material is extensive, only that most pertinent to this study are considered. Literature addresses the consequences on children of physical abuse

(Briere, 1992; 1996; Kolko, 1996) psychological maltreatment (Hart, Brassard and Karlson, 1996), sexual abuse (Finkelhor and Browne, 1986) and neglect (Erickson and Egeland, 1996). Briere (1992) proposes that regardless of type of maltreatment, the impacts of child abuse are likely to occur in at least three stages; initial reactions to victimization, accommodation to on-going abuse and long-term elaboration and secondary accommodation (1992, pp.17-18). The notions of long-term elaboration and secondary accommodation are helpful when considering the influence of institutional child abuse on adult lives.

Finkelhor and Browne (1986) postulate that the experience of sexual abuse can be analysed in terms of four trauma-causing factors, what they refer to as 'traumagenic dynamics'; traumatic sexualisation; stigmatization; betrayal and powerlessness. These experiences, inherent to sexual abuse interfere with the child's healthy development and affect their interpersonal relationships. The dynamics occur in other types of trauma but the interplay of the four makes the trauma of sexual abuse unique and different from other childhood trauma such as the divorce of a child's parents or being the victim of physical abuse (Finkelhor and Browne, 1986). Although this model was subsequently criticised because it was based on clincal experience rather than empirical or experimental data thus, it was argued, jeopardising the reliability and generability of the model (Freeman and Morris, 2001), the framework helped explain the experience of survivor participants in this study.

2.8.1 Impact of institutional abuse

As discussed above, while there are similarities, the dynamics of institutional child abuse are different to those of intra-familial child abuse. In addition, taking cognisance of the likely adverse life experiences of children prior to admission to care, it seems probable that institutional abuse will compound the influence of earlier adversity.

Research internationally links a history of childhood institutional abuse with adverse outcomes in adulthood (Blakemore, Herbert, Arney, Parkinson, 2017; Fitzpatrick et al., 2010; Lueger-Schuster et al. 2014; Lueger-Schuster, Knefel, Glück, Jagsch, Kantor, and Weindl, 2018; Weindl, Knefel, Glück, Tran, Lueger-Schuster, 2018). A study in Ireland indicates that survivors who identified sexual abuse as their worst form of institutional maltreatment were found to have higher rates of post-traumatic stress disorder, alcohol and substance misuse, anti-social personality disorder,

trauma symptoms and life problems; survivors of severe emotional abuse were described as 'better adjusted' than the other two groups and survivors of severe physical abuse were in an intermediate position between the other two groups (Fitzpatrick et al., 2010). In writing of survivors of historical institutional child abuse, abused as children by David Logan Murphy in Fife, Black and Williams (2002) describe all as having had their lives seriously affected by the sexual abuse and for some, also the harsh punishments received while in public care. Again, impact varied; similar to the writing of Finkelhor and Browne, issues of trust, stigma, powerlessness, guilt and anger were evident. These had kept survivors silent for over 30 years, and memories had been buried; as a result, partners were unaware of childhood experiences and were suddenly introduced to their 'hidden abusive childhood'. Telling of the abuse was described as a 'painful intrusion into their lives'; the time had not been of their choosing and it had rekindled buried feelings. Some remained angry because of this and worried about the impact on their future lives (Black and Williams, 2002).

In respect of adults involved in the Child Migrant Scheme, the consequences included searching for identity, feelings of stigmatization and depression, feeling alone and empty, yearning for and trying to find their birth parents. Some had attempted suicide, experienced alcohol abuse and carried a sense of 'never having been children' (Humphries, 2002). Humphries also recognises the importance of 'place' and visiting locations of childhood significance for both those who recognised themselves as abuse survivors and for those who did not see themselves as such (2002).

Other works over the years suggest that drawing on attachment theory, program abuse deepened what is referred to as an 'alienation response' in children already alienated by removal from home (Kunkel, 1983); they subsequently experienced symptoms such as suffering nightmares, emotional disturbances, panic attacks, depression, attempting self-harm and suicide (Clayden, 1992, as cited in Horwath, 2000). It was noted that that twelve adults abused as children in a home in North Wales had since committed suicide (Cruz, 1998, as cited in Horwath, 2000). One study found that going missing from residential and foster care was often associated with higher levels of placement movement, arguably a form of system abuse, and current placement-centred difficulties, including lesser attachment to carers. Young people were then more vulnerable to a range of high-risk activities such as becoming

victims of violence, offending, sleeping rough, sexual exploitation, self-harm, difficulties in forming relationships and low self-esteem (Biehal and Wade, 1999).

For those not abused by individuals within the care environment, the impact of systemic 'acts of omission' such as premarture discharge from care may still be significant. Even in 21st century, Murray et al. (2009) suggest, the gradual and incremental change marked by celebrations and rites of passage which mark the transition from childhood to adulthood for young people leaving home are much more compressed for young people leaving residential care with the transition to adulthood being abrupt, happening at a very young age and compounded by hazards. UK research shows similar features; loneliness, isolation, movement, homelessness and 'drift' (Stein and Wade, 2000) with a disproportionate number of those in prison and young offenders establishments having been in care (Barnardo's, 1996); such negative experiences have not necessarily changed over the years (Duncalf et al., 2009). As will be discussed below, this was only partially true for participants in this study.

2.8.2 Telling of abuse

Summit (1983) scrutinizes the dynamics of children trying to tell of sexual abuse. He describes children's attempts to reconcile their private experience (of abuse) with the secondary trauma of telling, which may include disbelief, blame and rejection by adults. The most typical reaction of children he classed as 'the child sexual abuse accommodation syndrome', a process comprising five categories; (1) secrecy, (2) helplessness, (3) entrapment and accommodation, (4) delayed, unconvincing disclosure, and (5) retraction (1983). Summit subsequently revised the terminology of the child sexual abuse accommodation syndrome (1983) as the term 'syndrome' was leading to misunderstandings, particularly in court settings (1993). There is however still recognition of the difficulties which children experience in reporting sexual abuse (Fontes and Plummer, 2010; Lahtinen, Laitila, Korkman and Ellonen, 2018) and other forms of abuse (Bottoms, Peter-Hagens, Epstein, Wiley, Reynolds and Rudnicki, 2016).

While this model was developed in respect of children's difficulty telling of sexual abuse, it is also helpful when considering institutional child abuse, in particularly the underlying process of adocentrism:

The unswerving and unquestioned allegiance to adult values. All adults, male and female, tend to align themselves in their own impenetrable bastion against any threat that adult priorities and self-comfort must yield to the needs of children. (Summit, 1982, p.128).

The concept of adocentrism is helpful when considering adult failure to perceive that children may be removed from abusive circumstances supposedly to a place of safety, but those now responsible for their care may abuse them further and children will have difficulty telling. Van der Merwe and Gobodo-Madikezala (2007) write of how normally people make sense of new experiences by fitting them into pre-existing narrative mental schemes. They experience difficulty in telling of traumatic experiences that 'defied language'; when a traumatic memory is turned into language, the original experience is changed to fit into a narrative, so its 'real nature' still eludes our vision (2007, p.66).

2.8.3 Resilience

While much literature focuses on the difficulties caused by adversity, since the 1990s, there has been an increasing body of research on hope and resilience (Conway, 2012; Daniel, 2008; Gilligan, 2001). Resilience has been described as 'the ability to know where, how and when to put your energies to improve things for yourself and how to recruit help in that endeavour' (Daniel, 2008, p.61) or 'normal development under difficult conditions' (Fonagy, Steele, Steele, Higgitt and Target, 1994, p.233). In Time to be Heard, Shaw (2011) noted that while some survivors of historical institutional child abuse reported difficulty in coping with the after-effects of abuse well into adulthood, some reported fewer long-term impacts. Conway proposes that it is helpful to consider resilience as an on-going long-term process, rather than an inherent personality trait or definitive outcome: 'a complex journey rather than a destination' (2012, p.4). A number of factors are associated with resilience and Conway organises these into three headings; Internal/Personal, External/Social and Structural. She cautions against one single comprehensive universally accepted definition of resilience, but with this caveat, resilience can be recognised and described as 'highly individualised, positive reactions in response to adverse external events' (Conway, 2012, p.28).

A number of factors converge therefore when considering the impact of historical institutional child abuse on adult lives. This has a significant influence on the personal identity and narrative of those so affected.

Identity and narrative

It is easy to take identity for granted, as this involves 'who we are'. There is often congruence with others in our lives, reinforcing a coherent sense of personal identity over time and space (Jenkins, 2004). Ricoeur (1984) meanwhile describes the plot of a narrative as collating and integrating into one whole and complete story multiple and scattered events, thereby schematizing the intelligible signification attached to the narrative taken as a whole. It has been suggested that 'narrative identity' creates cohesion within a life that would otherwise fall apart (Ricoeur, 1988, p.246 in van der Merwe and Gobodo-Madikizela, 2007).

Identity has generated interest over the centuries in disciplines such as those now known as theology, history, psychology and social sciences (Erikson, 1969; Giddens, 1991a; 1991b; Hobsbawm, 1998; Jenkins, 2004). Historical accounts indicate that there was awareness of the importance of identity in the development of childcare provisions historically (Scottish Home Department, 1946; Magnusson, 1984). This has continued in subsequent legislation such as the Children (Scotland) Act 1995 defining the statutory duties of Local Authorities towards looked after children as taking account of factors such as religious persuasion, racial origin, and cultural and linguistic background.

Identity is a complex process, involving the individual and the collective. This has been explored for example by Winnicott (1953) in the theory of object relations, by Erikson (1969) in work on identity, by Berger and Luckman (1967) in the social construction of reality and by Goffman (1969) through the way in which we present ourselves in life. Jenkins (2004) describes identification as the cognitive mechanism that humans use to sort themselves out individually and collectively, that identity is our understanding of who we are, who other people are and thus, other people's understanding of themselves and of others (which includes us). It develops from birth as children become aware of themselves similar to, and different from, others. Identity is therefore socially constructed with identification during infancy likely to be the most significant, becoming part of the child's cognitive structure and primary identification (2004). Identities are flexible over the life course but it seems likely that early identifications will be most resistant to change with childhood and adulthood

depending on each other for their meaning (2004). Similarly Giddens (1991a) refers to identity being created and more or less continually reordered over the life course. In light of the findings of this study in respect of survivors identification, some phenomena are worth exploring in more detail.

Religious identity and spirituality

Little has been written about the spirituality of children in public care although spirituality is known to be a factor, in promoting resilience (Daniel, Wassell and Gilligan, 1999; Werner, 1996 in Hill, Stafford, Seaman, Ross and Daniel, 2007). Adoption of religious identity may be a matter of individual choice but often has childhood links to family and cultural identity (Jenkins, 2004). Because of its significance to this study, there will be particular reference to spirituality within the context of Christian theology.

As recognise above, Scotland's religious affiliations was one of the factors in its care of vulnerable children historically (Murphy, 1992); the church and religiously inspired charities provided much of the residential childcare throughout the 19th and 20th century. The Clyde Report also observed that 'religious practices should be encouraged' (Scottish Home Department, 1946, p.27). Literature and media reports as well as reports coming before the Scottish Child Abuse Inquiry (2017) now indicate that some children were abused within such faith-based residential settings (Kendrick and Hawthorn, 2012).

In some interpretations of Christian doctrine, children are seen as 'sinful' and must 'have their wills broken' (Bunge, 2001, p.5). Some may therefore have used such analysis to justify child-rearing practices that would now, and arguably at the time, be regarded as abusive. Within religious organisations there may be significant shift over time however; although the Christian Brothers in Ireland ran residential schools, which incorporated 'regular physical chastisement in a highly moralistic culture', the founder of the order initially shunned corporal punishment (Pilgrim, 2012, p.407). While research suggests that religion can provide reassurance to victims of abuse, there are indications that the canonical status of an abuser as priest may increase the risk he poses and heighten the impact of the abuse on the victim (Gilligan, 2012). This is highly pertinent to the life experiences of survivors in this study

Responding to survivors of historical institutional child abuse

Historically, the support offered to those who had alleged abuse was generally inadequate, the only support available in some instances being through the investigation team, causing possible conflict of interest (Barter, 1999a). Survivors viewed having a separate source of support as most satisfactory (Barter, 1999a). Black and Williams (2002) found that the survivors needed to be treated as individuals as they had differing needs, resilience and hopes. They need time, as the impact is not transitory; services therefore needed to be flexible, involving different agencies as required by the survivor.

One theme shared by survivor participants was the desire for justice. The next section will consider routes to survivors accessing justice.

2.9 Historical Injustice to Transitional Justice

Since the 1990s, historical institutional child abuse has come to be considered as a form of historical injustice, addressed within a framework of transitional justice (Sköld and Swain, 2015). This section will consider literature that relates to the narratives of survivor participants; the concepts of justice, injustice, historical injustice and transitional justice along with processes such as truth commissions, inquiry and methods of reparation used to address such injustices. The section will conclude by considering the application of transitional justice frameworks to historical institutional child abuse internationally and within Scotland.

2.9.1 Justice and injustice

While much has been written on the subject throughout history, justice is a difficult concept to explain succinctly (Campbell, 2010; Fabre, 2007; Ryan, 1993). Definitions include 'the quality of being fair and reasonable' (Oxford Dictionary Online, 2013); 'a combination of recognizing the basic equal worth of all human beings together with a commitment to the distribution of good and bad things on the basis of desert' (Campbell, 2010, p.3) and 'being closely connected to a respect for rights' (Ryan, 1993, p.2). It has also been argued that 'justice is not only a result; it is a process, which is multi-faceted' (Kennedy, 2005, p.29), touching on the complexity experienced by survivors.

Although there are many examples of injustice cited in literature, there is less by way of definition. Those existing include 'lack of fairness or justice' (Oxford Dictionary Online, 2016) with historical injustice being described as a wrong done to, or by, past people (Torpey, 2003). In respect of historical institutional child abuse however, there is often no agreement about what constitutes an injustice (Cunningham, 2011).

2.9.2   Historical injustice

Since World War Two and the Holocaust, there has been increasing concern about past injustices (Thompson, 2002; Torpey, 2003). Primarily associated with Jews who were given some legal standing in international law, this came to include other groups victimised by the Nazis such as disabled people, Gypsies and homosexuals, thus moving notions of justice away from only national groups (Torpey, 2003). More recently, historical injustice has come to include colonial practices, for example, the rights of those where land treaties were not honoured, and of their descendants, such as indiginous Aboriginal children in Australia and Indian children in Canada who were removed from their families. It thus came to include historical childcare practices (Thompson, 2002; Torpey, 2003).

From historical injustices arguably flow historical obligations (Thompson, 2002). Thompson (2002) defines a historical obligation as a moral responsibility incurred by individuals as citizens, owners or executives of corporations, or members of some other trans-generational association or community, as a result of the commitments or actions of their predecessors. In a similar vein, Torpey cites Arendt "we can no longer simply afford to take that which was good in the past and simply call it our heritage, to discard the bad and simply think of it as a dead load, which by itself time will bury in oblivion" (Arendt, 1973 [1951] in Torpey, 2003, p.2). Torpey traces the line of this argument back to the existentialist philosopher Karl Jaspers in the aftermath of World War Two and further back to the 19th century Friedrich Nietzsche's concept of *Critical History,* described above*.* More recently both internationally and within Scotland the concept of transitional justice has been used to address historical injustice.

2.9.3 Transitional justice

The concept of Transitional justice was first articulated in the mid-1990s (Sköld and Swain, 2015). This also has its roots in moves to confront crimes against humanity during World War Two and in political contexts such as the apartheid regime in South Africa in the 'transition' to more democratic forms of rule. While some activities

associated with transitional justice have been trials, purges and 'truth commissions', in others, for a variety of pragmatic reasons, there has been a collective agreement to move on. More recently, demands for reparation have come to include more liberal regimes for actions or inactions going back many years for which they may have previously claimed legitimacy (Thompson, 2002; Torpey, 2003).

Adopting a transitional justice framework introduces processes such as Truth and Reconciliation Commissions; Reparation, Redress, Restoration and Reconciliation; Apology; Commemoration and Memory. Those most pertinent to this study, Truth and Reconciliation, Reparation, Apology and Commemoration will be discussed before considering their application to historical institutional child abuse.

Truth and reconciliation

'Truth commission' is a name used generically for a variety of bodies set up to investigate the past history of human rights violations in a given country; the set-up, design, responsibilities and mandate varying from case to case (Schlunck, 1998). Truth and reconciliation commissions have been used as one means of inquiry into historical injustice and human rights abuses. Hayner's definition of truth commissions has four primary elements:

> Firstly, a truth commission focuses on the past; secondly a truth commission is not focussed on a specific event, but attempts to paint the overall picture of certain human rights abuses, or violations of international humanitarian law, over a period of time. Third, a truth commission usually exists temporarily and for a pre-defined period of time, ceasing to exist with the submission of a report of its findings. Finally, a truth commission is always vested with some sort of authority, by way of its sponsor that allows it greater access to information, greater security or protection to dig into sensitive issues, and a greater impact with its report. (Hayner, 1994, p.604).

Some perceive truth commissions as more likely to reach the 'truth' than adversarial situations concerned with assigning guilt (Torpey, 2003). Others urge caution; Hayner (1994) observes that some have been 'significantly limited from a full and fair accounting of the past', limited by mandate, political constraints, restricted access to information or by lack of resources therefore have only been able to report on a narrow proportion of the truth; in some instances, the final reports having been kept confidential. She also cautions that the increasing use of the term *truth and*

reconciliation commission (Hayner's italics), describing the generic term as inaccurate, as many of these commissions on truth have not held reconciliation as a primary goal, or that reconciliation would result (2001). Hayner (1994) suggests that often these result in confirming widely held beliefs, that they might more accurately be described as *acknowledging* the truth (Hayner's italics) rather than finding the truth.

Reparation

Torpey (2002) suggests that reparation is one of the most frequently used single terms connected with many of the efforts to come to terms with the past, that this generally refers to compensation, usually of a material type, often specifically monetary, for some past wrong. Hayner (2001) gives the term a broader connotation suggesting that the term "encompasses a variety of types of redress, including restitution, compensation, rehabilitation, satisfaction, and guarantees of non-repetition" (2001, p.171).

Thompson (2002) argues that while reparation as restoration and reparation as reconciliation are both concerned with past injustices, they differ in that restorative reparation is backward looking, concerned with restoring the victim to their prior position while reconciliatory reparation is forward-looking in that it is about achieving a good outcome now and in the future. Thompson (2002) also differentiates two discourses in the response to wrongdoing, the legalistic and the theological. Legalistic she describes as talking about rights and obligations, restoration and compensation. Reparation is most commonly considered in this (legalistic) context. Theological, she reflects, is more to do with apology, forgiveness, contrition, atonement and reconciliation. Neither discourse excludes the other, but it is the emphasis of each that is important. Those adopting a legalistic discourse do not regard apology or reconciliation of parties as a requirement of reparation. For those adopting a theological discourse, apology and expressions of regret are central (2002, p.47). This differentiation is significant to survivor participants' experiences in seeking justice.

Apology

Thompson (2002) describes 'an epidemic of apology' having swept the globe (2002: p.viii). Examples cited are wide ranging (Marrus, 2006; Thompson, 2002; Torpey, 2003) although there have been refusals to apologise (Marrus, 2006; Torpey, 2003). Arguably apology looks to the future as well as the past, as an attempt to

acknowledge and make amends for past injustice but with the focus on healing (Thomson, 2002).

Marrus (2006) identified four features of apology:

1. Acknowledgement of a wrong committed, including the harm that it caused;

2. An acceptance of responsibility for having committed the wrong;

3. An expression of regret or remorse both for the harm and for having committed the wrong;

4. A commitment, explicit or implicit, to reparation and, when appropriate, to non-repetition of the wrong.

Commemoration and memory

Resonating with Hobsbawm (1998) cited above, Waldron (1992) proposes that individual and group identity are closely linked with history and memory, that individuals need to establish a sense of self in terms of events and acts that took place in the past. Individuals are however, transient, whereas communities, families, tribes, nations, parties are more enduring entities. Failing to respect historical record violates the identity and thus the community. Since communities help generate a deeper sense of identity for the individuals they comprise, neglecting or deleting the historical record is a way of undermining or erasing the individual as well.

Citing Waldron (1992), Thompson (2002) proposes that such injury to identity both causes and compounds other harms, that remembrance of events to do with obligations and entitlements could be described as 'being part of the moral identity' of group members and thus should be treated with respect, 'not an unfortunate psychological condition subject to treatment or manipulation' (2002, p.68). In considering reparation, Torpey (2003) refers to concerns of 'collective memory' and 'communicative history', which he suggests includes memory, memorials and historical consciousness. He describes this as 'a history oriented toward mutual agreement by the various parties that participate in re-writing historical narratives on the basis of a claim that they are (most) directly affected by the history in question' (Torpey, 2003, p.6). Torpey acknowledges however that such efforts to set history straight are increasingly contentious. Thompson (2002) meanwhile differentiates the

'imagined history' whereby there is a belief that justice has been done, from the 'actual history' whereby reparation was unsatisfactory and past injustices continue to rankle (2002, p.67).

Historical institutional child abuse as historical injustice

Historical institutional child abuse has emerged as a phenomenon across the Western World. Although the treatment of children may be linked with the cultural and historical context of individual nations and states, there are some common features internationally.

Removal of children and assimilation into the mainstream culture

One form of abuse to emerge in countries such as Australia (Human Rights and Equal Opportunity Commission, 1997), Norway (Simonsen and Pettersen, 2015), and Canada (Flisfelder, 2010) has been the removal of groups of children from indigenous families with the aim of assimilating them into the dominant mainstream by eradicating parental and community involvement in their development. Similar practices occurred in Switzerland in respect of Romany children (Thompson, 2002). In Canada for example, the federal government ran Indian Residential Schools for indigenous children from 1880s until 1996 (Truth and Reconciliation Commission of Canada, 2012; Flisfelder, 2010). Alongside exposure to communicable diseases, physical and sexual abuse, the institutions were what Cradock (2015) describes as 'sites of cultural deprivation' producing 'genocidal-effects of forcible separation which created holes in aboriginal life and severed the continuity of experience between generations' (Cradock, 2015, p.141). Thompson describes such historical practices of removing indigenous children from their parents and attempting cultural and racial assimilation into the mainstream white European community as 'an injustice to the family line' (2002, p.132).

Using this argument, the Child Migrant Scheme in the UK may similarly be regarded as an 'injustice to the family line', particularly if, as Urquart (1901) proposed, there was a history of proselytizing whereby children of the Catholic faith were sent to Canada (which was regarded as a 'Protestant country') leading to cultural assimilation.

Eugenics and questions of morality

In some jurisdictions issues of morality are thought to have influenced the regime of care. In Ireland, children were admitted to industrial schools for reasons of 'lack of proper care', often accompanied by illegitimacy and poverty (Brennan, 2015). It has been proposed that social attitudes driven by the church, which was a powerful force in Ireland at the time, saw poverty as a sign of moral degeneration. Care was seen in terms of moral restoration or conversion rather than care and protection (Ferguson, 2007). In Norway, it has also been argued that issues of morality influenced the institutional care of children. Despite progressive child protection legislation since the early 20th century, the children of German occupying soldiers and Norwegian mothers found themselves 'excluded, stigmatized, abused and marginalised in relation to education, health and work opportunities' (Ellingsen, 2004 in Simonsen and Pettersen, 2015, p.118). Many were separated from their families and placed in institutions while others 'judged to be of sufficient biological quality' were placed for adoption (Simonsen and Pettersen, 2015, p.118). Harsh treatment sometimes involving enforced labour was often a feature of regimes in nations such as Australia (Musgrove, 2015), Canada (Law Commission of Canada, 2000) and Ireland (Brennan, 2015; Ryan, 2009).

Seen within an international context, the development of childcare policies and practices associated with the perception of children as threats and notions of redemption, such as the separation of children from their families through the Boarding Out Scheme (Abrams, 1998; Parker, 2012) and the Child Migrant Scheme (Humphries, 1995; Lynch, 2016) along with some historical residential childcare practices (Scottish Home Department, 1946; Kendrick and Hawthorn, 2012) indicate that Scotland shares with other Western nations a legacy of historical institutional child abuse and injustice in treatment of its children, the circumstances of which are arguably linked to the nation's history, culture and wider political aspirations as discussed above.

2.9.4 Historical injustice to transitional justice

Since the final decade of the 20th century, Western nations and states appear to be recognising their historical obligations in respect of historical institutional child abuse, but have wrestled with the complexity of meeting these (Sköld and Swain, 2015). Lynch (2016) touches on this in writing of the Child Migrant Scheme. He proposes

that in the absence of effective criminal and civil prosecutions, public inquiries and apologies have sought to provide a symbolic restitution through public acknowledgement of child migrants' suffering. He cautions that while this reflects the humanitarian impulse to relieve suffering, it could be problematic 'if it impedes criminal or civil justice, simplifies complex historical realities, or creates an illusory public sense of resolution not shared by former child migrants' (Lynch, 2016, p.9). This section explores efforts to address historical injustices both internationally and within Scotland using processes of transitional justice.

Transitional justice – International approaches

The theory and practice of Transitional Justice now recognizes a framework, which embraces three components; acknowledgement, accountability and reconciliation (Karim and Kendrick, 2014). **Acknowledgement** is described as involving forms of truth-telling and survivors' testimony; apology and apology legislation; and commemorative activities; **Accountability** addresses criminal justice and the prosecution of abusers; compensation, reparation and redress including counselling and support; **Reconciliation** involves the development of reciprocal trust and relationship building (Barkan, 2000; Marrus, 2007; Tavuchis, 1991; Walker, 2010 in Karim and Kendrick, 2014; Thompson, 2002). Citing international examples, Sköld (2015) argues that national processes of transitional justice are linked in a global movement, that methods of inquiry and redress packages now draw on processes of transitional justice from abroad while recognizing local histories and circumstances. While Scotland's has drawn on models from abroad, an approach to transitional justice has been adopted informed by human rights in order to develop an integrated Action Plan on Justice for Victims of Historic Abuse of Children in Care (SHRC, 2014). This will be discussed in more detail below.

Transitional justice-Scotland's approach

A significant stage in the emerging awareness of historical institutional child abuse in Scotland was the hearing before the Petitions Committee of Petition PE535 in 2003 by Chris Daly (The Scottish Parliament, 2002). This was followed by an apology from First Minister Jack McConnell in 2004, and a raft of initiatives, the most relevant of which will be discussed below. A transitional justice approach was adopted by Scottish Government and a model of 'Truth and Reconciliation' proposed (Scottish Government, 2008), changing soon after to 'Acknowledgement and Accountability' as the former was thought to be too closely associated with earlier work in South Africa

(Shaw, 2011). A consultation on establishing an Acknowledgement and
Accountability Forum was initiated (Scottish Government, 2008a). SHRC (2010)
responded to the consultation by submitting the paper '*A human rights framework for
the design and implementation of the proposed "Acknowledgement and
Accountability Forum" and other remedies for historic child abuse in Scotland'*
(hereafter referred to as 'The Human Rights Framework'). SHRC commissioned a
review of international human rights law to support this. The Review concluded that (if
an Acknowledgement and Accountability Forum was to proceed) it was likely to
receive accounts (from survivors) of conduct similar to those human rights abuses
reviewed in their study, and of State failure to respond (Kemp and SHRC, 2010).
Other conduct, for example, as described in *the Historical Systemic Abuse Review*
(Shaw, 2007) was also identified as likely to contravene Article 8 of the European
Convention on Human Rights such as:

- Being told surviving relatives were dead;

- Withholding contact including destroying letters from parents and other
  family members;

- Denial of identity;

- Separation of siblings in care where not reasonably justifiable;

- Placing children who were "young offenders ordered by court" together
  with children "In need of care and protection";

- Forced emigration/exile directly from childcare.
  (Kempe and SHRC, 2010, pp.32-33).

The European Convention on Human Rights (ECHR) came into force in 1953 and
was incorporated into domestic British law in the Human Rights Act 1998.

Meanwhile, in 2012, SHRC in partnership with CELCIS embarked on a process
bringing together stakeholders in historical institutional child abuse with the purpose
of developing an agreed pathway towards implementing the 'Human Rights
Framework'. This process concluded in October 2014 with the production of the
"*Action Plan on Justice for Victims of Historic Abuse of Children in Care*", which is
rooted in Transitional Justice (SHRC, 2014) (from here on referred to as The Action
Plan). The Action Plan broadly divided the pathway to Justice into two domains,
Acknowledgement and Accountability. Acknowledgement included:

- Apology Law;

- Survivor testimony in the form of The National Confidential Forum;

- Establishing a National Record and Commemoration.

Accountability included:

- National Inquiry;

- Empowering survivors to understand the Action Plan;

- Review of the Time Bar;

- Consistent approach to investigation of historical child abuse cases;

- Better records and consideration of a National Survivor Support Fund.
  (SHRC, 2014)

Scottish Government has since committed to implementation of the Action Plan (Scottish Government, 2014).

2.9.5 Implementing transitional justice–International and Scotland

As discussed above, meeting historical obligations in respect of historical institutional child abuse and implementing a transitional justice framework is complex (Sköld and Swain, 2015). In this section truth and reconciliation commissions, reparation, apology and commemoration, will be described as these are the remedies referred to by survivor participants.

Truth and reconciliation commissions

International experience

Truth and reconciliation commissions and inquiries into historical institutional child abuse have now been convened in a number of Western countries (Sköld and Swain, 2015). Some have been limited to specific groups of children such as in Australia which addressed the circumstances of firstly the indigenous children, followed by child migrants then finally other children in institutional care (Wilson and Golding, 2015); some have focussed on single institutions such as Jericho Hill School for the Deaf in British Columbia, Canada (Cradock, 2015) and yet others such as in Sweden

have been wide, addressing the abuse of children in both institutional and foster care (Nyman, 2012).

As with truth and reconciliation processes in political and conflict situations, realising the dual function of 'reaching the truth' but in a way, which promotes reconciliation is challenging (Flisfelder, 2010). Sköld and Swain propose that there are some differences between inquiries (into the historical abuse of children in in out-of-home care) and better-known truth commissions:

> Rather than attempting to come to terms with a previous regime, they concentrate on adults' memories of their childhood, often across a much wider time period. The inquiries do not limit themselves to the past but also look into the future, making recommendations as to how contemporary and future child welfare should be improved. These characteristics position such inquiries as a distinct phenomenon within the broader field of transitional justice (Sköld and Swain, 2015, p.4).

While this does not explicitly embody reconciliation, it does recognise that remedies in respect of historical institutional child abuse may require to assume a distinct form within the field of transitional justice.

Scotland

A series of inquiries have taken place in Scotland, some pertaining to specific locales such as 'Edinburgh's Children' (Marshall, Jamieson, and Finlayson, 1999), some relating to an individual organisation such as the 'Kerelaw' Inquiry (Frizell, 2009). Other inquiries have had a national focus such as the Systemic Abuse Review (Shaw, 2007). While providing a valuable review of the systems of laws, rules and regulatory framework that governed residential schools and children's homes during the period 1950-1995, the inquiry was not about individuals, individual institutions or organisations. It may however, be loosely described as a form of truth commission as it does fall within Hayner's four primary elements described above (1994).

Other forms of Inquiry more akin to the models of truth commission described above have also been introduced; a pilot model of truth commission known as 'Time to be Heard' was initiated in 2008 (Shaw, 2011) and evaluated (Hawthorn and Kendrick, 2011). A National Confidential Forum based on this model commenced in 2014 as part of the Victims and Witnesses (Scotland) Act 2014 (National Confidential Forum,

2017). An Inquiry into Children Abuse in Scotland (The Inquiry) commenced in 2015 (Scottish Child Abuse Inquiry, 2016). The Inquiry is due to report to the Ministers 'as soon as is reasonable' (Scottish Child Abuse Inquiry, 2018).

Reparation

International experience

Just as historical institutional child abuse needs to be seen within the context of national histories and constructs of childhood, so reparation internationally encompasses a range of remedies linked to the local context. In some countries reparation includes financial redress and may include support for survivors such as in Ireland where there is a national counselling service, family tracing and educational grants quite separate from ex-gratia payments although latterly the recession was affecting implementation of the recommendations (Howard, 2012). The Irish state accepted responsibility along with the agencies responsible, due to its failure to effectively inspect and monitor the quality of care within the institutions (Ryan, 2009). Because of the acknowledged relationship between the Department of Education and Religious Congregations, the Religious Congregations also part funded the redress programme (Dáil Éireann, 8 May 2012).

As well as financial redress, some nations such as Canada and Australia have included as means of acknowledgement, a range of supports for survivors and a focus on community initiatives, in recognition of the loss of opportunity of First Nation and Aboriginal children to experience and learn their language and culture as well as a range of books, museum displays and audio-visual material (Daly, 2014; Troniak, 2011).

Redress and compensation can be problematic to administer. In some nations, there has been inconsistency of responses across states and municipalities (Find and Connect, 2012; Simonsen and Pettersen, 2015). Records required validating; survivor experiences might be difficult to trace and not provide the required level of detail further distressing survivors. (Simonsen and Pettersen, 2007, in Simonsen and Pettersen, 2015). Systems such as in Nova Scotia may not operate with sufficient rigour resulting in widespread abuse of the system, with both victims and care workers stigmatised and the public confused about the extent of historical institutional abuse in the State (Cradock, 2015; Kaufman, 2002).

Scotland

SHRC commented when responding to the Scottish Government consultation on creating an Acknowledgement and Accountability Forum (Scottish Government, 2008a) that a reparation programme for survivors of historic childhood abuse 'should include restitution, adequate compensation, rehabilitation, satisfaction and guarantees of non-repetition' (SHRC, 2010, p.8). Although not explicitly referenced, this is very similar to that of Hayner, described above (2001). The Action Plan describes reparation as meaning 'repairing the damage done so that, as much as possible, they can be placed in the situation they would have been in had the abuse not taken place' (SHRC, 2014, p.6) and deem this as including a wide range of remedies such as establishing a public historical record, effective apologies and commemoration. Establishing a national public record in Scotland is part of the Terms of Reference of the Inquiry in Scotland (Scottish Child Abuse Inquiry, 2016) and is implicit in the values of the National Confidential Forum (National Confidential Forum, 2017). A Survivor Support Fund was initiated in 2016 (Future Pathways, 2017) and at the time of writing, a consultation in respect of financial redress is underway (CELCIS, 2017).

Apology

International experience

Apology in the context of historical institutional abuse of children can be a highly contentious field. Since the increased awareness of historical institutional abuse in the 1990s several nations and states have offered official apologies. Thompson (2002) proposes however, that some are 'suspect' about apologies from the state, questioning for example, how leaders can apologise for everyone in their nation if everyone is not remorseful. It may be perceived that such apologies are insincere acts of State rather than personal (2002), an attempt to restore state legitimacy (Ardvisson, 2015). Apologies have also been described as having a 'dissociating effect' allowing States to distance themselves from such historical practices (Winter, 2011, p.806).

Apologies can be controversial; they may involve organizations or nation's re-evaluating their history (Arvidsson, 2015). Sköld and Swain cite delays in apology in Canada and Australia because of political conflicts surrounding the nations' colonial history and guilt regarding the Indigenous population (Attwood, 2005; Dorrell, 2009;

James, 2012 as cited in Sköld and Swain, 2015). While Musgrove (2015) writes optimistically of the 'post-apology' world (in Australia) opening up new opportunities for historians or other interest groups to work together, he cautions that governments may operate to rather short historical time frames perceiving actions of apology and reparation as having completed the healing process.

Scotland

Scotland's First Minister, Jack McConnell, gave an apology to survivors of institutional abuse in 2004 (Scottish Parliament, 2004):

> ….. today I offer a sincere and full apology on behalf of the people of Scotland, to those who were subject to such abuse and neglect; who did not receive the level of love, care and support that they deserved and who have coped with that burden all of their lives….. (The Scottish Parliament, 1 December 2004)

Similar to the concerns expressed in the "Berger Report' in Canada (Cradock, 2015), until recently there were barriers in Scotland to agencies offering apology in that they may then be deemed liable. The Apologies (Scotland) Act 2016 received Royal Assent on 23rd February 2016, thus removing this possibility in most cases.

Thompson (2002) queries if there are more appropriate way of pursuing the objective of reconciliation than through apology. While a pilot Restorative Justice programme was launched in 2010, and evaluated internally as successful (SACRO, 2011) at the time of writing there are no plans to utilize this model further in Scotland.

Commemoration

International experience

Part of the process of reparation for survivors has been the development of commemoration and a 'communicative history' (Torpey, 2003). Commemoration is sensitive and arguably subjective. Examples of commemoration include the creation in Australia of a history and information resource (Find and Connect, 2014) and a museum exhibition to Child Migrants (National Museum of Australia, 2012) while Canada has commissioned the installation of a stain glass window in the Parliament Building commemorating the legacy of former Indian Residential Schools, students and their families (Aboriginal Affairs and Northern Development Canada, 2013).

In Scotland, until recently, very few public accounts included the full reality of children's experiences in care historically. As described above, the Action Plan locates Commemoration as one of the measures of reparation, recommending that this be guided by the views of victims/survivors (SHRC, 2014). There has been government consultation with survivors on Commemoration but no further action at the time of writing (Survivor Scotland website, 2016).

2.10 **Conclusion and Lessons for Current Practice**

The focus until this point in the study has been considering material which contextualises survivors' experiences. Survivors are often reliant on service providers holding what may be regarded as the 'official narrative' of their lives. Literature indicates however, that agencies might be affected by the unintended consequences of historical abuse and subsequent inquiries (Corby et al, 2001). This may not only have implications for survivors but also for current childcare practice, an issue of concern to survivor participants seeking 'guarantees of non-repetition' (Hayner, 2001; SHRC, 2010). This section will consider these factors concluding with an appraisal of the process of completing the literature review.

2.10.1 Impact on current practice

There are concerns, that moves over the last 20 years or so to safeguard children, have had a detrimental impact on the quality of residential care experienced by children and young people (Garfat, 1998; Horwarth, 2000; Howard, 2012; Smith, 2009); and thus an unintended consequence whereby children may be left vulnerable to what are arguably forms of systemic abuse. Corby et al. recognise the 'dysfunctional consequences' of inquiries, including:

- **Blow to morale**: that the apparent unremitting nature of the focus on institutional abuse during the 1990s has made it hard at times to see any positive aspects of residential care;

- **Decline in quantity and range**: that residential care will continue to be seen as a last resort option rather than as a positive placement;

- **Shifting the problem elsewhere**: that these concerns may lead to greater use of foster care or reliance on residential care provided by the

private or the voluntary sector;

- **Residential social work may become over-defensive, over bureaucratised and 'proceduralised'** to the detriment of the care and development of children living there. (2001, pp.181-183).

Such concerns are echoed in literature elsewhere; that residential workers are viewed with suspicion both publicly and within their own agencies causing feelings of insecurity; knowing that the ultimate authority lies outwith the care relationship, in various codes, procedures and external regulatory bodies; 'they cover their backs (and) the care of children becomes subsumed beneath a concern to cover their own safety' (Smith, 2009, p.48); such scrutiny will result in 'childcare with kid gloves on' hence losing the caring aspect of children's residential services (Horwath, 2000). Linked to this is a 'culture of managerialism' pervading residential care (Howard, 2012; Smith, 2009) leading to a reduction in the level of professionalism and autonomy previously enjoyed in social work, that the authority of heads of homes is eroded and increasingly located in external managers, often with little experience or understanding of residential childcare (Smith, 2009). This resonates with the caution (above), that administrators of residential environment typically regard themselves as 'part of a solution and not part of a problem' (Durkin, 1982, in Rindfleisch and Bean, 1988, p.511) thus increasing children's vulnerability. As recognised above, it may be several years before the consequences of such defensive practice become manifest (Gil, 1982; Kendrick and Hawthorn, 2012) by which time such policies and practices may have become part of the paradigm now known as historical abuse.

Such concerns resonate with writing on modernity which has been described as a 'risk culture', 'colonising the future' by drawing this into the present in an effort to bring some organisation and control (Giddens, 1991a, p.3). While modernity reduces risk in some areas of life, it has been suggested that it introduces new risk parameters possibly unknown to previous decades (Giddens, 1991a); in the context of historical institutional child abuse, this may introduce forms of systemic abuse, not considered previously.

2.10.2 Literature review

Due to the exploratory nature of the study, the literature review had to be regularly revisited. Although there was reference to individual episodes of institutional abuse

historically in the media (Kendrick and Hawthorn, 2012), there was little public awareness until the late 1980s in UK. There had been a longstanding recognition of the phenomenon more recently referred to as 'wilful blindness' (Hefferman, 2012) or denial (Cohen, 1993; 2001) which may help explain the failure to recognise the institutional maltreatment of children over the years. Such frameworks do not explain the failure to act once child abuse or poor practice is identified however. Literature indicates 'missed opportunities' historically where the poor practice and maltreatment of children was recognised but not fully addressed (National Records of Scotland, 1966-1971; 1968-1971; Scottish Home Department, 1946). Cohen's writing on denial (2001) elucidates. He differentiates the elements of denial, as including *cognition* (not acknowledging the facts); *emotion* (not feeling, not being disturbed); *morality* (not recognizing wrongness or responsibility); and *action* (not taking active steps in response to knowledge) (Cohen, 2001, p.9). Reasons are complex but possibly related to Scotland's childcare practices historically (Craig, 2017; Sinclair, 2018) and the lack of requirement of training until the Regulation of Care (Scotland) Act 2001.

Although it is recognised that historical institutional abuse needs to be seen within the frame of the policy and law of the time, wider theoretical frameworks outwith social care were helpful in elucidating the context; the shifting dynamics of time and space, the increasing fragmentation of professional network, organisations developing a growing body of policies in respect of children in out of home care and the increase in reflexivity; all recognised as features of late modernity (Giddens, 1991a).

During the latter stages of this study it was apparent that historical injustice and transitional justice were increasingly being used internationally and within Scotland in developing a framework for the way forward. This contextualised survivor participants' aspirations for justice. Transitional justice therefore became important components of the overarching framework for this work.

Literature on children, childhood and child abuse also helps explain some of participants' experiences, in particular children being viewed within a context of morality (Ferguson, 2007; Hendrick, 1994). While historical institutional abuse as a phenomenon has some characteristics similar to intra-familial abuse there are differences. Although literature explains this from a systems perspective, there was little which examined survivor narratives and the process of meaning-making over the course of their lives; arguably survivors' experiences are still underrepresented in

critical analysis of historical institutional abuse. This study was designed to address this gap.

The next chapter will explain the Research Design and Process.

3 Research Design and Process

3.1 Introduction

As discussed above, this study was conceived in response to the dearth of literature on the experiences of survivors of historical institutional child abuse over the life course. An exploratory approach was therefore adopted. As the study unfolded and new insights emerged, there was a need to continually review both the literature and methodology, validating this approach.

This chapter will describe the process of arriving at the research question, the research design and the selection of participants, the data collection process and data analysis as well as the reasons for this choice of approach. The two groups of participants will be described and although there are some similarities in issues arising, to avoid confusion, at times each group will be considered separately. This will be made clear in section headings and by referring to each as either survivor participant or service provider participant. During the research process, I recruited four 'critical friends', two were survivors of historical institutional child abuse, one of whom was also an academic, the third was a service provider participant whom I knew in his professional capacity and the fourth was a colleague. Their involvement will be identified throughout the study.

The potential for complex ethical dilemmas throughout the research process are well recognised (Gregory, 2003; Oliver, 2003; Robson, 1993). Given the sensitive nature of the subject material, ethical considerations influenced research design and process. While there is a discrete section addressing ethical issues, these will be referred to throughout.

3.1.1 Use of quotes

Quotes from survivor and service provider participants are used extensively; these are laid out in italics. As well as responses to interviews, survivor quotes include extracts from participants' written accounts and unpublished autobiographies. These are identified and also written in italics. In order to avoid confusion, quotes from literature do not use italics and are referenced accordingly.

3.2 Research Question

Because this study was driven by the lack of literature on the life experiences of survivors of institutional abuse over the life course, the research aim was:

> To understand survivors' developing comprehension of experiences of historical institutional child abuse over the course of their lives.

The initial aim had been different. At the point of designing the study I did not have contact with anyone who described himself or herself as a survivor of historical institutional child abuse, hence the original aim was described in terms of examining practice rather than exploring personal narratives. This had been:

> 'To explore best practice in the management of historic abuse by carrying out a comparative study of practice in Scotland with that in Ireland, Australia and Canada'

I had hoped that drawing on international comparisons where there had possibly been more contact with survivors would give some insight to their experiences. Research questions may be refined and reformulated as the course of the fieldwork unfolds, however (Braun and Clarke, 2006; Miles and Huberman, 1994) and I was able to establish contact with a number of survivors in Scotland willing to share their life experiences. Due to their narratives being particularly rich, the research aim was revised to that above.

Findings could be disseminated through conferences, writing and used to inform management and policy on historical abuse as well as contributing to knowledge in the field and generating ideas for future research (Robson, 2002). To date they have been shared with both professionals and with survivors of historical institutional abuse. As outlined above, while survivor experiences are increasingly heard in the UK through Inquiries (Independent Inquiry into Child Sexual Abuse, 2017; Scottish Child Abuse Inquiry, 2017) and the National Confidential Forum (2017), a feature of this study was the depth of personal narratives shared and the learning for professionals in respect of hearing the voices of survivors.

3.3 Research Methodology: Qualitative Exploratory

The lack of existing research on the subject indicated that this work would be 'discovery oriented' and 'exploratory'. Robson (2002) describes exploratory research as being:

- To find out what is happening, particularly in little understood situations;

- To seek new insights;

- To ask questions;

- To assess phenomena in new light;

- To generate ideas and hypotheses for future research;

- Almost exclusively of flexible design.
  (Robson 2002, p.59).

Stebbins (2001) writes that to explore effectively, researchers must approach it with two special orientations; flexibility in looking for data and open-mindedness about where to find it. As will be seen below, there were limitations on 'where to find' the information, while still ensuring that survivors had support when discussing sensitive experiences.

Exploratory approaches mainly generate qualitative data although some strategies may result in quantitative data (Robson, 2002). Much has been written about the attributes of both quantitative (also referred to as positivist) and qualitative research processes (also referred to as anti-positivist or interpretive processes) and the relationship between the two (Silverman, 2006). For example Devine and Heath write of the distinction that:

> A positivist view aligns itself with a particular view of the mechanisms and assumptions of natural sciences, underpinned by the belief that only that which is grounded in the observable can count as valid knowledge. In contrast the interpretive paradigm […] stresses the dynamic constructed and evolving nature of social reality. It rejects the positivist notion of knowledge being grounded in the objective and tangible, and instead seeks to understand social reality through the eyes of those being studied. (Devine and Heath, 1999, p.202 in Travers, 2001, p.8)

Drawing on feminist ideology, Oakley (1998) discusses power dynamics between researcher and research participants in respect of choice of methodology. She describes positivist social science as searching for social 'facts' and social laws that will predict behaviour, that scientific theory is guaranteed by its 'objectivity' or lack of bias (1998, p.710). She cites objections to what she describes as such hierarchical research methods, however, due to the unequal power relationship between 'the knower and the known' conflicting with the *moral obligation* (Oakley's italics) at the heart of feminism to treat other women as you would yourself wish to be treated, thus positivist methods are at odds with feminism's emancipatory ideal (1998, p.711). As discussed above, the power balance between me and research participants, regardless of gender, was a significant factor throughout the design and implementation of this study, one factor in selecting qualitative approaches.

What was lacking in literature was the 'social reality' of having been abused as a child while living in residential care, through the eyes of those who had experienced this, further advocating a qualitative approach. Citing Wolcott (1992), Miles and Huberman (1994) describe the researcher's role in qualitative research as being to 'gain a "holistic" (systemic, encompassing, integrated) overview of the context under study: its logic, its arrangements, and its explicit and implicit rules', thus attempting to capture data on the perception of local actors 'from the inside' (1994, p.6).

3.3.1 Narrative research

Qualitative researchers might draw on a range of methodologies (Miles and Huberman, 1994; Robson, 2002; Silverman, 2010; Travers, 2001). Several were considered and most quickly discarded. When conducting semi-structured interviews, survivor participants had chosen what to tell me during the process; rich personal histories had been shared and it seemed to offer participants most respect to consider this as a gathering of narratives. Narratives are described as socially produced in social contexts 'by embodied concrete people experiencing the thoughts and feelings of everyday life' (Plummer, 1995, p.16). It is argued that by focussing on narrative we are able to investigate not just how stories are constructed and the way in which they work, but also who produces them and by what means, the mechanisms by which they are consumed and how narratives are silenced, contested or accepted (Andrews, Squire and Tamboukou, 2008; Maynes, Pierce and Laslett, 2008).

Individual narratives are embedded in social relationships and structures, giving insights to collective forces and institutions beyond the individual. Analysis of such narratives allows for the introduction of marginalized voices (Maynes et al., 2008). Considering the alleged silencing of survivors of abuse as children (Finkelhor and Browne, 1986; Summit, 1983) and the contested nature of historical institutional child abuse (Smith, 2009; Webster, 2005), narrative analysis appeared to be an approach which would allow survivor participants' narratives to be heard.

In the context of social sciences, the term 'narrative research' is broad and may be applied to a variety of theoretical perspectives, subjects of study, methods of investigation and analysis (Andrews et al., 2008). Within narrative methodology, an approach was needed which resonated not only with the aims and objectives but also the sensitive nature of the study. In respect of sensitivity, Maynes et al. (2008) remind us of the significance of the interpersonal relationships between narrators and the analysts, of the consequence of these relationships on the construction and interpretation of such personal narratives. Drawing on feminist critiques, they argue 'as an epistemological and methodological imperative' the need to acknowledge the positionality of the researcher (2008, p.98). I needed to be aware therefore that I would be bringing my narrative into the relationship with participants, which would influence the course of the study.

Narrative analysis

Daiute and Lightfoot (2004) cite narrative discourse and metaphor as 'excellent context for examining social histories that influence identity and development' (2004, p.xii). There are a variety of approaches within narrative methodologies such as event-centred or experience-centred (Patterson, 2008). The narratives shared were complex, comprising a rich array of interweaving themes over the life course of participants. Individual personal narratives touched on other narratives; family members, peers, staff and other adults who were part of their life experience. Personal narrative analysis offers insight from the point of view of the narrators whose narratives emerge from lived experience over time, in particular social, cultural and historical settings (Maynes et al., 2008). It seemed appropriate to approach analysis of these narratives as experience-centred (Andrews, 2008).

Use of language

It has been suggested that there are a limited number of generic 'plots' in personal narratives (Plummer, 1995). Elsbree identifies what he refers to as 'archetypal actions':

- Establishing, consecrating a home;

- Engaging in a contest, fighting a battle;

- Taking a journey;

- Enduring suffering;

- Pursuing consummation or seeking transcendence.

  (Elsbree, 1982).

Similar to narratives in this study, Elsbree (1982) acknowledges that these are often complicated, counterpointed by the rhythms of other archetypal actions. While such patterns were evident in survivor narratives, I remained hesitant to try to 'fit' such deeply personal accounts into pre-existing frameworks. Where relevant, I refer to 'narrative patterns' (after Plummer, 1995).

In a similar vein, concerned about terminology, one survivor critical friend cautioned against survivor narratives being described as 'stories', that this trivialised the lived experience. Plummer (1995) touches on this; while much literature refers to personal narratives as 'stories', he posits that in using this term, there is a risk of suggesting that 'the world of story-telling is not quite the world of truth'. The telling and reading of stories is always grounded in processes that are 'beyond the stories' (1995, p.167). While literature refers to personal narratives as 'stories' therefore, in referring to survivor narratives, I use the terms narrative, personal history or life story.

3.3.2 Epistemological position

Critical realist

My ontological position is that of 'critical realist' in that while I believe in an observable reality, which can be demonstrated through objective (unbiased) collection of data, I view the way in which this is experienced and interpreted as being mediated by social factors such as culture, language and political interest (Braun and Clarke, 2013). This resonated with the process of this study in that the experience of admission to public

care and thus separation from parents, as well as childcare practices such as methods of physical chastisement were 'real' for survivor participants. As recognised by Maynes et al. (2008) the 'way of knowing' that is characteristic of personal narratives is quite distinctive from positivist approaches. As discussed above, similar experiences may be experienced differently by individuals and the meaning which each makes of this may vary. Additionally, historical time contextualises the individual narrative and as discussed in the review of literature, constructs such as childhood, child abuse and social justice change over the years. Because there is no fixed observable reality, findings cannot be generalised to other survivor narratives nor can there be claim to have found objective truths. This research has, however explored in some depth the meaning to these participants of the experience of institutional child abuse and their perception of the influence over the course of their lives, thus allowing the previously marginalized voices of some former children in care to be heard (Maynes et al., 2008) and considered against the dominant or public narrative of historical child care in Scotland.

The theoretical perspective which supported my approach was that of constructionism. This proposes that reality is socially constructed (Berger and Luckman, 1967; Burr, 1995). Berger and Luckman state that:

> The world of everyday life is not only taken for granted as reality by ordinary members of society in the subjectively meaningful conduct of their lives but it is also a world that originates in their thoughts and actions and is maintained as real by these. (Berger and Luckman, 1967, p.33).

As outlined above, while I accept some elements of physical reality, my task as researcher was to understand the multiple social constructions of meaning and knowledge (Robson, 2002) through the personal narratives of survivor participants.

Narratives occur in social contexts. The interpersonal relationship between the survivor participants as narrators and me as the 'coaxer' (Plummer, 1995) or analyst, involved me in not only understanding their objective 'take on the world' (Maynes et al., 2008) but also being aware that my personal and professional narrative potentially could influence the emerging narrative. In writing of biographical interviewing and analysis, Kaźmierska (2004) writes of a possible dissonance between the narrator and the researcher in respect of that which both may bring to the interview in terms of the symbolic world to which both belong, when the identity of

both listener (researcher) and narrator are dominated by other forms of identification. While Kaźmierska cited examples in relation to World War Two of a Jewish narrator being interviewed by a researcher descended from a perpetrator (Rosenthal and Bar-On, 1992, as cited in Kaźmierska, 2004), this was not dissimilar to me, a former social worker and practicing residential practitioner and manager, interviewing survivors of institutional abuse in relation to their experiences of institutional child abuse. While I was bringing knowledge, skills and experience relevant to such a sensitive area of study, there was a risk that my personal and professional narrative and identity could interfere with the process of interview and analysis.

A second factor identified by Kaźmierska (2004) pertinent to this study was in respect of 'ownership' of the narrative; the narrator has agreed to share part of their narrative with the researcher '(probably with quite different expectations of research analysis)', expecting that the researcher will choose 'the best parts' of the accounts, the most interesting matters and will omit those that are left unelaborated' (2004, p.185). Researchers meanwhile will carry out a structural text analysis, the aim of which is to describe and interpret the construction of their story rather than simply the content (Kaźmierska, 2004). I was mindful that as survivors of abuse, participants had already experienced abuses of power (Finkelhor and Browne, 1986). I needed therefore to ensure that this was not replicated during the research process through my handling and analysis of material which they had shared. Rather than interpreting the construction of narratives, I carried out a thematic analysis, exploring the content and process of meaning-making.

3.4 Selection of Participants

Maynes et al. (2008) suggest that narrative analyses are often based on a small number of personal narratives selected because they bring particular relevant theoretical perspectives to a research question rather than being already personally interconnected. Two groups of prospective participants were identified on the basis of experience relevant to the study; survivors of historical institutional abuse and representatives of service providers. While there were some similarities, in that this was sensitive research for both groups, there were differences. I had no existing contact with survivors whereas I had already established contact with the service providers through my role in SIRCC. The recruitment process for each group will therefore be discussed separately.

3.4.1 Recruitment: Survivor participants

There are various ways of finding prospective participants for studies such as this, for example through media or existing support groups. Potential vulnerability of prospective participants has to be taken into account in the process of participant selection (Oliver, 2003). Literature emphasises the responsibilities of the researcher towards participants, on the one hand of recognising the participant as 'an independent actor who possess the power to say what he feels' (Helgeland, 2005, p. 566), on the other recognising that some may be vulnerable for various reasons, including the reasons for their interest in the research, in this case abusive experiences in childhood. Inviting people to participate might risk 'opening up feelings they had left behind' (Etherington, 2007, p.610). Gregory (2003) raises the ethical implications of involving participants in researching personal issues where the researcher does not have the necessary professional experience and skills in therapy or counselling. Being a qualified and experienced social worker holding a Diploma in Child Protection Studies and several years of experience as manager and practitioner in a therapeutic counselling service for children, young people and their families whose lives had been affected by child sexual abuse I thought that this could be helpful during the research process. Being mindful of my role being that of researcher, rather than counsellor, I thought that participants should have access to independent on-going support separate from me. I therefore decided to approach support groups for survivors to establish interest in participating. Participants would then have support from the group. I also decided to recruit only a small group of participants to ensure that they could be given appropriate support by the group and I could realistically manage follow up contact should they choose to do so. Some may have relationships with each other through the group and all would have experience relevant to the study

Having identified the method of recruitment, it was important to identify the 'gatekeepers' to prospective participants (Gregory, 2003; Oliver, 2003). Two groups (Groups A and B) were approached and a third group (Group C) approached me having heard of the research. Groups A and C specifically supported survivors of institutional child abuse and Group B supported survivors of sexual abuse. I met with the committee of Group A and gave a presentation of the study. In respect of the groups B and C, Group B requested written information and on the basis of this, the chairperson approached one prospective participant who met the criteria. I met with the chairperson of the Group C. Groups A and C were invited to ascertain general

interest from prospective participants. Thirteen participants came from Group A and one from each of Group B and C. There was, however, an element of overlap in group membership. Participants ranged in age from early 40s to mid/late-90s and had been children in residential care in Scotland at dates between the 1915 and 1970s.

On the suggestion of the gatekeeper of each of the groups, I followed up their initial approach by establishing telephone contact with each prospective participant with the exception of one who lived abroad. In this instance, I made e-mail contact. I initially telephoned having been assured that interest had already been established. I wanted to ascertain if they wanted material to be sent to their home address as from discussion with the gatekeepers, I was aware that some may not have shared details of in-care experiences with family members. All expressed an interest in participating and requested further information to be sent to their home address. A letter inviting them to participate and an information schedule with a stamped addressed envelope was sent to each (See Appendix Two). On receipt, all responded initially by telephone, writing or e-mail. Written consent was obtained from all who participated and all who were initially approached took part in the interview.

While I could give information about the research, I could not necessarily anticipate and provide information about processes yet to unfold (Etherington, 2007). Oliver (2003) proposes that the question of vulnerability is complicated in that while researchers need to be sensitive to the needs of those who may not fully understand the implications of participating in the research, there is a risk of being condescending and making assumptions about competence. As the research progressed, it became clear, that while some experienced periods of vulnerability, collectively, within the groups there was mutual support and a desire to achieve justice for childhood maltreatment. It seemed that we could work together.

Fifteen interviews were carried out. It was made clear to all participants that they could withdraw at any stage of the research process. One withdrew after interview when the information was being analysed. All data and correspondence in respect of the interview was immediately deleted, both electronic and hard copy with no questions asked. With the exception of one telephone interview and one who responded by e-mail, all interviews were face-to-face. All participants were sent a copy of the transcript and any amendments made by them were included in the final transcript.

I had given each my contact details. Seven kept in contact after the interview. None indicated any distress triggered by the interview process.

3.4.2 Recruitment: Service provider participants

Having been involved in planning and delivering a seminar on historical institutional child abuse with agencies that had provided residential childcare services historically (SIRCC, 2002), and subsequently worked with some to produce a practice paper on the subject (Hawthorn, 2006), I hoped that my own and SIRCC's credibility and commitment to this area of work was evident and that some service providers would participate. I was aware that publicity surrounding historical institutional child abuse carried risk of reputational damage. This was therefore also a sensitive area of research for service provider participants. I approached five current service providers that had delivered residential childcare services during the period in question to ascertain interest; two statutory, two voluntary and one private organisation. I hoped that this would offer a range of contrasting experiences. It was decided not to approach agencies where there was known to be a high-profile investigation into historical abuse underway as legal proceedings may cause undue stress to all involved and research may compromise the investigative process. It had emerged from the group working on the paper (Hawthorn, 2006) that investigations into allegations of historical abuse were fairly common for providers of residential childcare services at the time; it was therefore accepted that new investigations might arise during the course of the study causing service provider participants to withdraw. This did not happen. Of those agencies identified, three were known at the planning stage to have had adults come forward since 1990 alleging abuse while in care as children, resulting in convictions. The agencies participating are not representative of the organisations referred to by the survivors; most of the agencies referred to by survivors no longer provide childcare services. While two of the agencies had been represented in the group which had produced the paper (Hawthorn, 2006), due to change of personnel, only one participant in the study had been involved in the group. None of the agencies stood to 'gain or lose' from participation; rather they were helping develop knowledge in a field in which there was little research. It was thought important, however, that, in order to be able to contribute honestly about the challenges, service provider participants should be offered the same anonymity as survivor participants.

It was surprisingly difficult to identify the 'gatekeeper' for each of the agencies. I had a professional relationship with the initial contact in two of the agencies and although only one was interviewed, both facilitated access to participants identified as relevant. In the remaining three agencies, I wrote to either the Chief Executive or the Head of Children's Services following this up with a telephone call. Contact with the relevant manager was followed by a letter and written information. Representatives of all five agreed to participate. Recognising the number of people involved in managing allegations of historical abuse, each agency was invited to put forward up to three participants. Ten participants from agencies were interviewed.

Profiles of both survivor and service provider participants are contained in Appendix One.

3.5 Data Collection

During the planning process, I had not identified this as a narrative study; rather I had more generally decided to adopt a qualitative approach. In respect of survivors, I wanted to offer an opportunity to hear their personal views and life experience. An approach, which allowed sensitivity, privacy, flexibility and responsiveness to individual circumstances, was needed. Regarding service providers, while the group convened to prepare the practice paper (Hawthorn, 2006) had proved to be a highly efficient and effective method of generating data in that a small group of ten people meeting on four occasions produced the paper, the number of questions that we could explore was limited (Robson, 2002). Also, there was only one representative of each agency attending the group. Individual interviews would allow for more participants from each agency and an opportunity to drill deeper into responses, thus offering a number of perspectives on the same issue. It seemed that semi-structured interviews would be the most appropriate method of gathering data; experiences, reflections and other relevant information from both groups.

Robson describes the semi-structured interview as:

> (Having) predetermined questions, but the order can be modified based on the interviewer's perception of what seems most appropriate. Question wording can be changed and explanation given; particular questions which seem inappropriate with a particular interviewee can be omitted, or additional ones included. (Robson, 2002, p.270).

Aware of the risk of bias on account of previous experience as a residential care practitioner and social worker, I used a research guide for both survivor and service provider participants (see Appendix Two) to ensure that I covered the same questions of all participants adapting these in response to the individual experience and responses of participants (Flick, 2007). This helped avoid 'expecting' or 'resisting' certain results from the research. I returned to the aims of the study and from this, compiled questions which would offer a sensitive interview structure and 'fill the gaps' in existing knowledge.

3.5.1   Formulating the interview schedule: Survivors

In writing of narrating sensitive subjects, Hydén (2008) cautions that this is not well suited to 'pre-prepared questions followed by brief answers'; narratives may fall short and never be articulated (2008, p.124). In order to give some structure, I developed an interview schedule, which would reflect the sensitive nature of participants' life experiences but which could be modified dependent on the narrative unfolding (Robson, 2002). It appeared unnecessary to ask participants about experience of abuse, in order to answer the research question. The focus was more on what they perceived as the consequence over the life course. On discussing the interview schedule with one critical friend, who was a survivor of historical institutional child abuse, she suggested that participants might want to tell of their experiences, as this can be important to validating their experience. They may also feel that by not asking about it, I was either not interested in an important part of their childhood, or unable to emotionally deal with such material. We discussed a possible approach and agreed that I leave control about what to share with the participant; I explain that they did not need to talk about experiences of being abused, it was not important to the outcome of the research, but they were welcome to share this if they wished.

Survivor participants were made aware during my initial contact, which was either by telephone or e-mail, that the focus of the study was about the **implications** of childhood institutional abuse, **NOT** episodes of abuse experienced. The information schedule which they also received prior to agreeing to participate made clear the subject matter, that this was an exploratory study in **managing allegations** of historical abuse, that I would not be asking about the personal abusive experiences (see Appendix Two). The interview schedule referred to participants' experiences of telling others of abuse and the outcome. I hoped that this would support participants to talk about the **consequences** of childhood institutional abuse without feeling it

necessary to discuss the more intimate abuse experiences unless they wished to do so. Thirteen out of the fourteen shared personal experiences of maltreatment. Because it was not subject of a specific question, this may not reflect the full extent of abuse. Due to the volume and rich quality of personal information shared, it was decided to allocate a section of the findings to the nature of the abuse experienced. See Appendix Two for the Interview Schedule for survivor participants.

3.5.2 Formulating the interview schedule: Service providers

While I had established a 'critical friend' among the survivors who did not take part in the research but was able to comment on the questions, I was unable to set this up among the agencies. I therefore asked an experienced manager who subsequently participated in the research to comment on the schedule. He suggested two further questions:

- From your professional experience working/meeting with survivors, what do you believe that they want from your or any other agency?

- What in your view is the emotional impact on the survivor of contacting your organisation about experiences of abuse while in care?

In retrospect, it may have been appropriate to ask my 'critical friend' the survivor to comment on the questions but I did not think of this until after completion of interviews.

See Appendix Two for the Interview Schedule for Service Provider Participants.

3.5.3 Interviews: Survivors

All participants were invited to choose the location for the interview. Two participants lived over 300 miles distance (including one who lived abroad). One of these interviews was carried out by telephone and the participant living abroad participated by e-mail. Remaining participants lived within a 200-mile radius of my work base; one was interviewed in the offices of an advocacy agency and one (by his choice) in the refectory of the university where he was studying. The remaining interviews were carried out in participants' homes.

Robson identifies the advantages and disadvantages of telephone interviewing. He cites Bradburn and Sudman (1979) that there are the same advantages as face-to-

face interviewing, correction of obvious misunderstandings, possible use of probes etc.; while rapport may be more difficult to establish, this is compensated for by smaller interviewer effects and a lower tendency to socially desirable responses. The lack of visual cues, however, may cause problems in interpretation. While I was unable to effectively audio-record this interview, due to sound interference, notes were kept and the participant added to the written record of our conversation.

When designing this study, I had not considered using the Internet as a medium for conducting interviews. An increasing body of literature explores the advantages and disadvantages of Online Research and use of the Internet for research (James and Busher, 2009; Selwyn and Robson, 1998). James and Busher (2009) explore the impact of what they describe as 'the displacement of time and space in online research', how knowledge is constructed in a 'disembodied and textual environment' and how this environment affects research relationships when visual and verbal clues present in face-to-face conversations are absent. They remind us that modern information technology makes it unnecessary for people to be co-present in a particular place to be either socially distant or proximate (Giddens, 1990 in James and Busher, 2009) and labels attached by particular societies or communities, may impact on how the Internet is used (Gotved, 2006 as cited in James and Busher, 2009). Selwyn and Robson (2008) however caution that while e-mail as an interview tool offers considerable practical advantages, they suffer from lack of 'tacit communication'. The interview schedule was adapted for e-mail response (see Appendix Two).

Interviews lasted between one hour and two hours. Before embarking on questions in the interview schedule, we had a conversation explaining the background to the study and responding to any questions that they may have had.Ten survivor participant interviews were audio-recorded. This minimised the risk of inaccuracy or incompletely describing material shared through interviews As well as the participant who had responded by e-mail, two had requested not to be audio-recorded and the recording machine was switched off early in another recording as its presence was interfering with the interview process. While not initially designed as part of a narrative approach, the interview schedule was useful in providing a framework to ensure that all areas were covered while participants appeared to respond by openly sharing their life experience in the manner of a conversation.

Nine interviews were supplemented by photographs, letters, poetry and other written material (See Appendix One for details). In writing of personal narratives, Maynes et al. (2008) describe letters, diaries and journals as 'intermittent forms of personal narrative' typically lacking the temporal framework based on a self-reflective and narrative stance that has been found most useful for 'the analysis of socially embedded subjectivity and agency' as they focus on events of single days or short periods (Maynes et al., 2008, p.82). With the exception of a childhood photograph, all material had been written recently. As will become evident, such items were helpful in this study as they provided a trigger or 'third object' facilitating discussion during interviews and letter writing became a medium which one participant found helpful following the interview. This will be discussed in more detail in chapters containing Findings and Analysis. Two participants shared written autobiographies. Maynes et al. caution that where we rely on written records, narratives of self will be skewed towards elite perspectives although forays into 'non-elite'/workers' autobiographies show that they often resist 'heroic' self-presentation thought to characterise the "Western" notion of the autobiographical self (2008, p.20). These participant autobiographies, rich in detail and description, will be discussed in more detail in Chapter Six: Implications of In-Care Experiences.

3.5.4 Interviews: Service providers

All agency interviews were face-to-face and all were audio-recorded. Eight interviews took place in Scotland, and two in other parts of the UK. Although I had hoped for 15 interviews in total from the five agencies, only ten interviews from five agencies took place (See Appendix One for details). Three agencies offered three participants, but one was on long-term sick leave. It was agreed that there was no suitable replacement. Another was significantly delayed so contributed at the end of a colleague's interview. He thought that he had nothing to add. In one agency, although there had been agreement to participate from the relevant manager, there was significant difficulty thereafter identifying people to be interviewed, possibly due to particularly high staff turnover at the time. There was no response to e-mails or telephone calls. Only one person was therefore interviewed on behalf of this agency. S/he worked in an agency commissioned to facilitate access to records. This was in marked contrast to the other four agencies where participants appeared committed, interested and generous with their time.

All service provider participants appeared to be forthcoming in their responses. I was aware of them adhering more to questions in the interview schedule than the survivor participants who appeared to be more free ranging in sharing their thoughts and life experience.

3.5.5 Following interview: Survivors

Because of the length of time involved in transcribing (10 hours for every one hour of audio recording), agreement was obtained for some individual interviews to be transcribed by an audio-typist who worked for SIRCC. By necessity recordings contained some details, which may have led to identification. I had some reservation about asking someone else to transcribe such sensitive material, not only because of the need to ensure confidentiality of the participants but also because some of the material may distress the audio-typist. I spent time with the manager of the administration team in order to identify someone with appropriate skill and experience. I then met with the audio-typist to explain the research and the background to the transcripts. It transpired that she had considerable previous experience in typing sensitive and potentially distressing material and was interested in undertaking the transcription work. Throughout the process I met with her regularly to discuss any practical issues and to ensure her wellbeing when handling this material.

Attention was paid to transcribing paralinguistic detail such as pauses, hesitation and local dialect, which could be time consuming. I thought that this was necessary to obtain the subtle nuance of the conversation. We both found that transcription took 6-10 hours to transcribe one hour of tape verbatim. In total there was 12 hours 31 minutes of transcribed material as well as one e-mail response and four interviews that were not audio-recorded.

Once completed, transcripts were sent to participants and any amendments included in the final recorded transcript. Most participants made some amendments. One participant asked that I visit again to discuss changes. During this visit, she acknowledged that her testimony looked different when written. This was discussed and all amendments requested were included in the transcript.

As there was a considerable amount of data from each interview, a summary sheet was appended to each, which noted length of the interview, any additional material given and any further contact with the writer.

One participant corresponded periodically after the interview and I responded in writing. These letters stopped some four years after the interview. Three participants kept in contact by e-mail and telephone, sometimes forwarding relevant material, which they came across. Although my intention was that participants initiated future contact, some had expressed an interest in helping in future research. These participants were invited to participate in subsequent research and all took part (Duncalf, Hawthorn, Davidson, Goddard and McMahon, 2009).

3.5.6 Following interviews: Service providers

Towards the end of the interviews with the agencies, it became clear that while offering insights in respect of managing the process of former residents coming forward alleging abuse, these participants had also offered new insights to the experiences of survivors of institutional abuse. This was recorded in detail. Some data was not new and similar to that which had been gained from the focus group, which resulted in the Practice Paper (Hawthorn, 2006). I decided therefore that rather than transcribing these interviews verbatim, to be more selective; not recording for example paralinguistic detail, repetition etc. I transcribed these interviews myself. These interviews were shorter in length and yielded 8 hours 37 minutes of data.

It emerged during interview that all agencies had experienced care leavers reporting abuse while in residential care as children and dependent on their designation, service provider participants had adopted differing positions in the aftermath of such allegations. Some service provider participants also referred to experiences of managing historical institutional child abuse which offered additional insights contextualising survivor participants' accounts.

3.5.7 Other information forthcoming

Exploratory research is expected to 'reveal the unexpected' and there were surprises in the research process. Having initially anticipated gathering data through conducting semi-structured interviews, as described above, an abundance of additional data was forthcoming. One service provider participant gave me a copy of an archival extract in the 1960s, which indicated action being taken in a case of alleged indecency. Two survivors invited me to visit the building where they had been resident in the 1950s. While there, there was a chance encounter with another former resident who lived nearby. S/he had been contemporary with them in the home. As they exchanged memories and reflections, I heard the childhood recollections of

three former residents now aged over 60 in the locality where they had spent a significant part of their early years. I was the outsider. I was also subsequently invited to attend several events arranged by survivors. While I decided not to include such details as research data, these were relevant to developing a deeper understanding of survivors' lives, relationships and the exploratory research process. Reasons for excluding such detail from research findings are discussed below.

3.6   Data Analysis

3.6.1   Data analysis: Survivors

The exploratory approach adopted had proved highly successful as a means of gathering information. Maynes et al. (2008) argue that personal narrative sources can reveal a social or historical dynamic that has been deliberately silenced or distorted by interested parties. Rich personal accounts were forthcoming which both challenged the public narrative described in the review of literature and captured the process of participants' developing personal narrative and identity. As I moved on to the process of analysis, approaches were needed which took account of the historical context of participants' experiences; narrative analysis, oral history and historical justice proved useful.

 Gregory writes of the importance of integrity and pursuing 'the truth' rather than 'comfortable myths and half-truths', that the 'practice of such habit of mind can be demanding' (2003, p.15). While the study was underway, there was critical comment in literature and the media inferring and alleging that much of the allegations by survivors were untrue or reflected child rearing practice at the time (Smith, 2009; Webster, 2005). I became acquainted with the arguments and had to decide whether and how to engage in this debate. It was only when totally immersed in data collection that some of the dilemmas emerged, particularly around the historical context of the study. One survivor reported as abusive not being allowed to play outside on a Sunday. In a country with a strong Calvinist religious tradition (Murphy, 1992), some may argue that this was respecting the Sabbath thus maintaining religious identity. Another participant recollected being forced to 'kiss dead nuns' describing this in terms of having been a traumatic experience. Being unfamiliar with the practice, I consulted my (survivor) 'critical friend' who had been raised in the Catholic faith. She advised that children kissing a recently deceased relative was not uncommon at the time. As part of a supportive family environment, it may be seen as

maintaining culture and religious identity, opening up questions as to whether such practice was maintaining the child's religious identity, a form of emotional abuse or whether the survivor's response was a reworking of experience over time and within the increasing sequestration of death in Scotland in the late 20th century (Giddens, 1991a). In a slightly different scenario, one participant gave an account of being locked in a crypt with coffins, which on opening were found to contain bodies of dead nuns. Colleagues experienced in both child abuse and the procedure of the Catholic Church, thought it highly unlikely that dead nuns would be kept in coffins in the crypt, raising the question of validity of this and other such memories.

Literature on oral history and narrative analysis proved helpful. Abrams (2010) acknowledges 'in-fighting and criticism' of oral history's validity, reliability and about concerns in respect of the representativeness of interview subjects accounts (Abrams, 2010, p.6). She points out that oral history researchers readily acknowledge that oral history is a subjective methodology and 'celebrate its orality', arguing that such oral sources must be judged differently from conventional documentary materials (2010). In respect of memory, Abrams cites Passerini's work that oral sources derive from subjectivity; they are not static recollections of the past, rather memories reworked in the context of the respondent's own experience and politics (Passerini, 1979 in Abrams, 2010). Such memories however may be subject to bias. One has to take account of the memory (when things happened) and of remembering (as they are recalled) (Hagsburg, 1995). Similarly, Maynes et al. write of how the research relationship between the narrator and the analyst affects which aspects of a life story are emphasized, silenced, disorted and misremembered (2008). Without realising it, possibly because of criticism in the media and from other practioners, manager and academics throughout this process, I had found myself drawn into wanting to defend the participants' accounts of their experiences as 'truth' when in fact the research question was to understand the experiences of survivors of institutional abuse. The task was to hear, record and understand their thoughts, experiences and the process of meaning-making.

Frameworks used in narrative analysis were also helpful when considering survivors shifting understanding of their experiences over time. In the accounts and reflections shared, all participants believed that some of the treatment experienced during childhood was unacceptable. As discussed above, some were still searching for meaning in their memories amidst changing social attitudes and public awareness. Phinney suggests a narrative approach as a means of examining the way in which

individuals make sense of their lives in changing socio-historic contexts (2000, pp.27-28 in Daiute and Lightfoot, 2004).

Returning to the Research Aim, it seemed that the most appropriate approach for this study would be to identify and analyse themes emerging from survivor interviews and other material shared. Braun and Clarke (2006) describe thematic analysis as 'a method for identifying, analysing, and reporting patterns (themes) within data', that it minimally organises and describes the data set in rich detail (Braun and Clarke, 2006, p.79). I therefore carried out a thematic analysis of the experiences and reflections of survivors of historical institutional child abuse and of staff working in agencies that had provided residential childcare services historically.

3.6.2 Coding: Survivors

When approaching analysis of the material gained from the interviews, I decided against using an electronic package such as Nvivo. The quantity of material was such that it could be coded and analysed manually. Some theorists suggest coding before data collection is complete; pointing out that qualitative analysis depends on on-going analysis (Miles and Huberman, 1994; Silverman, 2006). Concerned about the risk of bias and possibly 'steering' interviews in a particular direction, I waited until data collection was complete before proceeding. Similarly, Miles and Huberman (1994) state a preference for a 'start list' of codes, prior to fieldwork starting, based on factors such as the research questions, hypothesis, problem areas and other variables, which the researcher brings to the study. They describe codes as 'tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study' (1994, p.56). Still concerned about bias, and wanting to hear and understand the experiences of survivors, I chose to adopt a more inductive approach. A colleague offered to assist in the analysis. We read the (anonymised) transcripts several times and identified a start group of codes as follows.

3.6.3 Coding: Start list survivors

1.   Nature of abuse.

2.   Effects of abuse.

3.   Ways of dealing with the abuse.

4.   Perceptions of Justice.

5.   Factors perceived as contributing to abuse and resilience.

6.   Who was told and triggers to telling.

7.   Dynamics and processes.

8.   Final thoughts.

Thereafter I read and reread the transcripts alone and a series of sub-codes developed. I marked units, which grouped together, with coloured pencils, adding codes to chunks, sentences and paragraphs. Miles and Huberman (1994) remind us that it is not the words themselves but the meaning that matters. If material fell into two codes, and I was uncertain, I discussed with a critical friend teasing out the meaning and assigning one code. Initially these categories were descriptive but as the revision progressed, these became more interpretative. As this was an exploratory study, however, and the material was rich in participants' memories and reflections on their life experience, I was hesitant to add my interpretation beyond that necessary for allocating codes, endeavouring rather to reflect on the participants' meaning.

3.6.4 Emerging themes: Survivors

The analysis indicated that survivors' lives were rich and varied. They converged around some themes, one being that all were in the process of completing their life narrative. These will be discussed in more detail in chapters on Findings and Analysis. Narratives were at times complex with parallel themes running through, but which related to each other, resonating with what Maier refers to in the context of history as 'contrapuntal' (2003, p.301).

It was fairly late in the process of this study that I realised the relevance of frameworks more commonly used in historical justice. Exploration of historical justice literature provided concepts which helped frame some of the themes which had already emerged; identity, narrative and memory as well as some of the challenges facing agencies, such as apology and reparation. Locating historical abuse of children within this framework also locates it within the public narrative of the care of children in Scotland historically, as well as some of the wider contemporary debates about transitional justice.

3.6.5 Data analysis: Service providers

Analysis of material from the service providers proved to be less problematic than that of survivors. Participants' candour was impressive; one described herself as 'embarrassed' by the quality of records and another, that she sometimes held case recordings back because of the judgemental nature of language. Service provider participants' responses did not pose the same dilemmas as the survivors' responses however. Having worked with archived recordings when counselling care leavers and adoptees accessing personal records in the past, I had experienced some of the dilemmas they described in respect of poor quality recording. It became clear that service provider participants' responses offered an interesting perspective on survivors' experiences, sometimes supporting survivors' experiences; sometimes offering an explanation for these.

As with the survivors' transcripts, I carried out a thematic analysis (Braun and Clarke, 2006) reading and rereading the transcripts several times in order to identify patterns within the data. Again, a series of codes emerged. Similar to the process with survivor's narratives, I coded and marked units which grouped together with coloured pencils, coding chunks, sentences and paragraphs. Possibly because of my experience in working as a social worker and manager in residential care and child protection, I did not feel the need to involve anyone else in the coding process, nor did I need to add my interpretations to participants' responses. A series of codes emerged as follows:

3.6.6 Coding: Service providers

1. Care leaver Approaches to Service Provider.

2. Records.

3. Dealing with Allegations.

4. Perceptions of Justice.

5. Impact on Staff.

6. Heritage.

As the service provider participants' responses were enhancing survivors responses by adding context, I reread the transcripts of service provider participants using the codes from the survivors' transcripts. Again, I coded and marked the units which grouped together, coding chunks, sentences and paragraphs and marking with coloured pencils. This process identified material which is woven through the findings below.

3.6.7 Displaying data – Use of quotes and examples

Extracts included in the report were anonymised to ensure confidentiality. Some survivor participants had identified links between events and subsequent processes in their lives. In order not to lose the dynamic nature of this and the coherence of participant narratives, I have chosen to display small, anonymised pen pictures in Appendix One. All survivor participants identified in-care experiences as influencing their life trajectory. In order to display their experiences not only within the individual context of the life course, but also the wider historic context, I have included a 'timeline' for each and dates of their in-care experience, laying this against significant events such as war, inquiries, changes in relevant policy and legislation etc. (see Chapter 10).

3.7 Ethical Considerations

Initially I did not consider the research process as working in partnership with survivors of historical institutional historical abuse as I knew very little about them. From the early stages of this research however, I formed a relationship with the survivors, which will continue after completion of this work. I have shared the conference platform with one of my critical friends, and some have contributed to related projects (Duncalf et al., 2009). I have also offered to write material for publication on a survivors' website.

3.7.1 Sensitive research

As discussed above, Maynes et al. (2008) recognise the significance of the interpersonal relationship between the narrator and the analyst; that these always shape the interpretation and analysis of personal narrative sources. From an early stage, I had to consider whether it was ethical to carry out this research at all as the subject may be regarded as 'sensitive'. Dickson-Swift, Lyn James and Liamputtong consider a number of definitions of sensitive research favouring that of Lee, that

'sensitive research' is that which potentially poses a substantial threat to those who are or have been involved in it' (Lee, 1993, p.4 in Dickson-Swift, et al., 2008, p.2) Again citing Lee they propose that it is important to examine not just the consequences of undertaking the research, but also to investigate the methodological issues and to examine these from the perspective of both researchers and participants (Lee, 1993 in Dickson-Swift, et al., 2008).

I was aware that some participants may be vulnerable and that the research process could involve them reflecting on both difficult experiences in their childhoods and the subsequent impact on their lives, which could be distressing. Oliver (2003) defines vulnerability (in research) as being those individuals or groups who may not have the required degree of understanding to give their informed consent. Vulnerability is complicated, he proposes, in that while researchers need to be sensitive to the needs of those who may not fully understand the implications of participating in the research, there is a risk of being condescending and making assumptions about competence, a point made by one of my critical friends. Citing Gilligan (1982), Etherington (2007) recognises this dilemma, emphasising the importance of remaining aware of potential power imbalances between researcher and participants and the need to pay attention to the balance required between our needs as researchers and our obligations toward, to care for, and to connect with those who participate in our research. As recognised above, power dynamics were particularly pertinent in this study; I would be approaching them as 'an outsider' and possibly be seen by them as allied to those who had harmed them in the past. On account of my professional experience, there was a risk of me over identifying with providers of childcare services and of approaching survivors as 'other', having preconceived ideas about their lives. As discussed above, a large body of literature recognises the power dynamics inherent in childhood abuse and the potential impact in later life (Finkelhor and Brown, 1986). It was particularly important therefore not to compound the consequence of abusive childhood experiences by ensuring ethical management of the research process, the boundaries, relationships and power dynamics. Silverman (2006) points out that social sciences research can offer participants new perspectives on their problems, an identification of 'what is going on' and how it may be modified in pursuit of desired ends. By sharing such experiences, it could give participants the opportunity of making a valued contribution to the development of knowledge and understanding of the history of residential childcare in Scotland, thus contributing to the formulation of policies grounded in evidence (Gregory, 2003).

In respect of service provider participants, ethical considerations also emerged, in particular the sharing of confidential data in respect of agencies' historical and current practice and performance. Voluntary and private agencies are major service providers throughout the UK and voluntary agencies are reliant on income generated from the public and corporate donors to develop and maintain services. Maintaining reputation is critical to their existence. While many organisations are open about their involvement in practices historically, which may now be regarded as unacceptable, such as the Child Migrants Scheme (Action for Children, 2013; Barnardo's, 2013; Magnusson, 2006) they generally have the opportunity to be in control of how the agency is portrayed in that process. There was therefore a tension between sharing 'lived experiences' in order to advance best practice and the risk of adverse publicity if confidentiality was breached.

3.7.2 Informed consent

Information about the research was sent to each participant and all signed consent to participate. One agency required that their organizational research group screen the research request. Agreement to participate was then obtained. Of the 12 face-to-face survivors' interviews, ten were audio-recorded and transcribed while maintaining anonymity. I kept a written record of both interviews which were not recorded and these interviews were also transcribed.

3.7.3 Confidentiality

The Information Schedule for participants advised that the interview would be confidential and all recordings stored electronically in files on a computer, which was password protected. Once recordings were typed, these would be stored in a locked filing cabinet. The exception to this was if I became aware that a child or young person had been or might be harmed in which case I would discuss my course of action with them. One participant disclosed her concerns about the impact of childhood experiences on her mental health and subsequently on her children. Her adolescent daughter also telephoned expressing concerns. With the participant's agreement, a telephone referral was made to Social Work Services requesting support for the family. This was followed up by a written referral. Social Work Services contacted me and visited the family to assess the children's needs. Mindful that she had previously felt 'let down' by such agencies during childhood and may have strong feelings about asking them for support in respect of the children, this

process took a considerable amount of time trying to ensure that she felt supported while agencies sought to address the children's needs.

3.7.4 Anonymity

As discussed above, ethical issues were significant drivers in the design of this study: the feasibility, planning and research processes and subsequent contact with participants following completion. Approval was obtained from the University of Strathclyde Ethics Committee. All correspondence and recordings were kept in a locked filing cabinet in a locked office in the university. Audio-recordings and electronic data was stored on a computer in the university which was password protected. The electronic file containing the transcripts was also password protected. Pseudonyms are used for all participants in the study; survivor participants are those names beginning with A-N, service provider participants' pseudonyms begin with P–Z. Survivors were named after people (positively) significant in (mainly) Scottish literature and the arts.

As with survivor participants, service provider participants were advised that interviews would be confidential, unless any information was forthcoming which indicated that a child or member of staff might be at risk of harm. There was no such information forthcoming.

3.7.5 Impact on those involved in research process

Ethical consideration extends not only to participants of research but also to researchers and others involved in the research process (Craig, Cordon and Thompson, 2000; Robson, 2002). There were considerations in respect of personal safety for both participants and me, as participants were invited to choose a place for the interview. As outlined above, interviews were carried out in a mutually agreed venue. Having been recruited through support groups provided a degree of protection for both survivor participants and me in that the chair of the groups knew both parties. On each occasion, I advised an Administrator at SIRCC of the address of the interview, an estimated time of completion and telephoned to confirm that I had left the interview premises. It was notable that several survivor participants independently expressed concern for my wellbeing during the process of hearing survivors' testimony, with one observing 'these folk are living with demons and you joined them'. As discussed above, I also spent time with the audio-typist who helped with transcription.

While I did not seek personal support during the research process, accounts of participants' childhood experiences were at times painful and harrowing, particularly because of my having been a child and subsequently working initially as a volunteer then as a professional in this field during the period in question. Support of my supervisor and from those who took on the role of critical friends was welcome throughout. When considering future research in this field, personal supervision and support around the process and content of research in sensitive subjects should be seriously considered.

Commitment to participants continued after completion of the interviews. During this study and subsequent related work, a small number of participants have occasionally telephoned CELCIS and shared very sensitive details of their lives with staff. As it has become clear that working in partnership with survivors is increasingly part of the work of CELCIS, reception systems have been adapted to recognise this and appropriate training has been put in place. In addition, towards completion of the study, I learned that over time four participants had died. One had kept in contact until his death. I joined my critical friend and other survivors at two funerals. I have heard through survivors' networks that others have also since died. There has to be an individual decision taken as to whether or not to attend the funeral or memorial service dependent on factors such as family awareness of the participants' personal history. It is clear in a study such as this that account has to be taken of participant contact outwith the immediacy of the interview process.

3.8 Validity

Risk of bias in both qualitative and quantitative research is recognised in literature and measures are suggested to optimise validity (Miles and Huberman, 1994; Robson, 2002). There were several reasons why there was a possibility of bias in this study. As recognised above, while my experience in this field may have offered insight and skill in working with survivors of childhood abuse, it could also introduce role conflict, power imbalance and bias to interpretation (Robson, 2002). In respect of survivor participants, the method of selection also introduced bias; many survivor participants knew each other through the support groups and sometimes as children in residential care. While this offered mutual support, and opened up other opportunities for me as researcher e.g. to participate in group events and meet other survivors, some may argue that there could have been considerable 'contamination' and threats to the 'generalizability' or external validity of the findings (Robson, 2002).

This study did not set out to be representative of **all** survivors of historical institutional child abuse however; it described the experiences of **some** and noted patterns and clusters. It drew contrasts and comparisons and identified themes emerging. I did not attempt to draw correlations between childhood experiences in residential care and subsequent life experiences, nor did I attempt to generalize findings but I have shown survivor and service provider participant perceptions of such correlations.

3.8.1 Triangulation

In respect of establishing validity, it is worth briefly exploring the notion of triangulation which Miles and Huberman describe as being 'the near talismanic method of confirming findings' (1994, p.266). They describe this as:

> A way to get to the findings in the first place by seeing or hearing multiple instances of it from different sources by using different methods and by squaring the findings with others it needs to be squared with.
> (Miles and Huberman, 1994, p.267).

The fourteen survivor participants offered different perspectives, some similar, some contrasting. Some responses of service provider participants concurred with those of survivor participants, suggesting reliability in each other's accounts. In addition, and unexpectedly, Scottish Government commissioned Time to be Heard (Shaw, 2011). While Time to be Heard offered some additional information to our understanding of the experiences of survivors of institutional abuse, some of the findings and the evaluation of the process (Hawthorn and Kendrick, 2011) added an element of reliability to this study. Although there was only a small overlap of participants between both studies, participants' aspirations for justice also concur with those of Time for Justice (Duncalf et al., 2009)

3.8.2 Other measures of validity

Researcher effect and the role of critical friends

Miles and Huberman (1994) suggest 'checking for the researcher effect' (1994, p.265). Recognising the pushes and pulls of the research process, the relationships with the two survivors who acted as 'critical friends' were helpful in maintaining objectivity by them scrutinising the interview schedules and offering feedback. Their ideas were incorporated into the schedules and the analysis. As referred to above,

one service provider colleague scrutinised the interview schedule, adding two questions.

Contrasting cases: Survivors

Because of the sample, i.e. all participants were survivors of institutional child abuse, by definition, all alleged having been abused either by at least one person (adult or another child) in the establishment or they had experienced system or programme abuse. Participants ranged in age from early 40s – mid/late 90s and as a group had been in at least nine residential establishments from the 1915–1970s. While many undoubtedly knew each other either face-to-face or via the Internet, and narratives were similar in some respects, there were also marked contrasts in experiences over the life course. Six of these participants also identified at least one significant person in the residential environment with whom they had a good relationship during this time, and seven identified positive qualities in their experiences despite experiencing abuse and neglect by those responsible for their care. Combined, these factors served to provide an element of validity to the study.

3.9 Conclusion

This chapter has described the complexity in the process of designing this study and of gathering 'data' in the form of narrative accounts, experiences and reflections from survivors of institutional abuse, and practitioners and managers working in this field. It has explained how this information was collated, analysed and displayed while ensuring that the process from start to finish respected the delicate nature of the study and minimised bias. It also considered the impact on those involved in the process. The next section will consider the findings and analysis of the study.

4 Findings and Analysis I: Introduction to Findings and Analysis

4.1 Introduction

As recognised above, very little is known about the experiences over the life course of those abused while in residential care as children. Survivor participants ranged in age from early 40s to 96 years at the time of interview. This was reflected in personal narratives which were rich and diverse.

Name	Date of Interview	Age at Interview[1]
Alasdair	December 2005	96 years
Barbara	March 2006	c.52 years
Carol-Anne	March 2006	c.43 years
Dorothy	March 2006	c.72 years
Edwin	April 2006	c.63 years
Freya	May 2006	c.67 years
George	May 2006	c.67 years
Helen	June 2006	c.76 years
Isabelle	September 2006	c.64 years
John	July 2006	c.61 years
Kenneth	May 2006	c.71 years
Lewis	September 2006	c.57 years
Muriel	September 2006	c.74 years
Norman	August 2007	c.46 years

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[1] Most ages are approximate calculated on the basis of year and age at the time of admission to residential care.

Narratives are produced in social contexts (Plummer, 1995), giving insights to collective forces and institutions beyond the individual (Maynes et al., 2008). Recognising the wide age range of participants at the point of interview, there had been considerable change in legislation, social policy and in the construct of childhood over the collective course of their lives. Material from literature and interviews with service provider participants helped contextualise survivor participants' experiences. Survivor participant narratives at times concurred with, and at times offered a counter-narrative to both. Maynes et al. (2008) also remind us that when analysing life histories 'two salient temporalities continually interact'. Historical time provides a context to the narrator's experience while the narrator's 'moment in the life course' affects how s/he experiences, remembers and interprets event (2008, p.3). At the outset of this section therefore, it is helpful to reflect on the historical context of survivor participants' experiences.

Participants were admitted to care between 1915 and the early 1970s. They had lived their lives during a period, which has been described as modernity and late modernity, marked by significant social change and increasing reflexivity (Giddens, 1991a; 1991b). During this time, there was also changing understanding of childhood and the role of the state in family lives. As discussed above, it is generally accepted that childhood is a social construct (Archard, 2015) and that views of this are shaped by society and the surrounding culture. During the latter half of the 20th century, it is suggested that the transition between childhood and adulthood has become more protracted, and that the concept of teenager, which eases the transition between childhood and adulthood has come to be recognised (Milligan and Stevens, 2006).

Related to this, the policy and legislative context of children's lives has changed. Prior to the Children Act 1948, children were placed in care through a variety of legislative routes by parents, relatives, parishes and churchmen as well as the local authorities and children's saving charities with which we are more familiar in the post-war years (Abrams, 1998). The homes were the responsibility of a range of agencies; local authorities, private trust, voluntary and faith-based organisations (Butler and Drakeford, 2003; Hendrick, 1994; Middleton, 1971). World War Two heightened awareness of the children's circumstances and The Committee on Homeless Children for Scotland (Scottish Home Department, 1946) was established to enquire into existing methods of providing for their care. Although the Children Act 1948 addressed the legal complexity which had existed prior to this, in the post-war years children's services in Scotland were relatively understaffed and many staff untrained

(Murphy, 1992) until the Social Work (Scotland) Act 1968 and the Regulation of Care (Scotland) Act 2001 were fully implemented. It was at different points during this period that most participants had experienced residential care as children. Meanwhile, from the 1960s, child abuse became more widely recognised with institutional child abuse and historical institutional child abuse only receiving significant media attention during the final two decades of the 20th century.

As will become evident, experiences shared were deeply personal. Plummer (1995) cautions against reducing human life to text and while analysis of historical literature may contextualise survivor memories, drawing on the thinking of Kaźmierska (2004) discussed above, analysis in this study respects **survivors'** accounts and interpretations of events, remaining sensitive to their having agreed to disclose such personal details. From these, key themes emerged which form the structure for the remainder of the Findings and Analysis section.

4.2 Findings and Analysis II: Childhood Experiences

This chapter is comprised of two sections, Childhood Memories and In-Care Experiences.

Childhood Memories introduces survivor participants' narratives and memories of family relationships, both prior to, and during the process of admission to residential care. While only a few shared such recollections, these were important to the integrity of the narratives of those involved and portray some of the family circumstances bringing children into public care historically. This short section concludes by considering the implication of such memories for participants' developing narratives.

In-Care Experiences contains the bulk of childhood narratives. The section opens by considering family relationships with both siblings and other family members following admission to residential care. Positive experiences in care are then explored; a supportive peer group, new experiences, warm and encouraging relationships with adults and stimulating educational opportunities. Experiences of maltreatment are discussed along with recognition that while it may have been individuals who perpetrated abuse, this may have been possible because programmes of care or the wider childcare system facilitated this. Factors contributing to maltreatment are considered and linked to these are children's efforts to alert adults to their circumstances. On a few occasions, action was taken but for the majority, abuse continued unabated. Participants shared thoughts on the impact and how they dealt

with this as children. The section ends with memories of transitions from care, either returning to live with family or moving to live independently. A number of themes emerge in this first chapter; although accounts of maltreatment are historical, much would have constituted child abuse at the time (Shaw, 2007; Kemp and SHRC, 2010) and would now constitute historical injustice (Sköld and Swain, 2015). The impact of such experiences on narratives of childhood and developing identity also begins to emerge.

4.3 Findings and Analysis III: Implications of In-Care Experiences

This section continues the exploration of survivors participants' developing narratives by following their lives into adulthood. Although literature refers to negative outcomes (Barnardos, 1996; Duncalf et al., 2009; Stein and Wade, 2000) in the main, participants' adult lives were settled and productive. A small number had experienced episodes of homelessness or been involved in offending behaviour in early adulthood but overall there were descriptions of fulfilling careers, quality relationships and family lives. Some identified ways in which they had endeavoured to transcend the negative impact of childhood adversity. One shared characteristic however was that all had been actively seeking to complete their life narrative. A variety of methods were adopted; writing, visiting childhood homes, accessing case files, historical accounts and archival material, corresponding and meeting with current representatives of the agency responsible for their care. Again, the impact of childhood experiences on adult lives varied. Some identified positive influences; adults significant during childhood becoming role models in later life, pastimes during youth developed into lifelong interests, childhood companionship became enduring friendship. Childhood adversity was thought to have had a bearing for some however, on self-confidence and self-esteem, physical or mental health as well as having had a negative impact on family and social relationships. Some identified a damaging influence on spirituality. The considerable media coverage from 1990s onward was pivotal. While it gave words to identify childhood experience as abuse, several had become hesitant to share this with family and friends. Most found mutual support through the network of survivors of historical institutional child abuse.

Identity continued as a theme and experiences took on a different meaning over time. Such reflexivity is recognised as a feature of modernity (Giddens, 1991a). As well as considerable media coverage, the 1990s brought changes in technology, arguably shifting the dynamics of time and space, identified as another feature of modernity

(Giddens, 1991a; 1991b; James and Busher, 2009). New technology facilitated survivors reconnecting with childhood friends and others who shared such memories. The identity 'survivor of historical institutional child abuse' developed during this time and survivors became a campaigning force, seeking justice for their childhood experiences.

4.4 Findings and Analysis IV: State and Service Provider Voices

This section considers the perspective of the service provider. Reflections of ten service provider participants contextualised some of the survivors' experiences discussed above; why survivors did not receive an unqualified apology from agencies formerly responsible for their care; why there were long delays in accessing records; why records may not truly reflect childhood memories. Such obstacles impede survivors accessing justice.

4.5 Findings and Analysis V: Accessing Justice

In this section survivors' thoughts on justice are considered. As discussed above, these interviews were carried out in the early stages of Scotland developing a strategy for survivors of historical institutional child abuse. Despite this, survivors' views on justice correlate with remedies identified in what has become the Action Plan on Historical Institutional Child Abuse in Scotland (SHRC, 2014). This chapter concludes by considering the learning in respect of both survivors of historical institutional abuse in Scotland accessing justice and children in public care today.

4.6 Findings and Analysis VI: Summary

In this section findings are synthesised; central themes and theoretical frameworks are then identified.

This Findings and Analysis section continues by exploring the memories and reflections of survivors on their childhood experiences.

5 Findings and Analysis II: Childhood Experiences

5.1   Childhood Memories

5.1.1 Introduction

In this section, survivor participants and their experiences will be introduced. While not specifically asked, some survivor participants shared memories of family life and their understanding of factors contributing to their admission to public care. Van der Merwe and Gobodo-Madikezela (2007) cast light on this, proposing that when narrating traumatic experiences, victims will begin with the time before the trauma. The time surrounding trauma they describe as crucial, 'an abyss that has destroyed all feelings of continuity and order, and (victims of trauma) need to include the abyss in their story' (van der Merwe and Gobodo-Madikezela, 2007, p.6).

This section will examine such memories. A developing relationship between history, memory, narrative and identity begins to emerge. Although childhood memories spanned over 60 years, the bulk of participants experienced residential care in the decades surrounding the Children Act 1948. The spread of participants' experiences in residential care was as follows:

Date	Participants
1910-1919	Alasdair (1915-1924)
1920-1929	No admissions to care
1930-1939	Muriel (c.1932-1944) Helen (1939-1945) Freya (1939-1954)
1940-1949	George (1942-1955) Dorothy (1943-c.1952) Isabelle (1946-57)
1950-1959	Edwin (1954-1955) John (1954-1955) Kenneth (episodes 1942-c.1949) Lewis (1953-1964)
1960-1969	Barbara (1961-1970) Carol-Anne (1963-c.1979)
1970-1979	Norman (1972-1977)

Dorothy, Edwin, Freya, Helen, Isabelle and John had supplemented interviews with additional material, including unpublished autobiographies, reflective accounts, and copies of correspondence from former care providers; drawing on this, their childhood memories are more expansive. Carol-Anne, Freya and Isabelle had also accessed personal records retained by agencies involved in their care. Where possible childhood memories have been differentiated from reflections on childhood, which drew on material contained in childcare records accessed during adulthood.

5.1.2 Memories of family life

Memories are not static recollections of the past, but rather are socially produced (Maynes et al., 2008; Plummer, 1995), re-worked over time in the context of wider experience (Abrams, 2010; Maynes et al., 2008).

Memories of family life prior to admission to care

At the time of interview, all survivor participants had been striving to complete their personal narrative, which stretched back decades. It has been suggested that the past is a permanent dimension of the human consciousness (Hobsbawm, 1998) and that individual and group identity are closely linked with history and memory, that individuals need to establish a sense of self in terms of events and acts that took place in the past (Waldron, 1992). Due to their age at the time of initial care experience however, some had found memories difficult to articulate. The spread of ages at the point of admission to residential care is as follows:

<table>
<tr><td></td><td></td><td>Participants and age</td></tr>
<tr><td rowspan="4">Age at time of initial care experience</td><td>0-2</td><td>Muriel (around birth) Freya (around 1 year) Carol-Anne (shortly after birth)</td></tr>
<tr><td>3-5</td><td>George (3 years) Isabelle (4 years) Lewis (c.5 years)</td></tr>
<tr><td>6-8</td><td>Alasdair (6 years) Barbara (7 years), Kenneth (8 years)</td></tr>
<tr><td>9-11</td><td>Helen (9 years) Dorothy (9 years) John (c.9 years) Edwin (11 years) Norman (Estimate around 11 years)</td></tr>
</table>

Only Helen, Dorothy, Kenneth and John shared memories of family prior to admission to care. As well as contextualising subsequent life experiences and remaining an important part of their personal identity, these accounts portray contrasting pictures of childhood among this group of participants.

Prior to admission to residential care, Helen described herself as 'having known happiness and love in abundance'; she retained fond memories of family life:

> *There had been lots of happy people in our house, always laughing and singing, my mother came from the Highlands of Scotland (place); she was always singing. Sometimes she played the violin, but played different types of music from the songs she sang. Two of my brothers had violins too, I just vaguely remember them playing them […] I remember too, at that very tender age we had a gramophone with lovely music in it, and my daddy would come home and pick me up and toss me up to the ceiling, every time he threw me up he would shout; "where's my girl, where's my girl?". Lying in my bed, I often thought; 'where's my daddy?" I remember I used to toddle up to him and say "here's me".*

> (Unpublished autobiography).

As will become evident, the family subsequently experienced considerable hardship as a result of which Helen was admitted to residential care where she spent the remainder of her childhood.

Dorothy referred little to her mother but held warm memories of life with her father prior to him placing her in residential care around 1943 with her sister and two brothers when she was nine years of age, after her mother left the family home:

> *(Before going into the home) I would say 'I don't want pennies, I want to take my daddy's hand' and that was happy, happy me. I went from that background; I never remember at home climbing into bed at night, I had to sit on my daddy's knee and fall asleep and he put me to bed.*

> *I loved him to bits my dad.*

Dorothy's father experienced poor physical health and died two years after placing her in care.

Recollections were not all so warm and affectionate. Kenneth and John, admitted to residential care during the 1950s, both inferred austerity and hardship during childhood which was not uncommon in Scotland in the post-war period (Murphy, 1992). Kenneth lived sporadically with his parents but described them as 'always in poverty'. John spoke of his mother as 'a lovely soft woman' but memories were tinged with the harsh circumstances of family life:

> *The only time we were happy was when (my father) was out and my mother used to have the wireless on "if and when we had an accumulator charged with liquid acid". She would sing like an angel, that was one of her loves besides reading. The other calming thing I remember was listening to the BBC News. Most if not all other memories were unhappy, all my Mother seemed to want to do was hold her old grey coat shut with one hand and walk about crying all the time, or shouting and bawling at us. Now looking back, I know that she was so full of fear and very, very, unhappy.*
> (Unpublished autobiography).

John's mother subsequently left the family home resulting in his admission to residential care.

Memories of family life: Discussion

Those who shared earlier memories of family life had been older at the time of admission to public care. Relating such memories concurs with van der Merwe and Gobodo-Madikezela (2007) that narratives begin with the time before trauma. Others did not refer to such memories; for some, due to their age at the time, they had been reliant on family or carers to gather, hold and pass on their personal narrative in an accessible form. This will be discussed in more detail below.

It has been suggested that identity is socially constructed, with identification during infancy likely to be the most significant, becoming part of the child's primary identification (Jenkins, 2004). From experiences shared, family appears to have remained part of the primary identity of Dorothy, Helen, Kenneth, John and Edwin. For others, particularly those who were younger at the time, the process of personal identification may have been more complex.

5.1.3 Admission to care

Reasons for admission to care

It is argued that lives are lived at the intersection of individual and social dynamics, that personal narratives are 'correspondingly structured by multiple narrative logics and temporal frames-individual and collective' (Maynes et al., 2008, p.43). This was particularly pronounced when considering the reasons for admission to care and subsequent in-care experiences of survivor participants. Such episodes link not only with family narratives but also possibly social attitudes, policy and legislation in respect of vulnerable children and their families.

Most survivor participants described single parenthood as a significant factor in their admission to care. There is little literature recording the reasons bringing children into public care historically. That which exists refers to the high incidence of lone parenthood and poverty prior to the National Assistance Act 1948 when impoverished families and single parents were dependent on Poor Relief (Abrams, 1998). This was still evident in Glasgow by the early 1960s (Ferguson, 1966) indicating continued vulnerability of children in families headed by lone parents. The following is a breakdown of participants' understanding (as adults) of the primary reason for their admission to care:

Primary reason for admission to care	Participants

Lone parent
    •   Widowed father
    •   Marital breakdown
    •   Kinship care breakdown
	George Alasdair
	Dorothy Helen John Norman
	Alasdair Carol-Anne

Illegitimacy	Muriel
Poverty	Kenneth
Parental illness	Edwin (mother widowed)
Not specified	Barbara Freya Isabelle Lewis

Lone carers

Considering the time span of six decades during which participants' experienced residential care as children, there were remarkable similarities in the circumstances perceived as bringing them into public care, despite changes in legislation and social

policy. Of the fourteen participants, ten identified themselves as coming from families where parents were either widowed or no longer living together. Some initially held an erroneous perception of the circumstances. Freya, admitted to care in 1939 was told throughout her childhood that she was an orphan. Admitted to care shortly after, in 1946 on account of her mother having tuberculosis, Isabelle was told that her father had abandoned the family. On accessing their care files in the early 21st century, both found completely different explanations. This will be discussed in more detail in Chapter Six Implications of In-Care Experiences.

With the exception of Lewis and Barbara, all shared their understanding as children of the reason for their admission to care. Edwin was placed in care aged 11, with his siblings in the mid-1950s, also due to his mother having tuberculosis. As his father had been killed in active service during World War Two, there was no-one to look after the children:

> *So thinking I would get care and attention she decided to put me into care. My mother then contacted a social worker whose name was Miss (name)[...](I do not blame my mother for her actions) as she was taking expert advice at the time.*
> (Supplementary written response; participant's parenthesis)

Edwin's mother resumed care of the children some 12 months later. It is possible that Edwin's circumstances had been slightly different to other participants in this study. Maynes et al. (2008) argue that personal narratives 'evoke many additional narratives with their own distinct temporalities beyond the individual life' (2008, p.43). Under the War Pensions (Administrative Provisions) Act 1918, and the War Orphans Act 1942, the Minister for Pensions had the duty of making provision for 'the motherless child' in respect of those children whose fathers had died 'in the fighting services…..' (Scottish Home Department, 1946, p.12). Edwin referred to 'the social worker' and his care experience appeared to be subject of what would now be referred to as a 'care plan'. Edwin appeared unaware of the legal and policy context but he retained a coherent understanding of the circumstances of admission to care across his life.

A further six participants described themselves as being in residential care because of a lack of female carers, indicating insufficient support for lone male carers and possibly certain conventions on gender and childcare at the time. In two instances their mothers had died and in four, their mothers had left the family home. Alasdair

and George were admitted to residential care following the death of their mothers. Alasdair recalled:

> *My youngest brother was brought up by an aunt in (town) and the other two, my brother and sister, they were taken by another aunt and she got tired of keeping them and they got sent back. That is when we were sent away.*

Despite efforts by family to prevent their admission to care, Alasdair was admitted to care in 1915, aged 6 years, along with his siblings. Such family intervention was evident in the lives of other children in this group.

Domestic violence

John and Helen both identified domestic violence as one factor behind their mothers leaving. John retained very fond memories of his mother and as an adult was sympathetic as to the reasons for her decision. Despite happy memories of her early childhood described above, Helen's parents' marriage had broken down. She described a period of homelessness leading up to her admission to care in the Spring of 1939 when aged nine years:

> *My mother and (my two siblings) had been trudging the streets of the town for several days, each night returning to a cold damp home. One home consisted of one room containing a low wooden table, a mattress, a lop-sided chair and a stool […] We had lived in (another city) for about six months. I learned later that my mother was fleeing my drunken violent step-father.*

> *Each day since we had disembarked from a (place) boat, had been spent visiting austere buildings, we, the children would wait outside the various offices huddled together, while our mother was being interviewed by bespectacled and stern looking officials. Each time she would emerge looking unhappier than the previous similar interview. (This time) my mother's normally kind nature suddenly changed to that of a desperate animal trying to protect her young.*

Her mother lifted a brick and threw it through the window of the council offices. Helen gave a vivid description of running away alone and eventually:

> *I was found asleep late that night by two policemen, I was huddled in a back*
> *close entry.*
> (Unpublished autobiography).

Helen's autobiography contained many such descriptive vignettes. Reunited with her family, Helen's mother appeared in court the next day after which, she explained to Helen and her half-sister (aged 3 years) that they were both to be placed in 'a good orphanage' and her brother was to go to a farm some 10 miles from the orphanage. Helen described her mother as having been happy with the arrangement.

Neither Carol-Anne nor Dorothy gave reasons for their mothers leaving the family home. Carol-Anne alluded to the presenting factors. Admitted to residential care, initially shortly after birth and again around 1965 when aged around three years, she described her mother as a 'good time girl' and her father, as a very dominant cold man. Left alone with the children, her father had employed an aunt to look after them but this broke down when, as she explained, 'he started doing the same sort of thing and my aunt notified 'the Cruelty''.

It is clear that there had been unsuccessful attempts to prevent children coming into public care through parents trying to care alone or by drawing on family supports.

Other reasons for admission to care

Other participants either had difficulty articulating reasons for admission to care, or chose not to disclose. Some shared factors thought to be relevant, possibly reflective of views on morality at the time. Muriel who was admitted to residential care in the 1940s described herself as illegitimate; Barbara, admitted to care in the 1960s, was told by nuns that her mother was a prostitute, that she hated Barbara and that was why she was 'in the convent'. Without further probing, it was difficult to separate poverty as alluded to by Kenneth, from lack of support, domestic violence, parental neglect and discussions about immorality.

Admission to care: Discussion

Some participants reported having held a coherent understanding of the reasons for admission to care since childhood but for others this remained inaccurate or fragmented until late adulthood. Despite considerable social change, reasons given for admission to public care were similar across the years. While lone parenting was often the presenting factor, there were other circumstances which may have

contributed including homelessness, illness, domestic violence, poverty and breakdown in family support. For those coming into care prior to implementation of the Children Act 1948, there may have been few extant records to explain the circumstances. Participants would have been reliant on a fragmented array of personal recollection, information retained by family members and occasionally records held by the establishment where they were placed. Even for those admitted after implementation of the Children Act 1948, which addressed the pre-existing legal issues, understaffing and lack of training (Murphy, 1992) may have influenced the quality of recording.

It has been suggested that historically there was a belief that for the vast number of children and young people, an out of home placement was preferable to leaving them with their parents, alluding to notions of 'rescue' (Smith, 2009; Grant and Gabor, 2006). Maynes at al. (2008) suggest that narrators may be unaware of the wider historical context of their life story. None of the participants specified the legal route, which may have indicated having been 'rescued' by childcare agencies or the state or placed in care by families facing adversity. Family narratives indicate there had been efforts to avoid them coming into public care by parents trying to manage alone or drawing on family supports but there do not appear to have been the support services more readily available in the final decades of the 20th century.

By the 1970s, further major change was underway in social work services across the UK. Implementation of the Social Work (Scotland) Act 1968, actively promoted family relationships, including provision of financial support, hence moving further away from notions of 'rescuing' children. It may have been that some of these participants would have been deemed 'drifting' if criteria of the Rowe and Lambert, (1973) had been applied to their circumstances. With the exception of Edwin, John, Kenneth and Norman, for whom residential care were episodes in their lives, for the remainder, much of their childhood was spent in residential care. As one service provider participant suggested, 'residential care was their life' and thus held their childhood narrative.

5.1.4 Childhood memories: Conclusion

Plummer (1995) writes of the importance of the story as a bridge, that they 'help organise the flow of interaction, binding together or disrupting the relation of self to other and community' (1995, p.174). For survivor participants, narratives were

important as a bridge between them, their family of origin and their care experience. For some, accounts of family life and factors bringing them into public care featured in their personal narratives. While these resonate with literature indicating the vulnerability of children in lone parent households, some families appear to have made considerable effort to avoid children's admission to care.

As discussed above, identity is closely linked with narrative, history and memory (Waldron, 1992). Injury to identity, it has been argued, causes and compounds other harms (Thompson, 2002). For some in this group, family appeared to be part of their primary identity; for others with little family contact, the residential unit was likely to have played a more significant role in identity formation. In the next section, survivor experiences in care will be explored.

5.2 In-Care Experiences

5.2.1 Introduction

One marked feature of survivors' developing narratives was the diversity; there were accounts of opportunity and new experience, warmth and understanding, support and friendship running concurrently for the same children, in the same establishments, with experiences of betrayal of trust, fear, suffering and 'survival'. It was difficult for children at the time to navigate such a myriad of conflicting experiences while retaining a coherent life story; such narratives are often complicated, interwoven with other narrative patterns.

In this section, family narratives are explored further, in particular family relationships while participants were children in residential care. Family contact varied, with some refuting notions of 'rescue' and cutting family ties alluded to in literature (Abrams, 1998; Butler and Drakeford, 2003; Grant and Gabor, 2006; Murphy, 1992; Smith, 2009). Despite developments in childcare practice and changes in legislation in the post-war years (Bowlby, 1951; Robertson, 1952) some participants coming into care in the post-war period were separated from siblings and had little family contact while some coming into care in the 1930s maintained family relationships.

In-care experiences also varied. While participants were in residential care long before factors promoting resilience were recognised, some were offered opportunities now known to help children and young people facing adversity (Daniel et al., 1999; Gilligan, 2001; Maclean, 2011); new experiences which enhanced self-esteem;

positive relationships with adults and educational pursuits which were to have significant impact on adult lives. Others reported no such opportunities. Several however, spoke of supportive peer relationships which helped them face the challenges encountered.

One feature common to survivor participants was that all identified themselves as having been abused while in care. This section considers experiences of abuse and what survivor participants deemed contributory factors. While it may have been difficult for survivors to identify organisational issues, their reflections concur with literature; that factors such as power dynamics, gender and sexuality, isolation, institutionalised practices and personal characteristics were instrumental in their negative in-care experience (Finkelhor, 1984; Finkelhor and Browne, 1986; Summit, 1982). These factors also underpin the difficulties they encountered in trying to alert adults to their circumstances.

The section continues by considering children's struggles to deal with trauma and adversity. On the few occasions that abuse was recognised by adults, there was an effective response. For the most part, adults were seen as having failed to protect them. Resonating with the writing of Summit (1983), children were trapped. Now powerless, several described the measures they took to protect themselves. Some absconded, while some 'escaped' into activities. Several identified the impact on them as children, describing behaviour, which indicates betrayal of trust, powerlessness and institutionalisation, trauma and loneliness (Finkelhor and Browne, 1986). Some experiences helped; the opportunity to develop skills and talents, spirituality, relationships with other adults who were supportive and again, the mutual support of the peer group.

In-care experience did come to an end and participants moved on. Again, experiences varied widely. Some returned to live with families, some moved on to live independently. Some received considerable support with the transition, others received little backing.

Themes of narrative and identity continue through this section. In writing of finding meaning through turning one's life into narrative, van der Merwe and Gobodo-Madikezela (2007) posit that 'every small component forms part of the whole: when one episode has been narrated, it is not over because it keeps reverberating, influencing the rest of the plot' (2007, p.2). This captures the complexity for survivor

participants as they sought to make meaning from a disparate array of interweaving childhood memories and experiences. Some not only identified these as having influenced their developing identity during childhood and adolescence but also that factors related to identity affected the way in which they were treated, thus influencing their developing narrative. Features of historical injustice are introduced as participants' experiences are identified as inhibiting the child's sense of developing identity (Thompson, 2002), arguably contravening Article 8 of the European Convention on Human Rights (Kemp and SHRC, 2010). This section continues by considering children's experiences of family relationships once they were in residential care.

5.2.2 Family narratives

'Family' remained a feature of all in-care experiences, even if this was absence of family contact. The nature and extent of communication with family and siblings in care varied widely across the group. It is now recognised that reduced family contact, lack of continuity of relationships and feelings of abandonment contribute to the greater physical and mental health problems experienced by children in public care in comparison with children outwith the care system (Browne and Fanshaw, 1998; Browne and Herbert, 1997). It has been proposed that historically there was a discouraging of family relationships in the belief that children could be contaminated by the vice of their family circumstances (Butler and Drakeford, 2003; Smith, 2009). The locus of family in developing narratives will be explored in more detail in this section.

Sibling relationships while in care

Historically there were systemic features which inhibited sibling contact; residential facilities with remits defined by factors such as age or gender and children sent to the colonies through the Child Migrant Scheme (Abrams, 1998). Recognition of the importance of family relationships was evident however in childcare policy and research in the immediate post-war years. While supporting nurseries for children aged under two years, the Clyde Report commended that 'every endeavour should be made to board large families out together' (Scottish Home Department, 1946); Quarriers Standing Orders (undated) detailed opportunities that should be in place to support sibling relationships (Magnusson, 1984; 2006; Personal correspondence, J. Bell, September 2nd, 2015) and research in child development heightened awareness

of the importance of the process of attachment and a 'secure base' (Bowlby, 1951; 1998; Robertson, 1952). Such developments were not evident in survivor participants' accounts even in respect of the post-war years. Twelve participants reported being admitted to care with siblings, but some were then separated. As will be seen below, it is difficult to determine the rationale as experiences varied across the decades; it was however distressing for the children and in some instances had long-term consequences on family relationships.

Sibling contact	Participants
Admitted with siblings	Alasdair Barbara Carol-Anne Dorothy Edwin Freya George Helen Isabelle John Kenneth Muriel
Not separated	Barbara Edwin Helen Isabelle
Separated by gender	Alasdair
Separated by age (Nursery Units)	Carol-Anne John
Separated by Child Migrant Scheme	Dorothy
Separated: reason not known	Freya George
Not known if separated	Kenneth Muriel

Only one participant described being separated on grounds of gender. Alasdair was admitted to residential care in 1915 with his brother and sister. His sister was placed in a different unit in the same house, concurring with the practice at the time (Abrams, 1998):

> There was two separate groups of girls as well; there were those who were just orphans or ones who had maybe done something wrong – the industrial girls-paying for doing something wrong. There were more of them than orphans. […] They were in the same building but different quarters.

Alasdair's account offers an interesting insight into historical childcare provision in describing the segregation of 'the industrial girls' within the same establishment.

Some children were separated on account of age. Admitted to care in the post-war years, John and Carole-Anne referred to 'nursery units' or 'baby units', whereby they or younger siblings were placed separately albeit, in the same establishment. John and his siblings entered care together in 1954, but his sister was placed in the nursery. The Clyde Report had recommended designated nursery units for children aged upto two years with appropriately qualified staff in order to meet children's developmental needs (Recommendation 90, Scottish Home Department, 1946). This

arrangement distressed John. He spoke with affection of another young person who acted as intermediary:

> *(Name) worked in the kitchen and the nursery. (Name) was my contact with my little sister (name). I always asked if she had seen her and how she was (the Housemother) wouldn't let me see my little sister (name) and I missed her so much.*

The intervention of the young person hints at the peer support network in the home. This will be explored in more detail below.

On accessing her personal care files during adulthood, Carol-Anne found that her father and social workers had explicitly asked that the children remain together. Despite this, in the early 1960s, she was placed in a different unit for children under five years of age, three years older than the upper age of two years recommended by Clyde for nursery units in 1946. By the time she was reunited with siblings, Carol-Anne explained 'the bond was severed-totally severed'. Her older sister was subsequently fostered, aged 10, when Carol-Anne was six years of age around 1969. She recalled:

> *They didn't even let us say goodbye.*

Carol-Anne later struggled to reconcile her personal narrative, drawing as she was, on contradictory information, her personal memory of separation and loss, and the 'official narrative' of social work case recordings requesting that siblings remain together.

Apart from policy decisions based on gender and age, it was difficult to determine other reasons for separation of siblings, therefore problematic for participants to integrate into their life narrative. Helen, Isabelle, Edwin and Barbara, admitted to care between 1939 and the early 1960s retained contact with siblings throughout their care experience while others in the same establishments during a similar time frame were given no explanation for the lack of sibling contact. George remained in the same home from the age of three for the duration of his childhood. Despite having been admitted with four brothers in the early 1940s, he recalled being 'barred' from seeing three of them:

> *I was in (house) with one brother. They wanted to keep us away from each other.*

Similarly, admitted to care in infancy in 1939, Freya discovered aged 12 that she had a twin brother in the same establishment; she was never able to establish a meaningful relationship with him.

Possibly the most fragmented of sibling relationships were those described by Dorothy. As well as acutely missing her father, she felt quite unprepared for the experience of residential care and subsequent break up of her family. One of her brothers was not admitted to care:

> *My sister was in the home for a period of only five weeks. One day she was cruelly sent away. (The nuns) did not inform myself or my brothers she had gone and to this day, although I have tried for many years, I have been unable to trace her.*

> *My brothers were sent out to Australia by (the care agency) but they never told me about that, I had to find that out […] They were then separated from each other.*

> (Written Submission).

Thereafter Dorothy lost contact with all family members for over 60 years, until shortly before this interview.

Childcare policy in the early post-war years described above, indicated general awareness of the significance of sibling relationships. While Dorothy was separated from her siblings in the 1940s through the Child Migrant Scheme, possibly before publication of the Clyde Report, survivor participants' accounts indicate continued lack of contact with siblings long after this date. It is unclear if such break-up of family groups was intentional to disrupt family relationships (Abrams, 1998; Hendrick, 2003) or whether this occurred for pragmatic reasons such as lack of beds or simply lack of understanding of child development and childcare policy. Some establishments appeared to have failed to recognise the importance of siblings as attachment figures, supporting emotional wellbeing and family identity. As will be discussed below in Chapter Six, this had implications for personal narratives over time.

Family contact while in care

Individual narratives are linked to other narratives; such inter-relationship forms part of the total meaning (van der Merwe and Gobodo-Madikezela, 2007). Family relationships were an important component of the developing narratives of survivors. Since the Children Act 1948, research, literature, legislation and policy have increasingly recognised the important role of family in the lives of children in Western society, with subsequent legislation allowing measures to support this financially. At the time when most survivor participants were admitted to public care, none of this was in place. There do appear to have been facilities for family contact however. The following table gives a breakdown of parental contact while in residential care:

Nature of contact	Participant
Regular contact with parent/s	Edwin Helen John Muriel Norman
Intermittent contact with parents	Alasdair Isabelle
No contact or contact terminated	Barbara Carol-Anne Dorothy Freya Lewis
Not known	Kenneth George

Some visits were regular, like Edwin, John, Muriel and Helen's mothers. Helen's mother visited monthly where possible, 'on visiting day', bringing gifts. Her brothers and sisters were allowed to visit anytime without notifying the authorities when 'home from the forces' during World War Two 'if they were in uniform'. Helen's grandmother also occasionally visited. Most family visits appear to have been intermittent however. Alasdair for example recollected his father visiting twice and two aunts and an uncle visiting once during his time in care.

With the exception of Barbara, no participants were aware of any management around family contact as would be expected as part of present-day 'care planning'. Without examining case files such practice would be difficult to identify. Barbara's views of her family were heavily influenced by staff in the care establishment. Admitted to residential care in the 1960s, her parents visited periodically. Visiting by both parents stopped abruptly, Barbara believes, because her father colluded with her mother, to meet Barbara covertly at the gate of the home, telling Barbara on the way to the gate 'don't say that was your mother'. The contact was witnessed by staff in the home who repeatedly challenged Barbara:

> *I felt dead guilty because I had betrayed my mum in saying it was her and she said "well you won't be seeing your mother ever again".*

Barbara saw her mother once after leaving care but she never saw her father again. She spoke of her relationship with her mother:

> *I have never had a relationship with (my mother) because I was constantly told how much she hated me and that was why I was in (the home). If she had loved me I would have been with her but she didn't, she hated me and that was why I was there and you can't believe it and when she never came to visit in your head you're thinking 'I'll maybe get a letter'. She did send a letter but I never got them.*

Although into the 1960s, the tone of such reflection concurs with the discourse of morality referred to above (Butler and Drakeford, 2003; Smith, 2009). Individual narratives are intertwined with a communal history of others (van der Merwe and Gobodo-Madikezela, 2007); for survivor participants, this included family histories. In condemning her family, arguably staff were condemning Barbara.

The remainder of participants received no visits. Dorothy discovered, as an adult, that her father had attempted to keep in contact but was deterred:

> *My father.....he was very, very ill and he died two years after at the age of 46 and I have discovered that he did go back to the home and the (nuns) discouraged him and said that he would be upset and we were getting on fine and we were good children and he would go to his grave thinking that the nuns have given us a great life and in a way I am pleased about that, you know he wouldn't be hurt because I loved him to bits my dad.*

As discussed above, he died some two years later. Her brothers having joined the Child Migrant Scheme, Dorothy spent time in her later years piecing together her personal narrative 'with the 'bits and pieces" of a broken life story, to recreate it into "a story that is both more intelligible and more bearable' (Ricoeur, 1991, p.435 in van der Merwe and Gobodo-Madikezela, 2007). This will be discussed in more detail in Chapter Six.

Participants may have been unaware of the wider context (Maynes et al., 2008); for those with little family contact there may have been barriers; lack of finance to

support visits, distance and rural locations of residential establishments, assessed risk to the children through family contact, breakdown in family relationships, failure by professionals to recognise the importance of attachment as well as moral judgements in respect of parents and children (Abrams, 1998; Hendrick, 2003). Lack of such detail inhibits care leavers from developing a coherent and comprehensible narrative as they move through life.

Returning home

Periods in residential care ranged from one year to around 15 years. The breakdown of what would now be referred to as 'Through Care Experiences' is as follows:

Transition pathway	Participant
Discharged from care to family	Alasdair Edwin Helen Isabelle John Kenneth
Moved on to independence	Barbara Carol-Anne Dorothy Freya Lewis Muriel
Not known	Norman George

Seven children returned to live with either parent/s or older siblings on leaving residential care. Edwin had the shortest episode in care, returning to live with his mother as planned, after some twelve months when her health improved. Despite the relatively short period in care, his in-care experience remained a significant feature across his life. Others found on returning home that family life was quite different to the understanding which they had held while in care. Lewis recalled:

> I went home the beginning of 1962. That was the first time I had seen my mother since going into (the first home) in 1953. I had a fight with my mother's partner. I must have been around 14 or 15. I never knew she was with anyone else or had other kids except for this wee baby that was there at the time. My step brother and I were home for about a fortnight or so when I noticed my mother was drunk all the time and he was battering her […] I took my hand to him and I was taken back into the home.

Quite unprepared for the changes in family circumstances, Lewis did not return home thereafter.

Two participants spoke of somewhat unothodox discharges from care. John described how his mother, along with her friend removed him and his siblings from

the care establishment without permission of the authorities after he had been there some 19 months:

> *I will never forget the day we escaped. It was (date). (My sister's) birthday. I couldn't ever remember what year. I honestly don't know but it was great. I was called for a visit, my mother and her wee pal (name). I could see they had been drinking but I didn't care. I was so happy just to have a visit. (My brother and sister) weren't there yet. I was alone with them for a few minutes and my mother told me she had got permission from the (staff) to take us into the town to buy (my sister) a little dress for her birthday……..My Mother told me that we weren't coming back we were going home. I was so excited I couldn't believe that I was getting away from this hell hole. We were sent to put on our best clothes. (My brother said he didn't want to run away, he was afraid we would get caught and be brought back but I threatened him and told him he would get our Mother the jail and that if he spoilt it for me I would kill him. Here we had a chance to get away from this place and he was going to spoil it). I remember walking down the front steps and up the gravel path to the wee bridge over the railway. I looked back at the (description of the home) and feeling free. The sky was black and the rain was coming down heavy with the wind blowing into my face. I felt free at last.*
> (Unpublished autobiography)

The family kept moving thereafter as 'people were looking for us'. Similar to Helen, John's written autobiography contained several such descriptive episodes.

Similarly, when around 11 years of age Muriel took matters into her own hands:

> *They says to me if you run away again we do not take you back. So I got doon the pipe and I ran oot again; well that was my third time, they wouldnae take me back. So I landed up with my mother […] And then my mother said "Noo, I've got to go and get your other sister" and she had to deliver back the clothes that I had on from the home, take them back and that was me back and I don't think my mum was that happy but I was only a kid.*

John's mother and Muriel demonstrated significant personal agency. Giddens described agency as a social actor's capacity to deploy (chronically, in the flow of daily life) a range of causal powers, including that of influencing those deployed by others' (1984, p.14). Exploring the concept of personal agency in some depth,

Maynes et al. (2008) conclude that agency is embodied in people who evolve in context; people whose stories build on their lived experience over time and in particular interpersonal, social, cultural and historical settings that they in turn continue to work through and transform in their present. It is difficult to determine from John's recollection the factors contributing to his mother's determination to 'act differently' and remove her children from care; from his descriptions of her life she had suffered significant hardship. Muriel similarly had decided to make a difference to her life. Her mother had kept in regular contact and she was able to take a gamble on what transpired to be effective action. For both John and Muriel, fleeing changed the trajectory of their live as neither returned to care.

Family narratives: Discussion

Personal narratives were often intertwined with those of family and siblings. Some received regular visits while others were arguably 'rescued' by parents from residential care. There were experiences of loss such as those of Dorothy, separated from family and siblings but who retained affectionate memories of her father. For others, such as Barbara, loss of her parents was compounded by judgements of their morality. Freya meanwhile had no concept of her family having been told she was orphaned. In respect of siblings, some remained together and some were separated; some young people returned to live with family and some spent their childhood in residential care.

It was difficult to identify contextual factors influencing family and sibling contact. Few referred to their legal status in care which may have been a factor. In some instances, separation of siblings was clearly linked to policy at the time, factors such as gender or placing infants in residential nurseries. For some the implications were lifelong in respect of famly relationships and identity. Despite the heightened awareness of children's emotional well-being and attachment during the period in question (Abrams, 1998), such thinking does not appear to have impacted on the lives of some of these children. While some narratives support the theory of children being seen as threats, with interventions aimed at breaking contact with the family of origin (Hendrick, 2003), such diversity of family contact and the number ultimately discharged to the care of family instead supports Ferguson's argument (2004) that perpetuating a 'myth' of child rescue fails to recognise the complexity of decision-making in respect to grounds for removal of children, and analysis of concepts of trust

and risk. Considering that establishments were often some distance from the family home it is surprising that so many families retained contact.

Identity continues as a theme. For some, primary identity appears to have been with their birth family. For those who lost contact, little appears to have been done to promote family identity. Some practices which actively disrupted family relationships such as the Child Migrant Scheme are now recognised as constituting institutional child abuse (Kemp and SHRC, 2010; Shaw, 2007) thus identifying such experiences as historical injustice.

Despite such memories of loss, several survivor participants identified positive experiences while in care. These will be explored in the next section.

5.2.3 Positive experiences of residential care

As alluded to above, while the focus of this study was the experience of historical institutional abuse, participants also volunteered positive memories of life in residential care. This concurs with Shaw (2011) who identified in respect of Quarriers that life for children could be mixed with some good and some bad aspects. Participants spoke of a supportive peer group; new experiences; teachers who motivated and staff who were protective, kind, humorous and encouraging, sometimes becoming role models in later life. Such memories provide a gentle counter-narrative to accounts of adversity and abuse.

 The breakdown of such memories is as follows:

Positive memories	Participants
Supportive Peer Group	Dorothy Helen Isabelle John
New experiences	Dorothy George Isabelle John
Education	Dorothy George Helen
Significant relationships with adult	Alasdair Dorothy Kenneth Lewis Helen
Nothing positive shared	Barbara Carol-Anne Edwin Freya Muriel Norman

Supportive peer group

Lives are lived at the intersection of individual and social dynamics (Maynes et al., 2008; van der Merwe and Gobodo-Madikezela, 2007). One powerful finding running through this study was the strength of relationships between children in residential

care. In this study, with the exception of Norman, all referred to in-care experiences within the context of 'the collective', of other children resident at the time and their narratives were intertwined. Another young person acted as intermediary between John and his baby sister in the nursery; Helen meanwhile recollected her initial meeting with two older girls during the process of admission to residential care:

> *(My step-sister) and I were placed in the bath together and duly scrubbed with red soap, and a scrubbing brush, which seemed to be made of nails, our hair was washed with black soap, rinsed and washed again. The girls were kindly to us doing their job in the conscientious manner expected of them […] The girls gave us some hints about the do's and don'ts of the home, "don't ever nod your head like that" said one to me, "if you do, you'll get it bashed against the nearest wall", said the other girl. I thought they were just joking but soon learned the truth of their words.*
> (Unpublished autobiography).

It is known that peer relationships are important to children and young people, that friends and peers can be resources for resolving difficulties (Hill, 1999). Close relationships with peers has the potential to enhance self-esteem and reduce some of the negative effects of abuse on children and young people's development (Bolger, Patterson and Kupersmidt, 1998). In this study, individual narratives were often described within the collective, endorsing the findings of Hill (1999) and Emond (2005), underlining the importance of the peer network to children's experiences of emotional survival.

New experiences

It is now thought that a wide range of everyday experiences offer children opportunities to develop resilience, meaningful roles, autonomy and self-efficacy (Maclean, 2011). Four participants described residential care as offering experiences, which helped them face the challenges encountered. Isabelle and John enjoyed the opportunity of country life, of the tranquility and experiencing nature. Having grown up in poverty, in an inner-city environment, John recollected:

> *The Orchard was at the side of the home with a big high brick wall with a little green door. I would let my imagination run wild. I would imagine I was in the jungle, it was so peaceful.*
> (Unpublished autobiography).

For John, this was a bitter-sweet memory, as the opportunity to play in the woods occurred when his peers went on holiday. He was left behind as he had enuresis, which resulted in abuse and humiliation, but he appears to have found peace of mind and freedom when his abuser was absent.

Residential care offered others the chance for skills and talents to emerge, to be recognised and encouraged. George had an opportunity to participate in horse riding which became a life-long interest. Shortly after admission to residential care Dorothy was identified to be a talented singer:

> *I was put in the choir and the first night of the choir practice, and she said "where is the new child" and she said "over here and stand beside me" and after that I had to stand beside her-I think she must have thought of me as special.*

It was unclear if it was the relationship with the choir leader, 'being special', the experience of group music making, experiencing competence in itself or the combination, which made this memorable. As will become evident, music became an important part of Dorothy's narrative and personal identity throughout her life.

George, Helen and Dorothy also enjoyed school. Dorothy explained:

> *The one thing about being in (the home) was going to (name) school and I loved it. I loved my school because I was treated like a normal human being and I was the only girl from (the home) in that particular class and I should have felt out of place because all the others their dads were dentists and doctors and this sort of thing and this was 'orphan Annie', but you know I didn't, they didn't patronise me and the teachers treated (me) normally and I loved it and I used to think I must be the only child in the world that hated school holidays because I felt school holidays…… scrubbing floors and washing walls and all the rest of it.*

In reflecting on the sociology of stories, Plummer (1995) describes how we write stories about the world around us […] 'its people and plots'. We then locate ourselves in 'these imagined maps' (Plummer, 1995, p.20). School offered Dorothy an opportunity to locate herself in a very different place from the care establishment, a different set of relationships, an opportunity to experience competence and a different way of being; this became a strand of her personal narrative contrasting with that of her life in the care establishment.

Significant relationships

As discussed above, positive adult relationships offer children and young people the opportunity to experience enhanced self-esteem, trust, attachment and a secure base; arguably a different sense of self (Bowlby, 1951; 1998; Roberson, 1952). Five participants spoke of valuing relationships with adults in the care system, acknowledging that only some were abusive. Kenneth had lived in four different establishments during his childhood and spoke very highly of some, particularly one nun who taught him to read. Learning to read may have a lifelong impact, enhancing self-esteem, autonomy and identity and helping him reconstruct his personal narrative. In a slightly different context, on leaving school, Dorothy moved within the home to help in the 'baby unit'. She described a relationship with one nun where she was able to explore and test ideas in many ways typical of adolescence:

> *When I was 15 I met one nun in particular who took me on, and this broken wee creature, she took me on and turned me round.*

> *I went home at night to her (the nun) and I slept with the babies in their dormitory and I worked with her and she was just beautiful, but that's what I did and I started to be normal and she sometimes turned her head away at some of the things I said.*

Her father dead and having lost contact with her family, from her description, Dorothy had the opportunity to experience a healing relationship, to develop trust and a secure base. Similarly, Helen was ill, necessitating time in hospital. When due for discharge, she did not return to her former house but had a spell in 'the weak girls house'. Helen wrote very fondly of the housemother:

> *When I was allowed to get up, I couldn't believe that life could be so wonderful in this home […] in my childish imagination, I could not believe that it would be anything like this wonderful house and this wonderful woman, who smiled a lot and never raised her voice in anger.*
> (Unpublished autobiography).

Although still in regular contact with her family, as will become evident, the experience of this housemother offered Helen a role model for adult life. Similarly, despite suggestions in literature that boys may be more at risk than girls in residential schools where men were more likely to be in primary care roles (Barter, 1999;

Sullivan and Beech, 2002; Westcott and Clements, 1992), Lewis also valued quality experiences with (male) staff:

> *Mr A…he was terrific, so was Mr. J. I mean I can almost tell their life stories from the things they showed me and put me right in life.*

> *They took me to their homes and they showed me how to do the garden and do jobs like that. I was having home cooked meals at their own table. I was permitted my own room away from the rest of my peers. I was allowed into town.*

> *They were showing me things and how to do it then leaving me to get on with it and be responsible.*

While some may caution against such 'special' relationships (Kent, 1997), there was no indication whatsoever that these relationships were anything other than nurturing, caring and highly professional. Lewis appreciated and differentiated these from abusive experiences in other establishments, evidenced by him feeling welcome to visit the unit with his family throughout his life, long after familiar staff had moved on.

Positive experiences: Discussion

Participants were not explicitly asked about positive experiences during the interview but these were volunteered. In what is a lengthy chronicle of childhood maltreatment, these provide a counter-narrative. Not only does this show the capacity for some survivors of historical institutional abuse to hold on to the positive, but also that some staff historically appeared to understand the needs of vulnerable children and young people and were able to build and sustain quality and healing relationships. All factors identified are linked with developing resilience (Daniel et al., 1999; Fonagy et al., 1994; Gilligan, 2001; Maclean, 2011). As will be demonstrated below, some of these experiences also helped children face the challenges of life in care and contributed to developing identity over the life course. Against this backdrop of positive experiences memories of abuse and maltreatment stand out in sharp relief.

5.2.4   Child abuse and maltreatment

As discussed above, historical institutional child abuse needs to be seen in the context of legislation, policy and attitudes to children and childhood as existed at the time (Shaw, 2007; Smith, 2009), what may be regarded as the public, dominant or

official historical narrative of childcare in Scotland. While there had been considerable concern about 'child cruelty' in the 19th century, with a few exceptions, such concern virtually disappeared in the inter-war years (Kendrick and Hawthorn, 2012), re-emerging in the 1960s (Abrams, 1990; Hendricks, 1994). It has been proposed that the threshold of what is considered to be child abuse is gradually being lowered (Department of Health, 1995). Shaw (2007) concluded in the Systemic Abuse Review (2007), that legislation in Scotland, i.e. the Children and Young Persons (Scotland) Act 1937, the Children Act 1948 and the Children (Scotland) Act 1995 indicate a consistency of definitions of abuse over the years; that the Children and Young Persons (Scotland) Act 1937 laid the foundation for modern law on child protection and most conduct included in the definition of abuse today was included in the previous legislation. While there was some awareness of abuse in residential childcare services over the years in Scotland (Abrams, 1998; Kendrick and Hawthorn, 2012; Magnusson, 1984; 2006), it was the late 1980s before this became a focus of public concern.

Survivor participants provide an alternative to the public narrative. While not asked about experiences of maltreatment, details shared were included in this analysis. As discussed above, Gil (1982) suggests three modes of abuse of children in out of home care, the first being overt or direct abuse of a child by a childcare worker. Penhale (1999) extended this to include abuse by individuals within the residential setting, which allowed for what is now referred to as peer-on-peer abuse. Drawing on these frameworks the spread of maltreatment shared was as follows:

Nature of abuse	Participants
Physical Abuse	All participants
Sexual Abuse	Two participants Four revised experiences as sexually inappropriate
Emotional Abuse	All participants
Neglect	Carol-Anne George Edwin John Freya
Programme Abuse	Alasdair Barbara Carol-Anne Dorothy Freya Helen George John Muriel Isabelle
System Abuse	Dorothy Isabelle Lewis
Not specified	Norman

This is unlikely to contain the full range of abusive practice but gives an indication of the spread of maltreatment experienced by survivor participants. To ensure

confidentiality, where possible those who experienced sexual abuse have not been identified.

Narratives of abuse

Survivor participants' narratives converge in this section as all identified themselves as having experienced abuse. As survivor and service provider participant interviews progressed, multiple interweaving narratives were shared. Having spoken warmly about some nuns involved in his care, Kenneth continued:

> *[…] But it was a minority that were like that. The rules were so hard for any child. I've got nothing but praise for (two establishments) but (two establishments) were camps of horror.*

Despite legislation and regulations protecting children from abuse and neglect regardless of their care arrangements (Shaw, 2007), for the most part, abusive practices continued unabated. The following sections give more detail.

Physical abuse

All participants described experiences that would now be regarded as physical abuse by staff or peers. As discussed above, it has been alleged that such practices were untrue or reflected child rearing practice at the time (Smith, 2009; Webster, 2005). Undoubtedly physical chastisement was an accepted practice in Scotland until the 1980s; some practices accepted and legal in the past, would now be deemed child abuse and in breach of current legislation (Shaw, 2007). As was apparent in the review of literature, there was concern historically about the misuse of physical chastisement with children in residential care (Kendrick and Hawthorn, 2012; Magnusson, 1984; 1995). Drawing on the analyses of Shaw (2007; 2011) and Kemp and SHRC (2010) discussed above, many of the experiences described by survivor participants would have exceeded acceptable chastisement at the time. These included hitting with implements such as hairbrushes, cutlery, plates, canes or sticks, strap and trouser belt. One cited the belt being heated by the fire to make it harder. Some practices did not involve implements but rather rough handling such as dragging, slapping, punching, or restricting breathing by putting hands over their nose and mouth. These were often, but not always presented as being a punishment, for misdemeanours, such as having told 'lies', moving when told to stand still, misbehaving or failing to carry out chores to the required standard, running away,

failure of a rehabilitation plan, displaying distress or stumbling over religious ritual. John lived in an establishment, which operated under a Catholic ethos:

> *I was an alter boy and done both Mass and Benediction. When mass was over if Benediction was finished and I made a mistake, she would take me into a small office in the corridor leading from the chapel to a big hall. She would tell me to bend over, sometimes it was a length of wood or a big leather strap, again if you moved it would catch you anywhere.*
> (Unpublished autobiography).

As will be discussed below, such treatment within a faith-based setting arguably also constituted emotional abuse.

Force-feeding

Another practice suggested by participants as abusive was described as 'force-feeding'. While the current child protection procedures do not explicitly define such practices as abuse (Scottish Government, 2014), within public care settings, they are likely to come within the current definition of physical abuse or emotional abuse. Four participants reported this practice. Carol-Anne, who spent most of her childhood in residential care in the 1960s, explained:

> *If the (person) in charge caught you, the carers were made to hold your arms, she would pull your head against (them) and with the same arm would pinch your nose so that you would have to open your mouth to breath and then she would use (their) other arm to spoon feed the porridge into your mouth roughly […] you would end up gagging and vomit and she would still carry on spoon feeding even the vomit into your mouth.*

While Carol-Anne had never lived in Quarriers, force-feeding was described as a recurrent theme at Quarriers and defined as abuse (Shaw, 2011).

Peer-on-peer abuse

As discussed above, Penhale's definition of abuse included peer-on-peer abuse. Contemporary studies indicate that such abuse was much more common than formerly recognised (Lindsay, 1999; Westcott and Clements, 1992). Only one participant referred to participating in peer-on-peer abuse, but holding that narratives are reconstructions of experience rather than 'life as lived' (Maynes et al., 2008) it is

possible that some survivors may be wrestling with such memories. While most participants spoke highly of the supportive nature of the peer group, Helen, Alasdair, Lewis and Kenneth described witnessing what would now be referred to as peer-on-peer abuse. Lewis praised certain staff efforts to protect him, at risk to their own safety;

> *If this certain member of staff hadn't done these things, I could have been killed.*
> *My peers were brutal most of the time.*

He was sympathetic to staff circumstances adding:

> *You can't complain to staff because you feel like they are having the brunt of it as well.*

In such instances, it may be that abuse was more systemic, inappropriate placement and/or insufficient staff and training to care effectively.

Sexual abuse

It is acknowledged that sexual abuse of children has taken place in residential settings and that this is wrong, although the extent to which this has occurred has been challenged (Smith, 2009; Webster, 2005). Sullivan and Beech (2002) proposed that literature available on institutional child abuse indicates that complaints were predominantly of a sexual nature. While this may be true of more recent episodes of institutional abuse, a minority of complaints from this group of participants were of a sexual type. There were two participants, one male and one female who spoke of having been sexually abused by adults directly responsible for their care. One gave details of what occurred. Neither reported it at the time.

Another four spoke of behaviour that they felt to be sexually inappropriate. For one this was sexually intrusive questioning by a childcare officer once s/he had left residential care and for another, it was by an adult, trusted by the care staff, on a visit outwith the establishment. For two others, it had taken many years for them to frame childhood experiences as sexual abuse. Both were left querying in their later years if there was underlying sexual motivation by female staff in their treatment of children; that they and their peers had experienced or witnessed sexual abuse. One in his 60s proposes that he and other boys had been sexually abused when they were forced to hold him down to receive a beating by a nun for wetting the bed:

> *She would check for ….wet beds at all times of the night. If you wet the bed you got the stick….She would get three or four boys to drag me out (from cowering under the bed) and hold me by the arms and legs across the bed so she could punish me (beating with the stick).*

Similarly, Dorothy reflected on what she referred to as 'sexual overtones to a lot of what went on'. She did not give a specific example during interview but the following written account possibly alludes to this*:*

> *Three baths were placed in the centre of the room and girls (entering their teenage years) were made to sit in them […] A favourite humiliation enjoyed by (the person in charge) was to order the older girls to pour strong disinfectant over them, this of course in view of all while the figure of (the person in charge) dressed in black leered over them fingering the rosary beads suspended from the leather belt around her waist. They would be made to stand up, skin red, burning and wait till the order was given to provide them with towels.*

Neither account suggests any thoughts of sexual motivation at the time but that this emerged through further reflection and meaning-making in later life. Such reframing was possibly influenced by the heightened awareness of sexual abuse in the 1980s (Corby et al., 2001) and as described above, increasing institutional and personal reflexivity in the late 20th century (Giddens, 1991s); memories reworked in the context of subsequent experience (Maynes et al., 2008; Passerini, 1979; 1987 in Abrams, 2010). As discussed above, Pilgrim (2012) proposes that failure to recognise women as abusers in the context of the 'Ryan Report' in Ireland (Ryan, 2009) contributed to abuse remaining undetected and no action taken. This raises the question as to how some narratives become dominant and some overlooked, including in the context of Inquiries.

Emotional abuse

Emotional abuse became recognised in Scotland as a separate category of abuse for registration purposes in 1998 (Scottish Office, 1998). As discussed above, it is intrinsic to other forms of abuse. In the context of institutional abuse in Ireland, Pilgrim proposed that emotional, physical and sexual abuse had co-existed, a view supported by survivor participants. Dorothy observed:

It is difficult to separate the physical from the psychological, in many ways the two seem inextricably fused together.

Kemp and SHRC (2010) regard the experience of children living away from home as an 'aggravating factor' when considering the threshold whereby conduct may be considered cruel, inhuman or degrading (2010, p.18). Survivor participants' accounts endorse this; rather than comfort and healing, children experienced harsh and abusive treatment, in an environment which lacked emotional warmth, all serving to compound prior experiences of disadvantage, trauma and loss. Viewed in this light, arguably all forms of institutional abuse carry elements of emotional abuse.

Aside from this, treatment described by nine participants could be defined as 'persistent emotional neglect or ill-treatment' that could have 'severe or persistent adverse effect on the child's emotional development' (Scottish Government, 2010). Practices which may come into this category included accusing the children of being 'liars', denying them opportunities to express emotions, setting children up by 'framing' them for misdemeanours then punishing them, denigrating children or their parents, locking children in dark vaults or cellars as punishment, making children kiss dead nuns, referring to children by their number or role ('kitchen girl', 'kiosk girl' etc.) rather than their given name, making children repeat derogatory statements about themselves and what I refer to as 'spiritual abuse'.

The housemother asked Helen what she was going to do when she 'got out into the world'. Helen replied that she wanted to be a nurse:

"What?" she bellowed to all the others, which was her usual manner on these occasions; "do you all hear that? (Surname) is going to be a nurse", she went on in her roaring voice. "That'll be the day; a pig sty or lavatory cleaner would be more up your street, you imbecile".

Some of the others were jeered at regarding what kind of job that she thought would be most suited to them, then she announced the number of the Psalm for us to recite.

(Unpublished autobiography).

Dorothy, who lived in a different residential establishment around the same time, reported being made to repeat self-deprecating remarks. She recalled:

> *(The houseparent) had a thing that she made us say as a group after her […] "I am stupid, I am ugly and nobody likes me" and on a regular basis you had to say that so you grew up, you had no confidence and you didn't belong to the world.*

As well as physical abuse, bodily functions such as bedwetting and onset of menstruation also appeared to trigger emotionally abusive practices. It has been proposed that linked with the development of psychoanalytic approaches in the post-war period, enuresis came to be perceived as maladjustment of both body and personality, thus pulled into the moral panic of the time and associated with 'delinquency, truancy and contrariness' (Hurl, 2011, p.58). John's experiences of enuresis in the mid 1950s exemplify this. He recalled:

> *I would be screamed at and humiliated in front of the whole dormitory; that would be the start of every day. (They) would put a wet sheet over my head to make me smell it and tell me how useless I was, how bed-wetters were unwanted. We weren't just punished the once for wetting our beds, we were punished constantly.*

Punishments described for bedwetting included being beaten, made to stand in public with the wet pants or wet sheet on your head, publically reprimanded in front of other children who were then encouraged to verbally humiliate the child, denial of sweets, outings and holidays, withdrawal of Christmas gifts, withdrawal of the mattress and the child having to sleep on the bedsprings. John did not live in Quarriers but bedwetting was described in Time to Be Heard as a 'recurring theme across the decades', dealt with in a humiliating and punitive manner (Shaw, 2011, p.47). Although the language used may be different now, Standing Orders in Quarriers about management of bedwetting in 1944 indicated some awareness historically as to how this should be managed.

Spiritual abuse

Some practices identified by a number of survivors may be described as 'spiritual abuse'. Little has been written about spiritual abuse but The McLellan Commission (2015), conducted in Scotland recognised the extent of maltreatment within the Catholic Church, causing some adults to feel angry and alienated from the church. Although not regarded as a separate category of abuse under current Scottish policy and guidance, it has been identified as such by the survivor led organisation In Care

Abuse Survivors (INCAS, 2012) and a number of the survivor participants. For the purposes of this study it has been located as a form of emotional abuse.

Throughout the majority of the 20th century, much residential care of children was either provided by faith-based organisations adhering to elements of religious tradition or asked that staff had an active church connection. In this study, seven participants made reference to the spiritual impact on them as children of abusive practices. Maltreatment was usually administered by members of religious orders, or staff in organisations professing to operate from a Christian ethos, sometimes because of a child's failure to achieve the prescribed standard in religious ritual, on occasions staff citing religious texts and couching punishment within a religious frame of reference. Some participants quoted Christian scriptures, indicating that children should be loved and valued, and were bewildered at being harmed within a faith-based setting. Freya who lived in such an establishment explained:

> *The children were well aware that when the Day of Judgement came, they would end up in the burning fires of Hell and Damnation for their sins.*

Helen, humiliated during the recitation of Psalms above, recalled arriving at the children's home:

> *I remember glancing at the "Picture" above the door […] that picture always seemed to me to be a kind of threat rather than a religious instruction or a reminder of Christ's presence. Of the religious instruction I had been previously been given at school, and at Sunday school, I had learned to think of Jesus as a Saviour, a friend of little children. Someone to turn to for help and advice through prayer; "Suffer the little children he had said, and let them come unto me, and I will receive them and fold them to my bosom. I'll be a Shepherd to these lambs, O' drive them not away". I soon learned that there was to be no enfolding to any bosom in my new home. I learned that praying to God in a personal way could only be done in a toilet at school, sometimes in a low whisper at night in bed, or while performing a routine task in the house (the latter usually using a frantic prayer); I often fell asleep half-way through a short prayer with utter exhaustion, while in bed at night.*
> (Unpublished autobiography).

Such was the disconnect between the professed spiritual ethos and survivors' lived experience.

Physical neglect

Physical neglect and the interface with poverty are particularly difficult to define (Scottish Government, 2012). Several survivor accounts from the 1930–1950s describe austere, impersonal care environments, children carrying out heavy household chores, failure to recognise birthdays and a lack of personal items (such as toys, clothing, money and sweets including those gifted by family members). In care in the 1950s, Edwin reported having to share a bath with others, also (swimming) trunks 'even if others had wet them'. Four participants identified neglect in addressing health care needs; John had a painful boil which did not receive appropriate medical treatment, Carol-Ann lost her hair when aged five years thought to be through stress, Freya, also aged five, was identified as having a visual impairment interfering with learning to read but did not receive spectacles until aged eight. Both had verified these memories as adults through accessing case recordings. It has been suggested that the low number of reports of abuse and neglect in local authority childcare services may have been masked by low expectations, the lack of affluence and comparatively low conditions of nourishment, clothing and housing in the general population, the acceptance of harsh and punitive discipline in children's homes and school as well as the relatively undeveloped idea of child abuse until the 1960s (Murphy, 1992). Arguably this may make it more difficult for survivors to define their experiences as 'neglect'. There was however evidence of awareness of the failings of residential care during the 1940s in that the 'Clyde Report' gives accounts of the 'uniformity, repression and impersonality of cold forbidding abodes afford(ing) no real consolation to the children who grew up in them' (Scottish Home Department, 1946, p.15).

Two participants described what would now be regarded as serious breaches of health and safety practice. George was sent onto the roof, when aged 12, to clean windows and fell off, resulting in injury and hospital admission. He was subsequently sent back on to the roof:

> *I was thrashed to do it. I was petrified of heights […] there was no duty of care, just brutality'.*

In the other instance there was a fire at the unit. Muriel recalled:

> *(Another child) was sent back for her clothing when we were going doon the stairs. I never seen her from that day to this.*

As an adult, Muriel confirmed through archives at a local newspaper that there had been a fire, but she never traced anything about the child, her friend in activities during her early years.

It is particularly difficult to identify neglect retrospectively, over several decades, which have seen changing constructs of childhood and child maltreatment in an environment marked by world conflict and associated austerity. These accounts concur however with critical inquiries such as Shaw (2007; 2011) and contemporaneous accounts such as the 'Clyde Report' (Scottish Home Department, 1946).

Programme/regime abuse

Institutional abuse is not just carried out by individuals; programme and system abuse, occur because of factors beyond the individual's role in maltreatment of children and often related to officially sanctioned procedures (Gil, 1982; Penhale, 1999; Williams of Mostyn, 1996) arguably deepening the alienation response in children already removed from home (Kunkel, 1983). Examples of practices which may be deemed programme abuse cited by participants include the purposeful regular moving of staff, the perception of Carol-Ann being that this was 'to stop us getting close to them', administration of medication such as Epsom Salts for bedwetting, inhibiting relationships with families through terminating contact without legal grounds or withholding gifts and correspondence, institutionalised practices and failure to support education. The difference between abuse initiated by individuals, programme and system abuse can be subtle. As discussed above, narrators may be unaware of the context of their experiences (Maynes et al., 2008) and from participants' descriptions it was difficult to tease out whether responsibility lay with individual staff, within the regime of unit or in the wider care system. Terminating contact with parents demonstrates the complexity. As discussed above, Barbara remained unclear why her mother stopped visiting her:

> *My mother came up to see me a couple of times and one day my dad came up and I didn't understand why my mum wasn't with him. And he asked (staff) if we could walk round the grounds instead of being in the parlour and she said "yes". Unknown to me she was watching from the window, I didn't know we were walking towards the main gate; there was a lady standing there and shouted (to me) and I thought 'it's my mum'. So I said "Mum" and she shouted "Come to Mum" and she put her arms out for me and the next thing there was a clattering*

and it was (staff) and she was beckoning me to go back inside. I felt ill; I felt so ill. It was just the way she said "come to mum (name)" and I couldn't go. She was crying; I was trying not to cry and we went back and my dad was taken back into the parlour and sent into this other room. I never saw him again and I never saw her for a very long time. I seen her once after that.

Narrating one's life is about finding structure, coherence and meaning (van der Merwe and Gobodo-Madikezela, 2007). This was clearly a significant and distressing episode in Barbara's life which she could not comprehend and which had lifelong consequences. Similarly in respect of keeping family memory and identity alive, Barbara, Helen and Muriel reported carers witholding money and gifts. Barbara reflected:

I did find the odd one or two (letters), you know that my gran wrote to me and one of the older girls had told me that there were parcels and letter, letters on (the staff) desk and parcels in the back cupboard and of course they had our names on them and we were all excited and I went in and I said to (staff) "there are parcels in the back cupboard and they have got our name on them and its from my gran because it is my gran's writing and can I get them?" And before I knew where I was she ripped the hair out my head she dragged me and she battered me off the hall and started nipping, kicking and punching me and saying I was a nosy little brat and I had no business going in the cupboard and what was in the cupboard was not getting given to me because it was full of junk and smelly rags; but it was funny that the junk and smelly rags ended up on other children….

*A*s discussed above, lives are lived amidst a complex network of dynamics. These in turn influence the development of personal narratives which are organised by multiple processes, decisions and time frames (Maynes et al., 2008). Arguably the developing narratives of children in care are particularly complex due to the number of systems and complex decision-making processes throughout their in-care experience. The process involved appears to have been quite opaque, reasons were not explained nor does there appear to have been any efforts to have kept the memory of Barbara's mother and family identity alive.

Programme abuse includes processes such as institutionalisation. Recognition of the importance of individuality and identity, arguably to avoid institutionalisation,

influenced developments of the family style cottages of William Quarrier in the 19th century (Abrams, 1998). The Clyde Report (1946) had identified that institutionalisation should be avoided, that every encouragement should be given to children as individuals. Despite this, survivor participant experiences indicate that institutionalised practices were still evident by the mid-1950s. Two participants described the experience of living in residential care as 'being away from the world' with three describing it as 'a prison'. Freya explained:

> *We were always told "when you go into the world girl", you got this all the time "when you go out in the world" and I used to think until this day, where on earth was I these 16 years of my life.*

Although residential establishments have changed significantly since the 1950s, preventing institutionalised practice remains relevant for practitioners even in small establishments today (Steckley, 2012; Scottish Universities Insight Institute, December, 2012).

Some experiences identified by survivor participants as abusive which may be regarded as 'Programme Abuse' however, raise issues of context and meaning-making. Adding disinfectant the bath as described by Dorothy was cited by a former service provider as a recognised way at the time of preventing cross infection (personal communication, 2013). Eight participants described the regimes of the establishments as having a significant degree of rigidity, not being allowed to play outside on a Sunday, being sent to bed early in order to rise early to attend mass, or being punished for failing to learn religious texts. While beating a child for difficulty in learning religious texts such as described by John as happenning in the 1950s was undoubtedly abuse, some may question whether it was abusive that a child should not play outside on Sunday or be sent early to bed regularly in order to rise early to attend mass as an Alter Boy and whether such practices were sanctioned by the state, to facilitate 'religious practice that should be encouraged' (Scottish Home Department, 1946, p.27). The same applies to 'kissing dead nuns'. While Carol-Ann understandably experienced this as highly distressing, kissing a recently deceased grandparent may be seen as part of developing religious identity within a supportive context. Similarly Kenneth concluded his interview by describing working in the fields and the injustice of not being adequately recompensed:

> *The biggest bone is what happened to the money. We only got bubble gum on the way to the cinema […] because we were 'the tattie gang', and a black and white 'B' Movie every fortnight. Six tractors did it all at the same time- field after field. We saw the inspectors together- all the Glasgow boys, all the Ayrshire boys etc. (Children's Services) knew about it.*

Citing a similar set of circumstances in Sweden, Skõld (2016) illustrates differences in perception between three witnesses to the Swedish Inquiry residing in the same foster home in the 1960s. While one reported children helping out on the farm 'a great deal', a second confirmed 'a certain amount of work' which he described as 'seasonal', the third narrated his experience as 'forced labour with dangerous elements' regarding this as part of the abuse in the foster home.

While undoubtedly the Scottish episodes described above were experienced as harsh and abusive by the children involved, they were part of other narratives; of staff maintaining hygiene in group living settings, of respecting religious identity, of everyone working the land in a time of austerity in a country still recovering from World War Two. Arguably the key is contextual; the quality of relationships, the support, explanation and role of adults involved, and having choice as to whether to participate.

System abuse

System abuse is arguably the most difficult to define, acknowledge or correct (Gil, 1982). With benefit of hindsight, some practices now deemed inappropriate were accepted at the time (Kendrick and Hawthorn, 2012). Several participants cited practices that may be defined as system abuse; separation of siblings including through the Child Migrant Scheme, premature discharge from care, inappropriate placement, or failure to provide opportunity for children to achieve their potential. Alasdair, Dorothy and Muriel identified failure to ensure that they achieved their academic potential. Various reasons were given; Alasdair spoke of having to stay away from school to complete chores, thus missing lessons fundamental to his understanding of mathematics; despite clear recognition of her potential to progress to Higher Education by teachers and Mother Superior, Dorothy was required to leave school at the minimum school leaving age:

> *A new Mother Superior and she had great ambitions for me apparently and I went to (a selective secondary school) for a wee while. I would have liked to*

have gone on to university or whatever, but ….she was going on tour with the person called the Mother General […] I broke my heart having to leave school. They never told me I was to leave school….Sister M, she always made sure I didn't have time to do (homework) she gave me jobs to do and she took me out of college when Mother Superior was away and when the Mother Superior came back she was very angry.

There appeared to be no structure or form of 'care management' in place to coordinate, monitor and hold others accountable in ensuring that children achieved their potential, locating this as a form of system abuse.

System abuse includes both acts of ommission and commission such as premature discharge from care. Two participants reported being returned home to live in unsuitable circumstances. This resulted in Isabelle and her sister returning to live with her mother and mother's partner in a squat where she was raped by an uncle. Isabelle attributes this and subsequent adversity to failure to carry out appropriate checks on the family home prior to their return. There does not appear to have been a system in place to monitor such decision-making. This will be discussed in more detail below.

Inappropriate placement is another form of system abuse. While Lewis was emphatic that staff in one establishment were highly committed to his wellbeing, he felt that he was unsuitably placed:

If I helped staff, I would be beaten up and then when I was transferred from one place to the next, I would be meeting the same groups instead of complete strangers and they all knew each other of course because most of these people came from Glasgow and they seemed to know each other and all knew the schemes […] various gangs of terrorists from Glasgow numbering hundreds, being sent to approved schools in the sixties.

Lewis did not elaborate on the reasons that he was moved from an 'orphanage' to an 'approved school'. While other residents were in placements for term-time only, Lewis remained in the school for 52 weeks a year. Referring to his peers he reflected:

I mean they didn't come from orphanages, they were sent by judges and sheriffs because they were unruly […]

The only bed I knew was a dormitory bed. I never knew what it was like to be on a bus till I was 17.

While not condoning staff 'brutality', some staff appear to have cared for him to the best of their abilities with limited resources, but the wider system did not create appropriate provision for a young person with such needs.

Child abuse and maltreatment: Discussion

While in-care experiences span 1915-1979 during which time there were significant changes in policy and legislation as well as in constructs of children and childhood, there were themes running through survivor participants' accounts which were constant across the decades; siblings separated with some sent 'for a new beginning' to the colonies; harsh, rigid regimes with children denigrated and punished for misdemeanours, mistakes and displaying distress; alienation from the religion of birth which not only cut children off from a source of comfort but was also arguably an injustice to the family line (Thompson, 2002). Critiques of the care system in Scotland support the thesis of institutional priorities having taken precedence over children's wellbeing; a system reliant on children carrying out heavy chores, an organisational need for a through-flow of children to release beds for new admissions, a national practice of using children as commodities within a childcare strategy that pursued political priorities by providing labour for the Scottish crofts and populating the Colonies, a practice that continued for some four centuries (Child Migrant Trust, 2014; Parker, 2012). As Maynes et al. (2008) pointed out however, narrators may be unaware of the context.

Although some may contest that survivor narratives were accepted practice historically (Smith, 2009; Smith et al., 2012), in the main, reports of maltreatment are similar to those recounted by Shaw (2007; 2011) and recognised as abuse under legislation and policy of the time. Arguably the official narrative of historical practices in Scotland is held in the policy and legislation of the 'care system', narratives of philanthropists such as Robert Owen, William Quarrier and the Revd. Jupp as well as histories of childcare provision such as Abrams (1998) and Magnusson (1984; 2005). While some episodes of institutional abuse have been publically recognised, (Abrams, 1998; Kendrick and Hawthorn, 2012; Magnusson, 1984; 2005) survivor participant narratives are considerably more detailed, challenging the dominant narrative. Increasingly such narratives are being validated through government

initiatives such as Shaw (2007; 2010), the National Confidential Forum and now the Scottish Child Abuse Inquiry. This will be discussed in more detail in Chapter Eight. When narrating their experiences, participants shared not only **what** happened to them, but also **why** they thought it occurred. This will be explored in the next section.

5.2.5   Childhood maltreatment: Contributory factors

As discussed in the review of literature, a number of factors, often interrelated, are suggested as contributing to the prevalence of institutional child abuse. Narrative has been described as one route for understanding human meaning (Plummer, 1995) and survivors' developing narratives indicated a marked resonance with some of the contributory factors identified in literature and inquiry reports. This section examines survivors' views as to the elements which contributed to maltreatment and to the creation of an environment in which this could continue undetected. These are as follows:

Suggested contributory factors	Participants
Power: • Status of children v adults • Status of Founder • Status of Religious	Dorothy Alasdair Barbara Freya Edwin John Barbara
Gender and Sexuality	Alasdair Dorothy Edwin Muriel
Isolation	Alasdair Carole-Anne Freya Helen Muriel
Institutionalised practices	Lewis
Personal characteristics: • Parental Circumstances • Health and Impairment • Young people's behaviour • Bodily functions/Bedwetting	Barbara Freya Muriel Freya Helen Kenneth Lewis Isabelle Alasdair Edwin Helen John

While material in this section is closely related to section 5.2.6, Children's Disclosures, which explore children's efforts to alert adults as to their circumstances, it is helpful to consider contributory factors separately.

Isolation

Five participants, proposed that because of the isolation and lack of visitors, no-one could identify how they were being treated and children were unable to tell a trusted

adult. This concurs with literature which cites isolation as a contributory factor to institutional child abuse (Sloan, 1988; Solomons, Abel and Epley, 1981) with abuse being contained in a bureaucratic environment (Doran and Brannan, 1996). Helen had observed that a few days before the monthly visitors day, the housemother was 'so civil to all of those certain to have visitors':

> *I was nearly always sure when my mother was not going to visit on this special day of the month because I never got the full 'buttering up' treatment, but (the housemother) could never be quite sure because my granny or my big brothers or sisters who were all in the forces could arrive unexpectedly. When my mother couldn't manage to visit she always sent us a letter or a parcel…….. I got cute – I told my mother to send any parcels after (visiting) day that way (the Housemother) never knew whether we were going to have a visitor or not.* (Unpublished autobiography).

Similar to Muriel who had run away from the home because she was unhappy, Helen had become an active agent in her own protection.

Carole-Anne who was in a different residential establishment some 30 years later concurred:

> *This little boy was very sickly looking. Sister M fussed over him. He was a short-termer meaning he wasn't going to be in the convent long and the nuns were very careful how they treated short-termers. They had visitors so the nuns were very careful how they treated them. The long-termers the nuns knew didn't have regular visitors so they could do what they wanted with us.*

Arguably differentiation in treatment indicates awareness by those responsible that such treatment of children was wrong.

Three sets of parents were active agents in their children's lives and this was seen by survivor participants to have been a safeguard. John's mother removed him without consent and the family kept moving to avoid his return to the home; Norman believed that his father visiting stopped him being abused. While it did not stop maltreatment within the establishment, Kenneth's parents prevented him and his brother joining the Child Migrant Scheme:

They once came and said 'would you like to go to Australia?' My parents didn't want it so we didn't go.

Unlike other accounts of Child Migrants (Humphries, 1995), cognisance appears to have been taken of Kenneth's parents' views. As discussed above human agency is complex, drawing on the meaning, associations, and feelings that social actors create and draw from their life experience and the various motivations that inform the actions (Maynes et al., 2008). None expanded on factors which influenced their parents' actions but the outcome was effective for the children involved, supporting the notion of isolation as a factor in abuse continuing.

Power: Status, gender and religion

Even for those children receiving visitors, abuse continued undetected. Several reasons are suggested in literature; that childhood in Western societies has become constructed as a period of dependency and powerlessness (Frost and Stein, 1989), that power and the value placed on children are contributory factor in abuse (Corby et al., 2001; Hendrick, 2003; Summit, 1983) and children have been 'legally invisible' (Rabb and Rindfleisch, 1985). Power dynamics are complex, including factors such as disability, gender, age and social status. Three participants endorsed this, identifying the status of children and the total control held by staff, as significant contributory factors in their treatment. Dorothy reflected:

I think things are different now, children are allowed to speak up and have more confidence. In those days, a child was a child, seen and not heard even sometimes in their own homes but oh no, you would never have thought that you would tell anybody.

One participant thought that the way in which the founder of the organisation responsible for her care was portrayed as a charismatic character and the image which the agency had projected over the years led childcare services and the public to become blinded to the possibility of abuse occurring, duped into believing that children were nurtured and well treated. Similarly, three participants identified reluctance by others to consider that Religious could abuse. Edwin tried to tell his mother during a visit:

My mum visited. I told my mum that I had been hit by the nuns but she then hit me and told me not to tell lies. She said "holy people don't hit".

Although women have been convicted of institutional child abuse, it is generally accepted that men are the main perpetrators, with men's role in childcare or a 'macho-culture' cited as contributory factors (Colton, 2002; Pringle, 1993). With the exception of three who identified themselves as having been sexually abused by men very few participants identified men's role or a 'macho-culture' as contributory factors in their abuse, indeed Lewis identified the men involved in his care as significant protective factors. Several identified women as perpetrating physical, emotional and sexual abuse and neglect. It may be that, as identified above in the context of Ireland (Pilgrim, 2012), failure to recognise women as abusers has contributed to abuse remaining 'undetected'. It may also be that prior to the last few decades of the 20th century, when religious tradition informed childcare practice in Scotland (Abrams, 1998; Murphy, 1992) there was a reluctance to challenge faith-based organisations.

As alluded to above, over the years it has been suggested that there have also been gender differences in decision making about children in public care, based on issues of morality rather than social, emotional and cognitive needs (Ferguson, 2007; Mahood and Littlewood, 1994) with girls' sexuality rather than their victimisation often perceived as the problem (O'Neill, 2008). Four participants perceived gender and sexuality as a contributory factor in their abuse. Alasdair thought that the girls did not get the same 'drastic' treatment as the boys. Muriel, however, thought that:

> *If you looked at a boy you were belted, if you were caught speaking to a boy you were belted.*

While power appeared to be an underlying feature in all accounts of maltreatment, gender appeared to be one factor, which differentiated the way in which children were treated and in which decisions were made about their care. Such perception of girls' potential sexual immorality may underlie Muriel's experience.

Without the perspective of those responsible for the care of children at the time, it is difficult to comprehend why some failed to conceptualise that children may be unsafe in the care of philanthropic or faith-based agencies. Participants' accounts resonate with Zimbardo's thesis (2007) that in certain situations, 'ordinarily humane individuals' resorted to abusive behaviours such as de-individuation, dehumanization, enemy image, groupthink, moral disengagement, social facilitation and other environmental factors. Similarly, the phenomena of 'groupthink' (Janis, 1972) and 'wilful blindness' (Hefferman, 2012) has been raised more recently by Jay in the context of the failure

to identify the sexual exploitation of young people in Rotherham (2015). The interplay of the dynamics of denial identified by Cohen (2001) may help explain the apparent inaction of adults around the children.

Institutionalised practices

Linked to isolation are the internal processes of some establishments which impacted on staff, residents and the relationships between both. As discussed above, although there have been critiques into the culture and power of institutions (Foucault, 1977; Goffman, 1961) and the way in which these could dehumanise residents, it has been argued that historically these have had little impact on the quality of residential care (Stein, 2006). Most participants in this study were in residential care prior to these works but as discussed above, Clyde had expressed concern in 1946 at such institutionalised practices. Descriptions by several participants after this date indicate elements of institutionalisation; referring to children by role rather than name, communal clothing, lack of opportunity to participate in life outwith the establishment, lack of preparation for leaving care. Lewis linked isolation and institutionalised practice to his experiences of abuse. He felt that he was not only more vulnerable to abuse at school than other children because he was from 'a home', and had no-one to support him, he was then further abused by staff from the home when his behaviour was reported:

> I think if the social services had been involved during those years and in those times, these things would not have went on as much. If there had been more notice taken, because there was nobody else around. I mean when I was in primary school, there were all these people who hadn't been in homes but they had parents. They had mums and dads and if you were getting battered on the heid, they werenae, because they had someone to complain to if it happened to them, but when it happened to me I got battered all the mair for doing it. They would say "you're a trouble maker, home-boy" and they would phone the convent and they would send somebody down for me and see the hiding I got between the school and up the road and see when I got back to (the home)….

Although educated outwith the residential establishment, unlike Dorothy's positive experiences of education, there appears to have been a breakdown in the boundaries between different spheres of Lewis's life, recognised above as one of the processes associated with institutions (Goffman, 1961; Steckley, 2012). Children and young

people may be subjected to institutional processes such as 'looping', whereby, despite the residents' efforts to present well in one setting, staff will 'check up' and they will be 'embarrassed' by evidence about their behaviour in another setting (Goffman, 1961, p.41 in Steckley, 2012; Scottish Universities Insight Institute, December, 2012).

Parental circumstances and personal characteristics

Three participants perceived moral judgement of parental circumstances as contributory factors in their treatment, concurring with literature discussed above that moral judgements were made about parents and children, that children were seen as threats (Butler and Drakeford, 2003; Ferguson, 2004; Hendrick, 2003; Smith, 2009). In some instances, staff distorted children's family circumstances; Freya observed that staff felt no compunction in reminding children that they were 'unwanted, unloved children from the gutter, guttersnipes that no one loved or cared for and they were the offspring of sinful parents'; Barbara was told that her mother was 'a thief and a prostitute' and felt that staff put a wedge between them. Muriel was emphatic that such judgements directly affected the way in which some children were treated:

> *But mind, I was an illegitimate child […] it made a big difference. When you complained about anything, they would tell you your mother and father didn't want you, you were an unwanted child and that was why you were there.*

Although small in number, it may be significant that it was all female participants who spoke of moral judgement; language such as 'dirty', 'trollop', 'slut', 'came from the gutter', 'unwanted', 'unloved', 'should be grateful for being offered a roof over their head' concurring with the notion described above that failure to intervene would result in girls becoming involved in sexual immorality or precocious behaviour (Ferguson, 2007; Jackson, 2000; Mahood and Littlewood, 1994). Accounts of service provider participants support survivors' perception. In describing the dilemma about sharing historical records with former residents, Sally, admitted:

> *It is the whole bit about how you write records […] I have come across some I just haven't copied as they have been so judgemental. Like the (staff) here writing about the kids, maybe I should, but it is about these children having no morals and their parents are this and their parents are that and the children are amoral.*

Case recordings and competing narratives will be explored in more detail below in Chapter Seven.

Health and impairment

It has also been recognised in literature that disabled children are particularly vulnerable to abuse (Stalker et al., 2010; Westcott and Cross, 1996). Some participants identified factors such as health or impairment as influencing the ways in which children were treated. As described above, three participants reported an apparent lack of understanding of the impact of impairment on the lives of children and young people. Freya was regularly scolded for removing an eye patch she was required to wear over her 'seeing eye' to rectify a 'squint' despite this rendering her severely visually impaired; Kenneth reported witnessing a child with seizures being beaten with a strap because the staff member did not understand about epilepsy.

Young people's behaviour was also seen as provoking an abusive response. Similar to some of the participants reported by Murray et al. (2009) that staff had done their best under difficult circumstances, Lewis was sympathetic to the challenges facing staff. He reflected:

> *If my peers hadn't been so criminalistic, perhaps staff wouldn't have been so difficult.*

Two participants acknowledged that while it did not merit an abusive response, their behaviour had become quite difficult to manage. Isabelle put this down to 'developing an attitude', because she didn't like the way that police, doctors and others treated them. The Child Care Officer was notified that Isabelle had been raped by an uncle following her return home:

> *The home was informed by the welfare officer after (the rape). They declined to offer any kind of support or assistance in seeking better circumstances for us, nor did they inform our father who was our legal guardian.*

Isabelle believes that the reason for her not returning to the Home at this point, despite the request of the Children's Officer, was related to her behaviour while there. She shared a copy of a letter written by the then manager to the Children's Officer (undated) stating that:

While here (Isabelle) did cause considerable trouble in (the home) and even unsettled her sister. We do feel that the girls are now too old to settle down in an institution. I should be glad to hear how they get on.

Isabelle remained at home before leaving some two years later on account of violence by her mother's partner.

Some issues related to health and impairment appeared linked to institutionalisation and morality. Goffman (1961) proposed that in institutions, punishments and privileges were applied to actions not clearly or usually subject to discipline. Bedwetting was seen in moral terms as a sign of 'dirtiness or wickedness'. While survivor participants did not link enuresis to morality, three reported being belted or beaten for bedwetting; for example, John recalled:

I suffered because I was a bed-wetter, the scourge of Sister (Name).

In contrast to receiving a beating for enuresis, Edwin was beaten for asking to go to the toilet; he was then beaten for wetting or soiling while waiting his turn in the queue.

Links between enuresis and maltreatment echoes with the findings of Lady Marjory Allen (Holman, 2001), the writing of of Orwell (1952) and Goffman (1961) that enuresis appears to have provoked a punitive response historically.

Childhood maltreatment - contributory factors: Discussion

Some factors identified in literature as contributing to institutional child abuse were not identified by survivor participants. It may be that some organisational dynamics could not be identified from the child's perspective. Accounts of survivor participants support findings that institutional abuse of children is an interplay of a number of factors (Colton, 2002); power and status of the organisations, lack of recognition of female abusers, adocentrism, judgements in respect of morality of families and children, isolation and lack of visitors, and families being actively discouraged from visiting.

There were contextual factors to their experience. As exemplified by Lewis's experiences, agencies at times colluded with each other thus avoiding detection, hinting at what has been described above as features of a total institution; the breakdown in barriers ordinarily separating the spheres of life (Goffman, 1961). The wider care system also failed to detect maltreatment, supporting notions of wilful

blindness (Hefferman, 2012) and groupthink (Janis, 1972; Zimbardo, 2007). In an era when much of the service provision was delivered by Religious and faith-based organisations such groupthink may have contributed to failure in identifying women and Religious possibly as abusers, similar to the analysis described above in respect of Ireland (Pilgrim, 2012). Without further exploration of the process of apparent denial (Cohen, 2001), it is difficult to tease out reasons for the failure to take effective action on most occasion.

Identity continued as a theme but also as a **contributory** factor in maltreatment. Survivors thought that moral judgement, personal characteristics and ascribed identity influenced treatment; factors such as being illegitimate or being abandoned by parents, disability and developmental difficulties such as enuresis, or simply their status as a 'long-termers', or a 'home-boy' were seen as leaving children particularly vulnerable to abuse. While accepting a plurality of explanation for the institutional abuse of children throughout the 20th century, survivors' accounts support the thesis, discussed above, of children being seen as threats (Ferguson, 2007; Hendrick, 2003) with treatment of children being seen in terms of 'religious conversion rather than psychotherapy' (Cox, 1996 in Ferguson, 2007, p.134).

As well as the identity of children, the identity of organisations responsible for their care was brought into the frame; it is suggested that organisations believed to be philanthropic or faith-based in origin were perceived as 'safe' by childcare agencies and families, therefore practice went unchallenged. Identity and public image are arguably still relevant to service providers as well as survivors, particularly for voluntary agencies that need to attract funding from individual and corporate donors. In the next section, participants reveal ways in which they tried to alert adults as to their experiences of abuse.

5.2.6 Children's disclosures

Factors contributing to the creation of an environment where abuse could take place and continue undetected are complex and interrelated. Linked to this are the processes whereby children conceptualise and communicate their concerns and for these to be taken seriously and acted upon. The following table gives a breakdown of survivor participants' efforts to tell:

Detected by another adult and action taken	'Auntie' in Freya's house Possibly Dorothy's teacher
Reported maltreatment and received an effective response	Isabelle
Reported and did not receive an effective response	Isabelle Edwin Helen John George
Did not report	Alasdair Barbara Dorothy Freya Kenneth Lewis Norman.
Not known	Carol-Anne

In two instances, it was understood by participants that adults had identified abuse and taken effective action. Apart from these, efforts to report abuse fell into three categories; those who reported maltreatment and action was taken, those who reported but did not receive an effective response and those unable to tell.

Effective response

While some abuse was perpetrated in a context of secrecy, much was carried out in front of other staff and children. For the most part, this appears to have remained within the residential settings. Two participants reported effective action being taken, in one instance by an 'auntie' in the unit and in another by a child. Freya explained:

> *I don't think the poor auntie, when I look back, she could bear it, so she went to the police. It was during the summer holidays and on her day off, she went to the police and she reported it […] she went to the police but the police took it serious because I was ten years old. I will never forget the day […] (Account of the Superintendent and officials from the 'Home Office' visiting)*

Isabelle took it upon herself to report the abuse of the younger child in the unit:

> *I decided to report the abuse on impulse; she was only four, yet got beaten with that strap on an almost daily basis for bedwetting. I got her ready for the tub after school that day but when I saw her black and blue bottom, I just put her clothes on and walked with her down to (the office). When (name) came in, I just pulled down her pants and showed him her behind. I can still see the shock on his face and his jowls quivering. He told me to take her home and by the time I got to the house he'd called the housemother. Worst beating I ever got from her because of that but we all danced around like wild things when we heard she was leaving.*

In these instances, both the Auntie and Isabelle were able to:

a)   Identify that something was happening which was wrong;

b)   Conceptualise and find words to describe this;

c)   Identify a possible course of action to remedy the situation;

d)   Follow this through.

Their concerns were taken seriously and action taken to prevent recurrence.

Telling but no effective action being taken

Five participants reported abuse at the time but felt that they did not receive an effective response. Prior to reporting the younger child having been beaten as described above, a teacher had asked Isabelle about 'black and blue welts on (her) wrists'. She had explained that the housemother 'gave us the strap'. Isabelle was told later that the housemother had been warned to only hit children on the hands with the strap so as not to leave any welts. The housemother continued beating children until Isabelle reported the assault on the younger child. Isabelle's persistence in alerting adults contradicts Summit's analysis in the Accommodation Syndrome (1983) that after a failed attempt at discosure, children will retract and accommodate the abuse. It seems that strength of support for her younger peer superceded concerns for her own safety.

George also reported maltreatment to a manager but no action was taken:

> *Mr. X was (an official in the home). I helped him and so was able to be in touch with some of the managers [names], I took a calculated risk and told (the Chief Executive). I saw nothing and I heard nothing and the intensity of the assaults increased. It seemed if you dared complain, it got back to (the house parents) and there were further assaults.*

Helen showed her brothers bruising from a beating and explained the cause. They said that they would speak with her mother but her mother 'kept telling me it wasn't true'. John also told his mother of beatings, but felt that he was not believed:

(The sister) said we weren't to tell anyone about being hit but when she saw my mother hit me, she knew I had told her about it so she hit me again when I went back. People really didn't believe nuns would do that kind of thing.

These children had told trusted adults, but this resulted in further beatings. While the children had found the words to tell of maltreatment, it seems that adults had difficulty fitting this into their pre-existing narrative mental scheme (van der Merwe and Gobodo-Madikizela, 2007) or knowing what to do. It is likely that such a response from trusted adults would act as a disincentive to telling again, firmly entrapping children (Summit, 1983).

Not telling

As discussed above, a number of barriers to disclosure have been identified in literature; child abuse and neglect being an issue of low importance (Rindfleisch and Rabb, 1984) children being 'legally invisible' (Rabb and Rindfleisch, 1985), that children whose hesitant disclosures were not detected remain helpless, trapped and accommodate the abuse (Summit, 1983). Eight participants reported having not disclosed abuse during childhood. Reasons varied; Freya had no-one to tell having had no visitors for the duration of her childhood; she spoke of being 'a prisoner of fear', 'scared of being reported', 'terrified'. Lewis could not find the words:

How do you explain when you see someone else daein' it? I didn't know how to explain these things.

John's explanation possibly sheds light on the difficulties that some children experience:

I found it hard to tell or understand when they started abusing us. First, they were nuns, so religious but also, they were women. It is hard to understand as a child; religious, women hurting children and even harder to tell.

As described above, John's prior experience of women was of his mother whom he described as 'a lovely soft woman', hence his difficulty understanding abuse by a woman, compounded by the status of Religious whom he had been brought up to respect. He and Lewis found that the experience 'defied language'; like the adults whom they were trying to tell they lacked the 'pre-exisitng mental narrative' (van der Merwe and Gobodo-Madikizela, 2007, p.66).

For two others, there was a fear of being 'put away'. Barbara explained:

> *The thing is if you were to tell anybody outside you would have been locked up.*
> *They would have put you away somewhere else.*

Freya spoke of another child telling of sexual abuse and being sent to a school for 'maladjusted children'. The person whom he alleged had abused him was convicted of sexually abusing children within the home some 20 years later. Two described lack of opportunity to tell, that staff were either 'always there' or you were 'put away' when visitors came. Although not alluding to sexual abuse, survivors' accounts concur with preconditions to abuse identified by Finkelhor (1984) described above, of the abuser overcoming external impediments to committing abuse by manipulating the care environment. In another two episodes, staff were concerned and tried to encourage the child to talk but participants recalled a fear of telling. The unit manager tried to encourage Norman to tell of concerns when a knife was found under his mattress. Dorothy meanwhile thinks that a teacher may have detected bruising on her body although she recalled being too frightened to tell. She described herself as having been very 'low' and not eating. Dorothy spoke of all children existing in a state of terror, but questioned who would have believed her against a nun 'who presented an image to the world of a quiet spoken caring compassionate human being':

> *The Countess (at a fete) asked me if I liked the nuns and I said yes and she*
> *said "Are the nuns kind to you?" "Oh yes" I said; you were terrified to say*
> *anything else.*

> *It was at the local school […] the teacher at the time saw bruising […] I found*
> *myself in this home in (town) […] I don't remember going there although I woke*
> *up one morning…..*

She remained there for 10 months but was then moved to another establishment with no explanation. In writing of narrative analysis, Phoenix cites Polletta that 'narrative theorists differ on just how many plots there are and how universal they are. But there is agreement that stories not conforming to a cultural stock of plots typically are not stories or are unintelligible' (Polletta, 1998, p.424 in Phoenix, 2008). Arguably religious women hurting children lay outwith the comprehension of Dorothy, John and possibly some of the adults with whom they came in contact.

Carol-Ann felt that there were obvious signs of stress and anxiety but that these were not followed up:

> *I lost all my hair and the GP was called out and said my hair loss was stress related and yet no alarm bells rang.*

Arguably her hair loss was identified as stress related but there was failure to identify the source. In these instances, children were trapped, accommodating the abuse (Summit, 1983).

Rachel, a service provider participant, who provided a counselling service for adult survivors of abuse shed light on how, in her experience, some survivors process traumatic experiences and have difficulty telling:

> *For some there is a basic bit about 'was that abuse or not', they don't recognize it as abuse.*

This concurs with the writing of van der Merwe and Gobodo-Madikizela (2007), that when a traumatic memory is turned into language, the original experience is changed to fit into a narrative, so its "real nature" still eludes our vision.

With the exception of the two survivor participants in respect of whom action was taken, others appear to have remained entrapped in the situation until adulthood.

Children's disclosures: Discussion

As discussed in the review of literature, the process of children telling of abuse is complex (Finkelhor, 1984; 1986; Summit, 1983; 1982). Contextual factors partially account for the difficulties that children found in alerting adults. The power of the peer group is again evident in that witnessing the injuries to a younger child roused Isabelle into alerting adults despite a previous unsuccessful attempt in respect of her own experiences. Maynes et al. (2008) refer to the complex process of human agency and although Isabelle did not expand on her motivation, the significance of the young child being injured appears to have galvanised her actions, at risk to herself.

Others tried to tell but for reasons of which they were unaware, no further action was taken. Factors may have included actions of perpetrators to manipulate colleagues and the care environment (Finkelhor, 1984), 'groupthink' whereby otherwise caring

individuals either resorted to abusive behaviours or morally disengaged from their responsibilities (Zimbardo, 2007) or the complex processes of meaning-making, denial and action described by Cohen (2001). Even when they did have contact with adults outside the institution, children had difficulty comprehending the experience. Some had difficulty finding the words, concurring with the writing of van der Merwe and Gobodo-Madikizela (2007) and Polletta (1998). Some showed signs of distress and while this appears to have been acted on for Dorothy, for others the abuse continued. Rather than adults helping them articulate concerns, they were met by disbelief and punished further. These experiences did not fit any pre-existing narrative mental scheme (van der Merwe and Gobodo Madikezela, 2007) thus children subsequently 'accommodated' the experience (Summit, 1983). 'It became the reality, the norm, the only rationality' (Okley, 1996, p.149). The end result for all children was that they eventually accomodated the abuse until adulthood (Summit, 1983).

Their eventual disclosure of abuse as adults will be discussed in Chapter Six.

5.2.7   Childhood maltreatment: Personal response and impact.

Having explored participants' accounts of abuse and adults failure to respond, this section considers accounts of survival; participants' recollections of how they responded as children to living in such circumstances, the influence on their lives during childhood and experiences that helped. As discussed above, such memories may have been reworked over time (Maynes et al., 2008) but they offer a perspective on the range of ways in which this group of children and young people faced the challenge of childhood trauma.

Childhood responses to maltreatment

Responses	Participants
Developed façade	Barbara
Avoidance: • Of abuse • Of detection • Of confrontation	 Muriel Helen Alasdair Carole-Anne Dorothy
Escape through activity	Barbara Dorothy Carol-Anne George Helen
Escape through absconding	Alasdair Isabelle John Muriel

As discussed above, the traumagenic dynamics described by Finkelhor and Browne (1986) - traumatic sexualisation, stigmatization, betrayal and powerlessness, evident in trauma, interfere with the child's healthy development and interpersonal relationships. Survivor participants' experiences clearly exemplify this. Apart from Dorothy, Kenneth, Lewis and Norman, all remained in the same establishment for the duration of their in-care experience, serving to entrap them and thus accommodate the experience (Summit, 1983). Barbara described the process and how she responded:

> It was really distressing but you had to keep your emotions to yourself you know, you had to pretend you weren't bothered and that was my defence, I was always pretending; I didn't care because I learned very quickly you got battered for doing nothing so I may as well do something, and you got battered till you cried because they said you were defiant if you didn't cry and you got battered that much you did cry and when you did cry, they stopped so your emotions were all up in the air and when you let them out you weren't allowed to let them out and you had to put them back again.

Barbara internalised the complexity of emotions and developed a façade, her description exemplifying Finkelhor and Browne's notion of 'Powerlessness' (1986). Others were powerless but found different ways of dealing with this at the time.

Avoidance

Helen and Muriel took control and devised ways of avoiding abuse. Some sought to avoid detection. Alasdair described waking up to find that he had wet the bed:

> So after the first time, I used to get up in the middle of the night and walk to the bathroom and wash the sheet where it was wet and draw it out so it would be dry before the morning.

Some sought to avoid confrontation. Carol-Ann described herself as 'always scared, even to answer them back' and (taking) 'what was dolled out to me'. Similarly Dorothy explained:

> Well I just didn't know what to say, you never questioned a nun and you always agreed with them and I just looked at her and said "yes".

Avoiding confrontation came with a cost; both Carol-Anne and Dorothy developed physical indicators of stress; as suggested by Briere (1992) they may have accommodated the on-going abuse and developed long-term elaboration and secondary accommodation. Dorothy was transferred to another establishment. She recalled:

> *I don't remember going there…. I woke up one morning and I was there and I was there for ten months and I think after two months, I was put in a school every day to be educated and I was feeling a bit better then because I was very, very low, physically, mentally, emotionally, I was walking dead.*

Her father dead, her brothers in Australia through the Child Migrant Scheme, Dorothy's experience resonates with the writing of van der Merwe and Gobodo-Madikezela (2007) that 'the overwhelming effect of trauma ruptures the multiple layers of the ego's protective organisational fabric' (van der Merwe and Gobodo-Madikezela, 2007, p.24).

Escape

Four participants spoke of having run away identified by Finkelhor and Browne (1986) as another behavioural manifestation of 'Powerlessness'. This was an effective strategy for Muriel and John as they never returned. Isabelle and Alasdair were returned by police however. Isabelle observed:

> *Sometime between (dates in 1957), I ran away and was picked up by local police […] The police in the local town were extremely kind to me the night I was in their care, which is probably why I cried so much.*

Running away was identified by Kent (1997) as an indicator of possible abuse or other failings in residential establishments, but although police were involved and appear sympathetic to Isabelle's plight, no further action appears to have been taken. As Alasdair pointed out, he also ran away twice and was returned on both occasions but no one asked why he had absconded, a factor possibly linked to isolation. Arguably in running away, these children were taking initiative, demonstrating agency and autonomy, qualities associated with resilience.

Others described different methods of 'escape', through literature and the arts. Dorothy recalled:

I loved my choir. It was a comfort to me to be singing. It was my comfort; I just loved my music.

In her autobiography, Helen described music as a 'harbour' and while in the homes she often sang hymns to herself which held meaning for her 'I know not what awaits me, God kindly veil mine eyes'. Carol-Ann 'escaped' from what was going on around by 'always reading' while George 'began to chronicle (his) experiences in poetry'. As discussed above, George, Dorothy and Helen also 'escaped' into education. Such means of coping were possibly a source of resilience, providing a positive sense of identity, a source of self-esteem, pleasure and hope or simply a distraction from adversity they were experiencing in their lives (Maclean, 2011). This will be discussed in more detail below.

Despite some being alienated from religion, Helen and Barbara arguably 'escaped' through spirituality. Barbara had a strong sense of God and spirituality:

I was good at religious knowledge and it wasn't anything they taught me, it was because I had a love of God and I think God put it in me. He gave me that love; the only place I ever felt safe was in the chapel and I used to try and escape there into the Chapel and I could get away from them…..

Spirituality is also known to be one of the factors which helps promote resilience in children (Maclean, 2011; Werner, 1996 in Hill et al., 2007) and this undoubtedly helped Helen and Barbara face the challenges encountered.

Most survivor participants identified ways in which their in-care experiences impacted and became manifest in their behaviour as children over time.

Impact over time

For this group of participants, maltreatment was not an event but rather a life lived within an abusive environment wherein, with a few exceptions, efforts to tell were not understood or believed. The following is a summary of participant responses:

Influence of experiences during childhood	Participants
Betrayal and stigmatisation	Dorothy George John Isabelle Freya
Powerlessness and traumatization	Alasdair Dorothy Freya Helen John Lewis
Institutionalised	Carole-Anne Freya Helen Isabelle
Deep loss, Loneliness, Breaking of spirit	Dorothy Helen
Developed façade	Barbara Isabelle Kenneth

With the exception of Edwin who was only in care for 12 months or John and Muriel who absconded never to return, there was no escape and children had to find ways of surviving. The following are survivor participants' recollections as to the consequences of abusive experiences on their lives as children.

Betrayal and stigmatisation

Five participants described a sense of betrayal, low self-esteem and not being valued, features identified as dynamics of trauma associated with child abuse (Finkelhor and Browne, 1986). As related above, holding positions of trust within the home, George had taken a calculated risk and told the Chief Executive of the beatings. The beatings increased and nothing, as he could see, was done to ameliorate the situation:

> *There was a sense of betrayal, many instances of betrayal.*

Caregivers' actions and words also impacted on sense of self and self-confidence.

John recalled the impact of his treatment as a 'bed wetter'as 'stripping him of every ounce of self worth, self-respect and any identity'. Similarly Isabelle recalled:

> *Mrs. B the first houseparent told me when I was eight that I was 'wilful, headstrong, thoughtless and wouldn't take a telling' and she told me the day she left when I was ten she hoped I would be a better girl than I had been. I felt I was a bad girl from then on. It was customary for the (Manager of the home) to give each child a lecture on the last Sunday of their stay and to give each child a bible. On our last day he told me I was a bitter disappointment.*

The Manager arranging to meet children individually appears to have been an important point in the transition process; the 'lecture' and gift of a bible was part of the 'rite of passage' for young people in the transition from the home, returning to live

with family or moving on to work. As discussed above, such rites of passage contribute to building a sense of self (Murray et al., 2009) and feelings of security and belonging (Berger and Luckman, 1967). The experience of moving on from the home remained memorable for Isabelle, however, because of the negative connotation in the message of being 'a bad girl', 'a disappointment', which she carried as part of her life narrative beyond the home.

Powerlessness and traumatised

In writing of powerlessness, Finkelhor and Browne (1986) describe how children feel unable to protect themselves as a result of which they may experience anxiety and fear with a lowered sense of efficacy. This was evident in survivors' accounts of their in-care experiences which indicate children powerless and trapped. Some described what may be seen as a defensive response to powerlessness. Isabelle and Kenneth described 'developing an attitude', possibly accomodating the abuse (Briere, 1992; Finkelhor and Browne, 1986; van der Merwe and Gobodo-Madikizela, 2007). This extended beyond their in-care experience Kenneth reflected:

> *I grew up wanting to be tough, I took to boxing and became a bit of a bully myself. I became one of those guys in the Teddy Boy era – a typical ASBO- ended up being in prison for never being anything other than tough […]*

One participant who had been sexually abused by a male employee described leaving the home to take up employment:

> *So she said, when you get to the (town centre) there will be a gentleman waiting for you. She said he will be dressed all in black and he will be wearing glasses and I was terrified. It was flashing through my mind, I'm meeting a man and not a woman and it was a man that done a terrible thing to me and I'm meeting a man and I sat on the train and I felt I was stiff and just looking straight ahead.*

It seemed that moving on in life encountering new people and new experiences, could rekindle flashbacks to previous trauma and ways of coping.

For some, the secondary consequences of maltreatment impacted on developing self-esteem and identity, a feature identified as linked with stigmatization (Finkelhor and Browne, 1986). Five participants described maltreatment as influencing their capacity to learn, and thus, their educational achievements. Two referred to their

brain or their mind 'closing down'. Barbara was preoccupied in school with the worry about the punishment waiting for her on her return to the house. Similarly Helen in a different home some twenty years previously, who described school as a 'sanctuary' was distracted by the worry of 'what was waiting for you':

> *There was only the worry that was waiting for you when you went back because she would check up on everything and then you didn't know if it was you that was going to get it so you had a terrible worry. It kept you from learning.*

While these examples resonate with descriptions of the impact of traumatisation (Briere, 1992; 1996), the latter example partially explains the process by which this occurred. 'She would check up on everything', as with Lewis's experiences described above, indicates breaking down in the boundaries between spheres of Helen's life such as identified in the process of institutionalisation (Goffman, 1961; Steckley, 2012).

Institutionalised

As discussed above, there had been recognition historically of the process now known as institutionalisation in the development of children's villages such as Quarriers in the 19th century (Abrams, 1998) and in the Clyde Report (Scottish Home Department, 1946). As recounted previously however, four described their experience as if 'being away from the world'. Isabelle observed:

> *I now recognise I was institutionalised. After spending all my childhood being told when to wash, eat sleep etc., it was very, very hard to go into the real world to live.*

Isabelle lived in a small house in the 1950s specifically designed to promote individualisation, indicating that institutionalisation is related to systems and childcare practices rather than simply buildings.

Deep loss, loneliness, breaking the spirit.

In writing of abuse, Briere (1996) differentiates acts of omission and acts of commission. Acts of ommission include neglect and parental/carer nonavailability, the result of which can leave children feeling a sense of psychological emptiness and neediness; acts of commission, including physical violence toward the child, can lead to children developing an avoidant style of relating and thus dissociation. Such

responses were described by survivor participants. Some described what may be perceived as loneliness and despair. Having stopped eating, Dorothy spoke of having been 'very low', 'a broken wee creature'.

Helen was more expansive:

> *Soon after my arrival at (the Home) I realised that the ache in my heart ever present every minute of every waking hour was not always a physical ache, always present was something other than fear, cold and hunger, it was the utter despair of loneliness [...]*
>
> *I remember this peculiar feeling I had when I lived in this house, not just the loneliness, it was a kind of emptiness. I couldn't understand it for a very long time. When I realised the reasons for this many years later, I felt just a little bitter towards my mother.*
> (Unpublished autobiography)

Finkelhor and Browne (1986) described such depression and dissociation as a manifestation of the powerlessness experienced as part of the dynamics of abuse. It seems that for some children, accomodating the abuse had significant emotional consequences.

What helped?

Some participants spoke of positive aspects of their in-care experience. They did not speak in terms of 'resilience', 'relationships' or 'competence' but rather referred to experiences enjoyed and feeling valued by adults. While some of these were transient albeit offering happy memories, some actively helped children in their journey through care. The following is a summary of such experiences:

What helped?	Participants
Skills talents competencies	Dorothy George Helen
Spirituality	Barbara Helen
Relationships with another adult	Alasdair Dorothy Helen Kenneth Lewis
Absence of abuser	John
Other young people	Dorothy Isabelle Helen

Skills, talents and competencies

Music served Dorothy in different ways. As well as enjoyable, it was a release from her experiences; 'it was my comfort; I just loved my music'. At a time when she had lost both parents, it also caused her to be noticed by the choir leader, with whom she formed a relationship.

Similarly while school and education had been difficult for some, three participants described school in terms of a 'haven' or an 'escape'. George explained:

> *I was well educated. The best each year were sent to (name) school. In many ways, this was an escape.*

Again it was unclear whether this was valued as an opportunity to experience competence, the relationships engendered or simply spending time in a different environment where relationships were not enmeshed as they were for Lewis and Helen. When Dorothy was forced to leave school at the minimum school leaving age despite potential to enter higher education, Mother Superior appeared to have recognised her ability. As well as appreciating being 'treated like a normal human being' at school, Dorothy valued the commitment shown by Mother Superior.

Spirituality

Spirituality is also known to be one of the factors which helps promote resilience in children (Maclean, 2011; Werner, 1996 in Hill et al., 2007), that having a sense of coherence in their experience can give the child a sense of 'rootedness' and life has meaning with an optimistic focus (Daniel et al., 1999). As described above, spirituality provided an escape for some, helping transcend the abusive environment, arguably becoming a protective factor. Barbara differentiated religion from spirituality, recognising that spirituality helped her through:

> *When I was younger I was always told I was going to hell anyway, but in some ways, I kept thinking, I know God's better than them and God's not like that […] but from an early age, just being there, I always felt (pause) I wouldn't say I was religious; I would say I am spiritual. I think the nuns are religious, but they weren't spiritual.*

Although this is possibly based on reconstruction during adulthood, Barbara appears to have been able to maintain her relationship with God, distancing herself from her

abusers during childhood. This may have helped sustain what was for her a protective and supportive relationship.

Spirituality also helped Helen. Some of this was possibly the social and relational aspect of religious ceremony:

> *Sometimes I'd arrest my dreams of the future with such thoughts as 'maybe I won't be allowed to care for the sick and helpless- because I was a dirty tinker etc'. Miss X made it clear to most of us what we were, she repeated it so often that I believed her and seemed to sink, lower and lower like Christian at the Slough of Despond! Then in Church one of the visiting ministers would give us a bright meaningful sermon, I would glance sideways without moving my head to the trancept gallery and see this nice smiling couple, my faith in myself restored for the time being.*
> (Unpublished autobiography).

Sometimes this appeared to be of a more inner experience:

> *Although it may seem as if I was not interested in religion, this was not the case. My religion was inside of me. I went through the motions of prayer in Church, daily "worship", Christian Endeavour meetings which I did not really like, but when I was allowed to go, I just went so as to get away from the house for an hour; yes my religion was inside of me. He walked with me, He talked with me, along this narrow way <u>and thus it has remained.</u>* (Helen's underline)
> (Unpublished autobiography).

It is acknowledged in literature that it is difficult to confine spirituality to words, particularly for children (Nye, 2009), but for Barbara and Helen this appears to have been one factor helping them deal with the challenging circumstance encountered during childhood, arguably promoting resilience.

Relationships with adults

For some, simply the absence of the abuser was helpful. John recollected:

> *The only place I felt safe was in the Chapel or when they went (on holiday), us "bedwetters" (participant's parenthesis) were left behind with a few Nuns. It was great, they let us do what we wanted; there was no pressure, no fear. I would walk everywhere and they even let us work in the Orchard […] I hated it when*

> *they all came back because I lost my peace of mind and freedom, the fears all*
> *came back for another year.*
> (Unpublished autobiography)

Meaningful relationships with adults are thought to promote resilience, offering the opportunity to develop trust. One sign of resilience in children, it is suggested, is the capacity to 'recruit' caring adults who can take an interest in them (Maclean, 2011). As outlined above, five participants enjoyed relationships with adults acknowledging that only some were abusive. Dorothy described the relationship with the Sister in the baby unit where she worked towards the end of her experience in care, equating her with a mother figure:

> *I remember once she said to me, she used to say "God loves his little*
> *(Dorothy)" and one day I said "he does not, he hates me, and what's more, I*
> *hate him"; and I remember her looking at me and I think she was laughing at*
> *this. But that was me being normal and she was the mother that I needed at*
> *that time and I'll never…I thought that was beautiful, she would mean it. She*
> *meant what she was saying.*

Arguably the Sister had become an attachment figure creating a secure base for her in adolescence. Dorothy also had a positive relationship with the Sister who lead the choir and the Mother Superior who was interested in her education. It is possible that Dorothy had the capacity to attract caring adults (Maclean, 2011)

Other young people

Isabelle reported to the Chief Executive, when a younger peer was maltreated. The following written account further exemplifies the peer support network. Dorothy wrote:

> *(During the night following an episode of severe physical abuse) Quietly my*
> *covers were turned down. One of the older girls took me very gently to the*
> *wash room where she started to bathe my hands in cold water. In an attempt to*
> *comfort me she put her arms around me. I was able then to cry, for during my*
> *torture, I had tried to scream, to call out but no sound would come. I had*
> *difficulty breathing, the hurt was just so much. This girl then produced a piece of*
> *paper in which she had wrapped a slice of bread, she had 'saved', she said,*
> *from supper. I managed to eat a little for I had been given no food that day.*

I never discovered the identity of this compassionate young woman for we had to work in the dark saying very little for fear of discovery. I realised as I have done many times since, that in the face of evil, good can be found.
(Written submission).

This extract exemplifies Emond's experience (2005) of the supportive role that young people in residential care play in caring for each other, a feature recognised in the first half of the 20th century in the larger children's communities and institutions. (Hudson, 1986 in Emond, 2005).

Similarly, Helen spoke of another child in the unit who was intent on running away:

(Name) had a canvas bag and she said I'm not coming back […] and she said "I've got something for you as a keepsake" and out of this pocket she drew this thing out of her pocket and it was her bible.

This is her bible and she gave it to me when I was 13. (Shows me the bible) I'll be 77 next month […] I can still see 'from D. with Kind Regards' and she gave it to me and she wouldn't take it back.
(Verbal account).

The child was returned but refused to take the bible back:

Today, around forty years later, I still cherish (name's) bible, not the vivid memories it holds for me, but how I came to own it.
(Unpublished autobiography)

Life was not always as grim as the above memories suggest. There was also a sense of mischief and fun. Isabelle recalled:

(Name) was in (the home) with me and I remember her vividly over the years; I remember her making us giggle because she would cut up as soon as the houseparent's back was turned.

Similarly, Helen described shared humour. She recalled:

I remember once when the resident minister was preaching; a great cloud appeared above us, as usual we took side-glances at each other, but the minister went on with the service. Then he announced the hymn:

Will your anchor hold in the storms of life

When the clouds unfold their wings of strife

When the strong tides lift, and the cables strain,

Will your anchor drift, or firm remain?

Then the heavens opened up and the deluge came over us. Undaunted we
lined up and marched back to the house, still giggling in undercurrents.
(Unpublished autobiography).

Service provider participants also observed the support and possible protective role
of the peer group. Yvonne, a service provider participant spoke of a former resident
visiting:

The gentleman visited the previous Chief Executive and […] he had been
shocked, that is the way he wanted it recorded; he noted how he had been
shocked that everyone had their own room, they didn't share dorms […] and he
wished it recorded that that is when the demons come at night and people
shouldn't be on their own. He wasn't complaining but in his mind, it wasn't right
[…] The Chief Executive thought we had moved on, he would be happy but it
wasn't his take at all.

We had quite a few (former residents) at our 150th anniversary. Their take on
things is so different from your perspective.

It is not clear the nature of 'Demons' and whether 'Demons' refers to childhood
memories or experiences as an adult. It again indicates the multiple narratives that
exist around children and staff experiences in residential care. Sally, a participant
from an agency recounted visiting a man abused by a member of staff while in
residential care. He had reported it at the time as a child:

Interestingly it was another child in the orphanage who had encouraged him to
talk, because he could see him being very upset and couldn't understand it; he
wasn't eating, he was very withdrawn, staff thought he was being a truculent
child, but he was in fact being severely abused. It was another child […] who
supported him and encouraged him to talk to a housemother he trusted.

Appropriate action had been taken at the time.

Isabelle suggested the reason for such peer support:

While in (the home) we were all pretty much in the same boat and we accepted punishments and cruelty as normal, except for the 'wee ones' so we were each other's support just by being there.

While none of the survivor participants referred to encouraging peers to talk to staff as in Emond's study (2005), there appeared to be a supportive and protective element in their relationships.

Personal impact and response: Discussion

These accounts exemplify the challenge for survivors in making sense of historical institutional abuse and the impact on their developing life narrative. There are again multiple interweaving themes; encounters with adults experienced as committed, caring and protective but humiliation and maltreatment by others; adults with aspirations for children undermined by colleagues who prevented them achieving their full potential; rural environments offering peace and tranquility, but isolated and 'away from the world', lacking regular scrutiny; spiritual experiences which offered comfort to some but for others were a factor in abuse. If cared for by staff who were experienced as committed and caring, this could have offered stability, security and a healing environment. It seems, however, that for these participants residential care compounded the impact of previous trauma leading them to accommodate the abuse (Summit, 1983). For some there were secondary consequences of institutional abuse (Briere, 1992); the influence of maltreatment on educational achievement and outcomes, the stigmatising of children, discouraging parental and sibling contact; all had the potential to negatively influence children's developing self-esteem, personal narrative and sense of identity that they carried beyond the home.

Children responded using a variety of strategies; avoidance of being caught, challenging those in control or escape through various means. The impact was similar to that referred to in literature (Finkelhor and Browne, 1986); betrayal of trust in adults; stigmatisation and feeling 'a bad girl/boy'; powerless to protect oneself, siblings and peers; traumatisation and flashbacks; a sense of loss, loneliness and a breaking of the spirit; institutionalisation and difficulty in asserting autonomy.

The peer group provided an element of nurturing and support for some while positive experiences gave opportunities for a few to 'escape' and expand personal narrative and identity through experiences in music, education and spirituality which they took into adulthood.

Identity

Identity continues as a theme with both positive experiences and maltreatment influencing children's developing sense of identity; the opportunity to develop skills, and supportive relationships with adults contrasted with the breaking of family ties, alienation from the religion of their birth family, children being identified and defined by bodily functions or ascribed role such as 'kitchen girl', forced to repeat self-deprecating statements, barriers to achieving full academic potential. There is a possibility that a child so labelled, may internalise this (Jenkins, 2008) and experience the long-term elaboration and secondary accommodation of abusive practices (Briere, 1992). Individual narratives are linked to other narratives however (van der Merwe and Gobodo-Madikezela, 2007). One of the strongest features emerging from participants' memories and service provider reflections was the collective identity that developed between the children and young people through the shared experience. Apart from Lewis who was bullied, peer relationships were experienced in the main as supportive, protective and comforting, at times marked by exasperation and humour, arguably similar to the family relationships that had been lost.

Although feeling trapped at the time, the experience of residential care did end. In the next section, experiences of moving into adulthood will be explored

5.2.8 Transitions from care.

Even in the 21st century, the transition from childhood to adulthood is much more compressed for young people leaving residential care, occurring at a younger age (Murray et al., 2009) with care leavers experiencing loneliness, isolation, movement, homelessness and 'drift' (Stein and Wade, 2000) and a disproportionate number in prison and young offenders establishments having been in care (Barnardos, 1996). Recent changes in the Children (Scotland) Act 1995 and the Children and Young People (Scotland) Act 2014 extend considerably the upper age for which the local authority holds responsibilities for children and young people in public care, reflecting the contemporary construct of childhood, the interface with adulthood and the responsibilities of the state. At the time that most survivor participants were leaving care however, notions of childhood were quite different.

Survivors' accounts concur with the findings of Murray et al. (2009), of transition processes being truncated. There were some examples of young people being supported to live independently. It might be expected that those leaving care more

recently would have felt better supported but this was not the case. Some efforts appear to have been made historically to give young people a secure base, such as returning to live with family or obtaining training and/or employment with accomodation. Experiences of admission to and transition from care are summarised as follows:

Placement on leaving care	Dates: Admission to and discharge from care
Returned to family during childhood	Edwin (1954-1955) Isabelle (1946-1957) John (1954-1955) Muriel (1932-1944)
Returned to family after leaving school	Alasdair (1915-1924) Helen (1939-1945)
Training with accommodation	Dorothy (1943-c.1952) Freya (1939-1954)
Employment with accommodation	Freya (1939-1954)
Employment: accommodation not known	Lewis (1953-1964) Barbara (1961-1970)
Unplanned discharge to friends	Carol-Anne (1963 -1979)
Not known	Kenneth (1942-1949) Norman (1972-1977) George (1942-1955)

Return to family

Despite notions in literature of the care system historically having 'rescued' children to offer them 'new beginnings' away from their families (Abrams, 1998; Butler and Drakeford, 2003; Smith, 2009), seven survivor participants returned home, either while still attending school or at school leaving age. For some, such as Muriel and Edwin, the transition back to the family home and into adulthood appears to have been uneventful. Edwin summarised his experiences on returning home after some 12 months in residential care:

> I left the home to go and stay with my mother and went to (school) until I was 15 years and left school. After drifting from job to job until I was 171/2 years of age, I decided to join the army and I enlisted (name of battalion).

After demob, he married and had a settled family life. Despite this, as will be discussed below, Edwin later chose to reconnect with other care leavers to campaign for justice.

John's personal circumstances on leaving residential care were considerably more troubled than that of Edwin. Abducted from care by his mother, he believes that the circumstances of his return home had unexpected consequences:

> *I never missed school for two reasons. Firstly, I knew I would get a hot dinner every day and most importantly, I had a terrifying fear if anyone found out, I would be taken back to (the home).*

It seemed that John continued to flee the childcare system. After some time, social services agreed that the children could remain at home. John lived with his father, cared for as neccessary by his mother. Life was hard; standards of physical and emotional care were poor and John described his father, who spent periods in prison, as a 'vicious man on drink, a bully who was not much different in sobriety' 'you could never do anything right in his eyes' (unpublished autobiography). School was also challenging; he was behind his peers academically and experienced bullying and corporal punishment. John described himself as having 'lived by his wits'. For John childhood appeared to merge into adulthood. Despite the hardship, he had no regrets about leaving care.

In contrast, while Isabelle also experienced the return to live with her mother as challenging, she would have welcomed intervention of the Children's Services. She described the family as 'living in a squat' and was subsequently raped by an uncle. The home refused to readmit her. The following extracts summarise Isabelle's experience of leaving 'care':

> *Any kind of support from anyone in that first six months after our dismissal from (the home) might have been helpful but there was absolutely nothing, and we were left in the same dreadful circumstances even after the rapes by (relative).We did not see the Child Welfare Officer till after reporting the assaults and my first memory of (him) is standing in his office and he is telling my sister to show him her knickers to see if they were clean and in memories of him after that he's usually asking me who I have had sex with […]*

> *I went to work at 15 and was pregnant by the time I was 16. The father fled. I obtained work in a hotel and my mother kept the baby. I returned when mum went into hospital and tried to find work where I could take baby but it turned out the ads were old farmers wanting someone to sleep with. I wrote to (the home where she had lived) to see if they would accept my son. They apparently*

contacted the Welfare Officer and he informed them I had decided to have him
adopted. This was an outright lie; my mother was determined to keep my son
and she enlisted his support. I had forgotten the letter to (the home) until I saw
it along with the one saying I had decided to have my son adopted and it
shattered me and made me wonder how things might have been if the Welfare
Officer hadn't interfered and (the home) put him in the baby home.

The violence that had been threatened over the years by my mother's
'Common Law' husband exploded one night in (date) when he threw several
items including a hot frying pan he was cooking bacon in at me. I managed to
get outside without being burned and sat out by the coal-bunker till all was
quiet, I snuck inside and told my sister I was leaving and to look after my son,
got my coat and purse and left. I did not write or came back for two years.

I stayed in (place) for a few weeks, then went (south) then to London and went
through what most runaways do, homelessness, sleeping rough, sleeping with
men to get a meal or a bed or money or even for what passed for affection
depending on other street kids and 'social outcasts' of the time for friendship
and companionship.

Isabelle's experience on leaving public care appears to have been an extension of
her in-care experience; further suffering and fleeing violence, her life followed a
trajectory similar to that recounted by Stein and Wade (2000). Childcare records
(shared with the writer) indicate that a representative of the care provider in 2006
acknowledged that her discharge home had been premature and appropriate checks
had not been carried out into her mother's living circumstances. She worked
throughout the UK and abroad, and her life gradually settled.

For those who remained in residential care until school leaving age, there were
similarly an array of experiences. Alasdair's moving to live with his father in the 1920s
when aged 141/2 appears to have been uneventful despite having had little family
contact throughout his childhood. He obtained seasonal employment both winter and
summer. For Helen the transition was slightly more protracted. Unlike Alasdair, she
had had regular contact with her family while in care. When approaching school
leaving age in the 1940s, she asked her mother to 'try to get her out'. Her mother
replied that she had tried but that Helen had to remain in the home for a further two
years. Helen later discovered that she and others in similar circumstances had to pay

what was officially known as "Two years service" working in the home to repay the debt to the home for the care received (Unpublished autobiography). This concurs with practice reported as occurring in Quarriers Homes whereby residents left school aged 14 years but were then employed by the institution for a year to carry out domestic chores, believed to be to 'repay the home with service' (Abrams, 1998, p.184). Helen remained in the Home for two further years working in the playroom caring for the toddlers known as the 'playroom girl', what might now be known as a 'care assistant'. Although tempted to accept the offer of a permanent post, Helen declined and returned to live with her mother, initially working in a factory and subsequently training as a State Registered Nurse.

Moving to independent living

For those who could not return to live with family, there were varying pathways to living independently. Some four years younger than Helen, Dorothy had also been removed from school in the early 1950s. Mother Superior continued an active interest in her wellbeing and ensured that she acquired skill, experience and qualifications in childcare. Dorothy explained:

> *Mother Superior had great ambitions for me […] she sent for me one day and said "Would you like to be a children's nurse?" and I thought, well I just wanted to be anything you know and I didn't know what she was talking about because I had seen people in the home and they had been there all their lives you know and they did not know anything else and they at the time… they were not educated and I had this fear of being in these places for the rest of my life, scrubbing floors, and I said yes and that is what happened. I went out to my lectures every day to the local (clinic) and then I did my practical in the (name) and then what I did at night was come home at night and work with the little nun who had taken me under her wing. Now she had nothing to do with the bigger children, the whole top of the building; that was taken over with the nursery and she looked after the babies…..*

Others did not give such detail but for some there appears to have been what may now be referred to as a 'Transitions Pathway' to support moving on from the home. Leaving residential care during the 1950s, Freya 'went into service', that is, working as a live-in domestic help. Relationships with her employer proved difficult, resulting in her leaving the house in violent circumstances. Freya contacted the Home and was

supported into employment as an auxiliary nurse, which also provided accomodation. She described herself as 'really, really happy' in this post. As far was Freya is aware, she was the last young person to be 'put into service' from the home.

For other participants, transitions from care did not appear to follow such a plan, nor did they have such positive outcomes. Leaving care in the early1960s, Lewis worked on farms for a few months before being admitted to a Young Offenders Institution. Leaving care in the 1970s, Barbara thought that with different support, her life would have taken a different path. She felt she had never really worked to my full potential:

> *I was intelligent, I am intelligent but they always told me I was no good and when you are told that on a daily basis, you really believe it. I wanted to go to college, I wanted to train to be a nurse; I was told I was too thick and stupid and I would never be able to do that so you know they got me a job in the grocer's shop and then that was it. I just worked in bars and clubs and pubs and I was (abroad) for a few years, just menial jobs. I now work as (job) I don't feel confident enough now, I am too old to do anything else.*

The circumstances of Carol-Anne's transition from care in the 1970s, also influenced her future path:

> *When I left (the home) I left in very violent circumstances, I was shocked when I obtained my social work records or what was left of them that the violent way I left was not mentioned; in fact (member of staff involved) falsely wrote that I was asked to leave because I was causing trouble among the staff. The police were called out that night. None of this is written in the Social Work reports*

Carol-Anne ran to the home of a former carer and it was subsequently agreed that she could live with the former carer's mother. The woman provided a home for Carole-Anne and helped her stop bed-wetting. Carole-Anne described herself as 'loving her' indeed 'I loved the whole family'. She obtained a job in a factory and appeared settled. The placement disrupted however and Carol-Anne moved 'from digs, to digs, to digs trying to find someone permanent'. Although Social Work Department were actively involved, she felt she did not receive any support and subsequently moved to live with her boyfriend.

Transitions from residential care: Discussion

Accounts of leaving care varied. Concurring with Ferguson (2004) and refuting the 'myth' of child rescue, several returned to live with family despite having spent several years in care and having had little family contact. The transition from childhood to adulthood was truncated for most (Murray et al., 2009).

As discussed above, survivor participants may have been unaware of the social context of their experiences (Maynes et. al., 2008). Many were adolescent during the 1940s and 1950s therefore leaving residential care and entering adulthood in the post-war years, a period of significant social change when the phenomenon of 'teenager' was being first recognised (Milligan and Stevens, 2006). The first reference by participants to 'social workers' also occurred during the 1950s although they were generally not found to be effective. It may have been surmised that with active social work involvement following the Social Work (Scotland) Act 1968, they would have had a more graduated transition when leaving care, but Dorothy and Freya appear to have received more support on the pathway to independence in the early 1950s than those in the 1970s.

Freya and Isabelle both turned to their former care providers when they encountered difficulties during the 1950s and while Freya appreciated considerable practical and emotional support, Isabelle's approaches were rejected. Arguably for many years Isabelle's life was affected by the secondary consequences of her discharge from care and the lack of what would now be referred to as 'through care support', her experiences concurring with the writing of Stein and Wade above (2000). As will be demonstrated in Chapter Six, however, for most participants, the circumstances of their leaving care were to have an influence on their adult lives.

5.2.9 In-care experiences: Conclusion

Maynes et al. (2008) describe personal narrative analysis as offering insights from the point of view of narrators, whose stories have emerged from their lived experiences over time and in particular social cultural and historical settings; 'they can allow scrutiny of key subjective dimensions of motivation - emotions, desires, accumulated wisdom, acquired associations and meanings, clouded judgements and psychic makeup' (Maynes et al. 2008, p.16). Survivor participants' developing narratives supported this stance. Multiple narratives were told which were rich in description and reflection. They were not linear but rather complicated, at times conflicting,

counterpointed by other narrative strands (Elsbree, 1982). There were, however, common themes across the decades. While some embraced opportunities and new experiences and a few formed significant relationships with caregivers, the lives of participants were affected by a wide range of practices, which would constitute abuse today and would arguably have constituted abuse at the time. All had experienced physical abuse and emotional abuse, some had also experienced sexual abuse and/or neglect of health care needs or their physical safety and wellbeing. Abuse was generally but not always perpetrated by individuals within the care system, in the main by staff who held caring responsibilities and occasionally by other young people. Some of the practices described were indicative of programme or systemic abuse; institutionalised practices, austere and rigid environments, lacking warmth and sensitivity, separation of siblings with insufficient opportunities for family contact. Arguably bullying may have been a feature of systemic abuse, inappropriate placement or insufficient staff to meet the young people's needs. Despite the increased awareness in Scotland of children's emotional needs in the inter-war years, this does not appear to have extended to children in residential care and there does not appear to have been recognition even in the post-war years of the importance of siblings as attachment figures.

Children adopted a range of strategies for survival; avoidance of detection or confrontation, and a variety of methods of 'escape'. Some children and their parents showed significant agency. Adverse experiences impacted in different ways however, resonating with studies on the childhood trauma and loss; traumatisation, betrayal of trust, powerlessnes, stigmatisation (Finkelhor and Browne, 1986) compounding the impact of previous trauma (Briere, 1992; 1996). Apart from a few instances when action was taken, children remained trapped, accommodating the experiences (Summit, 1983). One shared theme to emerge from survivor participants' accounts was the significance of the peer group which was generally experienced as supportive and nurturing. Such factors combined to influence the developing sense of identity, self-efficacy and self-worth, again features associated with developing resilience (Maclean, 2011).

While there was reference by survivors in post-war years to 'social workers', there was little reference to the wider decision-making process whereby decisions about their lives were made, indicating a lack of awareness of the wider context within which their narratives develop (Maynes et al., 2008). While some parents were active

agents in protecting their children, others 'disappeared' from children's lives with no apparent explanation apart from some value laden comments by staff.

Narratives are constructed within historical frames (Maynes et al., 2008) and may be subject to bias (Hagsburg, 1995). It has been suggested that survivor narratives of historical institutional child abuse are in fact childcare practices of the time (Smith et al., 2012). Participants' memories may indeed have been reworked in light of changing personal circumstances and social change. While acknowledging an increasingly anti-violence discourse (Bussman, 2004) and certain acceptance of physical chastisement over the years (National Records of Scotland, 1966-1971; 1967-1971; Shaw, 2007), Shaw (2007) indicates a consistency in definitions of abuse with most conduct included in the definition of abuse today having been included in the previous legislation. There are tensions of context however; some practices may be explained as part of a different narrative; of maintaining religious identity particularly for a minority religion such as Catholicism; of rural life, living off the land in years of post-war austerity. It seems that such practices, occurring within the harsh austere environment described above, compounded children's prior experience of adversity.

While survivor participants may have been unaware of the wider social context to their experiences, factors that they identified as contributing to abuse concur with those in literature; power, institutionalised practices, adocentrism, perceptions of morality and ascribed identity of children combining to leave them vulnerable to abuse and this continuing undetected. Parental lifestyle, bodily functions and behaviour perceived as challenging adult authority was thought to have triggered particularly harsh treatment. The status and power attributed to service providers, in particular the Religious and those professing to operate from a faith base, resulted in children having difficulty comprehending and articulating their experiences as they (and arguably other adults) lacked a 'pre-existing narrative mental scheme' (van der Merwe and Gobodo Madikezela, 2007) that women and particularly religious women could abuse children. Children's efforts to disclose were not acted upon, at times being met by disbelief. Survivor accounts concur with the thesis of children being perceived as threats (Hendrick, 1993) or 'moral dirt' (Ferguson, 2007). Isolation, not only meant that there were insufficient visitors in whom children could confide but also allowed institutionalised practices to flourish where agencies responsible for the child's care and education at times became enmeshed and colluded with maltreatment.

Identity

As suggested above, narrative identity creates cohesion in life (Ricoeur, 1988: van der Merwe and Gobodo-Madikizela, 2007); it is socially constructed and children construct their own identity based on the 'internal-external dialectic' (Jenkins, 2004). For some, particularly those who retained family contact, family identity was significant. For others, there did not appear to be any systems in place to keep family identity alive; primary identification is likely to have been with the residential establishment or care system. Identity also appears to have influenced how some children were treated, with conditions such as enuresis appearing to trigger severe physical and emotional abuse, a featured identified in literature (Goffman, 1961; Holman, 2001; Hurl, 2011). It has been suggested that such labelling in an institutional setting may lead to this being internalised by the child (Jenkins, 2008). This is more fully explored in Chapter Six. For these participants, it was evident that childhood experiences influenced adult lives. This will be explored in the next chapter.

6 Findings and Analysis III: Implications of In-Care Experiences

6.1 Introduction

Similar to accounts of childhood, adulthood was rich in memory and critical reflection. Some themes emerging were similar to those during childhood. There were positive experiences; of being welcomed to visit a childhood home, of reuniting with staff who had shown care and affection, of families reconnected, of friendships rekindled. There were critical reflections, of the perceived impact of childhood experiences on adult lives and relationships. The difficulties encountered in telling of abuse during childhood continued for most, and although adult lives varied, one shared experience was difficulty in competing their personal narrative. Memories were incomplete and families were unable to fill the gaps. Different approaches were adopted; searching archives and historical accounts, visiting the site of the establishment, meeting with other care leavers, approaching the care provider and seeking case recordings. Service provider participants endorsed survivors' experiences of having found incomplete and judgemental case records and archiving processes that were unhelpful for the care leavers' purposes. Following the increased awareness of institutional child abuse in the late 1980s in the UK (Kendrick, 1997) came reports of survivors of historical institutional child abuse in the media in the 1990s. Survivors not only identified with these, but some reframed personal memories, realising a different meaning to their experiences. Advances in media and communication systems allowed survivors to contact each other; childhood friends and acquaintances were reunited and over time, survivors began to campaign for justice. Considering the historical nature of this study, the following is a reminder of the dates when survivor participants left residential care in order to contextualise their experiences:

Date Leaving Residential Care	Participants
1920-1929	Alasdair (1924)
1930-1939	No discharges from care
1940-1949	Muriel (1944) Helen (1945) Kenneth (1949)
1950-1959	Dorothy (1952) Freya (1954) George (1955) Isabelle (1957) Edwin (1955) John (1955)
1960-1969	Lewis (1964)
1970-1979	Barbara (1970) Norman (1977) Carol-Anne (1979)

6.2 'Getting Over It' and Moving On

Most survivor participants reported leading settled adult lives; obtaining employment on leaving care, some enjoying intimate relationships and family life. Difficulties speaking of childhood maltreatment continued for most; it seems that they had accommodated the experiences (Briere, 1992; Summit, 1983). As Alasdair explained, 'I just had to get over it'. It has been found that survivors of childhood abuse have difficulties sharing experiences of abuse both as children and as adults (Black and Williams, 2002) and some care leavers feel stigmatised by public perceptions of people growing up in residential care (Murray et al., 2009). It is also known that transition from care is a time of particular vulnerability for young people (Duncalf et al., 2009; Stein and Wade, 2000). The adult lives of most survivor participants only partially support this however. Carole-Anne and Isabelle referred to periods of homelessness in mid-to-late adolescence. In comparison with others in this study, neither had received support in the process of transition from residential care. Lewis and Kenneth reported periods in police custody, prison or young offenders' institutions. Kenneth spoke of becoming 'tough' 'a typical ASBO, ended up in prison'. He developed alcohol dependence but was reluctant to attribute this to experiences in residential care. Lewis wrote of regular periods of incarceration:

During the short time I was released from (name) I was working farms. I had no conception of a P45. Travellers introduced me to working on the farms 10/- a day; if you went regular a person would receive 15/-. (Date) I found myself in custody with another year […] (Thereafter) imprisonment was frequent. I found work in (name of company) police created my demise by imprisoning me while they conspired having me out of the way.

(Additional written response).

With the exception of Norman who did not speak of his working life, all reported career paths as follows. While not a full list, this gives a picture of the range of employment:

Careers and Employment	Participants
Shepherd/Farm work	Alasdair Lewis
Armed forces	Edwin George
Domestic Service	Freya
Nursing	Alasdair Freya Helen
Childcare/Social care	Dorothy
Shop work, bar work, cleaner	Barbara Isabelle
Factory work	Carole-Anne Helen
Various manual work	John Kenneth Lewis
Further/ Higher education	George Norman

This supports research in respect of children leaving the care of Glasgow in the 1960s, whereby 99 out of 110 young men were believed to be self-supporting by their eighteenth birthday as were some 81 of the 95 young women (Ferguson, 1966). After a period of employment, George and Norman went into further or higher education. Apart from financial security and in some instances, accommodation, work appeared to offer opportunities for personal development and a distraction from memories of childhood. Alasdair had described his experiences in residential care as leaving him with a lack of confidence in the years following his return to live with his father. As he progressed his career in nursing however (a profession to which he was introduced during National Service), this offered the opportunity to move on. He described:

> *I got over it after a while and I was getting more confidence and I was getting these jobs. And suddenly I was in charge of a ward, underneath a sister of course.*

Alasdair, George and Norman's experiences concurs with Duncalf (2010) that as care leavers got older they were able to acquire higher qualification levels once they have moved well beyond the disruptions and difficulties of the care experience.

6.2.1 Positive adaptation to childhood adversity

Conway (2012) reminds us that negative outcomes are not always an inevitable consequence of encountering adverse events and experiences and Murray et al. (2009) referred to one care leaver emphasising the importance of 'rising above' the experience. Although sometimes still experiencing 'darker moments', It seemed that six participants had gained some mastery over their childhood circumstances, with some finding meaning in experiences of childhood abuse and trauma and integrating positively to their life narrative. Recognition of the concept of 'post-traumatic growth' is attributed to Frankl (1992), a Jewish psychiatrist who drew on his experiences in a concentration camp during World War Two to understand how prisoners could 'rise above' the sufferings of the moment (1992, p.82), to find meaning in their experiences, 'changing the world for the better if possible, and changing himself for the better if necessary (1992, p.133). The concept of such positive adaptation to trauma has been extensively researched since (Linley, 2003; Meyerson, Grant, Smith Carter and Kilmer, 2011; Shaw, Joseph, & Linley, 2007; Zoellner and Maercker, 2006).

Alasdair felt that 'I've got enough confidence now to get on with it and just forget all about it'. Others similarly had identified factors, which influenced their future path. Isabelle explained:

> *In 1977, I took up a friend's offer to go and live abroad. Her offer came just at the right time. I had reached a point where it was just too much work to stop myself just letting go. (This led to a job opportunity which led to her meeting the man who became her husband and she has lived abroad with him since) […] All in all everything's turned out pretty good in the end!*

Isabelle appeared to see this opportunity as pivotal in her life narrative, inferring an element of serendipity. Similar to demonstrating agency during childhood in reporting the abuse of a younger child, she was again an active agent in taking advantage of the break.

Some indicated compassion towards their abusers, possibly a means of letting go the past and moving on. Helen explained:

> *With the passing of the years, I have learned to be charitable towards this house-mother but time cannot erase the memories, the ever haunting*

memories of my life in (the home).
 (Unpublished autobiography).

Helen also appears to have had the capacity to build on the positive:

> *I cannot say whether the kind of life I have had in this Home helped me to be an*
> *honest hard-working citizen, it probably did; but there is one thing I am certain*
> *of, that is that the loving care and attention I received during my illness as a*
> *child in that orphanage hospital, inspired me to train as a hospital nurse, and*
> *dedicate most of my life to suffering people in all walks of life, their suffering*
> *was my suffering at all times and their joy was my joy.*
> (Unpublished autobiography).

Among the negative experiences, Helen identified features, which influenced her
future path.

Similarly, George described himself as having a sense of compassion for his abuser's
wife and like Helen, reframed his experience in terms of what he gained, 'a sense of
resilience, a sense of fairness, of spirit with a competitive edge.' Dorothy meanwhile
reflected on 'natural consequences' for the abusers and the wider system of which
they were part, that they were 'the losers'. She explained:

> *It was a life of terror really for children- unnecessarily so and I feel these nuns*
> *at the end of the day, they missed out on a golden opportunity to bring*
> *happiness into children's lives, children who had already been hurt and*
> *traumatised by broken homes […] instead they added to that and they had the*
> *golden opportunity to do that and if they had done that, I feel they would have*
> *had us for life and the Catholic Church would have had us for life and instead,*
> *most of us have left it.*

Such natural consequences of abusive practices were reiterated in Dorothy's writing:

> *(I) realised early in life that to give of these gifts (affection, happiness and a*
> *sense of fulfilment) is the only way of having them returned. That sadly is where*
> *those nuns who perpetrated such evil and who so blatantly misused the power*
> *entrusted to them missed out. So who are the real losers?*
> (Unpublished autobiographical writing).

Dorothy also reframed the experience as a learning process, which she took into her career as manager in residential care of older people. By the time of the interview, she had traced her siblings but found that all had died. She had however made contact with her nieces and enjoyed their company. She reflected:

> *I feel that that is a chapter closed. I can't do anything now; death is death; it's final. Although the chapter is closed, the book is still open because I feel that this new-found branch of the family will have a lot of answers for me as to why and wherefore and my mother…..*

None of the participants referred to forgiving their abusers but Dorothy, George and Helen appeared empowered to take control, to accept the hardship, reframing adversity as opportunities for personal growth.

Neither George nor Dorothy attributed their response to religion or spirituality. As discussed above, spirituality is known to be a factor in promoting resilience (Daniel et al., 1999; Werner, 1996, in Hill et al., 2007) and Murray et al. (2009) had identified religion and faith as helping some through the consequences of childhood adversity. Survivor experience in this study concurred. Having identified spirituality as having helped her address childhood experiences, this continued into adulthood for Barbara:

> *I still love angels and spirituality and I get mad with him (God) at times and I shout but I think he is big enough to take it……….*

> *I think it's like the Holy Spirit, there is something in your spirit tells you. For some people, I don't know whether they are open to it or whether they were too traumatised to let it happen, or let it in whatever.*

Barbara was able to distance herself from her abusers by identifying herself as spiritual and the nuns being religious thus protecting her relationship with God.

Similarly, Helen viewed her experiences within a spiritual frame of references:

> *These people who cared for me had had boundless compassion in my childlike mind, no words can express my gratitude to those people who had entered my life not only to help me in my time of need, but who have given me the privilege to help others for many years. God does indeed move in mysterious ways.* (Unpublished autobiography).

While membership of a faith community has been found to be a buffer against stress through both spiritual and social support (Werner, 1996 in Hill et al., 2007) and religious identity often has links to family and cultural identity (Jenkins, 2004), for Barbara and Helen the strong sense of spirituality appeared to be driven by personal attributes rather than any social dimension, during both childhood and adulthood.

6.2.2 Getting over it and moving on: Conclusion

Van der Merwe and Gobodo-Madikizela (2007) suggest that in respect of those who have experienced trauma, some can build an inner protection which enables them to continue living, but prevents them from dealing with the past. This might have been the case in respect of some of this group of participants in early adulthood as each appeared to have been 'getting on with their lives'. As will be discussed below, for most, it was in later life that they began to address childhood trauma. Arguably, survivor participants showed elements of resilience, of knowing where, how and when to put their energies towards improving their lives and recruiting help in the process (Daniel, 2008). Some were able to draw on childhood opportunities and role models during adulthood. No-one spoke of 'forgiveness' but some demonstrated personal growth, appearing to have adapted positively to the trauma (Linley, 2003). They seemed to have integrated the negative memories into their personal life narrative, sometimes attributing personal qualities in their adult lives to childhood adversity, arguably diminishing the hold of childhood memories over their current experience (van der Kolk and van der Hart, 1989).

For some, spirituality was a support across the lifecourse. There were however several other examples of ways in which survivor participants were dealing with the past. These will be discussed in the remainder of this section .

6.3 Completing Personal Narrative

Some perceive completing personal narrative as critical to the process of moving on from traumatic experiences (van der Merwe and Gobod-Madikezela, 2007). While 'getting on with their lives', most survivor participants appeared to have been working through a process of organising and chronicling their life experience, albeit using terminology such as 'writing', 'visiting the home', 'searching for family', 'looking for files', 'meeting former staff'. The following summarises approaches adopted by this group of participants to completing their personal narrative:

Method	Participants
Writing	Dorothy Edwin Freya George Helen John Lewis Norman
Visiting former care placements	Alasdair Barbara Dorothy Edwin John Lewis
Accessing files	Carol-Anne Freya Isabelle Lewis
Recruited external agency to access family information	Dorothy
Unable to access files	Barbara Dorothy
Researching history of agency	Freya
Meeting/corresponding with representatives of former care agencies	Alasdair Barbara Dorothy Helen, Isabelle
Meeting/connecting with other care leavers and survivors	All participants

Service provider participants are also introduced in this section as they shared details which contextualised care leavers' experiences; processes and dilemmas of which survivor participants may be unaware.

6.3.1 Writing

As discussed above, narrative has been described as assimilating multiple scattered events (Ricoeur, 1984); about finding structure, coherence and meaning in lived experiences (van der Merwe and Gobodo-Madikizela, 2007). John identified writing as part of his therapeutic process:

> *I had been getting some help at (Hospital) from a psychologist as I had been having 'turns', possibly mini strokes. The woman encouraged me to write my experiences and thoughts down and through this, I realised that my behaviour and drinking was because of trigger-words. This was important as it helped me make sense of so much of my behaviour - it was rooted in my experience in (name of home). Since that day I have stopped drinking. It also made it easier to talk about the abuse then.*

John opened his autobiography in the period of childhood before admission to residential care and included his in-care experiences; trauma, loss and humiliation. As discussed above, survivors are likely to include the period surrounding the traumatic episode in their narrative (van der Merwe and Gobodo-Madikizela, 2007).

John's narrative continues after returning to live with his parents, influenced by his in-care experience. Through drawing disparate life experiences in to one complete entity, he recognised that he was able to make connections between his behaviour, alcohol misuse and what he described as 'trigger-words' related to childhood distress and trauma.

Helen went through a similar process. Writing an autobiography was a longstanding promise she had made to herself:

> *Since leaving (the home) I always promised to put my notes together and tell the World.*

Like John, she commenced prior to admission to care, affectionate memories of family life, before the complex chronicle of experiences in residential care. She continued through to her achievement of qualifying as a State Registered Nurse, defying the taunts of her childhood abuser. John and Helen were positive about the process of completing their autobiographies, successfully locating traumatic and challenging experiences within a coherent life narrative. Despite finding school challenging, John's autobiography is articulate and he found it helpful in making connections between his present-day life and his childhood experiences. Plummer (1995) suggests that there is a 'functional autonomy' of stories by which they come to assume an organising life of their own, independent of its initial source or rationale (Plummer, 1995, p.41). For John and Helen, once written, their autobiographies appeared to 'hold' and contain their past narrative. Maynes et al. (2008) caution that using autobiographies in socio-scientific, or historical analysis needs to recognise their social, cultural and historical specificity and the influence on them of literary conventions. These autobiographies had been written as part of a therapeutic process related to this study however and I was able to consider them in that context.

Van der Merwe and Gobodo-Madikizela (2007), argue that writing about trauma is paradoxical, that traumatic experience defies language. Drawing on examples from literature in respect of survivor experiences in Auschwitz (Delbo, 1990), they suggest that the literary narrative is more appropriate as a medium for communicating about trauma rather than what they describe as 'ordinary language' (van der Merwe and Gobodo-Madikizela, 2007, p.67). Norman's writing exemplifies this. He was in the process of completing a book about his experiences but had also written poetry of which he subsequently sent me a copy. Moving between the first, second and third

person and using metaphor and analogy, his poetry contains harrowing details not only of childhood pain and trauma, but also of political oppression and exploitation. We did not have an opportunity to discuss his literary approach but using this format possibly provided him with a wider range of expressive media.

Lewis meanwhile continued to correspond with me after the interview. He advised that he found this helpful as I 'could pass it on to ensure that others were aware of what was happening'. He also felt that 'as soon as I send you a letter, I don't need to see them again'. I responded to each, his letters gradually became less frequent then stopped. As discussed above, Maynes et al. describe letters as an intermittent form of personal narrative (2008), typically lacking the temporal framework found in other narrative formats. In this study, letters were linked to a rich conversation during interview and a valuable addition, which appear to have served a purpose for Lewis. Dorothy, Edwin, Freya and George, wrote shorter unpublished reflective accounts about issues such as significant aspects of their lives, or their thoughts on justice, extracts of which are included in this study. All of these appeared to support the process of collating their narrative in various written forms. Again, linked with the interviews, these provided in-depth reflections on specific events thus supporting the developing life narrative.

6.3.2 The importance of place

While there is less literature on the significance of place, Van der Merwe and Gobodo-Madikizela (2007) link memory and place in writing of unacknowledged and unexpressed trauma, when these have been disassociated and split off from the reality of traumatic experience. In such an eventuality, 'place' can be important for *completion* (van der Merwe and Gobodo-Madikizela's italics) thus creating a complete understanding of events and achieving what some may call 'closure' in one's memory (2007). Humphries endorses this, recognising the importance of place and of visiting locations of childhood significance for all child migrants regardless of whether or not they perceived themselves to have been abused (1995).

Survivor participants in this study exemplify such findings. Six reported visiting the residential establishment after they left. Dorothy visited one home where she spent part of her childhood, with a niece, whom she had recently met through tracing her family. This was the subject of one of her autobiographical accounts. Describing herself as 'an elderly lady' at the time, Dorothy felt a degree of catharsis:

> *I revisited the place to try to lay the ghosts and perhaps soften the memories of my experiences […]*
>
> *Have my demons been released? Hopefully I have succeeded in leaving them to wander the corridors of the building, accompanied by the ghosts of my stolen childhood.*
>
> (Written autobiographical account).

Some survivors enjoyed regular visits to their former home. Lewis took his family to visit the school in respect of which he held positive memories from the early 1960s; he still felt welcomed by present-day staff:

> *I've got a photo of (the home) and I took (my wife) there three or four years ago where I got a photo taken […] I showed her the spot where Mr (name) took the photo.*

(Lewis showed me the photograph).

> *That's me there. Mr. (name) took the photo…….so he gave it to me and I have never let it go.*

Lewis spoke little about his birth family. Reflecting on the work of Jenkins (2004) and Lewis's positive experiences in this establishment, it is possible that part of his primary identity now was with the school, the staff team who protected and cared for him along with their successors.

Xander, a manager in a residential school endorsed the significance of such visits to the developing life narrative of former students. He explained:

> *The contact I had, it was as much about finding roots as telling us what they had done since they had grown up as if trying to convey there was value in their time at the home they had come to visit […] Occasionally it was spelled out very clearly, 'I learned these values because of the role model which are very positive and I want to apply to my own children that I have brought up successfully' which is very heart warming.*

As described above, when I shared a visit to the site of their former home with two participants, we encountered one of their peers who lived nearby. Memories for both were of abuse and humiliation. The three shared memories and sparred on views of responsibility and accountability for their experiences. It seems that such visits put

them in touch with the positive aspects of their childhood; of peer support and friendship while gaining mastery over the negative.

Experiences varied however. Barbara visited on impulse 'years and years later':

> *I was walking by one time and just out of the blue I decided I am going in there […] I suppose it would be good for us to go back and maybe meet with some of the good nuns and to build up a relationship where we could have trust and support from them. Providing they would apologise and believe us, it would be good for some of us. Some, I dare say would never go back but when I went back I wanted to go back and make things OK but it never happened.*

Barbara had visited on the spur of the moment; Dorothy had arranged with the staff who had an opportunity to prepare for the visit. As will be discussed below, contact with care leavers evokes a range of challenges for service providers that may not be immediately apparent to care leavers and survivors.

Service provider participants working in residential establishments had all welcomed former residents to visit. Those visiting were generally aged late-30s onwards supporting the notion of completing life narrative once they have moved beyond the disruptions and difficulties of the care experience (Duncalf, 2010), when less involved with work and family and they 'understand their life' or sharing life achievements. One significant theme emerging from both survivor and service provider accounts is the importance to care leavers of establishing continuity in their lives, as Zoe described, 'to integrate their story, the story they remember, to check out the facts, to make a whole picture of themselves' a feature which concurs with literature discussed above (Ricoeur, 1984; van der Merwe and Gobodo-Madikizela, 2007). Survivors had met with varying degrees of success however, often due to difficulties in accessing case records containing relevant information about their childhood experiences. This will be discussed in more detail in the next section.

6.3.3 Accessing files

While some participants retained a clear understanding of their family circumstances across the lifecourse, others found multiple narratives, with that held since childhood subsequently contested. Case recordings are often the conduits for helping care leavers, survivors and their descendants complete their personal narrative, to confirm memories and fill in details beyond remembering. They may be regarded as 'the

official narrative' of the child's in-care experience. Literature internationally and within Scotland indicates that accessing case recordings is problematic for care leavers and survivors of historical institutional child abuse (Duncalf, 2010; Kendrick and Hawthorn, 2015; Shaw, 2007; Wilson and Golding, 2015), for example, information is missing, descriptions of themselves and family members are inaccurate, offensive and humiliating with perpetrators portrayed as loving or professional carers (Sköld and Jensen, 2015), material has been redacted (Wilson and Golding, 2015) compounding the distress of care leavers (Horrocks and Goddard, 2004).

Accessing files was important for this group of participants; for Dorothy to trace her siblings; for Barbara, Freya and Isabelle to find details of their family and the circumstances of their admission to care that was beyond remembering; for others to pursue legal action in respect of care experiences. Taking the first step in approaching the agency could be daunting. Survivor participants' experiences fully supported findings from research outlined above. Three successfully accessed care records. Of the three, two found that their understanding since childhood of reasons for admission to residential care had been inaccurate. Freya had no recollection of family life prior to admission to residential care in 1939, aged one year. Throughout her childhood, she was told she was an orphan:

> *Now (2003) was about when I got my files and discovered the family I had….*

> *I found out everything. I had another brother and sister and (it) shows me in there I wasn't even an orphan and yet I was brought up and told I was an orphan.*

Similarly Isabelle was admitted to residential care in 1946 aged 4 years:

> *Getting access to my files from the aftercare worker validated most of my memories of the time.*

> *During our stay in the home we were led to believe that we had been abandoned by (my father) and (my mother) had TB. It is true she had TB on and off so I accepted the rest of the story. My mother kept the abandonment a lie until his death.*

I had no idea until I was 63 years of age that my father had cared enough for us to seek help in removing us from an abusive situation and have us admitted to (the home) and that he paid for our support during our 11 year stay.

Father paid for our care but we were released back to mum without checks. I was unaware that it was his petition that had us admitted to (the home) that he was our Legal Guardian nor that he had supported us by giving our mother an allowance when he joined the Army and that he had made regular payments to the home for 11 years of our stay there.

Rather than having abandoned his children, Isabelle's father had taken protective action; the same records contained judgements in respect of their mother's lifestyle, describing her as 'leading an immoral life', that the children were often left unattended for long periods and physically suffering through lack of means to support them. Regardless of this, Isabelle was discharged to her mother's care leaving her, she believes, vulnerable to further abuse:

It was not until December 2005 when I received incomplete files. It was acknowledged by (name) that it appears that the release was made without a full assessment of (our) needs or (our) mother's circumstances.

A representative of the agency subsequently acknowledged that Isabelle's discharge from care had been premature and appropriate checks had not been made. S/he sent Isabelle a copy of a letter sent to her father in the early 1960s 'in order that (she) could see that this unusual practice was acknowledged as a mistake at the time':

The normal practice (at the time of Isabelle's discharge to her mother) was that the parent who authorised the child's admission, to be the one who was consulted about discharge.
(Correspondence from the Agency to Isabelle, 2005)

Isabelle did not refer to whether she was able to reconnect with her father, but at the time of her written response, she had been unable to retrieve the relationship with her sister. If details had not been recorded, retained and shared by the agencies, Isabelle, Freya and their families would hold a completely different life narrative. Through retrieving case recordings, they were required to reconstruct this and embrace a very different sense of family identity in their later years.

Carol-Ann, who was in residential care sometime after Freya and Isabelle had a different experience in that records of her behaviour were inconsistent; she reported:

It is fascinating to read because they contradict themselves all the way through. One minute I'm a pleasant girl all I do is read, I'm brilliant with the younger kids by playing with them, the next I'm temperamental, stubborn, have temper tantrums. First, I was angry when I read the Social Work records then I laughed because I thought 'how stupid'; anyone reading them would think they were writing about two different people.

Carole-Anne's experience concurs with Sköld and Jensen (2015), of case recordings containing inaccurate, offensive and humiliating descriptions. This raises issues of multiple accounts in recording the reality of children's lives, different assessment and recording styles across the professional network, leaving the care leaver confused in trying to complete a coherent narrative from fragmented historical recordings, sometimes interspersed with value judgements, written by various professionals for different purposes.

Others experienced considerably more difficulty in tracing records. Dorothy advised:

I'm at the moment trying to negotiate my records to get them back from (the Agency) and I thought under the Freedom of Information Act I would be entitled but apparently not.

For those coming into care prior to the Children Act 1948, there may have been particular difficulties in accessing records due to the variety of routes through which children were admitted to residential care (Abrams, 1998). Barbara who was in residential care in the 1960s into the 1970s, experienced similar difficulties however. She explained:

I would like my records. The nuns told me that there were no records…….I was told in court they didn't have any records. But when I went to speak to (name) she was able to give the answer to what dates I went in and the date that I left, so I don't believe they had no records and they didn't write stuff down.

As discussed above, survivor narratives are intertwined with those of the former service provider. All service provider participants were aware of the importance for survivors of quality documentation and of their agencies' professional responsibility

and statutory duty as 'gatekeepers' in facilitating access to records. Several referred to the challenges. Zoe described supporting a care leaver to trace records 'where all we had was a memory and a birth certificate'. As described above, Sally had found some records so judgemental that she had not copied them for the care leaver:

> *There were no children of different ethnic background. The one I was looking for stamped across it was on the index card, on the admission book 'Coloured' and very judgemental about parents which you don't want and I always try to couch it in the way "your mum obviously struggled when your dad went". You don't paint a picture (parents) were wonderful but it doesn't paint a black picture.*

Sally's frank admission introduces a dilemma for professionals faced with poor quality historical recordings. The survivor carries their personal understanding, often fragmented, informed by experience and information gleaned over the years from a variety of sources. The case recording holds another account, one that may be regarded as the 'official narrative' of their life. While professionals may feel reluctant to share this with former residents, it may affirm for the survivor part of their childhood experience, albeit memories of value judgement and humiliation. Uilleam spoke of the intense emotional reaction of some care leavers on accessing their personal records, finding a handwritten letter from a mother they had never met and this being the only connection that they have with her. He also reported experiences of disappointment:

> *They may think there are things there that aren't in there and important things in their life they think will be documented in there and there may be other things which rock their perception of what happened, e.g. a favourite member of staff calling them a liar in a record they have never seen, that sort of stuff can be massively damaging.*

Quiana meanwhile was 'embarrassed' not only at the quality and quantity of case recordings, but also the length of time it took to trace these; a process she described as being 'like a jigsaw'. She identified a number of difficulties to tracing records; care leavers are often unsure of their original address; while childcare records were often retained, Human Resources Departments usually do not keep staff records making it difficult to contextualise and corroborate care leaver accounts; over the life course of older care leavers, councils have reorganised on several occasions and records have

been relocated, sometimes the information sought is unavailable; sometimes units have closed down and reopened under another name.

Service provider participants shared other helpful insight:

- Even without major organisational restructuring which may lead to records being relocated, renovation of buildings could lead to some paperwork being discarded and others archived (Ythan);

- Letters and recordings tend to focus on the negative, when things went wrong, when a child ran away or 'they were foul mouthed' (Sally);

- Sometimes a complete family record was held in one file making it difficult to extricate those pertinent to the applicant (Sally);

- Police investigations meant that relevant material, photographs and logs, was taken by police as part of the investigation and it was important to ensure that all was returned (Val);

- Under The Administration of Children's Homes (Scotland) Regulations 1959, 'Punishment Books' were also maintained. While these may have been initiated as a safeguarding measure by monitoring sanctions, apart from reading as a catalogue of misdemeanours, these contained details on all of the children rather than the individual, leaving it difficult to share the contents (Wilhelmina).

While accessing records is critical to care leavers completing their narrative, it seems that a myriad of challenges face service providers in providing coherent quality records, the circumstances of which survivors may be unaware. In addition, professionals need to have a sound understanding of historical policy, legislation and process in order to help survivors understand where records may be archived, likely content, the legislative context of decisions about their lives and what may be a genuine dearth of recorded material detailing their childhood years. Such tension of the care leaver meeting the service provider is discussed in the next section.

6.3.4 Meeting representatives of the agency

Giddens refers to organisations in the present day being 'future oriented' (1991a) evident through bureaucratic structures such as risk assessments and business

plans. This possibly contextualises one source of conflict between social work professionals, who tend to focus on the present and the future and survivors for whom past experiences are forever present (Kendrick and Hawthorn, 2015). Some survivor participants encountered such tension albeit they were possibly unaware of the underlying cause. While some were satisfied to visit the building or to access their files, others wished to actively engage with someone from the agency responsible for their care in childhood. None had received a satisfactory response at the time of these interviews. Alasdair's wife wrote to the Bishop on his behalf. Alasdair explained:

> *A letter of reply came from the Bishop indicating he had passed the letter to a firm of solicitors acting on behalf of the claimants.*

They heard no more.

As discussed above, Dorothy visited her childhood home to 'try to lay ghosts'. Despite this, some of her questions remained unanswered:

> *I have always wanted an opportunity to either speak to some official of the Catholic Church. In my case it is the Catholic Church, but the Catholic Church weren't the only ones; but I would like to have a nun say to me, come and I'll speak and I'll try to explain it to you. I didn't understand that it would be a priest. Now I have someone who was recommended to me …. And he was recommended so I don't know how to approach him, but I think I will be doing that.*

Dorothy, herself a retired social care manager, was keen to find answers, to complete her narrative but was still apprehensive about approaching the former service provider. Barbara similarly was keen to understand. Following the visit to the convent described above, Barbara visited again, this time with a friend. They met with present-day nuns:

> *I don't think they knew that (my friend) Sister M was a nun because she had a coat on, she just looked like an old lady […] They were saying in those days you know if we had been told to plant a plant upside down we would have done it because the key word was obedience and you did exactly what you were told to do and I couldn't understand what she was saying and I was thinking well did someone tell them to beat us up or something, you know, I couldn't understand.*

So then Sister M butted in and said "what was done to this girl was not right, it was wrong" and one of them looked at her and she said "who are you?" [...] Sister M said "I am Sister M of the (name) religious order" and she took off her coat and she had a big crucifix and you could almost hear them gasp and they sort of looked at one another and […] they started to be quite nice to me.

Finding some questions still unanswered, Barbara corresponded with a senior member of the Catholic Church in Scotland. Unlike Alasdair she received a personal response offering a meeting. She accepted and discussed not only her experiences but also sought to understand how such practice could be justified within the spiritual teachings of the Church:

He said "the Church is going through a really bad time" and I said "yes, I know but it says in the bible that which is hidden will be brought into the light" and maybe it's their time, this is what needs to happen in the Church, we need to get things sorted out because it can't be swept under the carpet any more. We need to have things brought into the open.

The conversation appeared to be marked with genuine concern and humour. Barbara described herself as having become 'quite friendly' with him but still found the explanation incongruent with the spiritual ethos underpinning the Church.

In contrast, Helen was not seeking to access the agency responsible for her childhood care but the Chief Executive visited her at home in the 1980s when he became aware that she may publish her autobiography, referred to above and an article critical of her experiences in care. He had spoken at length about the current work of the organisation:

I was beginning to melt before the end - I think it was because I was so tired […] (they came) to stop me publishing.

The article was published in the newspaper but her autobiography remains unpublished.

Studying the history of the organisation and the identity of the founder as described in a previous section, visiting the building and meeting with staff, actively engaging representatives of the agency in discussing childhood experiences; survivors adopted different strategies when trying to understand and link the ethos of the agency with

their in-care experience and to integrate to their life narrative. None were satisfied with the response.

Eight of the ten service provider participants had personal experience of meeting with former residents who had made allegations of abuse while in the care of that agency. They recognised the paradoxical situation whereby survivors are often required to seek help from the agency that had caused them harm in the past. Uilleam and Wilhelmina identified a fundamental tension, between the organisation of the past, which care leavers often 'hold in their mind' from childhood and the organisation as it exists in the present day. Uilleam reflected:

> *All organisations have difficulty seeing themselves as an organisation over time. For people who have been in residential care, the type of residential care we provide now is very different from what it used to be. I am not quite sure that the organisation has a symbolic significance for young people we look after now as for the groups of people we are talking about. It is not about how you see your history. It is difficult to represent the organisation to an ex-service user, the organisation they have in their mind from the organisation we have in our mind. The organisation the survivor has in their mind is the organisation from 30 years ago, maybe 40 years ago. Maybe people in the organisation now, even if they have some factual information, they don't have any real emotional involvement any more.*

This touches on an observation discussed above, that in the past, residential care was a child's life and thus held their childhood narrative. Looking forward, residential care now tends to be an episode in a child's life; organisations now may be described as 'future oriented' (Giddens, 1991a) while care leavers and survivors identify with the organisation and processes of the past. Such tension has implications for service providers; they require the capacity to provide for adults in respect of whom the organisation holds their childhood and a significant part of their narrative, while also having systems for children of today 'passing through', whose experiences need to be held in a way that can be integrated to a coherent life narrative which is retained elsewhere.

6.3.5 Completing personal narrative: Discussion.

While survivor participants appeared to be 'getting on with their lives', all seemed to be in the process of completing their personal narrative, arguably part of the process

of healing (van der Merwe and Gobodo-Madikezela, 2007). Factual, autobiographical and more creative, literary approaches were effective. Place was also important, visiting the scene of childhood experiences, as suggested by participants, 'to lay ghosts, or 'to make things OK'. In some instances, this was possibly to check out the facts, to 'make it real', suggesting a need to reconnect with the scene of trauma with which they may have become disassociated and 'split off' (van der Merwe and Gobodo-Madikizela, 2007), a way of re-engaging with the memories. Contacting service providers and accessing records was about remembering and establishing continuity, linked with the processes of completing narrative and identity. Both groups of participants found the process challenging for different reasons. It seems unlikely that survivors fully appreciated the difficulties facing service providers.

As discussed at the outset of this section, survivor participants initially appeared to have transcended childhood adversity, leading productive lives and completing their life narrative. This was not the case. In the next section, survivors' thoughts on the impact over their lives are discussed along with the process of recruiting help.

6.4 Impact over the Lifecourse

In their work based on the experiences of care leavers in Australia, Murray et al. (2009) found the impact of in-care experiences on adult care leavers lives varied widely; some described these in positive terms, some felt that although their experiences were 'less than perfect', outcomes were probably better than if they had remained at home, while for others, their negative in-care experiences were to have lifelong effects. Some may have experienced mental health difficulties such as depression, self-harm or completing suicide (Clayden, 1992 in Horwath, 2000). This group of participants described a similar spread of outcomes. As expressed by Dorothy who initially appeared to have transcended the experience:

> *I think you go either of two ways when you come out from these places. You can turn it on its head or you can go into despair about it if that is what you feel.*

Some openly questioned why they did not appear to have been adversely affected, referring to friends and family who experienced significant difficulties. Maynes et al. (2008, p.9) suggest that narrative '*provides entrées into the black box of subjectivity* by exploring its psychological as well as its social dimensions'. As each interview progressed, it became clear that most survivor participants had in fact experienced

what some described as 'darker moments', mental health difficulties or substance misuse.

The following table summarises the way in which the impact of childhood experiences became manifest during adulthood:

Impact	Participants
Difficulties with confidence and self-esteem	Alasdair Isabelle Barbara Dorothy
'Workaholic'	Dorothy
Physical health	Freya Muriel
Mental health and well-being	George Dorothy Isabelle Norman John Carol-Anne Barbara Freya Edwin
Substance misuse	John Kenneth
Influence on Spirituality	Freya John Dorothy
Relationships with family	Barbara Dorothy Helen Isabelle George
Social relationships/not belonging	John Helen Barbara, Dorothy, Isabelle

This section explores survivor participants' perceptions of the impact of institutional child abuse over the course of their lives.

6.4.1 Understanding childhoods

Van der Merwe and Gobodo-Madikizela (2007) write of the difficulties that survivors encounter in articulating traumatic experiences. Possibly related to being members of survivor support groups and having chosen to participate in this study, survivor participants appeared on first encounter to have surmounted such difficulties. They seemed able to recognise and find words to share childhood memories. Some were still reworking the experiences such as John described above, now in his 60s, redefining beatings as a form of sexual abuse. Rachel, a service provider participant who ran a counselling service for adult survivors of abuse, spoke of the difficulties some survivors face in understanding the true nature of their experience, particularly when they had not been in control of the process of definition and meaning-making:

> *One man who spoke with a colleague, he was describing what was clearly sexual abuse, wrote it down, gave verbal descriptions of it and just said 'that is just what we did'. And I think what got him; there were several children involved, it was very cleverly done. Sadly, he came for a few sessions and he*

did not come back. I think there was a confusion started by us. There is the issue about explanations.

His explanation possibly exemplifies that suggested by van der Merwe and Gobodo-Madikizela (2007); when language is ascribed to a traumatic memory, the original experience is changed to fit into a narrative, so the "real nature" of the experience continues to be elusive (van der Merwe and Gobodo-Madikizela, 2007, p.66).

6.4.2 Intrusive thoughts, confidence and self-esteem

While some participants had shown a capacity to find the positives in their experiences, all spoke of negative impact over the lifecourse. Many still had intrusive and painful memories such as described by van der Merwe and Gobodo-Madikizela (2007). Isabelle explained:

> *To this day before I go to sleep, I worry about the things I might have said or done wrong. I ignore it through the day but I have to think about it at night or I can't sleep.*

Isabelle's experience exemplifies the long-term elaboration and secondary consequences of abuse discussed above (Briere, 1992). These were evident in the lives of several participants. Four felt that their experience in care had had a negative effect on their self-confidence and working life in adulthood. For Alasdair, this was a consequence of missing classes and thus disrupting the foundations of learning:

> *I might have got a better job […] up until the last couple of years, uptil the 7th class, I was the head of every class I was in and then when it came to the end of the 7th class, I used to get kept off once a week to wash dirty hankies. So the day we got taught Algebra, I missed that and it was never out up on the board explaining it again, so I never, I can't do Algebra yet. I've never learned.*

Others thought that experiences of maltreatment impacted on their confidence and self-esteem more directly, preventing them from working to their full potential; for example Barbara had wanted to be a nurse but 'the confidence was taken out of (her)' and she worked in what she described as menial jobs, resonating with self-doubt. She did not appear to have the confidence of George or Norman to pursue

further education in mid-life. Similarly, Dorothy had had what appeared to be a fulfilling career, but lack of confidence still held her back:

> *Most of the time there was this façade that I built round myself, it was lack of confidence […] then (description of turning down a prestigious promotion)-You get it into your head 'Oh no, it's not for me, why am I not good enough for that, they will be laughing at me, you know that sort of thing.*

Like participants in Murray et al.'s study (2009), not all consequences were negative. As discussed above, Helen credited childhood experiences for her holding high standards of professional practice as a nurse. In sharing this, my 'critical friend', also a survivor of institutional abuse, observed:

> *We are all 'holics' of some sort. Some are alcoholics but I was a workaholic.*

Dorothy also described herself as a 'workaholic' observing 'what happened in my early life fashioned that way I worked and my attitude towards people'. Whether viewed as a positive or negative attribute, the outcome for some therefore appeared to be a heightened sense of drive and discipline which was channelled into work.

6.4.3 Health

The influence of adverse childhood experiences is well documented in literature (Finkelhor, 1986; van der Merwe and Gobodo-Madikizela, 2007) and inquiries into historical institutional child abuse (Black and Williams, 2002; Shaw, 2007; 2011). Ten participants described their childhood experiences as impacting in some way on their emotional wellbeing. These included intense feelings, such as anger or sadness, depression, suicidal thoughts and flashbacks. Two reported a history of alcohol dependence although Kenneth felt strongly that this was not linked to childhood experiences. One referred to 'living with his loneliness' and 'having darker moments'. For some, the impact appeared subtle and was managed using their inner resources.

In respect of child migrants in Australia, Humphries (1995) found that the impact of abuse for some could be life-long; feelings of stigmatization and depression, feeling alone and empty and trying to find their birth family. This resonates with Dorothy who lost contact with all family members. She reflected:

> *To this day I have little spells when I can go into myself but luckily I live alone, so I can go into them and come out of them without bothering anyone doing it. But the whole thing never leaves you.*

Similarly Isabelle reflected:

> *My husband was literally my salvation because I have no doubt I would have committed suicide a long time ago had I not met him. I still get depressed occasionally but I don't let him know because I know it will pass and its not half as bad as it used to be.*

Four participants reported having received medical treatment on account of their mental health. Three specifically referred to the process as if 'living with demons'. Norman explained:

> *Before telling, I had moods, punching holes in walls, being violent. She (ex-wife) doesn't know I have changed and I would like to apologise, Demons are laid to rest.*

Three identified a long-term physical impact of the abuse or neglect on either them or their siblings. Muriel attributed pain to being kicked during childhood:

> *I've got a plastic hip and a plastic knee and I blame my childhood for that.*

Freya's experienced problems with her eye which she felt was never appropriately treated during childhood. Some childhood memories therefore became physically embodied in the life narrative.

6.4.4 Spirituality

Adoption of religious identity often has links with family and cultural identity (Jenkins, 2004) and over a century ago, Urquart (1901) was critical of what is now known as the Child Migrant Scheme, alleging that it was a method of proselitization thus damaging children's spiritual identity. It is known that faith can contribute to developing resilience in children and young people (Maclean, 2011), and this was evident in the testimony of Barbara and Helen. As alluded to above however, for some, in-care experiences had a destructive bearing on spirituality. Abuse within a spiritual context not only prevented them finding comfort in spirituality, but also

caused a break with the religion of their family, arguably contributing to further harm (Thompson, 2002).

It has also been suggested that the canonical status of the priest may increase the risk he poses and heighten the impact of abuse on the victim (Gilligan, 2012). While no survivor participants spoke of having been abused by a priest, those who had been abused within a religious context perceived the status and power attributed to religion and the Religious as a contributory factor. In discussing the influence of abuse on religion and spirituality, participants often couched this in terms of theological teaching. Freya recalled children being well aware that when the Day of Judgement came, they would end up in the burning fires of Hell and Damnation for their sins.

> *It was hypocrisy; that's why I don't want to go to church; they made a mockery of the teachings of Christ.*

Similarly John observed:

> *It affects your view of religion. These people are people that we were brought up to respect and look up to […] For some people it is a block to their religion […] you would get beaten for stumbling over learning the Latin verse for being an Alter boy.*

For those who experienced abuse as adversely influencing their developing spirituality not only did this impact on their identity, but in their later years, when they may wish to turn to faith for emotional and spiritual comfort to make sense of their life experiences, they find this blocked; as John explained, this caused particular emotional distress for those who feel that they could not die 'in a state of grace' because they feel that they cannot take the sacrament of a priest, resonating with Gilligan discussed above (2012).

6.4.5 Relationships: with family

Some literature indicates a loose correlation between family relationship difficulties and young people in care (Stein and Wade, 2000). It is difficult to extricate disruptive influences within the care system from family troubles prior to children's admission to care. Five participants reported difficulties in relationships with parents and siblings, often, they asserted, because siblings were separated and there appeared to have

been limited effort to support parental contact. Dorothy had recently traced her family with the help of the Child Migrant Scheme:

> *I've been looking for my family all my life. I have been through the Salvation Army, Child Migrant Trust myself and getting knocked back, thinking I have got them and then I would stop looking and start again. I lived for the day when I would meet my sisters and brothers […] Something happened last week […] I got home and the phone rang early evening and this voice said to me, now given that all my life, the first thing that I did when I (left the home) was to look for my family […] he said, unfortunately I was married to your sister for 59 years but unfortunately she died a year and four months ago and he said your mother, of course my mother would be dead […] I used to fantasise about meeting my sister again and what I would do and what I would say and all that and my mother, I wanted to see her just to tell her I was alright and I didn't blame her. I had no bad feelings about my mother […] So what came out of it that happened last weekend is that I have another lot of nieces.*

Despite the loss of family, Dorothy was very positive about relationships with her newly found nieces.

In another instance where only some of the family were taken into care, the remaining children felt guilty as George explained:

> *My mother died when I was aged three. My father was not fit and they took the boys away but the girls feel very guilty.*

In some families, disruption to relationships was a secondary consequence of abuse and poor care planning. Barbara and Helen kept in contact with siblings subsequent to discharge; Isabelle who was discharged from care with her sister, without due regard to her mother's home circumstances, however, subsequently left home because of intra-familial abuse. On contacting her sister after 30 years her sister rejected her completely:

> *Apparently, she had a terrible time with our mother after I left and blamed me for everything that went wrong with her life.*

At the time of the interview the rift had not been healed.

Emerging public awareness of historical institutional abuse in the 1990s may have caused difficulties for survivors (Black and Williams, 2002). Five participants concurred, that difficulties encountered in sharing the full extent of their childhood experiences impacted on family relationships. When details of historical institutional abuse began to emerge in the media, George thought of sharing some of this with family:

> *I didn't want to tell my children about my experiences or to burden them with concerns or to think that I was a bad father. I wanted them to view me like a normal father as any other. I didn't tell my wife as I didn't want to spoil it for her – it may have influenced her relationship. Since finding out about it she has been on edge, possibly worried, a realisation she never knew- that I hadn't been truly honest.*

Some participants linked their in-care experiences to subsequent difficulties in forming intimate relationships. Dorothy viewed her childhood experience holistically, maternal abandonment resulting in admission to residential care and subsequent physical, emotional and system abuse. She saw childhood experiences including her mother leaving as deterring her from becoming involved in intimate relationships or seeking family life. As described above, Helen identified that she felt 'a little bitter' towards her mother. She thought the overall experience impacted in some ways on her capacity to develop relationships:

> *In later years I became full of compassion and pity towards others, but there was one that I could not give or accept - Love. I have been too little to cradle the love that my parents must have shown me as a small child, but from then on the road had been too steep and endless and this emotion was eventually non-existent in me – I cannot give it and I cannot accept it […] All that (the Housemother) could give to us vulnerable children was cruel names (lazy dirty tinker, scum of the earth, and much more) I know that I was not alone, but that didn't make it easier to bear.*
> (Unpublished autobiography).

Prior to meeting her husband, whom she described above as 'her salvation', Isabelle also described her difficulty in sustaining relationships:

> *I met people who wanted to help me but usually pushed them away because it meant taking direction […] I was in and out of relationships but usually self-*

> *destruct. I never believed that anyone could really care for me and pushed*
> *people who say they did past their limits.*

Some saw the impact as not all negative, however, and two described how their in-care experience had influenced their own child-rearing practice. Lewis described:

> *It makes you conscientious. I would never harm a child or hit them in any way.*
> *When my son was growing up, I took him to every place and every facility for*
> *him to get away from the environment he was growing up in.*

Lewis acknowledged that his son 'walked all over him'. He had difficulty in asserting appropriate boundaries, a feature identified by Finkelhor and Browne (1986).

Self-identification draws on relationships with others, such as friends, family, children, sexual partners among others (Jenkins, 2004). Many participants identified negative childhood experiences as impacting on family relationships in adulthood. As well as family relationships however, in-care experiences also impacted on wider social relationships.

6.4.6 Social relationships

One shared experience, reported by five participants was a sense of 'not belonging'. John explained:

> *One thing that all survivors share is a sense of not being part of life, of being on*
> *the outside looking in on your life- even at your own wedding- still a sense of*
> *looking in and not being part of it.*

Barbara explained the experience for her:

> *I sometimes wonder 'Am I real? I look at my hands and I say to myself 'Are*
> *these the hands that were there?*

Survivor descriptions of how they related to others bore stark similarities; 'being on the periphery', 'on the outside looking in', 'being on the sidewalk watching others living', 'entitled to belong nowhere and to no-one', 'feeling you don't belong to the world', 'pretending to be normal like other people', 'like an alien', 'coming through life like a zombie', 'a sense of loneliness' and 'not forming attachments in my life'.

One service provider participant, offered, quite unprompted, that this was his experience of former residents:

> *Certainly, I am aware of a couple of people who visited (the school) after (the police operation) and wanted to have a look around to see their bedroom, to see where their classroom was, look at photographs if there were any. I think it was part of needing to feel that it was real, being able to, if not get closure on it, to get affirmation, "Yes this really happened, this is where it happened; it was real. This is how it felt and now I can move on a bit."*

There could be many reasons. Van der Merwe and Gobodo-Madikizela (2007) write of the long-term impact of traumatic experiences. Such experiences may be dissociation related to post-trauma experiences or lack of confidence in making relationships. It could be related to the sense of 'having been away from the world', or the difficulty in being able to 'keep in touch', to visit their childhood home and those associated with it. It may be a manifestation of the 'shattering of the life narrative' (van der Merwe and Gobodo-Madikizela, 2007) or as suggested by Giddens:

> The feelings of unreality, which may haunt the lives of those whose early childhood basic trust was poorly developed, may take many forms. They may feel that the object-world, or other people, have only a shadowy existence, or be unable to maintain a clear sense of continuity of self-identity.
> (Giddens, 1991a, p.43).

For Lewis and Muriel, having a photograph, a very real and tangible object, which had travelled the journey from care with them, helped retain the memory that this had been 'real'. John's description (above) in respect of 'one thing that all survivors share' hints at an emerging collective identity in adulthood; that of a survivor of institutional abuse, a group who may share and understand these experiences. There have been tensions between care leavers as not all agreed with others being critical of the organisation with which they had a strong identity (Shaw, 2011). Freya spoke of challenging others about what she perceived as a denial of abuse in the past but feeling isolated by other care leavers who did not accept her interpretation of her experiences and of her sharing these with others. The emergence of the group identity of 'survivor' of institutional abuse or of 'care leaver' will be explored in more detail below in Section 6.6.2.

6.4.7 Perceptions of social services and the care system.

Difficulty in developing trusting relationships was identified by Finkelhor and Browne (1986) as one of the consequences of childhood maltreatment. Possibly linked to this and to their personal and family experiences, four participants reported a long standing mistrust of the care system. The care system is powerful, complex and decision-making processes in survivor participants' lives as children was not transparent. It is understandable that Alasdair took his grandchildren to live with him when they were orphaned, fearful of the consequences of the care system. Muriel discharged herself from hospital prematurely on discovering that her husband had placed their children in residential care, again fearful of the quality of the care that they might experience. Two participants reported that their experiences in residential care as children influenced them against residential care in their older years. Dorothy who had worked in a senior position in residential care of older people reported otherwise:

> *I would have no qualms about going into a home because of the ones I have experience of.*

She admitted however that she would not like to go into a home with nuns:

> *I can't see a nun on television or a nun outside without the whole thing coming back to me…..*

This has implications for care of older people, should any residents have been in residential care as children; particularly as it is clear that some had not shared full details of in-care experiences with family members and some faith-based former providers of children's services now provide residential care services for older people.

6.4.8 Impact over the life course: Discussion

While survivors of trauma may appear to be progressing in their lives, they may in fact have created inner defences, which prevent them from dealing with past trauma (van der Merwe and Gobodo-Madikizela, 2007). This might have been the case with some in this group of survivor participants. While some questioned why childhood experiences had not had a more profound impact, all identified ways in which their lives or those of siblings had been affected. While two had found comfort in religion, others found that early experiences had turned them against the faith of their

childhood. Several had married and held down steady relationships, while others spoke of difficulty in establishing intimate relationships. Several spoke of a sense of 'not belonging'and of being on the outside looking in'. Secondary consequences of in-care abuse impacted on life choices and achievements, creating difficulties in relationships through feelings of stigma or ambivalence about being open in respect of their childhood and; a sense of putting on a façade in social situations. For most, there was some adverse impact on identity and maintaining a coherent life narrative.

Reluctance to share details of in-care abuse had continued into adulthood but when historical institutional abuse became more common knowledge through the media during the 1990s, there were further difficulties in sharing this with family and close friends, as some feared encountering mistrust because of their original reticence to tell. It seemed that they had again been silenced. There could also be a risk that having not shared full details of in-care experiences, they may find themselves back in a residential establishment in their later years dependent on others for their personal care. In some instances, tensions and splits had emerged in families. Narratives are linked with other narratives highlighting again the importance for care leavers of finding ways of holding their personal and family narrative through accessing archives, records, photographs and visits to places holding childhood memories . The next section will consider the process whereby survivor participants recruited help.

6.5 Seeking Help

In previous sections, some survivor participants spoke of having experienced difficulties at times with personal relationships and with physical and emotional well-being, attributing this to childhood experiences. Some referred to recruiting external support. This was as follows:

Family and friends –Hesitant sharing	Alasdair Barbara Dorothy George Isabelle Kenneth
Professional services	Barbara Dorothy Freya John Norman
The media	Barbara Dorothy Edwin John Lewis Kenneth Muriel
Social communication	Isabelle
Other survivors	Dorothy Edwin Freya Helen Isabelle John Lewis Norman

6.5.1 Telling friends and family

It might be assumed that friends and family would be the first line of support for survivors as public awareness of historical institutional child abuse developed in Scotland in the 1990s. As discussed above however, experiences of survivor participants support literature that those who have experienced trauma have difficulties articulating this (van der Merwe and Gobodo-Madikizela, 2007); feelings of shame, stigma, powerlessness, guilt and difficulties in trusting others were often evident in their testimony, concurring with Finkelhor and Browne (1986). While Alasdair recalled that he had spoken openly of his experiences in the 1920s, this was limited:

> *I was able to tell people right away as soon as I got out, but I only remember telling one family member and neighbours - nothing official or to my father.*

By the time Dorothy left residential care in the early 1950s she had lost contact with her family. She did not speak of her experiences for several years:

> *Oh my god (it was) a lifetime (before I was able to tell of the abuse) I only started telling about it five years ago.*

Those who had retained contact with siblings, who had shared their care experience, were able to speak with each other. Barbara quickly learned that others were not so receptive:

> *Me and my sister would speak about things to one another […] I used to tell the odd friend what had happened but they thought I was exaggerating a lot of things because they didn't understand these places could be like that. I remember telling a boyfriend's mum and she was actually horrified, I think she didn't want her son to go out with me after that, she thought I was really wicked.*

Similarly, when Isabelle was working in a hotel in the late 1960s she fell into conversation with a guest who had lived in the same home some 30 years previous to her. They readily exchanged experiences. Once in a more intimate relationship with her husband, however, she found it difficult to share:

> *I told my husband bits and pieces over the years but he had no idea till I received my papers late 2005 and he read them, along with a message I posted on the website, just what my childhood was like. He is from a 'normal'*

> *(participant's parenthesis) family from (place) and had no frame of reference*
> *to draw on to help him understand the cruelty my sister and I had*
> *experienced.*

Without someone who had had similar experiences, it appears to have been markedly more difficult to tell, firstly of having lived in residential care as a child and secondly, of having been maltreated there. Similar to children having no frame of reference to comprehend and find words to describe their experience (van der Merwe and Gobodo-Madikezela, 2007) it may be as Isabelle suggests, there was fear that those from a more typical family background lacked the frame of reference to understand survivors' experiences.

Barbara suggested that the status and identity of her abusers still evoked disbelief when she was recounting childhood experiences as an adult. She explained:

> *These were nuns. They were holy nuns and no-one believes that they are going*
> *to do these things. Even friends (when) I was telling them, a lot thought I was*
> *exaggerating.*

Arguably, Barbara was silenced; historically the experiences of survivors of historical instiutional abuse was a minority narrative, not often heard. Since these interviews, several current and former service providers (including faith-based organisations) have been cited to give evidence at the Scottish Child Abuse Inquiry. Survivors have also been invited to give testimony hence the 'official' narrative will be publically challenged. At the point of these interviews, this was not the case.

There may have been additional factors at play in their reluctance to tell; shame and stigma about having spent time in residential care as a child inhibited some. Kenneth explained:

> *I was so ashamed of having been in a home, I didn't tell anyone […] I was*
> *always ashamed until (another former resident) got in touch.*

Kenneth felt 'shame' despite having been a child and having had no control over his parents' circumstances or decisions made about his life. Similarly Isabelle indicated that she couldn't tell friends and her husband about 'the more severe abuse' having been 'too proud to admit that I allowed myself to be treated that way'. 'Allowed' in this context suggests that Isabelle felt responsible for the abuse; in reality she

showed considerable agency as a child, but was 'powerless' in the face of the organisation to prevent this.

The interplay of a number of factors that had inhibited most from telling of maltreatment during childhood continued into adulthood; difficulty in finding the words, powerlessness, fear of disbelief, shame and stigma, the status and power of individuals and organisations, as well as feelings of 'having been 'away from the world' for many years. Some found that painful feelings resurfaced years later, and they wanted to talk about their experiences. Dorothy explained:

> *I think it was five years ago; I decided that I didn't have a job to take up my time in my mind (having retired) and my thinking it was all coming back to me and I decided I would need to do something about it and talk about it.*

Similarly, for John when work had less of a locus in life, intrusive thoughts of childhood returned. He summed this up:

> *It is really when you are older after maybe one or two divorces like me, as your life goes on, you are maybe working less and not having kids around, you get thinking about it.*

For several survivor participants, the media facilitated the process of sharing their experiences. This will be discussed in the next section.

6.5.2 The media and social communication systems.

Following reports of institutional child abuse in the national press from 1980s onwards, three participants published accounts of their experiences in the media. As public awareness of abuse in residential care in the UK grew during the 1990s, it seems to have given survivors words to describe childhood experiences and possibly a confidence that they would be believed. Four spoke of having found the media supportive. As described above, Dorothy found what she described as 'her story' on television programme 'The Leaving of Liverpool (Australian Broadcasting Company in Association with the BBC, 1992). This was the catalyst for her tracing information about her family. She phoned the Helpline advertised:

> *Someone spoke to me for a full hour on the phone, but out of that they did research and they found my brother. I had been looking all my life as soon as I left these homes, the first thing I started doing was looking for my brothers and*

> *sisters and my mother […] they found my brother about 8/9 years ago but he
> had just died.*

The media were also helpful in linking her with other survivors and heightening public awareness of institutional abuse.

> *I thought the world of the girls who stood up in court and I got in touch through
> the Daily Record with one of them […] I keep in touch with her still just to thank
> her for standing up and talking on our behalf.*

Dorothy, Barbara, Lewis and Kenneth identified television and other media as particularly important in telling 'their story'. They were possibly able to see their childhood experience objectively, validating this and giving them the words to begin to complete their personal narrative.

The Internet gave some the opportunity to connect with other survivors, including their former peer group in residential care. Isabelle who lived abroad, used the Internet to keep in contact with childhood friends and to respond to this interview:

> *Unless you have Internet support (it is) very difficult. I fear that many older
> people who don't have computers have no idea what support is even available.
> Tom Shaw's Abuse Review for example. Unless you are on the Internet or
> already involved with a support group or know someone who is, there appears
> to be very little advertising done to encourage people to speak about their
> experiences.*

This touches on a number of themes emerging in this section; connecting with other care leavers and survivors, identity and reparation for historical wrongdoing.

6.5.3 Other survivors

As discussed in previous sections, the peer group was referred to by some participants as having been an important source of mutual support during childhood. Eight specifically spoke of the importance of mutual support in adulthood from those who had shared the experiences of residential care during childhood. Dorothy explained:

> *I still carry the scars today but the worst scars can never be seen except by other victims. The scars of the mind, the hurt and pain, and the imprint left on my mind.*

Some childhood friendships had continued into adulthood. For others, relationships were rekindled and new alliances made once contact was resumed since the 1990s. One participant had established a support group for survivors of abuse in residential and foster-care. This group took on a campaigning role and proved popular as childhood friendships were rekindled and new friendships forged. Norman suggested:

> *Other survivors were helpful. You are the expert in sexual abuse.*

Isabelle thought it important that support be from those who had shared her childhood home:

> *There are groups that deal with other institutions as well, but my experience is that most of us need to talk to people who share our particular home or environment. That's where the real understanding lies.*

Such reflections endorse Plummer's analogy discussed (1995) above of narrative as a bridge.

Not all participants wished contact with other survivors however. Barbara was hesitant about becoming involved with others who shared these experiences, citing two examples:

> *I taped (Frontline Scotland) and I was watching it and I was really distraught when I was watching it because a lot was the same things that had happened to me and the worst thing was watching the old folk […] And I kept thinking, am I going to be like this, is it never going to leave me is it going to take me right to my grave and I will never get over it?*

> *[…] I'm scared to get involved with people that are victims because I did speak to one woman […] some years ago, and I felt really depressed when I came off the phone…she was in court telling of things that they had done to her you know and of course she wasn't believed and it made me feel worse […] I don't know, I feel I want to support but I don't feel I want to go down the road of feeling pity and sorrow, I just want things to be positive.*

While self-help groups held an important locus for some, several survivor participants also accessed professional support services.

6.5.4 Professional services

Historically the support offered to those reporting institutional abuse has been inadequate with the only support available being the investigative team (Barter, 1999a). Recent research (Lueger-Schuster et al., 2018) argues that adult survivors need evidence-based psychological treatment (Schnynder, 2015 cited by Lueger-Schuster et al. 2018) to address patterns which increase the risk of repeated traumatization, to enhance coping skills and strengthen a secure attachment style. Black and Williams (2002) meanwhile identified that survivors had individual needs, resilience and hopes, thus needed individual support packages. Survivor experiences in this study endorse the need for discrete provision tailored to their personal needs. Despite the lack of specialist services at the time, five participants reported having received counselling, psychology or psychiatric help. For some it was very positive and helpful. Dorothy explained:

> I got some counselling from a very nice lady […].she said I could continue longer than a year if I wanted, but I felt, it doesn't take it away but it helps you that someone else knows.

For Barbara, it was not such a good experience however. It was difficult to identify what differentiated the two beyond the quality of the therapist:

> I've been for counselling lots of times but sometimes I end up counselling the other person. There was one person she was telling me about her problems and I was going 'oh that's a shame'.

Three were positive about psychiatric services while two were critical. Having chanced to meet someone who had been abused around the same time as him, Norman hit a crisis. He described himself as unable to handle the anger evoked. 'What worked' for him was a combination of personal space and appropriate services:

> I knew I needed to be alone to sort myself out. I was aware of my difficulties.

> After I told the police, I went into hospital. I have never had any convictions or drink problems but I went into hospital about three weeks later and spoke to someone for two and half hours. I then went as an inpatient.

I then had another psychiatrist. She was brilliant. I worked through it from childhood. I also thought of the good times. I was in hospital for 31/2 months. She was the fourth psychiatrist and was giving me feedback and working through things. She helped me work through things and think of good times. Other psychiatrists put interpretations on it and don't want to talk about the abuse. They wanted to talk about schizophrenia but that wasn't the cause - they keep deflecting from it. A lot gets lost. They did the assessment in twenty minutes. They were not deflecting from the point in hand - there was an unwillingness to look at it.

Since 2000 I have been getting an education at (place). The nurses in the day-centre encouraged me. I have enjoyed it. Reliving the experiences means that I missed being 18-25. Emotions, feelings and experiences now coming together in one and I have a chance to relive the time I missed.

He concluded 'I am not ashamed any more'. Norman then found an agency that specialised in support for male survivors of abuse. 'What worked' for Norman appeared to be a resource that helped him complete his narrative using what might be regarded as a 'person-centred' approach.

George had not been able to find an appropriate service. He did not see himself as requiring counselling, rather 'someone to talk to'. He offered the following:

I don't believe that there is an identified agency to help. It needs some kind of agency, which is:

- *Apolitical;*

- *Not representative of one individual organisation, but egalitarian and transcended the spectrum, therefore available to all;*

- *It needs top class, qualified people to run this agency;*

- *Confidentiality is important;*

- *I would see it funded by the Scottish Executive - not disparate, addressing a wide range of issues;*

- *Needs to be quality provision employing quality personnel.*

It may be that rather than therapeutic services, some are seeking advocacy to access records, acknowledgement of wrong-doing and the relevant agency accountability for past injustices. This will be more fully discussed below in Chapter Eight.

6.5.5 Seeking help: Discussion

One key theme throughout this study has been the reluctance of survivors to disclose details of institutional childhood maltreatment with friends and family, arguably a continuation of the 'silencing' experienced in childhood. Factors such as stigma, concern that others may lack the frame of reference to understand their experiences and fear about not being believed were cited, concurring with findings in literature (van der Merwe and Gobodo-Madikezela, 2007; Finkelhor and Browne, 1986). The media, newspapers, television and the Internet were significant in facilitating survivors sharing experiences. These helped them recognise and articulate their personal narrative; social media helped them connect with other survivors and childhood friends. This brings into the frame features of modernity discussed above, the increased institutional and personal reflexivity and the ease with which people can connect across the world on account of the dynamics of time and space through the media, the internet and the telephone (Giddens, 1991a). There was also a role for professional services; counselling and psychiatric services to address the consequences of childhood adversity. Therapeutic services sought by survivors did not appear to be universally available although access to appropriate services has since been initiated by Scottish Government (Future Pathways, 2017). Alongside the importance of professional services, mutual support continued as significant for some, raising issues of identity. This will be discussed in the next section.

6.6 Identity

This section synthesises findings in respect of identity and considers the way in which the collective identity of 'survivor of historical institutional child abuse' has emerged, becoming a force in campaigning for justice.

6.6.1 Personal identity

Having been subject of scholarship for centuries (Erikson, 1969; Giddens, 1991a; 1991b; Hobsbawm, 1998; Jenkins, 2004), identity may be taken for granted (Jenkins, 2004). Self-identification is thought to be similar for adults and children drawing on relationships with others in our lives (Jenkins, 2004). For some, such as Dorothy,

Edwin, Helen, John and Muriel, primary identification appears to have occurred in birth families and in-care experiences became part of the elaboration. Despite the challenges of her in-care experiences, Helen held fond memories of family life, of receiving visits and gifts; John and Muriel perceived their families as having taken protective action, supporting their returning to live with them. Although she lost contact with her family, Dorothy retained a strong family identity. Dorothy reflected:

> *I've been looking for my family all my life.*

Dorothy had incurred considerable financial expense in the process of finding her family. By the time she traced them shortly before this interview, her parents and siblings were deceased. Dorothy delighted in finding nieces and retained contact until her death in 2013.

By way of contrast, neither Lewis nor Freya referred to family life before admission to residential care, and Lewis made only brief reference to family thereafter. Having been unaware of the existence of a sibling in the same home until aged 12, discovering aged 14 that he was her twin, it is possibly not surprising that Freya had little contact with family after leaving care as she identified little with them.

For all survivor participants, self-identification was elaborated by their in-care experiences. They encountered an amalgam of messages from those around them; residential staff, Religious and managers, childcare officers and teachers, family and peer group. In some instances, opportunities in care were a positive influence on personal identity; despite many unhappy experiences, Lewis identified strongly with one residential unit. Present day staff appeared to appreciate their significance in the lives of former residents, acknowledging the agency as existing 'over time'. Within the care environment, the choir leader contributed to Dorothy's self-identification as 'musical' unwittingly retaining tenuous links with Dorothy's family identity. Dorothy subsequently traced family members:

> *I have since discovered that all my family were musical and I am now in the last four years taking piano lessons […] I am rubbish but I love music.*

Many years later Dorothy visited one of the Religious with whom she had had a positive relationship when the nun was in a nursing home. She was moved that the Sister remembered her:

She is in her nineties. I went to visit her two Christmases ago and she has got
Alzheimer's and she is going blind and the girl said "this is (Dorothy)" and she
sat back like that and she said "(Dorothy) that sang in the choir" and I said "yes,
the same one" and I said "will we sing a wee hymn?" And we sang a wee hymn
and she remembered then.

Although her siblings were dead, there was a sense of Dorothy reclaiming family identity through connecting with her nieces and through music. The identity of being 'musical' remained important to Dorothy throughout her life, providing cohesion to her narrative and linking family and residential care in a positive way.

Some in-care experiences proved destructive in respect of identity. The influence of separation of siblings was life-long for Dorothy and Carol-Anne. Institutionalised practices such as Lewis's returning from school where he was referred to as a 'trouble-maker', and a 'home-boy', to a residential establishment where he was further punished for behaviours at school, arguably reinforced a negative self-identity. Having been told that she was a 'disappointment' during the transition from care, Isabelle saw herself as a 'bad girl' from then on. Alongside these sat ascribed identity such 'as long-termer', 'bed-wetter' 'illegitimate' or moral judgement based on parental lifestyle such as 'prostitute'; all such identities were perceived as influencing the way in which children were treated.

As discussed above, spiritual abuse also impacted on identity. Adoption of religious identity may be a matter of individual choice in adulthood but often has childhood links to family and cultural identity, reinforced in rituals throughout life (Jenkins, 2008). For survivors who had already had troubled relationships with their family through poverty, trauma and loss and where identification with birth family had been disrupted through admission to care, alienation from the religion of their childhood caused further distancing from family identity, arguably 'an injustice to the family line' (Thompson, 2002, pp. 130-147).

It is argued that identity is created and more or less continually reordered over the life course (Giddens, 1991a; Maynes et al., 2008). Friendships, marriage and family life offered a chance to move on from childhood experiences, an opportunity to 're-order their identity'. Isabelle described her husband as her 'salvation' and Freya spoke with great affection about life with her husband. For Freya, this could not be sustained following his death however and at the point of this interview, she found herself

bereft, trying to 're-order' her identity without him, amidst increasing media publicity of institutional abuse, bringing memories of childhood trauma to the fore.

6.6.2 Collective identity

Van der Merwe and Gobodo-Madikezela (2007) remind us that our stories are intertwined with the lives of others, and this interaction forms part of its total meaning; it is also suggested that there is often congruence with others in our lives reinforcing a coherent sense of personal identity over time and space (Jenkins, 2004). While family relationships and family identity may have been impaired for some, experiences shared indicated that for some, the peer group was important in the process of 'orientation' to residential care; the relationships and collective identity, which developed between young people were described as strong, supportive and nurturing. Apart from episodes of bullying, there was a strong collective identity, what Jenkins (2004) refers to as a product of collective internal definition. Several participants who reported difficulty sharing childhood experiences with partners and friends who had not been in public care, referred to the close affinity between survivors of institutional abuse connecting either face-to-face or via the Internet and social media. Despite ambivalence about revisiting the past, Isabelle wrote of her gratitude for the collective identity and empathic response of fellow survivors:

> *There have been times I wish I'd never visited the website or e-mailed him or seen (my friend's) name or decided to send for my records, because it all turned my perfect world on its axis for a while. I've never been active about anything except my own comfort, but find myself passionate in my support of all that the (survivors support) association is seeking to achieve and I've formed lasting friendships with people I understand and who understand me perfectly. Such a relief to finally talk to people you don't have to explain yourself to.*

As described above, these relationships appear to have been resurrected in the 1990s with the emergence of the Internet, and of participant-led groups for care leavers and survivors of institutional abuse. Some have chosen to group around the organisation responsible for their care such as FBGA (Former Boys and Girls Abused of Quarriers Homes), others have chosen to group around their status of survivor of institutional child abuse such as In Care Abuse Survivors (INCAS, 2012). Some may be members of groups organised around the status of care leaver, such as Care Leavers Association (2015) or former residents' groups and 'old boys' and girls'

networks' associated with particular organisations. What was apparent was the mutual support between survivors and care leavers, arguably similar to supportive sibling relationships. Some have extended this to creating a type of identity such as Survivor, Victim-Survivor or Care Leaver, which, like other collective identities such as Disabled and Feminist, has become associated with a campaigning role to bring about change and achieve justice.

Continuing the sibling analogy, tensions were reported between care leavers with some censuring others for being critical of the organisation with which they had a strong identity. Freya spoke of challenging other care leavers about their denial of abuse in the past:

Not a person stood by me, not a person stood by me.

Service provider participants supported this. Uilleam differentiated former residents comfortable with the organisation who engage with the 'old boys' and old girls' network', arguably identifying with the organisation and others for whom as he described the organisation was 'almost a manifestation of the abuse'. Val meanwhile spoke of a former resident who wrote to Ministers at Westminster advocating for convicted staff saying:

You must know some of these are false allegations, I was here and I had a good experience here and there was nothing of the sort.

Arguably this is not dissimilar to the splitting, which can occur in families when one child reports abuse disclosing a 'family secret' denied by siblings.

6.6.3 Identity: Discussion

As alluded to throughout this study, survivor accounts indicate that experiences of institutional child abuse influenced developing identity, both individual and collective. Several factors were pertinent; family contact while in care, quality of relationships and opportunities offered within the care establishment. Experiences varied; for some, family was an important part of their narrative retaining a strong sense of family identity despite having lost contact with family at a young age; others developed a strong identity with the care establishment.

 In-care experience influenced developing identity for all. Dorothy was able to reconnect with her family identity through a narrative of music; others were alienated

from family thus breaching family identity. Leaving care offered some, such as Isabelle an opportunity to create a different narrative through new relationships and experiences, but all in this study related to the identity of care leaver or survivor of institutional abuse. Through the collective identity, some were able to reconnect with childhood friends and other care leavers with whom they could comfortably share experiences. This will be discussed in more detail in Chapter Eight Accessing Justice.

6.7 Implication of In-Care Experiences: Conclusion

Survivor narratives converged in this chapter. While lives lived were varied, all identified themselves as having experienced abuse as children in residential care and had joined groups for survivors of abuse, mostly groups for those abused while in public care. Features of resilience were evident, with several showing a capacity to adapt positively to childhood adversity and put energy into improving their lives. It seems however that all were presenting a façade to the public world.

All identified personal characteristics, which they linked with negative in-care experiences. Despite having had what may be regarded as fulfilling careers, some reported lacking confidence, poor self-esteem or difficulty in establishing intimacy. It is possibly not surprising therefore that some reported having not disclosed full details of their in-care circumstances with close friends and family unless they too had shared such experiences. Arguably by the time they were able to articulate this as adults, constructs of childhood and abuse had changed; for some, childhood experiences took on new meaning and they were required to share, sometimes for the first time, experiences which often carried associations of humiliation, pain and stigma. While heightened social awareness and media coverage since the 1990s provided the language and an opportunity to identify historical institutional abusive practices as 'their story', for some, attempts to share with family and friends were met with mistrust that they had not told previously; all at a time when they needed such support. Effectively some continued to be silenced.

It is possibly not surprising that when technology offered the opportunity through social media to reconnect with peers who had been their main support in childhood and others who shared such experiences, that such relationships became significant in later life, for some as if in lieu of family. It may be argued that social media can displace time and space. These connections, linked with the reflexivity also

associated with modernity (Giddens, 1991a; 1991b) resulted in a challenging of traditions, such as the power held by the Church and became a campaigning force for survivors accessing justice. This will be discussed below in Chapter 10: Conclusion and Recommendations.

Narrative and identity also emerged as themes. Feelings of 'not being part of life' 'on the sidewalk watching others living'; arguably, it is difficult to establish a 'norm' but such features are identified in literature as linked to trauma (Giddens, 1991a), a manifestation of 'shattering of life narrative' (van der Merwe and Gobodo-Madikizela, 2007). Completing life narrative had been challenging with several of the survivor participants experiencing difficulty accessing personal recordings of in-care experiences or finding that these offered a different personal narrative from that carried since childhood. This impacted on the developing sense of identity as did some of the in-care experiences. Separation of siblings and alienation from the religion of their family of origin also impacted on developing narratives and identities serving to cause a rift in the family line for some (Thompson, 2002).

Literature reminds us of the complexity of narrative analysis; that narratives present a complex form of evidence built on a recognition of their location at the meeting of the individual and the social (Maynes et al., 2008). Survivor participants may be unaware of the complex context of their personal narrative, of the changing legislative and policy basis of their experiences. Service provider participants partially elucidated survivors' experiences. They were frank as to the challenges experienced when supporting care leavers access personal records; judgemental language and incomplete records. There were some valuable insights for future practice; the nature of 'care' is changing, and, whereas residential establishments previously 'held' a child's life, the in-care experience of a child today is more likely to be episodic, hence the need for agencies to record in ways which can contribute to a child's life narrative held elsewhere. It was also suggested, that agencies need to think of themselves as existing over time; to be aware of the historical dimension of their work, keeping people and systems in place to look back, hold the history and meet the needs of care leavers seeking to complete their narrative while planning for children in care today and in the future.

The next chapter explores the service provider perspective in more depth.

7 Findings and Analysis IV: State and Service Provider Voices

7.1 Introduction

In seeking to understand the experience of adult survivors of institutional abuse over the life course, previous chapters have focussed on survivor participants' memories, narratives and identities. Maynes et al. (2008) remind us that personal stories are constructed within and against other types of public narratives but that cognisance must be taken of the larger forces within which such accounts are constructed, whether or not narrators explicitly refer to these when talking about their lives. Such personal narratives may contradict public and historical narrative (Maynes et al., 2008). This was exemplified in this study. It was clear that most survivor participants had experienced difficulty in completing their personal narrative for reasons discussed above, but much of their childhood narrative was either held by or entwined with the narratives of the service provider.

While the dominant historical narrative of residential childcare in Scotland may be in the public domain through writers such as Abrams (1998), Ferguson (1966), Magnusson (1984; 2005) and Murphy (1992), childcare providers could provide information to contextualise personal narratives, factors as yet unknown to survivors. All had provided residential childcare services historically, and most had experienced survivors approaching the organisation to report historical institutional child abuse. The material was rich and informative, providing a counter-narrative to those of survivors. The following is a breakdown of the service provider participants:

Service Provider	Participants
Service provider 1: Statutory Provider	Quiana: Senior Officer Child Protection Rachel: Practice Team Leader Sexual Abuse Counselling Project
Service provider 2: Voluntary Childcare Provider (Scotland only)	Sally: Former Social Worker now Archivist Tom: Senior Manager
Service provider 3: Voluntary Childcare Provider (UK)	Uilleam: Safeguarding Manager Xander: Manager at a residential school
Service provider 4: Residential School	Wilhelmina: Chief Executive Yvonne: Personal Assistant to the Chief Executive Val: Head Teacher
Service provider 5: Agency providing access to records information	Zoe: Access to Records Manager

Personal narratives need to be understood in a social, cultural and historical context (Maynes et al., 2008). Arguably service provider narratives need to be seen from a similar perspective. As discussed above, there have been different views on childhood, families and the relationship with the state over the years, all of which has had implications for the historical development and role of service providers. It was also apparent that at different points in history, childcare services have received varying degrees of priority in respect to resource allocation and staff training (Murphy, 1992).

7.2 Service Provider Narratives

Literature such as Corby et al., (2001), considers the impact on service providers of recent concerns in respect of institutional abuse. There was no evidence of over-defensive practice in this study, nor any doubt expressed by service provider participants as to the validity of survivors' experiences; on the contrary, concerns were indications of 'blow to morale' (Corby et al., 2001). Two participants had worked within residential units where young people had been being sexually abused resulting in investigation, suspension and conviction of staff. Both described feelings of guilt, fear, powerlessness, doubt, stigmatisation and betrayal of trust, not only difficulty in trusting colleagues, and the wider organisation, but also in trusting one's own judgement. resonating with the dynamics of abuse itself (Finkelhor and Browne, 1986).

The influence of allegations of institutional abuse on team dynamics was more complex, possibly influencing the reception that some care leavers experience when contacting agencies. Val described the reverberations for staff when sexually abusive practices emerged within the team; that there was the range of responses similar to those that may be expected in a family in similar circumstances– acknowledgement and denial along with an element of organisational silencing, possibly, he acknowledged because of the investigative task and the importance of 'non-contamination of evidence', possibly fearful of reputational damage, concurring with over-defensive practice on the part of the agency (Corby et al., 2001). Wilhelmina suggested that survivors would benefit from a third party when approaching agencies reporting historical institutional abuse:

> *What survivors actually need is a professional. They do not need someone who is going "Oh my God! Oh my God! This organisation for whom I am a believing part of has treated this person abominably" and I think that is an important part of why survivors need to be accompanied by people who have no vested interest in proving or disproving anything within the organisation. All they want to do is support the survivor and they can probably find themselves in the business of mediating between two sets of opposing emotions.*

Such challenges described by service providers, possibly provide a context to Barbara visiting her childhood home, where she wanted 'to go back and make things OK, but it never happened'.

7.3 Meeting Survivors

Resonating again with notions of defensive, over-bureaucratised practice (Corby et al., 2001), two service provider participants referred to legal advisers intervening to direct their response to survivors, arguably representatives of 'functional specialisation' identified as a feature of modernity (Giddens, 2001b). Quiana had met with a survivor along with a senior manager and another person at the survivor's request:

> *It gets very hard because if you are listening to legal advice, they are saying that you can't go down that route it makes the council responsible etc. the claims etc. […] On that occasion we were able to move around it. Re. Legal Services apology, some are more open than others. They come from a different perspective. They are in fact called 'Protective Services'. I am coming at it from*

> *a welfare angle and it doesn't make a difference to explain the difficulties in*
> *them coming forward. The other frustration is that sometimes we are told that*
> *cases are 'time-barred'. We say this person wasn't able to come because of a,*
> *b and c but it doesn't seem to make any difference.*

In referring to herself as coming from 'a welfare angle' this is arguably similar to the 'theological discourse' suggested above by Thompson (2002).

Most service provider participants indicated that they were not permitted by legal advisers and insurers to talk with survivors about civil claims once these were underway, but Uilleam indicated a more systemic resistence to engaging with survivors:

> *They can still access their records but civil rules being what they are, that limits*
> *what we can say. Anything pertinent to the case; it limits our discussion.*

Contact with survivors alleging abuse was perceived as posing a risk of organisations becoming financially liable. Such a stance supports the argument, that there is a contemporary preoccupation with risk, controlled through risk management strategies (Garfat, 1998; Horwath, 2000; Howard, 2012; Smith, 2009;) supporting notions of 'colonising the future' (Giddens, 1991a, p.114). The next section considers policy and procedures, one means of managing risk.

7.4   Application of Policy and Procedures

All agencies followed procedures if former residents alleged abused while in care. This was believed by service provider participants to ensure clarity and consistency in response although Tom advised that the organisation was also required to demonstrate having good policies, practice and procedures in place in order to obtain insurance cover.

There appeared to be a broad consensus between service provider participants that if approached by a survivor alleging historical abuse, either they, or a line manager would encourage them to refer the matter to the police. The service provider task would be supporting the investigation with paperwork, records etc. There was tension however between supporting survivors to come to a decision about referral to the police in their own time and the urgency of child protection. Quiana was quite directive:

I would explain to them that really, they should speak to the police. If I felt a criminal offence had been committed, I would say it would be good if you could talk to the police, I would explain I can assist by explaining what police office to go to, what a police officer does if this is appropriate. Sometimes people are reluctant to go to the police in the first instance, in which case I would try to access records which would for example give them data to corroborate times people, places these kind of things; at that point, I am thinking I could bring them to a point where they can go to the police I am thinking. My priority at this stage-is the alleged perpetrator still involved with children?

If deemed that others may be vulnerable, all provider participants would refer to the police as a matter of course. It was not possible to determine whether involving the range of agencies described could be deemed 'over-defensive, over-bureaucratised, and proceduralised practice' (Corby et al., 2001); it was clear however that there were bureaucratic processes in place directing agencies responses.

Despite procedures, there were still judgements to be made. Quiana acknowledged that as definitions have changed over the years, it was difficult for agencies to decide whether survivors' experiences could be defined as abuse over time. Wilhelmina similarly queried what constitutes 'historical', a question which both Scottish and Westminster Governments have had to address in policy development. Such uncertainty could impede survivors achieving a supportive and just response when approaching the service provider formerly responsible for their care.

7.5   Institutional and Organisational Identity

Identity was not only relevant to survivor participants but also to service providers. Jenkins (2008, p.45) describes organisations as 'organised and task-oriented collectivities', constituted as networks of differentiated membership positions that bestow individual identities upon their incumbents. The 'incumbents' in the case of childcare providers may be both current and former staff, as well as current and former service users who identify with the service provider, such as 'old boys' and girls' networks' referred to by Uilleam above. It is beyond the scope of this study to complete an in-depth analysis of identity of childcare providers but although only a small number of participants from agencies were interviewed, there were indications that allegations of historical institutional child abuse challenge the reputation,

narrative and identity of service providers, particularly voluntary and private agencies reliant on attracting funding.

Jenkins (2004) reminds us that organisations typically have a substantial and visible presence, that become a feature of their identity in the world, and that 'an individual's organisational identification may be framed as much by that organisation's public image as by her presentation of self' (Jenkins, 2004, p.186). Tensions for practitioners became apparent in respect of their personal, professional and organisational identities. Val reported that in the face of adverse publicity, staff had 'been annoyed' when, during publicity about historical abuse, a directive had come from the headquarters to remove the sign from outside of the school gate 'because we don't want it on the television'; Rachel was prohibited from extending an apology to survivors on institutional abuse because of concerns of legal advisers and insurers acting for the organisation. Such conflict could contribute to tensions between service providers, care leavers and survivors. This will be discussed in more detail in Chapter Eight.

7.6 State and Service Provider Voices: Conclusion

As discussed above, it was suggested by one service provider participant that in approaching the service provider, survivors might be holding the organisation of their childhood in mind. Drawing on the work of Finkelhor and Browne (1986), there is therefore a risk of survivors and service providers unwittingly re-enacting the power differential between abuser and child experienced during childhood years.

Service provider participants were sensitive to the emotional experience of survivors and care leavers. They identified systemic barriers to former residents accessing full details of childhood circumstances while in public care. They were however, limited in their capacity to respond to survivors; at times under instructions from senior management to avoid reputational damage or from legal and insurance services to avoid inference of liability. While they endeavoured to provide access to records, archived recordings were often in disarray, the quantity and quality insufficient for survivors' purposes. Meanwhile the processes involved in historical institutional child abuse not only impacted on the developing identity and narrative of survivor participants, but also of service provider participants, potentially affecting organisational reputation and staff morale, both as individuals and as a group. Such

tension has implications for both parties as survivors seek to access justice. This will be discussed in more detail in the next chapter.

8 Findings and Analysis V: Accessing Justice

8.1 Introduction

Although there is now a plethora of inquiry reports and critical analysis, little has been written about survivors of historical institutional child abuse accessing justice in Scotland and the UK. In this chapter, experiences and narratives of survivor participants come together with those of service providers. Individual narratives are embedded in social relationships and structures, existing at the intersection of a number of individual and social dynamics, processes and temporal domains (Maynes et al., 2008). While service providers were able to elucidate some of this backdrop, it seems likely that survivors were unaware of the complexity of the context within which their personal narratives had developed and were currently located. Since the 1990s, Western nations and states appear to be recognising their obligations in respect to historical institutional child abuse (Sköld and Swain, 2015) and more recently, Scotland has been exploring ways of meeting its historical commitments to survivors.

This chapter will firstly explore survivor participants' aspirations for justice, then barriers to achieving these. The following is a summary:

Participant	Preferred Remedies
Alasdair	Meet representative of Church; Acknowledgement of wrongdoing; Apology from Bishop; Abusers convicted (recognised now deceased).
Barbara	Acceptance by service provider of survivors' experiences; Acceptance by service provider and Church of wrong-doing and public acknowledgement of responsibility; Service provider held accountable; Apology; Compensation; Non-repetition; Reconciliation; Public Inquiry; Abuser held accountable in court.
Carol-Anne	Obtained financial compensation prior to interview.
Dorothy	Public acknowledgement of wrong-doing and explanation by service provider; Meeting representative of Catholic Church; Natural Justice.
Edwin	Acknowledgement of wrong doing by service provider; Apology from Catholic Church, not from Government.
Freya	Judicial Inquiry; Service provider called to account.
George	Acknowledgement of wrong doing by service provider; Identification of abuser/s; public unqualified apology; Meet management of service provider.

Participant	Preferred Remedies
Helen	Acknowledgement by service provider; Apology without reservation; Compensation for younger generation.
Isabelle	Full, unqualified, public and personal apology by the service provider; Service provider held to account; Critical of 'tepid' apology of First Minister and conditional apology of Chief Executive; Public Judicial Inquiry.
John	Apology linked to acknowledgement by church of wrong-doing.
Kenneth	Admission and Acknowledgement of responsibility by service provider; Explanation by placing agency including where money (from farm-work) went to; Apology.
Lewis	Compensation; Public recognition; Abuser held to account (recognised now deceased).
Muriel	Compensation/financial reparation.
Norman	Abuser held to account in court; Compensation.

These will be discussed within the context of Scotland's strategy for historical institutional child abuse.

8.2 Thoughts on Justice

Survivor responses endorsed Kennedy (2005) who described justice as not only a result, but a process which is multi-faceted. George was concerned about the process of justice as well as the outcome. He described what may be regarded as a 'rights-based approach', not only rights in respect of survivors, but also of staff innocent of malpractice:

> *A view of justice has to be predicated by a view of rights of the individual. I would like an acknowledgement by the Council of Management of (the Organisation) that it did happen, also by the local authority for placing me there. Once it has been acknowledged that it did happen, those responsible must be identified. It is not fair to stigmatise and tarnish all staff at (the Organisation). There are some marvellous people (there). We knew them.*

George echoed the view of several participants, that responsibility for abuse was partly systemic; while the perpetrator held responsibility, the service provider formerly responsible for their care and in some instances, the placing agency should acknowledge the abuse and their failure to protect. His perception of justice also included those responsible being held to account. As discussed in Chapter Two,

acknowledgement and accountability are key components of the framework for delivering justice to survivors of historical institutional child abuse in Scotland (SHRC, 2014).

Justice was identified by three participants as not only relevant for those living but also for those deceased and their families, and others unable to express themselves. Helen was concerned to ensure recognition of those who had taken their lives:

> *I don't think there is anything people can do practically at least for many of the lonely (former residents) and all these suicides which no-one recorded and are covered up.*

Transitional justice has proved to be a useful framework internationally when addressing historical institutional child abuse.

8.2.1 Transitional justice

The theory and practice of transitional justice utilises a framework, which embraces three components; acknowledgement, accountability and reconciliation (Karim and Kendrick, 2014). Survivor responses concurred with this framework; they were seeking acknowledgement of their negative experiences while in public care and that individuals and service providers be held to account. Barbara was also seeking reconciliation with the service provider responsible for her care. Acknowledgement, accountability, reconciliation and the barriers to survivors achieving justice will be discussed in this section.

Acknowledgement

Acknowledgement in the context of transitional justice takes various forms and this section considers those remedies identified by survivor participants; acknowledgement, truth commissions, community awareness, apology and commemorative activities.

One service provider participant told of a survivor seeking little in terms of either acknowledgement or accountability. As outlined above, Sally noted during an 'access to records request', case recordings indicating that the care leaver had been sexually abused as a child while in care of the service provider. She and a senior manager visited:

> *He said he knew about it, he spoke quite a bit about it, he didn't want to take it any further. He spoke about who it was but was pleased we had been up front about it. We explained he could take this further, he could get legal advice if he wanted to make any claim against us but he didn't. He said it was great to talk about it and to recognise it had been acknowledged.*

This encounter was followed by a letter from the organisation. His experiences having been acknowledged by a senior manager, however, the former resident was insistent that he did not wish to take the matter further. Survivor participants in this study were seeking a resolution similar to this; personal acknowledgement of historical institutional abuse by a senior manager of the organisation responsible for their childhood care. None had received such a response.

Alasdair proposed that it would help the healing process 'if they realised that they should not have behaved that way'. Similarly Barbara was seeking acknowledgement and apology; she also hoped that children in future would not suffer as she did:

> *Justice for me would be for them to openly admit that they were wrong, but maybe they weren't prepared for looking after children and for them to say that they are sorry. For the ones they are saying they don't believe, I want them to believe us, but maybe that will never happen, but I want it to be so no one else has to go through these things and for me it will be justice in a way because it will mean I have been heard, and it will put these laws into place that no other person needs to go through what I went through, and no one will end up disturbed and have the childhood that I had.*

'No other person need(ing) to go through what I went through' resonates with the notion of 'guarantee of non-repetition' (Hayner, 2001; SHRC, 2010) alluded to above. As discussed, survivor participants had had varying degrees of success in establishing contact with the service provider formerly responsible for their care, indicating the difficulty for survivors acting alone when such initiatives are not supported by political commitment and a national framework such as the Action Plan on Historical Institutional Child Abuse in Scotland (SHRC, 2014).

Some abused by members of religious communities perceived the Religious and Church as interconnected and were seeking acknowledgement by both parties. John explained:

I don't want compensation. I don't want an apology without an acknowledgement from the Catholic Church that it happened. An apology is not worth anything without an acknowledgement that it happened.

John sought an apology linked with acknowledgment of abuse by the Catholic Church rather than simply the nuns responsible for his care. While there had been denial of responsibility on the part of the Church in the past in respect of such episodes of historical institutional child abuse by members of religious orders, in reviewing the safeguarding procedures and practice of the Catholic Church in Scotland, the McLellan Commission (2015) acknowledged the complexity of the Catholic Church administration and that there was some confusion historically as to where responsibility lay in respect of abuse by members of the religious orders. The Commission recognised that survivors saw themselves as abused at the hands of 'the Church' and found that there must be consistency of approach between different authority structures and across dioceses in meeting their needs.

Truth commissions

One method of acknowledgement of historical injustices, used internationally is the truth commission. Amongst other tasks, Truth Commissions gather narrative testimony of survivors (Sköld and Swain, 2015). While some argue that the Truth Commission is more likely to achieve the truth than adversarial measures (Torpey, 2003), Hayner (1994) suggests that there can be limitations on what they achieve. Truth Commissions take different forms. In Scotland, the function is currently located with the National Confidential Forum (2017) and the Scottish Child Abuse Inquiry (2017) but these did not exist in Scotland at the time of these interviews. As discussed above, survivor participants were seeking acknowledgement by the agencies seen to be responsible for their care, the care provider and placing agency and in the case of faith-based organisations, the Catholic Church. Both of these initiatives are independent of those involved in their care, and is not linked to apology or other methods of reparation. Apology will be discussed in more detail below.

Community awareness

Some thought that responsibility lay beyond the individual and the care provider. Lewis wanted 'the people of today' to listen and to acknowledge their failings, alluding to recognition by members of trans-generational communities and citizens as described by Thompson (2002). Similarly Dorothy suggested:

> *I think justice is still to come........sometimes I feel that if they would come out and tell the world what happened and tell them we are not telling lies, I couldn't make up half the stuff that went on.*

Justice for some survivors therefore included public acknowledgement of wrong-doing by placing agencies and the care provider; recognition of survivors' experiences, establishing some form of public records and assurance that it would not happen to other children. Several were also seeking apology.

Apology

Apology is complex (Marrus, 2006) holding implicit several components of the process of acknowledgement and accountability. It has been suggested by Thompson (2002) that apology looked to the past with a focus on acknowledging and making amends and to the future with a focus on healing.

Nine survivor participants spoke of apology. Kenneth, Helen and Edwin thought that justice would be an apology from the relevant body and Barbara thought that if they apologised 'you forgive them and straight away it's like a healing thing'. She added:

> *Yeah, I would like them to apologise because they apologised in Australia. That is what I can't understand. That's the thing I said in the Court. How can they pray to God when they know that they are lying? It is not helpful for them and if the hierarchy are telling them to not say they (did) do it, it's damaging for them, so they are not getting healing and neither are we.*

As with acknowledgement, survivor participants were seeking apology primarily from the agencies directly involved in their care or placement, not from a representative of the state. As discussed above, John also wanted an apology from the Catholic Church.

The lack of apology prevented resolution for some. Barbara explained:

> *The fact they won't apologise makes me more angry. You know that, when I know that what they did was so bad and so wrong and it has brought everything, the stuff was always with me. In some ways, it is good because it is making me have to face up to some of the things, but I am having dreams about (the home) a lot now and in my mind, it is always there.*

It seemed that the public discourse of justice had brought the past into the present for Barbara. Apology, she hoped, would open the route for healing.

Even where an apology is made, it may not be well received by participants; Thompson (2002) recognises such indifference, proposing that while an apology is an attempt to acknowledge and make amends for past injustice, if not understood to be such by recipients, they would regard it as insincere and it would not have the desired effect. Alasdair endorsed this, believing that while welcome, an apology would not change anything; Muriel thought apology was 'a bit late'. The Chief Executive of one service provider had given what one survivor described as a 'conditional' apology. This irritated George, as there had been several convictions of staff by this time. He explained:

> (The agency) gave a qualified apology 'if there was any abuse then (the agency) apologise'. I want acknowledgement and a public apology.

In a similar vein, four questioned the apology in 2004 from the then First Minister of Scotland, Jack McConnell. Arguably, this was not a complete apology as defined by Marrus (2006) as it failed to accept responsibility for a role in having committed the wrong. McConnell acknowledged the limitation, recognising that litigations were before court at the time. There has however been no subsequent acceptance of responsibility on the part of the state. Barbara summed up her ambivalence in respect of the First Minister's apology, a view that was reflective of others:

> Some part of me is really glad, but the thing is, why did he (Scotland's First Minister) apologise on behalf of the people of Scotland? It wasn't the people of Scotland who committed the acts, it was the likes of Social Workers that didn't do their job properly, didn't come to see us and even if they had come, I don't think I would have been able to tell them anyway because the nuns were always there you weren't allowed to say anything. But I never sent the letter. I wrote a letter saying 'Thank You for the apology' because it was important he believed us. It is great these people want to say sorry.

As discussed above, service provider participants explained the context within which they operated; other professionals such as legal advisers and insurers were restricting their response asserting a link between apology and admission of responsibility. This will be discussed below in Barriers to Justice.

Commemoration

Commemoration, acknowledgement and reparation are interlinked. Remembrance is thought to contribute to maintaining identity of individuals and communities as well as improved mental health and wellbeing of survivors and their descendants (Thompson, 2002). Thompson (2002) suggests that remembrance events in respect of the obligations and entitlements of a nation become part of what may be seen as the 'moral identity' of its members. It then helps makes sense of the anger, indignation and shame felt by some at the injustices they have experienced in their history. As recognised above, at a personal level, memories were often not fully shared, and some survivors still experienced a sense of traumatic childhood experiences 'not being real'.

Edwin described one form of memorial established by survivors. Survivors had identified that a number of children from the orphanage had been buried in unmarked graves:

> *(Survivors) campaigned to get a memorial to the children from (the home).*
> *Between 1864 and 1964, there were 151 burials of children with one cross.*

A memorial stone was provided by the former service provider at the unmarked graves, engraved with a poem written by one of the survivors. Survivors hold an annual service at the memorial attended by survivors, care leavers' families, friends, media and supportive professionals. It seems that the memorial service was a way of private memories being made public on survivors' terms. This also appeared to hold symbolic value for survivors from other residential establishments. Having read about it, Lewis who lived some distance away visited the memorial 'to pay his respects'.

Commemoration was not explicitly addressed during interview with either survivor or service provider participants. Awareness of the importance of memorial in this context has only developed recently in Scotland and there has been a government consultation on this. It is possibly one reparative measure that survivors and agencies could develop together, not only to promote healing for survivors but also to enhance understanding among family, the wider community and subsequent generations as well as promoting reconciliation between survivors and service providers.

Accountability

Accountability addresses issues of criminal justice and the prosecution of abusers, compensation, reparation and redress, counselling and support (Karim and Kendrick, 2014). While Karim and Kendrick (2014) had identified **acknowledgement** as involving truth-telling and narrative testimony, survivor participants viewed truth-telling and survivor testimony as an important means of establishing **accountability** for their experiences. They wished, where possible that individuals and organisations be held to account for maltreatment and failure to protect children and although they recognised in many cases that their abuser would be deceased, they were seeking other ways in which agencies could be held to account.

The Action Plan describes accountability as including National Inquiry although The Scottish Child Abuse Inquiry is not explicit about accountability in its Terms of Reference (2016). The Action Plan includes other measures associated with accountability, removal of legal barriers, such as the 'Time Bar' and forms of restitution and reparation, such as financial compensation (SHRC, 2014).

Establishing accountability

Although there was a desire to establish accountability, there was no reference by survivor participants to anything which could be considered retribution. Alasdair and Helen specifically spoke of a need for individuals to be held to account but were resigned that this was unlikely due to their age, given that the perpetrators were probably deceased.

Being younger than most other survivor participants, it was possible that Barbara's abuser was still alive. She thought that she had not been punished because of her religious status, a point alluded to above by Pilgrim (2012):

> *Well, I think that in a way, it is unfair that a person who is not wearing a habit would be punished for doing that, and because you are wearing a nun's habit, all of a sudden, you are going to get away with that. They should be made accountable for their actions if they were doing these awful things.*

Establishing accountability and identifying those responsible were important; as suggested above by George, this would prevent stigmatising those who had 'carried out their responsibilities', giving an opportunity for all to move on.

Thompson (2002) argues that accountability lies beyond the individual perpetrator, that from historical injustices flow historical obligations. Historical obligations, she describes as a moral responsbility incurred by individuals as citizens, owners or executives of corporations or members of some other trans-generational association or community, as a result of commitments or actions of their predecessors (Thompson, 2002). Several survivor participants concurred, volunteering that responsibility extended beyond the individual who inflicted the harm, lying with the service provider or its successor, the placing agency and the state for failure to supervise effectively. Justice would therefore include the state and relevant agencies being held accountable. Isabelle suggested:

> *The Government should hold groups entrusted to the care of children to the highest standards and also hold those groups accountable for the abuse that occurred in the past.*

As she often did, Barbara framed her views within a spiritual context:

> *What happened was, the Bishop distanced himself from the nuns when he was on that (television) programme, because what he said, it is nothing to do with us; it is the order of nuns. So I thought, that is a Pontius Pilot - you know, putting responsibility onto someone else […]These people should be making them see that they are accountable instead of distancing themselves because the Catholic Church can't say one group is this and we are nothing to do with that group- but we are all part of the body of Christ and you can't say you are not part of that body- we are all part of that body but he is distancing himself.*

Barbara, Freya, George and Isabelle felt strongly that there should be a public inquiry. Isabelle explained:

> *In short, I would like to see a full Public Judicial Inquiry ordered by the Scottish Executive and a full unqualified public and personal apology from the board of directors of (the home) to my sister and for the documented negligence and child endangerment which correspondence from that time details. It does not matter to me that they were not there at the time, as long as they continue to use the founder's name and harken back to his work, they must accept responsibility for what happened in the past […] What would serve all children who were abused while in care would be for the Scottish Executive to hold a Public Judicial Inquiry into abuse through the generations in institutions like*

> *(name). The same kinds of abuse occurred over many generations and I feel*
> *will continue to occur unless traced to the source and dealt with strongly.*

If successful, the Scottish Child Abuse Inquiry (2016) will go some way to meeting aspirations for justice but some may argue that while wide ranging, the remit is not explicit about establishing accountability.

Reparation, redress and restitution

The term reparation generally refers to compensation, often monetary but sometimes material, for some past wrong to help 'come to terms with the past' (Torpey, 2002, p.4). This may encompass a variety of types of redress, described above (Hayner, 2001; SHRC, 2010). Whether as restoration or reconciliation, reparation is concerned with justice for historical wrong-doing (Thompson, 2002). The form of reparation referred to by survivors was generally financial, although there were mixed views on this. Several reported having incurred costs for legal advice in respect of accessing justice, and Dorothy in tracing her family. Alasdair, Edwin, Helen and Kenneth thought financial reparation unnecessary. Alasdair suggested:

> *The perpetrators are long since dead and (I) have no real need for money […] it*
> *can't be of much benefit to me now 'cause, I mean, I've saved quite a lot since*
> *then and we're not hard up…maybe at one time it would have been handy but*
> *I've enough to keep me in comfort now.*

Edwin and Kenneth thought apology and accountability to be more important.

Some such as Barbara, Lewis, Muriel and Norma thought some form of financial reparation and redress appropriate. Norman wanted to sue the service provider; Muriel thought compensation apposite because of long-term disability incurred as a result of childhood maltreatment. Again, there were thoughts for others less able to express their views. Barbara reflected:

> *We want an apology, that was the main thing and compensation, and also for*
> *me, it is for all the people who have gone to their graves and have lived poor*
> *and lonely lives. It's too late for them, but maybe somebody in their twilight*
> *years.*

While located as a method of establishing accountability, Val questioned if compensation in fact offered acknowledgment, providing an element of reassurance, their word being accepted, understood and 'some affirmation of them being credible'.

Reconciliation

Thompson (2002) differentiates reparation as restoration, which she describes as backward looking, concerned with restoring the victim to their prior position and reparation as reconciliation which she describes as forward looking in that it aims to achieve a good outcome now or in the future (2002, p.48). Neither is independent of the other. Reconciliation in itself cannot achieve reparative justice. Thompson acknowledges that reconciliation cannot mean in all cases that the offence has been forgiven or that relationships will be harmonious or co-operative. She proposes that reconciliation can be achieved:

> When the harm done by injustice to relations of respect and trust that ought to exist between individuals or nations has been repaired or compensated for by the perpetrator in such a way as this harm is no longer regarded as standing in the way of establishing or re-establishing these relationships.
> (Thompson, 2002, p.50).

Both George and Barbara spoke in terms, which indicate reparation. George suggested that establishing accountability would 'give an opportunity for all to move on', suggesting reparation as restoration and possibly reconciliation. Several times through the interview Barbara spoke in terms indicating mutual healing. She appeared to be seeking reparation as reconciliation:

> *I suppose it would be good for us to go back and maybe meet with some of the good nuns and to build up a relationship where we could have trust and support from them providing they would apologise and believe us, it would be good for some of us……*

> *You see, this is affecting them as well as us […] it is the Catholic Church as a whole that is responsible for the things that have happened within the past and they are still not acknowledging what has gone on, so it is making it hard for them and for us. Whereas if we were to get together and meet with them….*

She reflected:

It would be good to build up a positive relationship with (the Church) because a lot of people have lost their faith […] They (the Church) are not getting healing and neither are we.

Over the last decade there have been various initiatives in Scotland promoting reparation; whether these will lay a pathway to reconciliation is as yet unclear. The next section will explore the barriers to survivors accessing justice in more detail.

8.3 Barriers to Justice

Justice as described by survivor participants included a raft of remedies. As alluded to throughout this study however, survivor and service provider participants identified a number of obstacles to these being realised.

8.3.1 Barriers: Recording

Accessing recordings of care experiences was important for survivor participants in order to complete life narratives, trace siblings and access justice. Literature internationally in respect of survivors of historical institutional child abuse accessing justice concurs (Sköld and Swain, 2015). The purposes for which they are sought however are sometimes underpinned by conflicting understandings of truth and reliability (Sköld and Jensen, 2015). Tracing records had proved difficult for several survivor participants. As discussed above, service provider responses were illuminating. Despite some good quality recording prior to the Social Work (Scotland) Act 1968, Sally admitted having not copied some due to the judgemental nature. Although the quantity of records was generally reported as having increased since the early 1970s. Uilleam reflected:

To say they were better or worse at any time(?)..... Files are generally bigger now; that is about volume not necessarily quality.

Criticism of the recent increase in volume of recording in childcare services possibly supports notions of a culture of managerialism (Smith, 2009), that the increase in volume is related to the needs of the organisation rather than the needs of the children, a view that concurs with Howard (2012). This also resonates with the writing of Bauman (2006) that in modernity, bureaucracy effectively replaces 'responsibility for' with 'responsibility to', i.e. responsibility **for** children in care and adult survivors is replaced with responsibility **to** the agency (2006, p.87).

8.3.2 Barriers: Contentious discourses

One theme running through this thesis has been survivor participants describing multiple failure of agencies to respond effectively to their approaches. As one service provider participant explained, it is known that unless they 'self-insure', residential care providers require insurance against claims by former residents of maltreatment; agencies such as insurers and legal services restrict service providers' options in responding to survivors. Literature indicates that the explanation may lie within the wider social context.

Giddens proposes that with the move from the more traditional to a modern world, there is increased 'functional specialisation', 'a process of inner diversification' (1991b, p.21). In the context of children's services, this has resulted in the emergence of a number of specialist roles such as fundraisers, inspectors, insurance agents, legal experts as well as social workers and childcare practitioners more typically associated with childcare services. Arguably each introduces different professional discourses and priorities which have influenced service provider development over the years. Within this contextual framework, Thompson's (2002) differentiation of legalistic and theological discourses, discussed above, possibly explains some of the tension. In addition, prior to the passing of the Apologies (Scotland) Act 2016, apology could indicate an acceptance of responsibility incurring financial reparation, hence service providers reported that apologies were required to be conditional or qualified.

This tension was integral to responses of both survivor and service provider participants. Nine survivor participants were explicitly seeking apology and expressions of regret by the service provider. Service provider participants empathised, but were prohibited from apologising by insurers and legal services. Three explicitly identified a link between apology and being seen to admit responsibility. This however was the face of the service provider experienced by the survivor. Arguably insurers and legal services were the dominant voices, adopting a legalistic discourse, either failing to regard apology or reconciliation as necessary or prohibiting this as it risked admission of liability and possible financial implications.

Four service provider participants recognised that, in approaching their organisation, survivors had been seeking acknowledgement and apology. Drawing on experience

of meeting survivors of institutional abuse while in the care of the service provider he represented, Val concurred:

> *I think they want an explanation; they want an apology, an explanation and some reassurance. Part of the reassurance may be compensation. Motivation for people will be about getting some closure potentially and being able to understand why, and feeling, not that it is OK but that their word will be accepted and understood and some affirmation of them being credible.*

Wording of apology is critical. If conditional or qualified, this could appear insincere and contrived (Thompson, 2002). Sally referred to acknowledgement and apologies negotiated with the insurance companies:

> *(Name of organisation) negotiated acknowledgement. It happened without admitting liability […] and you can offer genuine support empathy and apology – a mutually agreeable response, sympathising and apologising but shouldn't apologise for something you may or may not have done. I think agreed statements are fair.*

She acknowledged, however, that some survivors find these 'contrived'.

It is possible that in not receiving the desired response, some survivors resort to more 'legalistic' processes. Uilleam explained that 'quite a few people who contacted (the service provider)' went on to initiate civil proceedings. He thought it too simplistic that they were simply seeking compensation, but rather that the civil process had a symbolic meaning:

> *It is the nearest you will get to a truth and reconciliation process in this country; it was never designed for that and nobody says it is that but if what you want is to 'tell (your) story' and somebody to take responsibility for it, what other process does that in this country? The criminal process does that as well but I think the criminal processes thresholds are a lot higher and the process itself is a lot more… damaging to the individual. To give evidence in a criminal court about these issues, it is something I wouldn't underestimate the effect of.*

Several survivor participants in this study had commenced civil proceedings but with the exception of two younger participants, the remainder were dropped by the legal agency involved, precluded by 'the Time Bar' as abuse had occurred prior to 1964.

Some service provider participants had tried to mediate and negotiate within their organisation on behalf of survivors. Quiana, who had met with a survivor along with a member of the senior management team, acknowledged that response could vary dependent 'the personality of who was involved'. Sally had worked in agencies which had been subject of inquiries into historical institutional child abuse. She also identified tension for practitioners between their professional and organisational roles, arguably between an ethical or moral and a legal response:

> *My experience in other agencies, (names) a lot of fears were about if we acknowledge this, insurance will 'jump down our throat'. The Director (of organisation) was very courageous in that he said 'I don't care what you think as insurance people, I am going to acknowledge these people have had experiences in the care of (the service provider), which have been extremely upsetting', and he met them. Once it gets into the hands of some insurers they are very anxious about anyone talking to anyone. I think as professional social workers we have to rise above that and acknowledge that people are in deep distress, we deal with it. If we find it mucks up an insurance claim so be it. It is a bit cavalier. You have to be careful, but I think we had to acknowledge something has happened while they were in our care and we regret that, and do everything we can get them the help they need.*

It seems that service provider participants were keen to circumvent legalistic approaches but options were limited. The Passing of the Apologies (Scotland) Act 2016 may increase the routes available in that apology is now inadmissable in most legal procedings as evidence in respect of determining liability.

Another source of tension between service provider and survivor was that of the marketing strategy of the service provider. Freya found this 'hypocritical' in light of her childhood experience (personal communication, 2012). This was independently endorsed by Tom, who suggested that voluntary agencies might inadvertently distress former residents by their present-day fundraising practice which capitalise on identity and 'brand':

> *Voluntary agencies put a lot of effort into fundraising and may in fact be writing to people who have been abused by the organisation.*

Uilleam also suggested a further conflict between care leavers and current staff in respect of identification with the service provider, that care leavers and survivors may

look back, identifying with the organisation of their childhood while present day agencies are future oriented (Giddens, 1991a). Again, this suggests the need for agencies to complete and contextualise their historical narrative while business planning for the future, possibly identifying those within the organisation who can 'hold the history' as well as those who can work on strategy and planning for the future.

8.3.3   Barriers: Involving police

Part of the process of establishing accountability involves the successful prosecution of abusers (Karim and Kendrick, 2014), the police being the interface between the survivor and the criminal justice system. Two survivor participants had reported their experiences of maltreatment to the police. Neither had resulted in a successful prosecution but involving the police had been their choice. Three service provider participants referred to the difficulty survivors face in deciding to report the matter to the police. They identified tension between survivors' therapeutic needs, the needs of the justice system to secure a conviction and the need of the care system to protect children today. As Quiana explained, survivors may have been 'thinking about (reporting) for years and building up to it'. Zoe reflected:

> *I think once it surfaces, there can be a fear of 'is it getting out of control?'. Will someone else take over? What control will I have if I want to take this forward? I think it is why it is so important unless there are other children who may be being harmed, the survivor has the right to make decisions about whether they want to pursue it. I think I worry about statements that as soon as anyone tells you about it you must inform the police. I don't think it is my place to do that.*

From experience of having been involved in an investigation into historical institutional abuse in his workplace, Val observed a difference between survivor and police priorities:

> *I remember one (survivor) made an allegation of physical assault, it is anecdotal but there was so much physical (the police) only dealt with the sexual. I prefer to call it physical sexual because it was still physical.*

The police appeared to be prioritising sexual abuse, possibly gathering enough evidence to achieve a conviction. Survivors may have difficulty reconciling their therapeutic needs and wishes for personal justice with those of police who are

seeking evidence to achieve successful conviction. Having been disempowered through the process of abuse (Finkelhor and Browne, 1986), there is a risk of survivors being further disempowered by the way in which the wider justice system operates.

8.3.4 Barriers: Criminal proceedings

While no survivor participants in this study had experienced prosecution of their abuser, some service provider participants had met with survivors engaged in judicial processes. Uilleam described the emotional impact on some survivors coming forward to report historical in-care abuse being 'as if their life has been destroyed and they want their life replaced'. Val had experienced the changing relationship with care leavers which may occur during the investigative process:

> *A young man arrived on the doorstep with his partner and child. I had had quite a good relationship with this lad. We always got on quite well. He seemed a bit bitter; his face was screwed up and didn't look very happy. We exchanged pleasantries then he said "actually (a member of staff) abused me when I was here". I was actually Depute Head. It got passed on to (Senior Managers). It ended up, I believe, in an out of court compensation.*

As recognised above, such a negative turn in relationships between care leaver and service provider following revelations of historical abuse and implementation of reparation programmes was a feature identified in Ireland (Howard, 2011). While some may feel that they wished their abuser to be held to account through litigation, the reality was thought to be very stressful, compounding the trauma of the initial abuse and stressing relationships that had been established with former service providers.

While sympathetic to the emotional impact of reporting abuse, there were mixed views among service provider participants about how best to support survivors during civil or criminal proceedings. Rachel thought it important to keep them informed 'so that they are aware of what is being opened up' and Sally suggested 'if helpful', to be alongside the survivor. As evidenced in other service provider responses however, once legal proceedings were underway, support was required to come from other sources due to concerns by legal services of conflict of interest.

8.3.5 Barriers: Time Bar

As alluded to above, with the exception of Carol-Ann and Barbara, most participants were excluded from civil proceedings because they were 'time-barred' having reported the injury more than three years after the event or the injuries related to a time prior to 1964. John reflected:

> (My abuser is probably dead). Some other survivors didn't get justice because of the 'Time Bar' - it happened before 1964. That isn't right because it affects you all your life.

As one survivor subsequently explained, the 'Time Bar' may result in survivors going through the process of being a witness in a criminal trial without receiving compensation. The complexity of the civil legal process was regarded as difficult to navigate (and costly if not in receipt of legal aid) and therefore sufficient to deter survivors from pursuing justice (Quiana). Although the Limitation (Childhood Abuse) (Scotland) Act 2017 has opened reparation to some previously excluded through having been 'time-barred', at the time of writing, those injured prior to 1964 are still excluded from financial reparation.

8.3.6 Barriers: Emotional

As well as systemic barriers, there were also emotional barriers to accepting financial reparation. Carol-Anne was the only participant to speak of having received Criminal Injuries compensation but had difficulty managing the award:

> I received compensation but have got rid of it. I bought a dog for the kids and got rid of (the money).

Criminal Injuries Compensation was provided by a state agency quite separate from those responsible for the harm. Arguably, survivors were seeking reparation as part of a coordinated package of remedies, related to processes of acknowledgement and accountability, tailored to the personal needs of the survivor and possibly with the option of support built in to manage the finance. Without this, compensation may become a further reminder of past trauma.

8.4 Accessing Justice: Discussion

Survivor and service provider participants were in agreement that some children in care historically had been subjected to a range of practices which contravened the law of the time. It was also acknowledged by both parties that survivors had encountered barriers to accessing justice, although survivors were possibly unaware of the wider context. As well as this, it was realised that criminal justice and civil justice systems were restricted in what they could offer survivors due to organisational priorities and legislative barriers such as 'The Time Bar'.

Van der Merwe and Gobodo-Madikezela (2007) suggest that at a certain stage there is a need to stop focussing on the stories of the past and look forward together. Arguably the Interaction process discussed above has provided an opportunity for survivors and service providers to look to the future and co-create a strategy to support survivors of historical institutional abuse in Scotland in accessing justice. Survivor and service provider participants in this study were unanimous in looking forward to survivors achieving a just response. If implemented with the intended spirit, arguably remedies sought by survivor participants could be delivered within the context of the Action Plan (SHRC, 2014); acknowledgement of personal experiences of institutional maltreatment as well as acknowledgement of responsibility by both the agency responsible for their placement and those responsible for the abuse. Survivors were also seeking apologies from these agencies rather than an agency of the state. Some thought that accountability should be established through inquiry into the circumstances of their maltreatment, as well as through provision of financial reparation. For some, commemoration and reconciliation were also important. Justice, it was proposed, should also recognise those deceased and ensure that children in care today should be protected from harm.

While implementation of the Action Plan (SHRC, 2014) will go some way to ensuring survivors achieve their aspirations for justice, it would be apposite to heed Lynch's caution outlined above (2016) that, while such remedies have sought to provide symbolic restitution to survivors' suffering, they risk simplifying the complex historical realities or creating a sense of resolution not shared by survivors.

The next chapter will draw findings and analysis to conclusion.

9 Findings and Analysis VI: Summary

This study came about in response to the apparent 'invisibility' of survivors of historical institutional child abuse in literature. Survivor participants welcomed the opportunity to participate. It is acknowledged that childhood memories may have been reconstructed over the years (Maynes et al., 2008) but service provider participants affirmed such accounts, their knowledge and experiences contextualising those of survivor participants .

9.1 Survivor Narratives

Survivor participants' experiences in public care and subsequently over the life course varied widely. While this may not be surprising in view of the wide age range of participants at the time of interview and the time span of their collective in-care experience, it became clear that these converged around some common themes. There were positive encounters with supportive adults, the consequences of which could be lifelong. All in-care experiences were marked by practices that participants deemed abusive however, often perpetrated in environments isolated from the wider community. Drawing on material such as Shaw (2007; 2011), these are likely to have constituted child abuse under policy and legislation at the time. Some practices described by survivor participants, such as being told surviving relatives were dead, withholding gifts from family, separation of siblings without justifiable cause, inappropriate placement, sending children on the Child Migrant Scheme and denial of identity would also have contravened Article 8 of the European Convention on Human Rights (Kemp and SHRC, 2010). Sometimes responsibility lay with one adult in a powerful position, but the wider care system colluded, possibly unwittingly, failing to identify, acknowledge or challenge. At times there were systemic failings; failure to ensure that children achieved their potential; placing them in situations where they were left vulnerable; possibly insufficient numbers of staff with the skills and experience to carry out the task effectively; sometimes discharging them to environments in which they were unsafe. Arguably some children were used to support government policies through the Child Migrant Scheme, all features of what Summit (1982) describes as adocentrism.

On some occasions when abuse was identified, effective action was taken and staff were removed. There was therefore awareness of the needs of children and the

system's responsibility to protect them. Despite this, abuse continued unabated. In some instances, children's efforts to tell were rebuffed, thought to be due to disbelief that adults with caring responsibilities, in particular Religious and women would engage in such practices but possibly also related to issues of power and status inhibiting others from taking action.

On most occasions, children had no one to disclose to or had difficulty finding the words. It was only years later that they recognised the true nature when a more reflective era opened up towards the end of the 20th century and the media provided the language to frame their experiences. While this offered opportunities for those who were seeking explanations and wishing to address such memories, for some, difficulties were compounded when they contemplated sharing experiences of abuse with family for the first time.

Impact over the life course varied. Some suffered poor health thought to be related to childhood experiences; some spoke of a sense of dissociation from their childhood experiences, at times still harbouring a sense of 'not belonging' in group settings. Features of resilience were evident, however, and some queried why they had not experienced the adverse response displayed by siblings and peers. For most, work or family life had offered a distraction from childhood memories, with these only coming to the fore when approaching retirement with more time available, coinciding with the increased public awareness of historical institutional child abuse. For several, there was an influence on spirituality. While spirituality had helped some transcend the challenges in their life; abuse within a faith-based setting caused others to turn away from the religion of their childhood.

Service provider participants were sympathetic to care leavers coming forward, seeking to visit their childhood home, access records, report abuse or to access justice. It became clear however that survivors and agencies face barriers to developing and maintaining a meaningful relationship. Service providers were under pressure to maintain a legalistic, rather than a supportive, 'ethical' or 'welfare' dialogue. There was also 'embarrassment' at the quality of recording of care leavers' childhood experiences. This was taking place against a backdrop of changing constructs of children, childhood, discipline, abuse and what it means to provide out-of-home care for children.

One source of strength and nurturing during childhood had been the peer network within the home. During the 1990s, media and social media provided opportunities to connect with childhood friends and other survivors of historical institutional child abuse; from this point on, this provided a valuable source of support for several participants. Arguably the interplay of increased reflexivity, the challenge to traditions such as the power of the Church and the reconnection of the peer group, had contributed to the developing of a collective identity of Survivors of Historical Institutional Child Abuse, a group that campaigned to achieve justice.

9.2 Developing Narrative and Identity

One feature shared by survivor participants was the influence of childhood experiences on developing identity and narrative. Personal characteristics, such as parental lifestyle or bodily functions, elicited judgements causing children to be labelled, which in turn prompted harsh treatment. A multiplicity of in-care experiences also influenced children's developing identity which they carried into adulthood.

Most experienced difficulites in completing their life narrative. Survivor and service provider accounts highlight the complexity of the context within which the narratives of children in care develop both historically and today. The personal and family narrative which s/he brought into care, may already have been fragmented and multi-layered. The care system was required to hold their personal history. During adulthood, difficulties in accessing historical recordings prevented most from completing their life narrative and validating memories. Arguably part of their personal narrative may have been intertwined with other narratives, such as those of former service providers, the state and religious organisations, with the dimensions of legislation and policy, professional practices, values, beliefs and decision-making processes adding to the context of their childhood experience.

It was suggested that while survivors and care leavers were 'looking back' to the organisation of their childhood, childcare providers were required to look to the future, delivering childcare services in an environment where the nature of the 'in-care' experience for children and young people is changing. While holding the narrative for older care leavers, service providers are required to develop systems to contain children's experiences today which can be effectively integrated to wider life narratives held elsewhere. Such changes are reflective of the wider shifts in society during the late 20th century where 'self identity has to be created and more or less

continually reordered against the backdrop of shifting experiences of day-to-day life and the fragmenting tendencies of modern institutions' (Giddens, 1991a, p.186). Arguably while this applies to individual care leavers, identity is also pertinent to agencies wishing to hold on to their heritage and identify with their historical roots but required to protect their reputation and operate within the future oriented 'market economy' of childcare services.

9.3 Accessing Justice

In pursuing justice, survivor participants were seeking various remedies; acknowledgement of their childhood experiences by agencies responsible for their care as well as of the service providers' failure to care and protect. Some sought individuals and organisations to be held to account through criminal conviction or public inquiry. It was thought by most survivors, that restitution was not possible as life has moved on, but reparation could be achieved through genuine acceptance of responsibility, apology, access to records, compensation and guarantees that as far as possible, there would be no repetition; that children and young people in future would be nurtured to fulfill their potential. Service provider participants readily acknowledged that some care leavers have experienced abuse while in care. They spoke of the challenges facing organisations, as behind them were often lawyers and insurers maintaining a legal discourse, preventing them acknowledging survivors' experiences and giving an unconditional apology. Required to maintain an organisational position, this often conflicted with their personal moral or ethical stance reflected in responses in this study.

The completion of this study coincides with what is arguably a paradigm shift. While there had been a long held public narrative in the history of childcare in Scotland (Abrams, 1998; Ferguson, 1966; Magnusson, 1984; 2005; Murphy, 1992), survivors have held an alternative history. Theirs is a rich contrapuntal narrative of warmth, caring, nurturing and opportunity, interwoven with experiences of betrayal, hurt, stigmatisation and powerlessness. As this study concludes, both dominant and alternative narratives are being aired publically at the hearings before the Scottish Child Abuse Inquiry in Scotland (Scottish Child Abuse Inquiry, 2017).

The next chapter will draw this study to conclusion.

10 Conclusion and Recommendations

10.1 Introduction

This chapter will revisit the research aim outlined in the introduction and discuss this in the context of the research process; the review of literature, the study design and process, the findings and narrative analysis. The theoretical framework will be considered and areas for future research identified.

The overall aim of the research was:

> To understand survivors' developing comprehension of experiences of historical institutional child abuse over the course of their lives.

To assist in addressing the aim, three objectives were identified:

1. To hear and explore the life narratives of historical institutional child abuse.

2. To place the narratives of survivors in the broader context of the development of residential care services, policy and social attitudes to children.

3. To identify key factors which may have influenced survivors' experience, developing narrative and identity.

10.2 Contribution of Review of Literature

Designed as an exploratory study, literature was revisited on several occasions. The initial review focussed on the phenomenon of historical institutional abuse of children to establish what was known about the subject. Being mindful that abuse of children needed to be seen against the context of legislation, policy and attitudes towards children at the time of their in-care experiences (Department of Health, 1995; Ferguson, 2004; Parton, 2006; Smith, 2009), accounts of the history of the public care of children and social policy from the Poor Law to the present-day were then included. Arguably such literature tells the dominant or public narrative of the history of residential childcare in Scotland during the 20th century.

Once interviews with survivor and service provider participants were complete, further questions emerged as to why such abuse was not detected and publically acknowledged. This took me to consider firstly, what was recorded historically about concern for children's wellbeing and then, to consider the concept of history itself.

It became clear that there was recognition of the vulnerability of children and means of addressing this in legislation throughout the period in question. The works of Bevernage (2008), Cohen (1993; 2001), Foucault (2002), Nietzsche (1990) Okley (1996) and Craig (2017) were helpful in explaining the failure to identify institutional child abuse. The influence of factors such as child rearing practices historically (Craig, 2017), culture, history and gender (Okley, 1996); also those holding responsibility for children in public care being caught up in events 'largely beyond (their) comprehension' (Foucault 2002, p.239), being unable to free themselves from the 'chain' of misunderstanding from previous generations (Nietzsche, 1990), or that such history was simply 'absent' (Bevernage, 2008). Foucault's notion that 'knowledge and language are rigorously interwoven' (2002, p.85) also offered elucidation, touching on the writing of van der Merwe and Gobodo-Madikizela (2007), of how normally people make sense of new experiences. Add to this, understanding the way in which abusers operate by manipulating the environment around the child (Finkelhor, 1984), the phenomenon of ado-centrism (Summit, 1982) and Cohen (2001) differentiating the gap between knowledge and acknowledgement; all offered explanations as to why adults failed to recognise what is now known as institutional child abuse and why many survivors were unable to tell of their childhood experiences until the media provided the words in the 1990s.

For survivor participants, as well as being more able to speak of childhood maltreatment in the 1990s, some had revisited their earlier understanding of experiences. Literature on late modernity (Bauman, 2006; Berman, 1982; Giddens, 1991a) not only provided a context to survivors' evolving insight and reflexivity over the years, but also shed light on some of the challenges facing service providers, as previous childcare practice was reframed as abuse and other 'expert systems' intervened in their professional decision-making processes (Giddens, 1991a; 1991b). It also possibly accounted for the survivors' voices being increasingly heard as traditional sources of power such as the Church were challenged. In the 1990s, historical institutional abuse came to be seen as historical injustice and addressed within a framework of transitional justice. Literature on the subject was included in order to contextualise survivor aspirations for justice.

Accessing material for the review of literature at times proved to be problematic. Some archival material and grey literature potentially helpful to the study was undated. While useful, it was not possible to use as a benchmark of accepted child-care practice at any point in time, a lesson for future practice.

10.3 Research Design and Process

Adopting an exploratory approach at the outset proved appropriate as the inherent flexibility left open a range of possible methodologies. In view of the rich memories and reflections shared by survivor participants, although not identified initially, narrative inquiry proved a useful approach to analysis. The service provider perspective contextualised survivor participants' experiences; examining both in juxtaposition explained some of the difficulties experienced by survivors in completing their personal narratives.

Although lives were diverse, thematic analysis revealed patterns and themes around which survivor participants' narratives converged. The material was painful to work with, particularly when some of the survivors who had shared their experiences became ill and died, arguably without having achieved justice. Having chosen to research such a sensitive subject, managing the relationships surrounding the interviews has to be considered. When survivors have experienced such abuse of trust in their early years (Finkelhor and Browne, 1986) it is incumbent on the researcher not to compound this through the research process. As it is, my relationship with some survivors will continue after completion of this study as this has progressed to working in partnership while the agenda addressing historical institutional child abuse progresses in Scotland.

10.4 Display of Findings

While the experiences of survivors of institutional abuse are increasingly in the public domain, this study provided an opportunity for in-depth analysis of intimate personal narratives over the life course and the context within which these have developed. In this section, key findings will be summarized relating to the research aims and objectives: life narratives of survivors, understanding the context and factors influencing narratives.

Objective 1: Life Narratives of Survivors

Survivor participants varied in respect of age, gender and life experiences at the point of interview. Although a small-scale study, the profile concurs with findings of Fitzpatrick et al. (2010) in a study of more than 240 survivors of institutional abuse in Ireland, that adult survivors of institutional child abuse are a heterogeneous group showing variability in abuse history and adult adjustment. Despite the diversity, there were some markedly common themes around which narratives converge:

- The experience of institutional childhood abuse;

- Health and mental health;

- Difficulties in completing life narrative;

- Identity;

- Achieving justice.

Even for those for whom public care had been a relatively short episode in their childhood, the experience remained an important feature across the course of their lives.

Experiences of historical institutional abuse and influence over the life course

Some survivor participants reported very positive relationships with staff and in their later years retained memories of kindness, affection and carers advocating on their behalf. Some had opportunities to developed knowledge, skills and talents, which remained with them throughout their lives. In a small number of episodes, staff were removed when malpractice was discovered indicating that there was not universal acceptance of such practices as 'being of its time'.

Accounts of maltreatment predominated. These included physical, emotional, sexual and faith abuse and neglect by staff and others related to the care system, as well as experiences, which would now be regarded as systemic abuse; institutionalised practices, inappropriate placement leaving children frightened and vulnerable to bullying from peers, discharge from care without sufficient checks on living circumstances, separation of siblings through placement in different units on account of age, gender or through the Child Migrant Scheme. Whether such practices were

intentional or failure to recognize the importance of family relationships was unclear. Such practices were rarely detected at the time, occurring as they did within the institutional setting. Children had difficulties in comprehending their experiences and alerting adults.

In a few instances staff, parents and children became active agents in preventing and exposing abuse, but for most part, children remained in environments, experienced as harsh, austere and punitive. The impact during childhood varied, but apart from the few positive experiences, survivors' accounts indicate stigmatisation, powerlessness, trauma, loss and despair. Some believed that there had been an adverse influence on their educational outcomes, which in turn had impacted on opportunities in later life.

On leaving care, although a small number had experienced episodes in prison, participants had followed a range of occupations; a small number had expressed difficulties in sustaining intimate relationships, but several had described settled and fulfilling family lives. Few had shared with families the full extent of their childhood experiences however. This caused difficulty over time for some, when there was increased awareness of institutional abuse from late 1980s onwards. One marked shared experience in this group of participants was their continued striving to understand their childhood experiences and to access justice.

Health and well-being

For some, the influence of childhood experiences had a continued impact into adulthood; on self-confidence, on physical and mental wellbeing although several managed this without recourse to professional services. Possibly related, several identified themselves as holding a sense of 'not belonging', 'being on the sidewalk watching others living', a point also identified in literature as being linked to trauma (Giddens, 1991a; van der Merwe and Gobodo-Madikizela, 2007). Although spirituality had helped some face challenges and define their experiences, several reported an adverse influence on spirituality, resulting in a breach from the faith of their family.

Some factors may have been protective; with the exception of one participant who was bullied by other young people, the peer network was experienced as supportive, and for some was the foundation of life-long friendships and treasured memories. Others reconnected with childhood friends in later life through opportunities offered by the media and the Internet.

Narrative and identity

One shared experience identified by a number of survivor participants was that of difficulty in completing their personal narrative. Some had been of an age on admission to care that they were able to retain much of their personal and family history but others were reliant on family or care agencies to hold this and pass on to them in an accessible form. This was problematic as sometimes information shared was inaccurate, resulting in narratives being fragmented and erroneous, sometimes only completed in their later years. In-care experiences also influenced developing narrative and self-identity. While some had opportunities to develop personal identity through new experiences, most received confusing and often negative messages about themselves and their families, either explicitly in derogatory comments or implicitly through their care experience. Institutionalised practices, separation from siblings, alienation from the religion of childhood; all impeded the developing sense of personal identity. In addition, even where the organisation and the building still existed, several found it difficult to contemplate returning. Since the 1990s however, through reconnecting with childhood friends and other survivors, arguably the collective identity of survivor of historical institutional child abuse has developed, thus survivors of institutional child abuse has become a community of interest like Feminist and Disabled movements, campaigning to achieve justice. This is verified in literature internationally (Sköld and Swain, 2015; Wilson and Golding, 2015).

Objective 2 Contextualising Narratives

Apart from world events, such as the influence of World War Two on family visiting arrangements, there was little reference by survivor participants to factors that may have contextualised personal experiences. Interviews with service provider participants and literature partially elucidated this.

Service providers

Personal narratives are organised in the context of other narratives, collectivities and temporal frames (Maynes et al., 2008). It became evident through life histories shared that the narratives of care leavers and survivors are particularly complex due to the nature of the care system with which their narratives are intertwined. Although not addressed explicitly in the study, it seems likely that survivors were unaware of this. As well as some service provider participants discovering that colleagues had engaged in abusive practices, they were frank as to difficulties they face in supporting

survivors. Records supporting care leavers' developing narratives were in disarray, sometimes highly judgemental, sometimes absent. Pressure came from other professionals such as legal advisors and insurers, inhibiting unqualified apology and restricting the support that could be offered. As well as this, should survivors raise a civil action against the former service provider, a legalistic discourse took over preventing meaningful dialogue.

Some agencies also created their own public narratives, in fund-raising publicity, on their websites and in the media, written for a variety of audiences. There is therefore tension between those historical narratives, which are relevant to care leavers and survivors and contemporary marketing material relevant to future-oriented activities such as income generation, risk assessment, business plans and current service users. It was also recognised that the way in which voluntary agencies portray themselves could be distressing for survivors, that those who have been abused in their care may experience such media profile and marketing strategies as offensive. Organisations may operate under different names, using internal processes and offering services quite unlike those of the residential care of the past. Present-day staff may not envisage the agency as having existed over time, thus are out-of-step with former residents, looking back to their childhood home as part of the process of organising their identity. There are therefore issues of identity for service providers as it is increasingly recognised that organisations established to 'save' children have in fact been unsafe.

Literature

Survivor narratives were also contextualised through literature. As outlined above some writing is critical of survivors' accounts, positing that there was little to suggest that the residential sector was considered to be problematic historically (Smith, 2009). As suggested by Maynes et al., (2008) however, whether or not every story is true, collectively they tell a truth about those abused in care as children. Much literature and archival material reviewed support survivors' developing narratives that there were concerns about child maltreatment and action was taken when it was discovered (Holman 2001; Kemp and SHRC, 2010; Kendrick and Hawthorn, 2012; Magnusson, 1984; 2006; National Records of Scotland, 1966-1971; National Records of Scotland, 1968-1971; Scottish Home Department, 1946; Shaw, 2011), that a regime of regimentation, routine and discipline supported by physical punishment and withdrawal of privileges was maintained designed to allow staff to maintain control

(Abrams, 1998). Rather than supporting a thesis that residential care was not problematic (Smith, 2009), the lack of reference to abuse in literature contextualises survivors' accounts that these children's experiences of maltreatment were not recognised due to factors such as isolation (Sloan, 1988; Solomons, Abel and Epley, 1981), power and the value placed on children (Corby et al., 2001; Hendrick, 2003; Summit, 1983), institutionalised practices (Goffman, 1961; Steckley, 2012), moral judgements (Butler and Drakeford, 2003; Ferguson, 2004; Hendrick, 2003; Smith, 2009;) that children were seen as threats as much as victims leading to interventions, which broke contact with family of origin, separated from siblings and sent abroad for 'new beginnings' (Ferguson, 2007; Hendrick, 2003); disabled children were particularly vulnerable (Stalker et al., 2010; Westcott and Cross, 1996); boys and girls had needs specific to their gender and, in respect of girls, sexuality was an issue of concern to be controlled (O'Neill, 2008). Literature also concurs with survivors lived experience that these children's narratives were not recognised, that they were 'outside history' (Anbragt Historien, 2014) until it came to public attention in the late 1980s. Linked to these were factors perceived as perpetuating such 'denial'; charisma of the organization and of Religious, leading to disbelief that Religious could perpetrate such practices (Pilgrim, 2012).

Some survivor participants' experiences challenge literature. It has been suggested that there existed what has been referred to in literature as the 'Rescue period' (Smith, 2009) during the second half of the 19th century, the period during which a number of orphanages were established. The Children Act 1948 arguably demonstrated a shift from notions of rescue in that it required the local authority to receive into care any child who needed it 'but otherwise to return to parent, guardian, relative or friend' (Murphy, 1992, p.89). While some survivor accounts support the thesis of rescue, others refute this, citing arrangements for parents and family visiting, parents' wishes respected regarding their children not joining the Child Migrant Scheme, children remaining with siblings and returning home when deemed appropriate.

Literature on modernity contextualised survivor participants' reflexivity and evolving understanding of their experiences (Bauman, 2006; Berman, 1982; Giddens, 1991a) it also shed light on some of the challenges facing service providers as other 'expert systems' intervened in their professional decision-making process and survivors' voices were increasingly heard as traditional sources of power such as the church were challenged (Giddens, 1991a; 1991b).

Objective 3 Factors Influencing Developing Narrative and Identity

Two features common to most survivor participants were firstly, recognising that in-care experiences had influenced personal narrative and identity, and secondly, that they found difficulty in completing their personal narrative. While they could often identify processes and disparate events during childhood, such as family life prior to residential care, in-care experiences, relationships with siblings, family and peers, leaving care and gaining employment, the explanation, which held these together was at times elusive; they were unable to integrate this into one complete narrative (Ricoeur, 1984). Survivor participants identified factors, which obstructed this; lack of accurate information from adults at different points in their lives, moral judgements about children and their parental circumstances, perceived power differential between children and adults, in particular Religious, experiences of trauma and difficulty in accessing case recordings. Some spoke of reluctance to visit their childhood home where they may have been able to 'check out some of the facts'; several referred to difficulty in finding the words to understand and articulate their experience, for example that religious, women could abuse, what van der Merwe and Gobodo Madikezela (2007) describe as lacking a 'pre-existing narrative mental scheme' that adults could treat children in such a way. It may be that parents and child-care agencies also lacked a frame of reference that residential care, in particular those in faith-based settings, were unsafe for children hence were not receptive to children's attempts to tell.

Once they accessed case files held by archivists and childcare providers which arguably contain the 'official' narrative of their lives albeit only partial, some found that these gave yet another personal account of their life; reasons for admission to public care, descriptions of families' circumstances, judgements about parental lifestyle, records of parents' payments towards maintenance of children and correspondence with parents. Amidst these at times concurrent, conflicting, competing and shifting accounts of children's lives in care, adults tried to complete their life narrative. As discussed above, service provider participants verified such experiences.

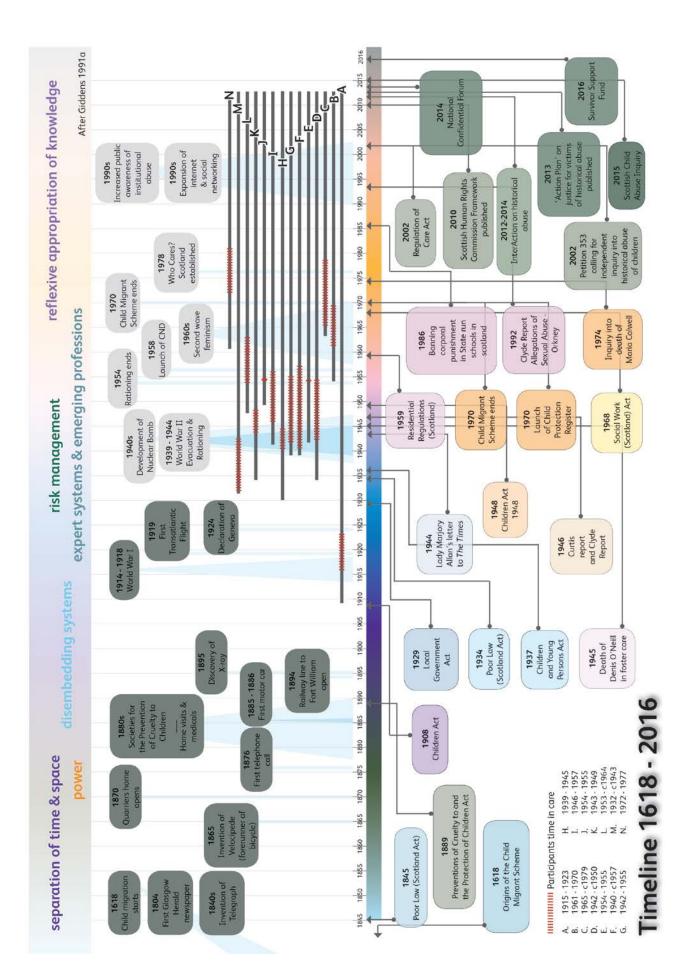Even if survivors retained a complete personal and family narrative however, in-care experiences, such as separation of siblings or abuse within a faith-based setting could further influence the developing personal and family narrative and identity. Survivors also spoke of some aspects of their identity, which influenced in-care experience, moral judgements and personal characteristics such as 'bed-wetter'.

Once into adulthood several reported difficulties in sharing in-care experiences. Into the 1990s as care leavers and childhood friends reconnected, they discussed personal experiences and made meaning of these, possibly contributing to a collective narrative and identity and challenging the dominant public narrative.

10.5 Theory

10.5.1 Modernity

As recognised at the outset of this study, the policy and practice of protecting children historically in Scotland has been influenced by the interrelationship of a number of factors; religious affiliations, education and legal systems, the influence of industrialisation, urbanisation and related migration following the Industrial Revolution along with the geographical and cultural divide between urban and rural environments (Abrams, 1998; Murphy, 1992). It has also been acknowledged that in order to understand and address abuse of children in the past, this needs to be viewed against the concept of child abuse and childhood existing at the time (Ferguson, 2007; Kendrick and Hawthorn, 2012; Shaw, 2007; Smith, 2009). As this study has demonstrated, to fully understand the experience of survivors of historical institutional abuse, it is necessary to take account of the wider social and cultural processes at play. This is demonstrated in the Timeline below.

Timeline 1618 - 2016

separation of time & space | power | disembedding systems | expert systems & emerging professions | risk management | reflexive appropriation of knowledge

After Giddens 1991a

Separation of time & space / power (dark grey boxes):
- 1618 Child migration starts
- 1804 First Glasgow Herald newspaper
- 1840s Invention of Telegraph
- 1865 Invention of Velocipede (forerunner of bicycle)
- 1870 Quarriers home opens
- 1876 First telephone call
- 1880s Societies for the Prevention of Cruelty to Children / Home visits & medicals
- 1885 - 1886 First motor car
- 1894 Railway line to Fort William open
- 1895 Discovery of X-ray
- 1914 - 1918 World War I
- 1919 First Transatlantic Flight
- 1924 Declaration of Geneva
- 1940s Development of Nuclear Bomb
- 1939 - 1944 World War II Evacuation & Rationing
- 1954 Rationing ends
- 1958 Launch of CND
- 1960s Second wave feminism
- 1970 Child Migrant Scheme ends
- 1978 Who Cares? Scotland established
- 1990s Increased public awareness of institutional abuse
- 1990s Expansion of internet & social networking

Lower timeline boxes:
- 1845 Poor Law (Scotland Act)
- 1889 Preventions of Cruelty to and the Protection of Children Act
- 1618 Origins of the Child Migrant Scheme
- 1908 Children Act
- 1929 Local Government Act
- 1934 Poor Law (Scotland Act)
- 1937 Children and Young Persons Act
- 1945 Death of Denis O'Neill in foster care
- 1944 Lady Marjory Allan's letter to The Times
- 1946 Curtis report and Clyde Report
- 1948 Children Act 1948
- 1959 Residential Regulations (Scotland)
- 1968 Social Work (Scotland) Act
- 1970 Child Migrant Scheme ends
- 1970 Launch of Child Protection Register
- 1974 Inquiry into death of Maria Colwell
- 1986 Banning corporal punishment in State run schools in Scotland
- 1992 Clyde Report Allegations of Sexual Abuse - Orkney
- 2002 Regulation of Care Act
- 2002 Petition 353 calling for independent inquiry into historical abuse of children
- 2010 Scottish Human Rights Commission Framework published
- 2012-2014 Inter/Action on historical abuse
- 2013 'Action Plan' on justice for victims of historical abuse published
- 2014 National Confidential Forum
- 2015 Scottish Child Abuse Inquiry
- 2016 Survivor Support Fund

Participants time in care
- A. 1915 - 1923
- B. 1961 - 1970
- C. 1965 - c1979
- D. 1942 - c1950
- E. 1954 - 1955
- F. 1940 - c1957
- G. 1942 - 1955
- H. 1939 - 1945
- I. 1946 - 1957
- J. 1954 - 1955
- K. 1943 - 1949
- L. 1953 - c1964
- M. 1932 - c1943
- N. 1972 - 1977

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Viewing the experience of this group of survivors of historical institutional child abuse, ranging in age from early 40s to mid-90s, in care from 1915 to the early 1970s, alongside the reflections of a small group of service providers, within a context of modernity and late modernity, helps identify tensions and shines a light on barriers for survivors accessing justice.

The Child Migrant Scheme resulted in families losing contact with each other, sometimes never being reunited. Methods of monitoring children's wellbeing by agencies responsible for sending them would have been limited because of distance, modes of travel and communication systems available at the time. The shifting dynamics of 'time and space' (Giddens, 1991a) explains the way in which family and peers have been able to reconnect through the media and use of Internet.

While arguably distressing for some in later years as childhood experiences have taken on new meanings, the 'reflexivity' of modernity (Giddens, 1991a; 1991b) has allowed the opportunity for reflection, to provide the words, to challenge traditional sources of power and to 'speak the unspeakable' that adults, sometimes women and Religious may abuse children. As survivors realise a common identity and develop a group identity through survivor-led support organisations they have been able to challenge existing discourses about residential care of children.

Processes of modernity may challenge. Government agencies and childcare providers may respond to fears of institutional abuse by developing procedures for managing allegations of historical abuse and systems of risk management (Corby 2001; Smith 2009), 'colonising the future' (Giddens, 1991a; 1991b) with professionals involved in risk profiling; drawing up risk assessments, policies and procedures in an effort to avert the risk of further allegations of malpractice (Bauman, 2006; Giddens, 1991a). Despite service providers and former service providers wishing to engage in what some refer to as a moral, welfare or theological discourse, other 'expert systems' such as lawyers and insurers, (Giddens, 1991a) intervene with a legalistic discourse (Thompson, 2002) restricting the response to survivors. Such practices raise criticisms of 'moral panic' (Smith, 2012). It is easy to be overwhelmed by the negativity of late modernity but the same factors that pose the challenges also offer potential for social change (Bauman, 2006; Berman, 1981).

10.5.2 Narrative and identity

This research did not start out as a narrative study. Survivor participants however responded to semi-structured interviews by engaging in conversation and sharing a rich and varied array of personal experiences and reflections which became the basis of analysis. As discussed at the outset of this study, it has been suggested that there are a limited number of narrative patterns or 'archetypal actions' (Elsbree, 1982). While these resonate with the narratives of survivor participants individually, they do not capture the interrelatedness of survivor narratives, of the memories of nurturing, protection and arguably 'parenting' evident in the collective narrative. While individually, experiences and narratives varied widely, they converged around certain themes; experiences of historical institutional child abuse, the influence on health and well-being, aspirations for justice and the impact on developing narrative and identity. This included the emergence of the collective identity of 'survivor of historical institutional child abuse' and a collective narrative.

10.5.3 Transitional justice

Since this study commenced, historical institutional abuse of children is increasingly being seen as historical injustice addressed both in Scotland and internationally through processes of transitional justice. Arguably the collective identity of survivor of institutional child abuse has supported their campaigning for justice and achieving a raft of remedies. Although interviews were carried out prior to development of the Action Plan (SHRC, 2014) all remedies identified by the survivor participants were included therein and several have since been implemented.

10.5.4 Interrelationship of theoretical frameworks

Bringing together these three overarching theoretical frameworks creates the context for the emerging group identity of survivor of historical institutional child abuse. The shifting dynamics of time and space, the challenge to traditional power bases such as the church and the associated reflexivity of modernity (Giddens, 1991a; 1991b) facilitated survivors and childhood friends connecting through the media and Internet and thus to critically reflect on childhood experiences. A community of interest was created, sharing narratives, creating the identity of survivor of historical institutional child abuse and campaigning for justice. Arguably, the resultant alternative narrative

is challenging the dominant narrative of public care of children in Scotland through the opportunities of transitional justice.

10.6 The Way Forward

10.6.1 Practice

Although small in scale, lessons can be learned from this study both in respect of survivors of historical institutional abuse and children and young people in care today.

Survivors of historical institutional child abuse

It has become clear in this study that narrative and identity are significant for both survivors and service providers. Service providers and associated systems such as legal services need to recognise the significance of narrative for children formerly in their care, that the narratives of care leavers and survivors are often held by and intertwined with agency narratives. There need to be ways of supporting care leavers and survivors through this process, including when they may have raised civil action against the care provider. There also need to be methods of dating and accurately archiving 'grey literature' and organisational policies and procedures in order that care leavers experiences and historical childcare practice can be seen in context.

Many of the issues identified in this study in respect of survivors of historical institutional child abuse are being addressed by initiatives in Scotland (SHRC, 2014; Survivor Scotland, 2015). Experience in Ireland however, showed 'unintended consequences' of the reparation programme such as the breakdown in relationships between care leaver and former service providers (Howard, 2011). It seems that ongoing dialogue and mediation may be required to facilitate repair and reconciliation between survivors and service providers.

Children in care today

One aspect of redress important to survivor participants is that of 'non-repetition' (Hayner, 2001; SHRC, 2010), that children in care today should not suffer as they did. Narratives shared indicate that while positive experiences of residential care had lifelong implications, with few exceptions, institutional abuse was not recognised at the time. This phenomenon recently termed 'wilful blindness' (Hefferman, 2012; Jay, 2015;) or 'denial (Cohen, 1993; 2001) arguably is not a new phenomenon, the

process having been recognised at least back to the work of Nietzsche (1990). Some forms of abuse such as systemic abuse are difficult to recognize however, only identified after the passage of time (Gil, 1982; Kendrick and Hawthorn, 2012). There is a need to recognise the voice of children and young people including disabled children who are known to be particularly vulnerable to abuse (Stalker et al., 2010; Westcott and Cross, 1996) and to construct professional decision-making in a way that keeps their needs central rather than those of the 'system', with staff responsible 'for' children rather than 'to' the agency (after Bauman, 2006).

It was also recognised that the in-care experience of a child now is different to that historically in that children now may have multiple placements with individual residential units 'being an episode' in the child's life rather than 'holding' their life as happened in the past. There needs to be exploration of the implications for Life Story Work with looked after children and young people; the ways in which records can be kept that are meaningful for a child's developing life narrative and sense of identity, that remains coherent, reflecting their views and experiences rather than strewn across repositories of different agencies where the child has touched down, amidst periods of discontinuity in their life.

In addition, more recent developments in residential childcare to move towards smaller community based group settings may create difficulties for care leavers in the future. While potentially offering a more personal in-care experience, there is a need for agencies to consider how memories of these locations can be held in a way to be accessed by care leavers and their families in later years, possibly engaging the skills of archivists and historians working in partnership with care leavers and professionals to ensure that archives are meaningful, accessible and functional.

Completing personal narrative is likely to remain a complex task. In an era where it is recognised that organisations are increasingly future oriented (Giddens, 1991a), organisations need to see themselves as located in time and space, remaining connected to their past while facing the challenges of the present and moving confidently towards the future. This may require identifying staff to 'hold the past'; having a sound understanding not only of the history of the agency and supporting care leavers access records, but also of the wider social history, of relevant legislation, policy and practice as well as the social construct of children and childhood in order to contextualise care leaver and survivor experiences.

10.6.2 Future research

It is recognized that historical abuse is under-researched (Conway, 2012). As an exploratory study, this thesis touches on a range of issues. Many themes have emerged which would merit further research.

Historical narratives

Developing a coherent life narrative and identity was problematic for survivors of institutional child abuse due to factors outlined above. Due to the exploratory nature, this study was not originally designed to explore such narratives. Some work designed as Narrative Research or Oral History could examine the developing narratives of stakeholders in more detail; those of survivors, service providers and former service providers. This could explore the ways in which these narratives interrelate, concurrent, conflicting and counterpointing each other.

Institutional abuse

There are still some significant omissions in our current knowledge base in respect of historical institutional abuse. It is clear that there was awareness of poor standards in residential care of children in the past. There were arguably missed opportunities for example in the late 1940s following publication of the Clyde Report (Scottish Home Department, 1946) and late 1960s, evidenced through documentation now stored in the National Records of Scotland (ED11/854/1 Discipline: Corporal Punishment in Children's Homes, 1966-1979; ED15/552 Discipline, 1968-71). When there has been a history of concern about the welfare of children in Scotland, it would be worth exploring the context of such 'missed opportunities', whether there were elements of 'denial' (Cohen, 2001).

It is also known that in Scotland, more children were 'boarded out' than in other parts of the UK. Despite criticisms of boarding out, fostering was seen as the preferred option for children in public care in both the Curtis Report (Care of Children Committee, 1946) and Clyde Report (Scottish Home Department, 1946). There are however reports of abuse in foster care (Abrams, 1998; Hawthorn et al., 2013; Kendrick and Hawthorn, 2012). There is very little research on abuse within boarding-out and foster care settings, raising the question as to whether there is lack of recognition of their experiences. This may be related to greater isolation of fostercare, with children lacking the supportive peer network experienced by

participants in this study and reported in literature (Emond, 2005). There does not appear to have been the same online community of interest taking this forward as in institutional child abuse.

Faith-based and secular providers

In Ireland, it was recognized that much of the abuse of children was carried out in faith-based settings and that the relationship between the state and Church contributed to the failure to protect children in state care (McLoone-Richards, 2012). Indications from this study are that in Scotland, abuse was carried out in a wider range of residential settings; faith-based and secular, voluntary, statutory and private. Murphy (1992) identified Scotland's religious affiliations as one of the factors in its care of vulnerable children however. There have been allegations of proselytizing in the early part of 20th century, (Urquart, 1901) and anecdotal accounts that Scotland's history of sectarianism (Scottish Government, 2013) influenced childcare practice. There appears to be little research on how this impacted on children's experience of public care historically.

This raises further questions as to the locus of religion and spirituality within the institutional care of children and the implications over time. While there is some literature on children in theology and different perspectives on children and childhood within Christianity (Berryman, 2009; Bunge, 2001) there is little specifically on spirituality and spiritual abuse of children in institutional care and the implications over the life course. This raises further questions; for those survivors who have been able to maintain or develop their spiritual identity despite faith-based abuse, how they have addressed this within their personal narrative and for service providers, the implications of historical institutional child abuse on organisational narrative and identity.

10.6.3 And finally

During the course of this study, as well as the accounts from participants, a rich tapestry of experiences and narratives unfolded that could not be told as they were not part of the research process that had received ethical approval. These came from survivors of institutional abuse and their relatives who had been touched by their experiences, from former residential practitioners and those involved in the public care of children both currently and in the past, from family, friends and colleagues, all of whom had views and experiences on the way in which children were treated

historically. In writing of history, possibly we should not be striving for one 'universal' history of child care but as Maier proposes:

> I fall back on a musical analogy. Historians can validly write "contrapuntal history" with parallel story lines that are read horizontally but maintain some determinate relation with each other. The independence of voices must be maintained even within a multi-vocal structure. (2003, p.301).

There are multiple experiences, reflections and narratives to be heard which are equally valid; concurrent and conflicting, challenging what until recently has been the 'dominant narrative' held by former care providers. It would be a fitting tribute to all care leavers and survivors of institutional abuse; to all individuals and agencies involved in the care of children over the years to work together in finding a way of holding these in a way that can serve as a record and a memory which can be accessed by all.

It is important to hold on to learning from the participants who gave of their time and shared their personal and organizational narratives; participants such as Dorothy who died shortly before completion of this study almost 80 years of age. She wrote of one nun who cared for her during her adolescence:

> *She chose to take me under her wing and with patience, kindness and affection, took on the task of repairing the mental and physical wreck, which was then me. She it was who rescued me from what might have turned out to be a life of bitterness, anger, hatred and even a need for revenge. She was the 'Mother Figure' I longed for at that period of my life, guiding me and pointing me in the right direction; urging me to recognise as she herself had, that genuine goodness and love will nearly always eventually win. She certainly served as a yardstick for me throughout my adult life, and like my dear father, has my undying affection and gratitude.*
> (Unpublished written contribution).

As evidenced throughout this study, the influence of even short periods of residential care can be profound, and the benefits life-long. By looking critically at the past, and applying our learning to the present, we can create coherent narratives, integrated identities and quality memories for care leavers of the future.

References

Aboriginal Affairs and Northern Development Canada. (2013). *Remembering the Past: A Window to the Future*. Retrieved from http://www.aadnc-aandc.gc.ca/eng/1332859355145/1332859433503 [Accessed 5th January 2014]

Abrams, L. (1998). *The Orphan Country: Children from Scotland's Broken Homes From 1845 to the Present Day.* Glasgow: Bell and Bain.

Abrams, L. (2010). *Oral History Theory.* London: Routledge.

Ace Studies. (2016). The Adverse Childhood Experiences Study. Retrieved from http://www.acestudy.org [Accessed 28 February 2016]

Action for Children. (2013). *Former Child Migrants* [Online]. Retrieved from http://www.actionforchildren.org.uk/our-services/adoption-fostering-and-children-in-care/records-and-support/former-child-migrants [Accessed 6th January 2013]

Ainsworth, M.D.S., & Bowlby, J. (1991). An ethological approach to personality development. *American Psychologist*, *46*(4), 333-341.

Ainsworth, F., & Fulcher, L. (Eds.), (1981). *Group Care for Children: Concept and Issues.* New York: Tavistock.

Anbragt Historien. (2014). *In Care In History: collation and communication.* Retrieved from www.**anbragtihistorien**.dk/english.html [Accessed 5th January 2014].

Andrews, M., Squire, C., & Tamboukou, C. (Eds.), (2008). *Doing Narrative Research*. London: Sage.

Archard, D. (2015). *Children: Rights and Childhood.* London: Routledge.

Arendt, H. (1951). "Preface to the First Edition," *The Origins of Totalitarianism.* New York: Harcourt, Brace, 1973 [1951]

Anthony, J. (1968). Other People's Children [first published in *Case Conference*, *5*(3) July, 1958]. In R.J.N. Tod (Ed.), *Children in Care* (pp. 55-62). London: Longmans.

Arvidsson, M. (2015). Contextualising Reparations Politics. In J. Sköld & S. Swain (Eds.), *Apology and the Legacy of Abuse of Children in Care* (pp. 70-82). Basingstoke: Palgrave Macmillan.

Ashton, V. (1999). Worker judgements of seriousness about and reporting of child maltreatment. *Child Abuse and Neglect, 23*(6), 539–548.

Ashton, V. (2001). The relationship between attitudes toward corporal punishment and the perception and reporting of child maltreatment. *Child Abuse and Neglect, 25*(3), 399.

Attwood, B. (2005). *Telling the Truth about Aboriginal History*. Crow's Nest, NSW: Allen and Unwin.

Australian Broadcasting Corporation in Association with the BBC. (1992). *The Leaving of Liverpool.* Retrieved from https://www.youtube.com/watch?v=bIJA2QOkbo0&noredirect=1 [Accessed 2nd June 2014].

Barclay, P.M. (1982). *Social Workers Their Role and Task*. London: Bedford Square Press.

Barkan, E. (2000). *The Guilt of Nations: Restitution and Negotiating Historical Injustices.* New York: Norton.

Barnardo's. (1996). *Too Much Too Young: The failure of social policy in meeting the needs of care leavers.* London: Action on Aftercare Consortium.

Barnardo's. (2013). *Child Migration*. [Online] Retrieved from http://www.barnardos.org.uk/what_we_do/who_we_are/history/family_history_service/family_history_service_our_service/child_migration.htm [Accessed 6th January 2013].

Barter, C. (1999). Independent investigations into institutional abuse: Developing theory and practice. In N. Stanley, J. Manthorpe & B. Penhale (Eds.), *Institutional Abuse: Perspectives across the life course* (pp. 66-88). London: Routledge.

Barter, C. (1999a). Practitioners' Experiences and Perceptions of Investigating Allegations of Institutional Abuse. *Child Abuse Review*, *8*(6), 392-404.

Bauman, Z. (2006). *Liquid Fear.* Cambridge: Polity Press.

Bayes, K. (2009). *Higher Aspirations, Brighter Futures: National Residential Child Care Initiative Overview Report.* Glasgow: SIRCC.

Beck, U. (1992). *Risk society: towards a new modernity.* London: Sage Publications.

Berger, P., & Luckman, T. (1967). *The Social Construction of Reality: A Treatise on the Sociology of Knowledge.* London: Penguin.

Berman, M. (1982). *All That Is Solid Melts Into Air.* London: Verso.

Berry, J. (1975). *Daily experiences in residential life: A study of children and their caregivers.* London: Routledge and Keegan Paul.

Berryman, J. W. (2009). *Children and the Theologians.* Harrisburg, PA 17112: Morehouse Publishing.

Bevernage, B. (2008). Time, Presence, and Historical Injustice. *History and Theory, 47*(2), 1949-167.

Bibby, P. (ed.), (1996). O*rganised Abuse- The Current Debate.* Aldershot, Arena/Ashgate.

Biehal, N., & Wade, J. (1999). Taking and Chance? The risks associated with going missing from substitute care. *Child Abuse Review, 8*(6), 366-376.

Biehal, N., Cusworth, L., Wade, J. with Clarke, S. (2014). *Keeping Children Safe: Allegations Concerning the Abuse or Neglect of Children in Care.* University of York and NSPCC.

Black, A., & Williams, C. (2002). *Fife Council independent enquiry established by the Chief Executive following the conviction of David Logan Murphy for the sexual abuse of children.* Kirkcaldy: Fife Council.

Blakemore, T., Herbert, J.L., Arney, F. & Parkinson, S. (2017) The impacts of institutional child sexual abuse: A rapid review of the evidence. *Child Abuse and Neglect,* (74), 35-48.

Blatt, E.R., & Brown, S.W. (1986). Environmental influences on incidents of alleged child abuse and neglect in New York State psychiatric facilities: Towards an etiology of institutional child maltreatment. *Child Abuse and Neglect*, *10*(2), 171-180.

Blatt, E.R.I. (1992). Factors associated with child abuse and neglect in residential care settings, *Child and Youth Services Review*, *14*(6), 493-517.

Bluestone, C. (2005). Personal disciplinary history and views of physical punishment: implications for training mandated reporters. *Child Abuse Review*, *14*(4), 240-258.

Bolger, K., Patterson, C., & Kupersmidt, J. (1998). Peer relationships and self-esteem among children who have been maltreated. *Child Development*, *69*(4), 1171- 1197.

Bottoms, B.L., Peter-Hagens, L.C., Epstein, M.A., Wiley,T.R.A., Reynolds C.E., & Rudnicki, A.G. (2016). Abuse characteristics and individual differences related to disclosing childhood sexual, physical and emotional abuse and witnessed domestic violence. *Journal of Interpersonal Violence*, 31(7), pp.1308-1339.

Bowlby, J. (1951). *Maternal Care and Mental Health.* Geneva: World Health Organisation.

Bowlby, J. (1998). *A secure base: Clinical applications of attachment theory*. London: Tavistock/Routledge.

Bradburn, N., & Sudman, S. (1979). *Improving Interview Method and Questionnaire Design.* San Francisco: Jossey-Bass.

Brannan, C., Jones, J.R., & Murch, J.D. (1993). *Castlehill Report-Practice Guide.* Shrewsbury: Shropshire County Council.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.

Braun, V., & Clarke, V. (2013). *Successful Qualitative Research: a practical guide for beginners.* London: Sage.

Brennan, C. (2015). Trials and Contestations: Ireland's Ryan Commission. In J. Sköld & S. Swain (Eds.), *Apology and the Legacy of Abuse of Children in Care* (pp. 55-69). Basingstoke: Palgrave Macmillan.

Bretherton, J. (1992). The origins of attachment theory: John Bowlby & Mary Ainsworth. *Developmental Psychology, 28*(5), 759 – 775.

Briere, J. (1992) *Child Abuse Trauma: Theory and Treatment of the Lasting Effects*. Newbury Park, CA: Sage.

Briere, J.N. (1996). A Self-Trauma Model for Treating Adult Survivors of Severe Child Abuse. In J.N. Briere, L. Berliner, J.A. Bulkley, C. Jenny & T. Reid (Eds.), *The APSAC Handbook on Child Maltreatment* (pp.140-157). London: Sage.

Browne, K,D., Falshaw, L., & Hamilton, C.E. (1995). The characteristics of young persons resident at the Glenthorne Centre during the first half of 1995. *Youth Treatment Service Journa*l, *1*(2), 52-71.

Browne K.D., & Falshaw L. (1998). Treatment work with young people in secure care. *The Irish Journal of Psychology, 19*(2-3), 208-225.

Browne K.D., & Herbert M. (1997). *Preventing Family Violence*. Wiley: Chichester

Browne, K., & Lynche, M.A. (1999). The Experiences of Children in Public Care. *Child Abuse Review. 8*(6), 353-356.

Buckley H. (2000). Child Protection: an unreflective practice. *Social Work Education, 19*(3), 253-263.

Bunge, M. (2001). *The Child in Christian Thought*. Michigan: Wm. B. Eerdman Publishing Company.

Burgess, A.W., & Hartmann, C.R. (1987). 'Child abuse aspects of child pornography', *Psychiatric Annals, 7*(4), 248-53.

Burr, V. (2015). *Social Constructivism*. London: Routledge.

Bussman, K-D. (2004). Evaluating the subtle impact of a ban on corporal punishment of children in Germany. *Child Abuse Review*, *13*(5), 292-311.

Butler, I., & Drakeford, M. (2003). *Social Policy, Social Welfare and Scandal.* Basingstoke: Palgrave Macmillan.

Campbell, T. (2010). *Justice.* Basingstoke: Palgrave McMillan.

Care Leavers Association (2015). Retrieved from http:// www.careleavers.com [Accessed16th August 2015]

Care of Children Committee. (1946). *Report for the Care of Children Committee* [The Curtis Report], Cmd. 6922. London: HMSO.

CELCIS. (2017). Financial Redress consultation and engagement. Retrieved from https://www.celcis.org/our-work/key-areas/historical-abuse/financial-redress/ [Accessed Date]

Child Migrants Trust. (2013). Retrieved from http://www.childmigrantstrust.com [Accessed 6th January 2013].

Clayden, M. (1992, October 15). 'The Aftermath of Betrayal', *Community Care*, 15-22.

Cohen, S. (1993). Human Rights and Crimes of the State: The Culture of Denial. *Australian and New Zealand Journal of Criminology, 26*(2), 97-115.

Cohen, S. (2001). *States of Denial: Knowing about Atrocities and Suffering.* Cambridge: Polity Press.

Colton, M. (2002). Factors Associated with Abuse of Children in Residential Care Institutions. *Children and Society, 16*(1), 33-44.

Conway, E. (2012). *Uncertain Legacies: Resilience and Institutional Abuse: A Literature Review*. Edinburgh: Scottish Government. Retrieved from (www.scotland.gov.uk/socialresearch) [Accessed June 29th 2012]

Corby, B., Doig, A., & Roberts, V. (2001). *Public Enquiries into the Abuse of Children in Residential Care*. London: Jessica Kingsley.

Cox, P. (1996). 'Girls, deficiency and delinquency'. In D. Wright & A. Digby (Eds.), *From Idiocy to Mental Deficiency: Historical Perspectives on People with Learning Difficulties* (pp.184-206). London: Routledge.

Craig, C. (2017) *Hiding in Plain Sight.* Paisley: CCWB Press.

Craig, G., Corden, A., & Thompson, P. (2000). *Safety in Social Research.* Social Research Update, issue 29. Also available on http://www.soc.surrey.ac.uk/sru/SRU29.html

Crimmens, D., & Milligan, I. (2005). *Facing Forward: Residential child care in the 21st century.* Lyme Regis: Russell House Publishing.

Commission to Inquire into Child Abuse and Ryan, S. (2009). *Report of Commission to Inquire into Child Abuse.* Dublin: Government of Ireland.

Cradock, G. (2015). Canadian Inquiries Stumble Towards Redress. In J. Sköld & S. Swain (Eds.), *Apology and the Legacy of Abuse of Children in Care* (pp.134-143). Basingstoke: Palgrave Macmillan.

Cruz, P. (1998). *Child Abuse Child and Child Protection in Residential Care.* Highlight No. 159. London, National Children's Bureau.

Cunningham, M. (2011). The ideological location of apology. *Journal of Political Ideologies, 16*(1), 115-122.

CYPCS. (2016, February 17). *Wide calls for Equal Protection of Children.* Retrieved from *http://www.cypcs.org.uk/news/in-the-news/wide-calls-for-equal-protection-of-children* [Accessed 15th January 2017]

Dáil Éireann (8 May 2012). Dáil Éireann Debate. *Residential Institutions Statutory Fund Bill 2012: Second Stage. 764*(3) Retrieved from http://debates.oireachtas.ie/l/2012/05/08/00026.as [Accessed 2nd February, 2018]

Daiute, C., & Lightfoot, C. (2004). *Narrative Analysis: Studying the Development of Individuals in Society.* London: Sage.

Daly, K. (2014). *Redressing Institutional Abuse of Children.* Basingstoke: Palgrave Macmillan.

Daly, K. (2014a) Conceptualising responses to institutional abuse of children. *Current Issues in Criminal Justice,* 25 (2014-2105),

Daniel, B. (2008). 'The Concept of Resilience, Messages for Residential Child Care'. In A. Kendrick (Ed.), *Residential Child Care, Prospects and Challenges* (pp.60-75). London: Jessica Kingsley.

Daniel, B., Wassell, S., & Gilligan, R. (1999). *Child development for child care and protection workers.* London: Jessica Kingsley.

Davis, L.F. (1980). 'Sex and the residential setting.' In R.G. Walton, & D. Elliott (Eds.), *Residential Care, A Reader in Current Theory and Practice* (pp.263-272). Oxford: Pergamon.

DHSS. (1974). *Report of the Committee of Inquiry into the care and Supervision Provided in Relation to Maria Colwell.* London: HMSO.

Delbo, C. (1990). *Days and Memory* (orig. *La memoire et les jours*, 1985). Translated by Rosette Lamont. Malboro, Vermont: Marlboro Press.

Department of Health. (1995). *Child Protection: Messages from Research.* London: HMSO.

Devine, F., & Heath, S. (1999). *Sociological Research Methods in Context.* Macmillan: Basingstoke.

Dhonnchadha, M. (1997). Birr and the Law of the Innocents. *Adomnán at Birr, AD 697.* Dublin: Four Courts Press. Ltd.

Dickson-Swift, V., Lyn James, E., & Liamputtong, P. (2008). *Undertaking Sensitive research in the Health and Social Sciences: Managing Boundaries, Emotions and Risks.* Cambridge: Cambridge University Press.

Dimigan, C., Del Priore, C., Butler, S., Evans, S., Ferguson, L., & Swan, M. (1999). 'Psychiatric disorder among children at time of entering local authority care: questionnaire survey'. *British Medical Journal*, *319*(7211), p.675.

Doran, C., & Brannan, C. (1996). Institutional Abuse. In P. Bibby (ed.), O*rganised Abuse- The Current Debate* (pp. 155-166)*.* Aldershot: Arena/Ashgate.

Dorrell, M. (2009). From Reconciliation to Reconciling. *English Studies in Canada, 35*(1), 27-45.

Duncalf, Z., Hawthorn, M., Davidson, J., Goddard, J., & McMahon, W. (2009). *Time for Justice.* Manchester: The Care Leavers Association and Glasgow: The Scottish Institute for Residential Child Care.

Duncalf, Z. (2010). *Listen Up!: Adult Care leavers Speak Out.* Manchester: Care Leavers Association.

Durkin, R. (1982). No one will thank you: First thoughts on reporting institutional abuse. *Child and Youth Services, 4*(1-2), 109-113.

Edwards, F.E. Strathclyde (Scotland) Social Work Department. (1984). *Home or Away: Residential childcare strategy for the eighties.* Strathclyde Regional Council Social Work Department.

Ellingsen, D. (2004). *Krigsbarns levekår-En registerbasert undersøkelse* (Oslo: Statistics Norway).

Elsbree, L. (1982). *The Rituals of Life: Patterns in Narrative.* London: KenniKat Press.

Emond, R. (2005). An outsider's view of the inside. In D. Crimmens & I. Milligan (Eds.), *Facing Forward: Residential child care in the 21st century* (pp. 127-136). Lyme Regis: Russell House Publishing.

Erickson, M.F., & Egeland, B. (1996). Child Neglect. In J. Briere, L. Berliner, J. A. Bulkley, C. Jenny, & T. Reid (Eds.), *The APSAC Handbook on Child Maltreatment* (pp. 4- 20). London: Sage.

Erikson, E.H. (1969). *Childhood and Society.* Hamondsworth: Penguin Publishers.

Etherington, K. (2007). Ethical Research in Reflexive Relationships. *Qualitative Inquiry, 13*(5), 599-616.

Fabre, C. (2007). *Justice in a Changing World.* Cambridge: Polity Press.

Faller, K.C. (1988). The spectrum of sexual abuse in daycare: an exploratory study. *Journal of Family Violence*, *3*(4), 283-298.

Falshaw, L., Browne, K.D., & Hollin, C. (1996). Victim to Offender: A review. *Aggression and Violent Behaviour, 1*(4), 389-404.

Farmer, E., & Pollock, S. (1999). Mix and Match: Planning to keep Looked After Children Safe. *Child Abuse Review, 8*(6), 377-391.

FBGA: Former Boys and Girls Abused of Quarriers Homes. Retrieved from www.fbga.org [Accessed 28th October 2012].

Ferguson, T. (1966). Children in Care-and After: A study of a group of Glasgow children who came into care of the local authority. London: THE NUFFIELD FOUNDATION.

Ferguson, H. (2004). *Protecting Children in Time: Child Abuse, Child Protection and the Consequences of Modernity.* Basingstoke, Hampshire: PALGRAVE MACMILLAN.

Ferguson, H. (2007). Abused and Looked After Children as 'Moral Dirt': Child Abuse and Institutional Care in Historical Perspective. *Journal of Social Policy*, *36*(1), 123-139.

Ferguson, T. (1966). *Children in Care-and after: a study of a group of Glasgow children who came into care of a local authority.* London: Oxford University Press.

Find and Connect. (2014). *History and Information about Australian Orphanages Children's Homes and other institutions.* Retrieved from www.**findandconnect**.gov.au/   [Accessed 5th January 2014]

Finkelhor, D. (1984). *Child Sexual Abuse: New Theory and Research*. New York: The Free Press.

Finkelhor, D., & Browne, A. (1986). Initial and Long-term Effects: A Conceptual Framework. In D. Finkelhor, D & S. Araji (Eds.), *A Sourcebook on Child Sexual Abuse* (pp. 180-198). California: Sage.

Fitzpatrick, M., Carr, A., Dooley, B., Flanagan-Howard, R., Flanagan, E., Tierney, K., White, M., Daly, M., Shevlin, M. & Egan, J. (2010). Profiles of adult survivors of severe sexual, physical and emotional abuse in Ireland. *Child Abuse Review*, *19*(6), 387-404.

Flick, U. (2007). *Designing Qualitative Research*. London: Sage Publications.

Flisfelder, M.A. (2010). A Bridge to Reconciliation: A Critique of the Indian Residential School Truth Commission. *The International Indigenous Policy Journal. 1*(1). Retrieved from: http://ir.lib.uwo.ca/iipj/vol1/iss1/3   [Accessed 10th January 2014]

Fonagy, P., Steele, M., Steele, H., Higgitt, A., & Target, M. (1994). The Emmanuel Miller Memorial Lecture 1992: 'The theory and practice of resilience'. *Journal of Child Psychology and Psychiatry, 35*(2), 231-257.

Fontes, L.A., & Plummer, C. (2010). Cultural issues in the disclosure of child sexual abuse. *Journal of Child Sexual Abuse,* 19(5), 491-518.

Foucault, M. (2002). *The Order of Things.* Abingdon: Routledge.

Foucault, M. (1977). *Discipline and Punishment.* London: Allen and Lane.

Frankfurter, D. (2006). *Evil Incarnate: Rumours of Demonic Conspiracy and Satanic Abuse in History.* New Jersey: Princeton University Press.

Freeman, K.A., & Morris, T.L. (2001). A review of conceptual models explaining the effects of child sexual abuse. *Aggression and Violent Behaviour*, 6(4) pp.357-373.

Freud, A. (1998). *Selected Writings.* R. Ekins & R. Freeman (Eds.), London: Penguin.

Frizell, E. (2009). *Independent Inquiry into Abuse at Kerelaw Residential School and Secure Unit.* The Scottish Government: Edinburgh.

Frost, N., & Stein, M. (1989). *The Politics of Child Welfare: Inequalities of Power and Change.* London: Harvester and Wheatsheaf.

Future Pathways- Scotland's In Care Survivor Support Fund. (2017). Retrieved from https://future-pathways.co.uk/ [Accessed 25th August 2017]

Gadda, A. M., & Harris, R. (2014). Reviewing the impact of the Permanence and Care Team (PACT): up to September 2014. Glasgow: CELCIS.

Gallagher, B. (1998). Institutional Abuse. In N. Parton & C. Wattam (Eds.), *Child Sexual Abuse: Responding to the Experiences of Children* (pp. 197-210). Chichester: Wiley.

Gallagher, B. (1999). Invited literature review: The abuse of children in public care. *Child Abuse Review, 8*(6), 357- 365.

Gallagher, B. (2000). The extent and nature of Known Cases of Institutional Child Sexual Abuse. *British Journal of Social Work, 30*(6), 795-817.

Gallagher, B., Hughes, B., & Parker, H. (1996). The nature and extent of known cases of organised child sexual abuse in England and Wales. In P.C. Bibby (Ed.), *Organised Abuse: The Current Debate* (pp. 215-229). Aldershot: Arena Ashgate Publishing.

Garrett, J.R. (1979). Institutional Abuse of children: an emerging public issue. *Residential and Community Child Care Administration*, 1, pp. 57-68.

Garfat, T. (1998). Editorial: On the Fear of Contact, the Need for Touch, and Creating Youth Care Contexts Where Touching is Okay. *The Journal of Child and Youth Care,* 12(3), Retrieved from http://www.cyc-net.org/Journals/jcyc/jcyc12-3.html [Accessed on

Gaspar, R. & Bibby, P. (1996). How Rings Work. In P. C. Bibby, (Ed.), *Organised Abuse: The Current Debate* (pp. 49-58). Aldershot: Arena/Ashgate.

Giddens, A. (1984). *The Constitution of Society: Outline of the Theory of Structuration.* Cambridge: Polity Press.

Giddens, A. (1990). *The Consequences of Modernity.* Stanford, CA: Stanford University Press.

Giddens, A. (1991a). *Modernity and Self-Identity: Self and Society in the Late Modern Age.* Cambridge: Polity Press.

Giddens, A. (1991b). The Consequences of Modernity. Oxford: Polity Press.

Gil, E. (1982). Institutional abuse of children in out of home care. *Child and Youth Services*, *4*(1-2), 7-13. (USA).

Gilligan, C. (1982). *In a different voice.* Cambridge, MA: Harvard University Press.

Gilligan, R. (2001). Promoting resilience: a resource guide on working with children in the care system. London: BAAF.

Gilligan, P. (2012). Clerical Abuse and Laicisation: Rhetoric and Reality in the Catholic Church in England and Wales. *Child Abuse Review*, *21*(6), 427–439.

Goffman, E. (1961). *Asylums: Essays on the Social situation of Mental Patients and Other Inmates.* Garden City, N.Y: Anchor books, Doubleday and Co.

Goffman, E. (1969). The Insanity of Place. *Psychiatry: Interpersonal and Biological Processes, 32*(4), 357-388.

Goldson, B. (2001). The Demonization of Children: from the Symbolic to the Institutional. In P. Foley, J. Roche & S. Tucker (Eds.), *Children in Society:*

Contemporary Theory, Policy and Practice (pp. 34-41). Basingstoke: Palgrave in association with the Open University.

Gotved, S. (2006). Time and space in cyber social reality. *New Media and Society*, *8*(3), 467-86.

Gough, D. (1996). An Overview of the Literature. In P. Bibby (Ed.), *Organised Abuse: The Current Debate* (pp. 9-34). Aldershot: Arena.

Grant, C, & Gabor, P. (2006). An historical perspective on residential services for troubled and troubling youth in Canada revisited. *Relational Child and Youth Care Practice, 19*(4), pp.17-25.

Gregory, I. (2003). *Ethics in Research*. London: Continuum.

Groze, V. (1990). An exploratory investigation into institutional maltreatment. *Child and Youth Services Review*, *12*(3), 229-241. (USA)

Hagsburg, B. (1995). The individual's life history as a formative experience to aging. In B.K. Haight & W.D. Webster (Eds.), *The art and science of reminiscing* (pp. 61-76). Washington DC: Taylor and Francis.

Harper, C.A. & Perkins, C. Reporting Child Sexual Abuse within Religious Settings: Challenges and Future Directions. *Child Abuse Review*, 27(1), 30-41.

Hart, S.N., Brassard, M.R., & Karlson, H.C. (1996). Psychological Maltreatment. In J. Briere, L. Berliner, J.A. Bulkley, C. Jenny & T. Reid (Eds.), *The APSAC Handbook on Child Maltreatment* (pp. 72-89). London: Sage.

Hawthorn, M. (2006). Historic Abuse in Residential Care: Sharing Good Practice. *In Residence No. 4.* Glasgow: SIRCC.

Hawthorn, M., & Kendrick, A. (2011). *Time to be Heard Pilot Forum Evaluation: A Chance to Say More.* Glasgow: Scottish Institute for Residential Child Care.

Hawthorn, M., Lerpiniere, J., Patterson, L., & Kendrick, A. (2013). *National Confidential Forum for Adult Survivors of Abuse in Care: Consultation with adults in foster care as children.* Glasgow: CELCIS.

Hayner, P. B. (2001). *Unspeakable Truths: Confronting State Terror and Atrocity*. New York: Routledge.

Hayner, P. B. (1994). Fifteen Truth Commissions 1974-1994: A Comparative Study. *Human Rights Quarterly*, *16*(4), 597 – 655.

Hefferman, M. (2012). *Wilful Blindness: Why we ignore the obvious at our Peril.* New York: Bloomsbury.

Helgeland, I. M. (2005). "Catch 22" of research ethics: Ethical dilemmas in follow-up studies of marginal groups. *Qualitative Inquiry*, 11, 549-569.

Hendrick, H. (1994). *Child Welfare England 1872-1989.* London, Routledge.

Hendrick, H. (2003). *Child Welfare: Historical dimensions, contemporary debate*. Bristol, The Policy Press.

Herzberger, S.D. (1988). Cultural obstacles to the labelling of abuse by professionals. in Professional Responsibilities. In A. Maney & S.Wells (Eds.), *Protecting Children: A Public Health Approach to Child Sexual Abuse* (pp.33-44). Praeger: New York.

Hill, M., Stafford, A., Seaman, P., Ross, N., & Daniel, B. (2007). *Parenting and Resilience.* York: Joseph Rowntree Foundation.

Hill, M. (1999). What's the problem? Who can help? The perspectives of children and young people on their well-being and on helping professionals. *Journal of Social Work Practice*, *13*(2), 135-145.

Hobbs, G. F., Hobbs, C. J., & Wynne, J.M. (1999). Abuse of Children in Foster and Residential Care. *Child Abuse and Neglect, 23*(12), 1239-1252.

Hobsbawm, E. (1998). *On History.* London: Abacus.

Holman, B. (1996). *The Corporate Parent: Manchester Children's Department. 1948-1971.* London: National Institute for Social Work.

Holman, B. (2001). *Champions for Children: The lives of modern child care pioneers*. Bristol: The Policy Press.

Home Office. (1967). *Administration of Punishment at Court Lees Approved School*, mnd 3367. London: HMSO.

Horrocks, C., & Goddard, J. (2004). 'Adults who Grew up in Care'. *Child and Family Social Work, 11*(3), 264-272.

Horwath, J. (2000). Childcare with Gloves on: Protecting Children and Young People in Residential Care. *British Journal of Social Work, 30*(2), 179-191.

House of Commons Education Committee. (2016). *Mental health and well-being of looked after children.* Fourth Report of Session 2015-2016. Retrieved from https://publications.parliament.uk/pa/cm201516/cmselect/cmeduc/481/481.pdf[Accessed 25th August, 2017].

Howard, N. (2012). The Ryan Report (2009): A practitioner's perspective on implications for residential child care. *Irish Journal of Applied Social Studies, 12*(1), 38-48.

Howard, N. (2011). *Good out of Evil- Rescuing Residential Care in the wake of the Ryan Report.* Proceedings of SIRCC National Conference.

Howe, D. (2005). *Child Abuse and Neglect: attachment, development and intervention.* Basingstoke: Palgrave.

Hudson, J. (1986). *Peer Groups: A Neglected Resource.* Paper presented at Realities and Dreams: International Conference on Residential Child Care, 3-6 September. Glasgow.

Human Rights and Equal Opportunity Commission (April 1997). *Bringing them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families.* Retrieved from https://www.humanrights.gov.au/publications/bringing-them-home-preliminary [Accessed 19th April 2014]

Humphreys, M. (1995). *Empty Cradles.* London: Corgie.

Hurl, C. (2011). Bedwetting Urine Trouble: A Social History of Bedwetting and its Regulation. *History of the Human Sciences, 24*(2), 48-64.

Hydén, M. (2008). Narrating sensitive topics. In M. Andrews, C. Squire & C. Tamboukou (Eds.), *Doing Narrative Research* (pp.121-136). London: Sage.

INCAS. (2012) Origins Retrieved from http://www.incas.org.uk/index.php [Accessed 9th September 2012]

Independent Inquiry into Child Sexual Abuse. (2017) Retrieved from http://www.iicsa.org.uk/ [Accessed 29th December 2017]

Irvine, M. (2010). *Tenterfield: My Happy Childhood in Care.* Edinburgh: Fledgling Press.

Jackson, L. (2000). *Child Sexual Abuse in Victorian England*. London: Routledge.

The Scotsman. (2006, June 25) Jailed abuse teachers are innocent. *The Scotsman.* Retrieved from http://www.scotsman.com/news/scotland/top-stories/jailed-abuse-teachers-are-innocent-1-1412956 [Accessed 5th September 2015]

James, M. (2012). A Carnival of Truth? Knowledge, Ignorance and the Canadian Truth and Reconciliation Commission. *International Journal of Transitional Justice*, *6*(2), 182-204.

James, N., & Busher, H. (2009). *Online Interviewing*. London: Sage Publications Ltd.

Janis, I. (1972). *Victims of Groupthink*. New York: Houghton Mifflin.

Jay, A. (2015, November 19). 13th Kilbrandon Lecture- Leadership in Child Protection. *Scottish Journal of Residential Child Care*. *14*(3) 33-45.

Jenkins, R. (2004). *Social Identity*. London: Routledge.

Jones, J. (1994). 'Towards an understanding of power relationships in institutional abuse'. *Early Child Development, 100*(1), 69-76.

Jones, J.R. (1994). *Organised/multiple abuse within institutions: a causal analysis highlighting issues of prevention and detection utilizing perspectives form victims of the Castle Hill regime*. MA dissertation. The University of Birmingham.

Kahan, B. (2000). *Residential Child Care After Waterhouse; Swings and Roundabouts in Child Care Policy and Practice.* Retrieved from http://www.davidlane.org/children/chukapr/mar2000/bkspeech.htm [Accessed Online 5 September 2015]

Karim, S. & Kendrick, A. (2014). To forgive or not to forgive? Is that the question?: Forgiveness, Transitional Justice and the Historic Abuse of Children in Care. *Scottish Journal of Residential Child Care.* September 13. Retrieved from https://www.celcis.org/files/6814/3817/9617/2014_Vol_13_2_Karim_To_Forgive_Or.pdf [Accessed Online 5th November, 2016]

Kaufman, F. (2002). *Searching for Justice: An Independent Review of Nova Scotia's Response to Reports of Institutional Abuse.* Province of Nova Scotia.

Kay-Shuttleworth, J. (1838). *The training of Pauper Children in Great Britain: A report Published by the Poor Law Commissioners in their Fourth Annual Report.* [Accessed electronically via Harvard University Graduate School of Education. 3 June, 2012]

Kaźmierska, K. (2004). Ethical aspects of biographical interviewing and analysis. In P.Chamberlayne, J. Bornat, & U. Apitzisch. *Biographical Methods and Professional practice: An international perspective* (pp181-191). Bristol: Policy Press.

Kelly, L. (1992). The Connection between disability and child abuse: a review of the research evidence. *Child Abuse Review*, *1*(3), 157-67.

Kemp, S. & SHRC. (2010) *Review of Human Rights Law relevant to the Proposed Acknowledgement and Accountability Forum for Adult Survivors of Childhood Abuse.* Retrieved from http://www.scottishhumanrights.com/application/resources/documents/SHRClegalpaperforAAF.pdf [Retrieved 18th April, 2014]

Kendrick, A. (1997). Safeguarding Children Living Away from Home from Abuse: A Literature Review. In R. Kent. *Children's Safeguards Review* (pp.143-275)*.* Edinburgh: The Social Work Inspectorate for Scotland.

Kendrick, A., & Fraser, S. (1992). The review of residential care in Scotland: A literature review. In *The Review of Residential Child Care in Scotland: The Three Supporting Research Studies.* Central Research Unit Papers, Edinburgh: Scottish Office.

Kendrick, A., & Hawthorn, M (2012). *National Confidential Forum for Adult Survivors of Childhood Abuse in Care. Scoping Project on Children in Care in Scotland, 1930 – 2005.* Retrieved from http://www.survivorscotland.org.uk/library [Accessed 10 February, 2013]

Kendrick, A., & Hawthorn, M. (2015). Dilemmas of Care: Social Work and Historic Abuse. In J. Sköld & S. Swain (Eds.), *Apology and the Legacy of Abuse of Children in Care* (pp.172-180). Basingstoke: Palgrave Macmillan.

Kendrick, A., Hawthorn, M., Karim, S., & Shaw, J. (2015). Scotland: Historic Abuse in Care and Human Rights. In J. Sköld & S. Swain (Eds.), *Apology and the Legacy of Abuse of Children in Care* (pp.124-133). Basingstoke: Palgrave Macmillan.

Kennedy, H. (2005). *Just Law: The Changing Face of Justice and Why it Matters to Us All.* London: Vintage Books.

Kent, R. (1997). *Children's Safeguards Review.* Edinburgh: HMSO.

Kirkwood, A. (1993). *The Leicestershire Inquiry 1992*. Leicester: Leicestershire County Council.

Kolko, D.J. (1996). Child Physical Abuse. In J. Briere, L. Berliner, J.A. Bulkley, C. Jenny & T. Reid (Eds.), *The APSAC Handbook on Child Maltreatment* (pp. 21-50). London: Sage.

Kunkel, B.E. (1983). The alienation response of children abused in out-of-home placement. *Child Abuse and Neglect*, *7*(4), 479-484.

Labbé, J. (2005). Ambroise Tardieu: The man and his work on maltreatment a century before Kempe. *Child Abuse and Neglect*, *29*(4), 311-324.

La Fontaine, J. (2005, April 7). Stop the Panic. *Community Care*. Retrieved from www.communitycare.co.uk/Articles/2005/04/07/48844/Stop+the+Panic.html [Accessed 29th May, 2016]

Lahtinen, H., Laitila, A., Korkman, J., & Ellonen, N. (2018) Children's disclosures of sexual abuse in a population-based sample. *Child Abuse and Neglect,* 76(February, 2018), 84-94.

The Law Commission of Canada. (2000). *Restoring Dignity: responding to Child Abuse in Canadian Institutions.* Ottowa: The Law Commission of Canada.

Lee, R.M. (1993). *Doing Research in Sensitive Topics.* London: Sage.

Lindsay, M. (1999). The Neglected Priority: Sexual Abuse in the Context of Residential Child Care in *Child Abuse Review, 8*(6), 405-418.

Linley, P.A. (2003) Positive Adaptation to Trauma: Wisdom as Both Process and Outcome. *Journal of Traumatic Stress.* 16(6), 601-610.

Lowenthal, D. (1998). Fabricating Heritage. *History and Memory, 10*(1), 5-24.

Lueger-Schuster, B.,Kantor, V., Weindl, D., Knefel, M., Moy, Y., Butollo, A., Jagsch, R., & Glück, T.(2014). Institutional abuse of children in the Austrian Catholic Church: Types of abuse and the impact on survovrs' current mental health. Child Abuse and Neglect, 38(1), 52-64.

Lueger-Schuster, B., Knefel, M., Glück, T.M., Jagsch, R., Kantor, V. and Weindl, D. (2018). Child abuse and neglect in institutional settings, cumulative lifetime traumatization, and psychopathological long-term correlates in adult survivors: The Vienna Institutional Abuse Study. *Child Abuse & Neglect,* 76, 488-501.

Lynch, G. (2016). *Remembering Child Migration: Faith, Nation-Building and the Wounds of Charity*. London: Bloomsbury.

Maclean, K. (2011). Resilience. In SIRCC, *In Residence*. Glasgow: SIRCC.

Magnusson, A. (1984). *The Village: A History of Quarrier's*. Bridge of Weir-Scotland: Quarrier's Homes.

Magnusson, A. (2006). *The Quarriers Story*. Edinburgh: Birlinn Limited.

Mahood, L. (1995). *Policing Gender, Class and Family*. London, UCL Press.

Mahood, L., & Littlewood, B. (1994). The "Vicious" Girl and the "Street-Corner" Boy: Sexuality and the Gendered Delinquent in the Scottish Child-Saving Movement, 1850-1940. *Journal of the History of Sexuality, 4*(4), 549 -578.

Maier, C.S. (2003). Overcoming the Past? Narrative and negotiation, Remembering and Reparation: Issues at the Interface of History and the Law. In J. Torpey (Eds.), *Politics and the Past: On Repairing Historical Injustices* (pp.295-304). Oxford: Rowman and Littlefield Publishers, Inc.

Marshall, K., Jamieson, C., & Finlayson, A. (1999). *Edinburgh's Children: The Edinburgh Inquiry into the Abuse and Protection of Children in Care.* Edinburgh City Council.

Márkus OP, G. (1997). *Adomnan's 'Law of the Innocents'.* Glasgow: Department of Celtic University of Glasgow.

Marrus, M. R. (2006). *Official Apologies and the Quest for Historical Justice.* Toronto: Monk Centre for International Studies.

Marrus, M.R. (2007). Official apologies and the quest for historical justice. *Journal of Human Rights, 6*(1), 75-105.

Maynes, J., Pierce, J.L., & Laslett, B. (2008). *Telling Stories: The Use of Personal Narratives in the Social Sciences and History.* London: Cornell University Press.

McCann, J.B., James, A., Wilson, S., & Dunn, G. (1996). Prevalence of psychiatric disorders in young people in the care system. *British Medical Journal*, *313*(7071), 1529-30.

McLellan Commission. (2015). *A review of the current safeguarding policies, procedures and practice within the Catholic Church in Scotland.* Scotland: APS Group.

McLoone-Richards, C. (2012). Say Nothing! How Pathology within Catholicism Created and Sustained the Institutional Abuse of Children in 20th Century Ireland. *Child Abuse Review*, *21*(6), 394-404.

McKay, M. (1980). Planning for Permanent Placement. *Adoption and Fostering, 99*(1), 19-21.

Meyerson, D.A., Grant, K.E., Smith Carter, J. and Kilmer, R.P. (2011) Posttraumatic growth among children and adolescents: a systematic review. *Clinical Psychological Review*, 31(6), 949-964.

Meltzer, H., Lader, D., Corbin, T., Goodman, R., & Ford, T. (2004). *The mental health of young people looked after by local authorities in Scotland.* Edinburgh: The Stationery Office.

Middleton, N. (1971). *When Family Failed: The treatment of the child in the care of the community in the first half of the 20th century.* London: Gollancz Ltd

Miles, M.B., & Huberman, A.M. (1994). *Qualitative Data Analysis.* London: Sage Publications.

Milligan, I., & Stevens, I. (2006). *Residential Care: Collaborative Practice.* London: Sage.

Moss, M., Sharpe, S., & Fay, C. (1990). *Abuse in the Care: A Pilot Study by the National Association of Young people in Care.* London, NAYPIC.

Murphy, J. assisted by McMillan, G. (1992). *British Social Services: The Scottish Dimension.* Edinburgh: Scottish Academic Press.

Murray, S., Murphy, J., Branigan, E., & Malone, J. (2009). *After the Orphanage: Life beyond the children's home.* Sydney: University of New South Wales Press Ltd.

Musgrove, N. (2015). The Role and Importance of History. In J. Sköld & S. Swain (Eds.), *Apology and the Legacy of Abuse of Children in Care* (pp. 147-158). Basingstoke: Palgrave Macmillan.

Myers, J.E.B. (1994). Definition and Origins of the Backlash Against Child Protection. In J.E.B. Myers (Ed.), *The Backlash: Child Protection Under Fire* (pp17-30). London: Sage Publications Ltd.

National Records of Scotland. (1966-1971). *Discipline: Corporal Punishment in Children's Homes.* (NRS Reference No. ED11/854).

National Records of Scotland. (1968-1971). *Discipline.* (NRS Reference No. ED 15/552).

National Confidential Forum. (2017). Retrieved from (http://www.nationalconfidentialforum.org.uk)

National Museum of Australia. (2012). *Inside: Life in Children's Homes.* Retrieved from http://nma.gov.au/blogs/inside/ (Accessed 5th January, 2014)

Nietzsche, F. (1990). On the Use and Disadvantage of History for Life. In W. Arrowsmith (Ed.), *Unmodern Observations* (pp.102-102). New Haven, Conn: Yale University Press.

Nolan, Lord M. (2001). *Review on Child Protection in the Catholic Church in England and Wales.* Retrieved from http://www.cathcom.org/mysharedaccounts/cumberlege/finalnolan1.htm [Accessed 5th January, 2013]

Nolan, Lord M. (2001). *A Programme for Action.* London: The Catholic Bishops Conference of England and Wales.

Nunno, M., & Motz, J.R. (1988). The development of an effective response to abuse of children in out-of-home care. *Child Abuse and Neglect*, *12*(4), 521-528. **(USA)**

Nye, R. (2009). *Children's Spirituality: what it is and why it matters.* London: Church House Publishing.

Nyman, A. (2012). *Summary of the Swedish Inquiry on Child Abuse and Neglect in Institutions and Foster Homes.* Presentation at the XIXthe ISPCAN International Congress on Child Abuse and Neglect, Istanbul, September 12th, 2012.

Okely, J. (1996). *Own or Other Culture.* London: Routledge.

Oakley, A. (1998). Gender, methodology and people's ways of knowing: some problems with feminism and the Paradigm Debate in Social Sciences. *Sociology*, *32*(4), 707-731.

Oliver, P. (2003). *The Student's Guide to Ethical Research.* Maidenhead, Open University Press.

O'Neill, T. (2008). Gender Matters in Residential Child Care. In A. Kendrick, (Ed.), *Residential Child Care: Prospects and Challenges* (pp. 93-106). London: Jessica Kingsley Publishers.

Orwell, G. (1952). 'Such, Such. Were the Joys', *Partisan Review* XIX, (September – October 1952). Retrieved from http://www.orwell.ru/library/essays/joys/english_joys [Accessed 5th September, 2017]

Orwell, G. (1949). *Nineteen Eighty Four.* Harlow: Longman Group Limited1983

O'Loughlin, T. (1997). Adomnán: a man of many parts. In T. O'Loughlin (Ed.), *Adomnán at Birr, AD 697: Essays in Commemoration of the Law of the Innocents.* Dublin: Four Courts Press Ltd.

O'Toole, A.W., O'Toole, R., Webster, S., & Lucal, B. (1994). Nurses respond to child abuse: a factorial survey. *Journal of Interpersonal Violence, 9*(2), 194-206.

Owen, R. (1817). A Further Development of the Plan for the Relief of the Manufacturing and Labouring Poor. In R. Owen (1991) *A New View of Society and Other Writings.* London: Penguin Books.

Oxford Dictionaries Online (2013). Retrieved from http://oxforddictioenuresisnaries.com [Accessed 26 January, 2013].

Oxford Dictionaries Online (2016) http://oxforddictioenuresisnaries.com

Oxford Dictionaries Online (2018) Retrieved from https://en.oxforddictionaries.com/definition/us/faith-based [Accessed 1 February, 2018]

Parker, R. (2008). *Uprooted: the Shipment of Poor Children to Canada, 1867-1917.* Bristol: Policy Press.

Parker, R. (2012, October). Child Migration - Cause and Effect. In *Child Migration – Lessons for Today: Proceedings of a conference, Liverpool.* Retrieved from http://www.cchn.org.uk/index.php/past-activities/2012-conference-child-migration-lessons-for-today/101-prof-roy-parker-child-migration-cause-and-effect [Accessed 21st April, 2014]

Parton, N. (1985). *The Politics of Child Abuse.* Basingstoke: Palgrave MacMillan.

Parton, N. (2006). *Safeguarding Childhood.* Basingstoke: Palgrave MacMillan.

Passerini, L. (1979) Work, Ideology and Consensus under Italian Fascism. *History Workshop Journal,* No. 8, 82-108. Oxford Universtiy Press.

Passerini, L. (1987) *Fascism in Popular memory: The Cultural experiences of the Turin Working Class.* Cambridge: Cambridge Universtiy Press.

Patterson, W. (2008). Narratives of events: Labovian narrative analysis and its limitations. In M. Andrews, C. Squire & C. Tamboukou (Eds.), *Doing Narrative Research* (pp. 22-40). London: Sage.

Penhale, B. (1999). Introduction. In N. Stanley, J. Manthorpe & B. Penhale (Eds.), *Institutional Abuse: Perspectives across the Life Course* (pp.1-15). London: Routledge.

Perry, B.D. (2002). Childhood experience and the expression of genetic potential: what childhood neglect tells us about nature and nurture. *Brain and Mind*, *3*(1), 79-100.

Perry, B. (2006). Applying principles of neurodevelopment to clinical work with maltreated and traumatised children. In N. Boyd Webb (Ed.), *Working with traumatised youth in child welfare* (pp. 27-52). New York: The Guilford Press.

Perry, B. (2009). Examining child maltreatment through a neurodevelopmental lens: clinical applications of the neurosequential model of therapeutics. *Journal of Loss and Trauma*, *14*(4), 240-255.

Phinney, J. S. (2000). Identity formation across cultures: The interraction of personal, societal, and historical change. *Human Development*, *43*(1), 27-31.

Phoenix, A. (2008). Analysing Narrative Contexts. In M. Andrews, C. Squire & C. Tamboukou (Eds.), *Doing Narrative Research* (pp. 64-77). London: Sage.

Pilgrim, D. (2012). Child Abuse in Catholic Settings: A Non-Reductionist Account. *Child Abuse Review*, *21*(6), 405- 413.

Pilgrim, D. (2017). Child sexual abuse, moral panics and emancipatory practice, *Critical and Radical Social Work*, *5(1),* 7-22.

Pilgrim, D.(2017a). Moral panics and social work: a rejoinder to Smith et al *Critical and Radical Social Work,* 5(3), 352-355.

Plummer, K. (1995). *Telling Sexual Stories: Power Change and Social Worlds.* London: Routledge.

Polletta, F. (1998). Contending stories: Narrative in social movements. *Qualitative Sociology, 21*(4), 419-46.

Powers, J.L., Mooney, A., & Nunno, M. (1990). Institutional abuse: a review of the literature. *Journal of Child and Youth Care*, *4*(6), 81-95.

Pringle, K. (1993). Child sexual abuse perpetrated by welfare personnel and the problem of men. *Critical Social Policy,* 12(36), 4-19.

Quarriers. (1944). *Treating Children Suffering from Incontinence of Urine.* The Standing Orders for the Orphan Homes of Scotland.

Rabb, J., & Rindfleisch, N. (1985). A study to define and assess severity of institutional abuse and neglect. *Child Abuse and Neglect*, *9*(2), 285-294. (USA)

Ricoeur, P. (1984). *Time and Narrative, Volume 1.* Translated by Kathleen Blamey & David Pellauer. Chicago/ London; University of Chicago Press.

Ricoeur, P. (1988). *Time and Narrative, Volume 3.* Translated by Kathleen Blamey & David Pellauer. Chicago/ London; University of Chicago Press.

Ricoeur, P. (1991). Life: A Story in Search of a Narrator. In M. Valdés (Ed.), *A Ricoeur Reader: Reflection and Imagination* (pp. 425-437). Toronto: University of Toronto Press.

Ridley, J., & McCluskey, S. (2003). Exploring the perceptions of young people in care and care leavers of their health needs. *Scottish Journal of Residential Child Care,* *2*(1), 55-65.

Righton, P. (1977). Sex and the Residential Social Worker. *Social Work Today*, *1*(19), 12.

Rindfleisch, N., & Rabb, J. (1984). How much of a problem is Resident Mistreatment in Child Welfare Institutions? *Child Abuse and Neglect*, *8*(1), 33-40. (USA)

Rindfleisch, N., & Bean, G. J. (1988). Willingness to report abuse and neglect in residential facilities. *Child Abuse and Neglect, 12*(4), 509-520.

Roberts, J. (1993). Abused children and foster care-the need for specialist resources. *Child Abuse Review, 2*(1), 3-14.

Robertson, J. (1952). *A Two Year Old Goes to Hospital.* Robertson Films. Retrieved from http://www.robertsonfilms.info/ [Accessed 13th June, 2015].

Robson, C. (2002). *Real World Research*. Oxford: Blackwell Publishing.

Rosenthal, J., Motz, J., Edmonsen, D., & Groze, V. (1991). A descriptive study of abuse and neglect in out-of home-placement. *Child Abuse and Neglect, 15*(3), 249-260.

Rosenthal, G., & Bar-On, D. (1992). A biographical case study of a victimizer's daughter's strategy: pseudo-identification with the victims of holocaust. *Journal of Narrative and Life History, 2*(2), 105-127.

Rowe, J., & Lambert, L. (1973). *Children who wait: a study of children needing substitute families.* London: Association of British Adoption Agencies.

Rowlands, J. (1995). Personal communication. In the extent and nature of known cases of institutional sexual abuse. Gallagher B. (2000). *British Journal of Social Work, 30*(*6),* 795-817.

Rus, A.V., Stativa, E., Pennings, J.S., Cross, D.R., Ekas, N., Purvis, K.B. & Parris, S.R. (2013). Severe punishment of children by staff in Romanian placement centers for school-aged children: Effects of child and institutional characteristics. *Child Abuse and Neglect, 37(12),* 1152-1162.

Ruxton, S. (2001). Towards a 'Children's Policy for the European Union?' In P. Foley, J. Roche & S. Tucker (Eds.), *Children in Society: Contemporary Theory, Policy and Practice* (pp. 65-75). Basingstoke: The Open University.

Ryan, A. (Ed.), (1993). *Justice.* Oxford: Oxford University Press.

Ryan, S. (2009). *Commission to Inquire into Child Abuse.* Dublin: Stationery Office. Retrieved from http://www.childabusecommission.com/rpt/pdfs/ [Accessed 20th April, 2014]

SACRO. (2011). *Sacro Restorative Justice Service for Adult Survivors.* Retrieved from http://www.survivorscotland.org.uk/confidential-forum/time-to-be-heard/restorative-justice-toolkit/ [Accessed 31 January, 2013]

Schlunck, A. (1998). Truth and Reconciliation Commissions. *ILSA Journal of International and Comparative Law, 4*(2), Article 14.

Schnyder, U. (Ed.), (2015). *Evidence based treatments for trauma-related psychological disorders: a practical guide for clinicians.* Switzerland: Springer International Publishing.

Schore, J. R., & Schore, A. N. (2008). Modern attachment theory: the central role of affect regulation in development and treatment. *Clinical Social Work Journal*, *36*(1), 9-20.

Scott, J., & Hill, M. (2006). *The health of looked after and accommodated children and young people in Scotland: messages from research.* Edinburgh: Social Work Inspection Agency. Retrieved from: http://www.scotland.gov.uk [Accessed 7th February, 2010].

Scottish Child Abuse Inquiry. (2016). *Terms of Reference.* Retrieved from https://www.childabuseinquiry.scot/about-the-inquiry/terms-of-reference/ [Accessed 15th April, 2016]

Scottish Child Abuse Inquiry. (2017). *Transcripts.* Retrieved from https://www.childabuseinquiry.scot/hearings/transcripts/ [Accessed 27th August, 2017]

Scottish Child Abuse Inquiry. (2018). *Timescale for child abuse inquiry extended*. Retrieved from https://news.gov.scot/news/timescale-for-child-abuse-inquiry-extended [Accessed 20th July, 2018]

Scottish Government. (2004). Official Report Debate Contributions. Scottish Parliament. *Institutional Child Abuse*. Wednesday 1 December 2004. Retrieved from http://www.scottish.parliament.uk/parliamentarybusiness/28862 [Accessed 10 February, 2013]

Scottish Government. (2005). Education and Training in Scotland National Dossier. Retrieved from http://www.scotland.gov.uk/Publications/2005/06/13113114/31203 [Accessed 9th September, 2012]

Scottish Government. (2008). *Truth and Reconciliation.* Retrieved from http://www.scotland.gov.uk/News/Releases/2008/02/07092511 [Accessed 29th December, 2013]

Scottish Government. (2008a). *Developing an Acknowledgement and Accountability Forum for Adult Survivors of Childhood Abuse- A Discussion Paper.* Retrieved from

[http://www.scotland.gov.uk/Publications/2008/10/10114037/4 [Accessed 27th August, 2017]

Scottish Government. (2010). *National Guidance for Protection of Children in Scotland 2010.* Retrieved from http://www.scotland.gov.uk/Publications/2010/12/09134441/3 [Accessed 2nd April, 2014]

Scottish Government. (2012). *A Review of Child Neglect in Scotland.* Retrieved from http://www.scotland.gov.uk/Publications/2012/07/2985/0 [Accessed 9th September, 2012].

Scottish Government. (2013). *Sectarianism.* Retrieved from http://Scotland.gov.uk/Topics/justice/law/sectarianism-action-1 [Accessed 26th January, 2017]

Scottish Government. (2014). National Guidance for Child Protection in Scotland: 2014. Retrieved from http://www. www.**gov**.scot/Resource/0045/00450733.pdf [Accessed 13th March, 2016]

Scottish Government. (2017a). *Children's Social Work Statistics Scotland* (2015/16). Retrieved from http://www.gov.scot/Publications/2017/03/6791/339814 [Accessed 28th January, 2018]

Scottish Government, (2017b). Proposed Children (Equal Protection from Assault) (Scotland) Bill. Retrieved from http://www.parliament.scot/parliamentarybusiness/Bills/104602.aspx [Accessed 2nd February, 2018]

Scottish Home Department. (1946). *Report for the Committee on Homeless Children,* [The Clyde Report]. Cmd 6911. Edinburgh: HMSO.

Scottish Office. (1998). *Protecting children-a shared responsibility: Guidance on inter-agency cooperation.* Edinburgh: The Scottish Office.

Scottish Parliament. (2002). Petition 535. *Petition by Mr. Chris Daly.* Retrieved from http://archive.scottish.parliament.uk/business/petitions/docs/PE535.htm [Accessed 4th February, 2018]

Scottish Parliament. (2004). *Statement by the First Minster on Institutional Child Abuse.*Retrieved

from http://www.scottish.parliament.uk/parliamentarybusiness/28862.aspx?r=4546&i=34110 [Accessed 27th January, 2013].

Scottish Parliament. (2014, November 11). Official Report: Meeting of Parliament. *Child Protection.* Retrieved from
http://parliament.scot/parliamentarybusiness/report.aspx?r-9616   [Accessed 2nd February, 2018]

Scottish Universities Insight Institute. (2012). Alisha's Surprise. Drama written by Young People at East Park in proceedings of Seminar 'Being Heard', part of Seminar Series, *Getting it right for looked after disabled children*. Retrieved from http://www.scottishinsight.ac.uk. [Accessed 27th August, 2017]

Secretary of State for Health. (1998). *The Government Response to the Children's Safeguards Review*, Cmd 4105. London: HMSO.

Selwyn, N., & Robson, K. (1998). Using email as a research tool. *Social Research Update*, Department of Sociology, University of Surrey.

Selwyn, J., Frazer, L., & Quinton, D. (2006). Paved with Good Intentions: The Pathway to Adoption and the Costs of Delay. *British Journal of Social Work*, *36*(4), 561-576.

Sen, R., Kendrick, A., Milligan, I., & Hawthorn, M. (2008). Lessons Learnt? Abuse in residential care in Scotland. *Child and Family Social Work*, *13*(4), 411-422.

Shaughnessy, M. (1984). Institutional child abuse. *Children and Youth Services Review, 6*(4), 311-318.

Shaw, A, Joseph, S. & Linley, P.A. (2005) Religion, spirituality, and posttraumatic growth: a systematic review. *Mental Health, Religion & Culture.* 8(1), 1-11.

Shaw, J. & Kendrick, A. (2017). Reflecting on the Past: Children's Services Workers' Experiences of residential Care in Scotland from 1960 to 1975. *The British Journal of Social Work, 47(2),* 375-391.

Shaw, T. (2007). *Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950 to 1995.* Edinburgh: The Scottish Government.

Shaw, T. (2011). *Time to be Heard: A Pilot Forum.* Edinburgh: The Scottish Government. Retrieved from http://www.scotland.gov.uk/Resource/Doc/344008/0114448.pdf [Accessed 27th August, 2017]

SHRC. (2010). A human rights framework for the design and implementation of the proposed "Acknowledgement and Accountability Forum" and other remedies for historic child abuse in Scotland February. Retrieved from http://www.scottishhumanrights.com/application/resources/documents/SHRCHuman RightsFrameworkonAAF.pdf [Accessed 10 February, 2013]

SHRC. (2014). *Action Plan on Justice for Victims of Historical Abuse of Children in Care.* Available at www.shrcinteraction.org [Accessed 26th August, 2015]

SHRC. (2012). *InterAction.* Retrieved from http://shrcinteraction.org/ [Accessed 15th January, 2013]

Silverman, D. (2010). *Doing Qualitative Research.* London: Sage Publications Ltd.

Silverman, D. (2006). *Interpreting qualitative data: methods for analysing talk, text and interaction.* London: Sage.

Simonsen, E., & Pettersen, K. (2007). 'Både rett og rimelig. Billighetserstatning I velferdsstaten', *Tidsskrift for Velferdsforskning*, *10*(2), 91-102.

Simonsen, E., & Pettersen, K. (2015). The Politics of Apology: The Norwegian Case. In J. Sköld & S. Swain (Eds.), *Apology and the Legacy of Abuse of Children in 'Care.* Basingstoke: Palgrave Macmillan.

Sinclair, A. (2018). *Right from the Start: Investing in parents and babies.* Paisley: CCWB Press.

SIRCC. (2002). *Seminar: Historical Institutional Child Abuse.* Glasgow: SIRCC.

Skinner, A. (1992). *Another Kind of Home: A Review of Residential Care.* Edinburgh: The Scottish Office.

Sköld, J. (2015). Apology Politics: Transnational Features. In J. Sköld & S. Swain (Eds.), *Apology and the Legacy of Abuse of Children in Care* (pp. 13-26). Basingstoke: Palgrave Macmillan.

Sköld, J., & Jensen, Ä. (2015). In J. Sköld & S. Swain (Eds.), *Apology and the Legacy of Abuse of Children in Care* (pp. 159-171). Basingstoke: Palgrave Macmillan.

Sköld, J., & Swain, S. (Eds.), (2015). *Apology and the Legacy of Abuse of Children in 'Care'.* Basingstoke: Palgrave Macmillan.

Sköld, J.(2016). The truth about abuse? A comparative approach to inquiry narratives on historical institutional child abuse. *Journal of the History of Education Society.* 45(4), 492-509.

Sloan, J. (1988). Institutional Abuse. *Child Abuse Review*, **2**, 7-8

Smart, C. (2000). Reconsidering the Recent History of Child Sexual Abuse, 1910-1960. *Journal of Social Policy, 29*(1), 55-71.

Smith, M. (2008). Historical abuse in residential care: An alternative view. *Practice: Social Work in Action, 20*(1), 29-41.

Smith, M. (2009). *Rethinking Residential Child Care: Positive Perspectives.* Bristol: The Policy Press.

Smith, M. (2010). Victim Narratives of Historical Abuse in Residential Care. *Qualitative Social Work, 9*(3), 303–320.

Smith, M., Cree, V.E., & Clapton, G. (2012). Time to be Heard: Interrogating the Scottish Government's Response to Historical Child Abuse. In *Scottish Affairs*, *78*(1), 1-24.

Smith, M. (2012, December 15). Moral Panics. *Good Enough Caring.* Retrieved from http://www.goodeoughcaring.com/the-journal/moral-panics [Accessed 5th September, 2017]

Solomons, G., Abel, C.M., & Epley, S. (1981). A Community Development Approach to Prevention of Institutional and Societal Maltreatment. *Child Abuse and Neglect, 5*(2), 135-140.

Squire, Andrews Tamboukou, (2008) What is narrative research. In M. Andrews, C. Squire & C. Tamboukou (Eds.), *Doing Narrative Research* (pp. 1-21). London: Sage.

Stalker, K., Green-Lister, P., Lerpiniere, J., & McArthur, K. (2010). *Child Protection and the Needs and Rights of Disabled Children: Abridged Report.* University of Strathclyde Faculty of Education/ Sir Halley Stewart Trust: Glasgow, Scotland.

Stanley, N. (1999). Institutional Abuse of Children: an overview of policy and practice. In N. Stanley, J. Manthorpe & B. Penhale (Eds.), *Institutional Abuse: Perspectives across the Life Course* (pp. 16-43). London: Routledge.

Stebbins, R.A. (2001). *Exploratory Research in the Social Sciences.* London: Sage.

Steckley, L. (2012). CYC-Online Issue 160. Retrieved from http://www.cyc-net.org/cyc-online/june2012.pdf [Accessed October 7th, 2012]

Stein, M. (2006). Missing years of abuse in children's homes. *Child and Family Social Work, 11*(1), 11-21.

Stein, M., & Wade, J. (2000). *Helping Care Leavers: Problems and Strategic Responses.* London: Department of Health.

Stewart, J. (2015). *Child Guidance in Britain, 1918–1955.* Abingdon Oxon: Routledge.

Stewart, J., & Welshman, J. (2006) The Evacuation of Children in Wartime Scotland: Culture, Behaviour, and Poverty. *Journal of Scottish Historical Studies, 26*(1-2), 100-120.

Strathclyde (Scotland) Social Work Department. (1979). *Room to Grow: Report of a special officer member group of the council's social work committee on child-care in Strathclyde.* Strathclyde Regional Council.

Sullivan, J., & Beech, A. (2002). Professional perpetrators: sex offenders who use their employment to target and sexually abuse the children with whom they work. *Child Abuse Review, 11*(3), 153-167.

Summit, R.C. (1983). The Child Sexual Abuse Accommodation Syndrome. *Child Abuse and Neglect, 7*(2), 177-193.

Summit, R.C. (1982). The Reluctant Discovery of Incest. In M. Kirkpatrick (Ed.), *Women's Sexual Experience: Explorations of the Dark Continent* (pp. 127-150). New York: Springer.

Survivor Scotland (2015). Survivor Scotland: Strategic Priorities 2015-17, Retrieved from http://www.gov.scot/Publications/2015/10/3487/1 [Accessed 14th January, 2018]

Survivor Scotland. (2016). *Commemoration.* Retrieved from http://www.survivorscotland.org.uk/current-future-priorities/commemoration/ [Accessed 16th April, 2016]

Tavuchis, N. (1991). *Mea Culpa: A Sociology of apology and reconciliation.* Stanford: Stanford University Press.

Thomas, G. (1990). Institutional child abuse: the making and prevention of an un-problem. *Journal of Child and Youth Care,* 4, 1-22.

Thompson, J. (2002). *Taking Responsibility for the Past: Reparation and Historical Injustice.* Cambridge: Polity Press.

Torpey, J. (2003). *Politics and the Past: On Repairing Historical Injustices.* Oxford: Rowman and Littlefield Publishers.

Travers, M. (2001). *Qualitative Research Through Case Studies.* London: Sage.

Trieschman, A., Whittaker, J., & Brendtro, L. (1969). *The Other Twenty Three Hours.* New York: Aldine.

Troniak, S. (2011, September 1). *Addressing the Legacy of Residential Schools.* Publication No. 2011-76-E. Retrieved from http://publications.gc.ca/collections_2011/bdp-lop/bp/2011-76-eng.pdf [Accessed 4th July, 2015]

Truth and Reconciliation Commission of Canada. (2012). *Interim Report.* Truth and Reconciliation Commission of Canada: Winnipeg, Manitoba. Retrieved from https://www.myrobust.com/websites/trcinstitution/File/Interim report English electronic.pdf [Accessed 27th August, 2017]

UNICEF. (2016). The UN Convention on the Rights of the Child. Retrieved from http://www.unicef.org.uk/ [Accessed 4th January, 2013]

Utting, Sir W. (1997). *People Like Us: the Report of the Review of the Safeguards for Children Living Away from Home.* London: HMSO.

Urquart, W. (n.d. believed to be 1901). *The Life Story of William Quarrier: A Boy's Resolve, and What Became of It.* London: S.W. Partridge and Co.

Van der Kolk, B.A., & van der Hart, O. (1989) Pierre Janet & the Brekdown of Adaptation in Psychological Trauma. *Americal Journal of Psychiatry*, 146(12), 1530-1540.

Van der Merwe, C., & Gobodo-Madikizela, P. (2007). *Narrating Our Healing.* Newcastle: Cambridge Scholars Publishing.

Waldron, J. (1992). Superceding Historical Injustice. *Ethics*, *103*(1), 4-26.

Wall, S., Redshaw, S. & Edwards, K. (2013). Beyond containment: Driving change in residential care: A Queensland, Australia model of therapeutic residential care. *Scottish Journal of Residential Child Care,* 12(1), 7-19.

Walker, M.U. (2010). Truth Telling as Reparations. *Metaphilosophy*, *41*(4), 525-545.

Ward, A. (1993). *Working in Group care: Social Work in Residential and Day Care Settings.* Birmingham: Venture Press.

Ward, H., & Skuse, T. (1999). *Looking After Children: Transforming Data into Management Information.* Loughborough University and Dartington Research Unit (DSRU).

Wardhaugh, J., & Wilding, P. (1993). Towards and explanation of the corruption of care in *Critical Social Policy*, *13*(37), 4-31.

Wastell, D. & White, S. (2012). Blinded by neuroscience: social policy, the family and the infant brain. Families, Relationships and Societies, *1*(3), 397-414.

Waterhouse, Sir R. (2000). *Lost in Care: Report of the Commission of Inquiry into the Abuse of Children in Care in the Former County Council Area of Gwynedd and Clwyd since 1974,* HC 201. London: The Stationery Office.

Webster, R. (2005). *The Secret of Bryn Estyn: The making of a modern witch hunt.* Oxford: The Orwell Press.

Weindl, D., Knefel, M., Glück, T.M., Tran, U.S. & Lueger-Schuster, B. (2018) Motivational capacities after prolonged interpersonal childhood trauma in institutional

settings in a sample of Austrian adult survivors. Child Abuse and Neglect, 76, 194-203.

Werner, E.E. (1996). Vulnerable but invincible: high risk children from birth to Adulthood. *European Child and Adolescent Psychiatry, 5*(1 Supplement), 47–51

Westcott, H., & Clements, M. (1992). *NSPCC Experience of Child Abuse in Residential Care and Educational Placements.* London: NSPCC.

Westcott, H. (1991). *Institutional Abuse of Children- From Research to Policy: A Review.* London: NSPCC.

Westcott, H.L., & Clement, M. (1992). *NSPCC experience of child abuse in residential care and educational placements: Results of a survey.* London: NSPCC.

Westcott, H.L., & Cross, M. (1996). *This far and no further: towards ending the abuse of disabled children.* Birmingham: Venture Press.

Whelan, D. (2010). *No More Silence.* London: Harper Element.

White, K. (1973). *Residential Child Care Past and Present.* M.Phil. Thesis, University of Edinburgh.

White, K.J. (2003). Reframing Children's Services. *National Council of Voluntary Child Care Organisations, Annual Review Journal* No. 3.

Williams of Mostyn, (1996). *Childhood Matters: Report of the National Commission of Inquiry into the Prevention of Child Abuse.* London: The Stationery Office.

Wills, D.W. (1971). *Spare the child: The story of an experimental approved school.* Hammondsworth: Penguin.

Wilkinson, M. (2006). *Coming into mind: the mind brain relationship: a Jungian clinical perspective.* Hove: Routledge.

Wilson, J.Z., & Golding, F. (2015). Contested memories: caring about the Past – or Past Caring? In J. Sköld & S. Swain (Eds.), *Apology and the Legacy of Abuse of Children in Care* (pp. 27-41). Basingstoke: Palgrave Macmillan.

Winnicott, D.W. (1953). Transitional Objects and Transitional Phenomena—A Study of the First Not-Me Possession. *International Journal of Psycho-Analysis*, 34, 89-97.

Retrieved from http://icpla.edu/wp-content/uploads/2013/02/Winnicott-D.-Transitional-Phenomena.pdf [Accessed 5th September, 2017]

Winter, S. (2011). Legitimacy, citizenship and state redress. *Citizenship Studies*, *15*(6-7), 799-814.

Wolcott, H.F. (1992). Posturing in qualitative inquiry. In M.D. Le-Compte, W.L. Milroy, & J. Preissle (Eds.), *The handbook of qualitative research in education* (pp. 3- 52). New York: Academic Press.

Zimbardo, P. (2007). *The Lucifer Effect: How Good People Turn Evil.* Reading: CPI Cox and Wyman.

Zoellner, T.& Maercker, A. (2006). Posttraumatic growth in clinical psychology – A critical review and introduction of a two component model. *Clinical Psychology Review,* 26, 626-653.

Zolotor, A.J., & Puzia, M.E. (2010). Bans against corporal punishment: A systematic review of the laws, changes in attitudes and behaviours. *Child Abuse Review*, *19*(4), 229-247.

Bibliography of Material Consulted

Agathonos, H. (1983). Institutional Child Abuse in Greece: Some Preliminary Findings. *Child Abuse and Neglect, 7*(1), 71-74. (USA)

Alaggia, R. (2004). Many ways of telling: expanding conceptualizations of child sexual abuse disclosure. *Child Abuse and Neglect*, *28*(11), 1213-1227.

Aries, P. (1962). *Centuries of Childhood*. London: Cape.

Beckett, C. (2002). The Witch-Hunt Metaphor (And Accusations against Residential Care Workers). *British Journal of Social Work, 32*(5), 621-628. (UK)

Berry, J. (1992). *Lead Us Not Into Temptation*. London: Doubleday.

Blair, T. (1999). 'Beveridge revisited: a welfare state for the 21st century'. In R. Walker (Ed.), *Ending child poverty: Popular welfare for the 21st century?* (pp. 2-18). Bristol: The Policy Press.

Booth Online Archive. Retrieved from http://booth.lse.ac.uk/static/a/4.html Accessed 4th January, 2013.

Bowlby, J. (1953). *Child Care and the Growth of Love*. Harmondsworth: Penguin.

Buchanan, A. (1999). Are Care Leavers Significantly Dissatisfied and Depressed in Adult Life? *Adoption and Fostering,* 23(4), 35-40. Retrieved from http://www.scie-socialcareonline.org.uk/repository/fulltext/0065933.pdf [Accessed 3rd November, 2012]

Cairns, K. (2002). *Attachment, Trauma and Resilience: Therapeutic caring for children*. London: BAAF.

Care Leavers Reunited. (2015). http://www.careleavers.com/clreunited [Accessed 16th August, 2015]

Cavanagh, J. (1992). Children and young people in out of home care: treating and preventing individual, programmatic and systems abuse. *Children Australia*, 17(2), 17-25.

Child Poverty Action Group. (2013). Retrieved from http://www.cpag.org.uk/child-poverty-facts-and-figures [Accessed 4th January, 2013]

Child Abuse Royal Commission. (2016). Retrieved from http://www.childabuseroyalcommission.gov.au/[Accessed 6th April, 2016]

Children 1st. (2013). *Records of Children 1st, Children's Charity, Scotland, formerly Royal Scottish Society for the Prevention of Cruelty of Children.* Retrieved from http://archiveshub.ac.uk/data/gb1847-rsspccc [Accessed 4th January, 2013]

Christiansen, P., & Prout, A. (2005). Anthropological and Sociological perspectives on the Study of Childhood. In S. Greene & D. Hogan (Eds.), *Researching Children's Experiences: Approaches and Methods.* London: Sage.

Cooper, T. (2007). *Trust No One: One girl's harrowing and disturbing tale of the abuse she suffered in care.* London: Orion.

Craig, C. (2003). Scots' Crisis of Confidence. Glasgow: Big Thinking.

CYPCS. (2017). *What legal force does the UNCRC have?* Retrieved from http://www.cypcs.org.uk/rights/uncrc/uncrc-in-law [Accessed 15th January, 2017]

Daniel, B., & Wassell, S. (2005). *Resilience: A Framework for Positive Practice Social Research Education Series Full Report.* Scottish Government. Retrieved from www.scotland.gov.uk [Accessed 7th March, 2013]

Dannhauser, W. (1990). Introduction to History in the Service and Disservice of Life. In W. Arrowsmith (Ed.), *Unmodern Observations. Friedrich Nietzsche.* Michigan: BookCrafters.

Davis, P.W., Chandler, J.L., & LaRossa, R. (2004). 'I've tried to switch but he laughs through the tears': The use and conception of corporal punishment during the Machine Age, 1924-1939. *Child Abuse and Neglect, 28*(12), 1291-1310.

Department of Justice Canada. (2012). *Safeguarding the Future and Healing the Past. The Government of Canada's Response to the Law Commission of Canada's Report: Restoring Dignity: Responding to Child Abuse in Canadian Institutions.* Retrieved from http://www.justice.gc.ca/eng/rp-pr/cp-pm/cr-rc/dig/ [Accessed on 14th August, 2015]

Department of Work and Pensions and Department of Education. (2011, April). *A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families Lives.* UK: Stationery Office.

Duffell, N. (2000). *The Making of Them: The British Attitude to Children and the Boarding School System.* London: Lone Arrow Press.

Dwork, D. (1987). *War is good for babies and other young children: A history of the infant and child welfare movement in England, 1898-1918.* London: Tavistock.

Education Scotland. (2016). Making of Industrial and Urban Scotland: Education. Retrieved from http://educationscotland.gov.uk [Accessed 7th February, 2016]

Emden, C.J. (2008). *Friedrich Nietzsche and the Politics of History.* Cambridge: University Press.

Ericsson, K. (2015). Children's Agency: The Struggle of the Powerless. In J.Sköld & S. Swain (Eds.), *Apology and the Legacy of Abuse of Children in Care* (pp. 172-180). Basingstoke: Palgrave Macmillan.

Esping-Andersen, G. (1990). *The Three Worlds of Welfare Capitalism.* Polity Press: Cambridge.

FACT: Supporting carers, Teachers, Other Professionals (Including Voluntary Workers and their Families) who have been falsely accused of Abuse or Misconduct in an Occupational Setting. Retrieved from: http://factuk.org [Accessed 26th August, 2015]

Farmer, E., Moyers, S., & Lipscombe, S. (2004). *Fostering Adolescents,* London: Jessica Kingsley Publications.

Ferguson, W. (1978). Scotland: 1689 to the Present. *The Edinburgh History of Scotland: Volume 4.* Hong Kong: The Hong Kong Printing Press.

Ford, T., Vonstanis, P., Meltzer, H., & Goodman, R. (2007). Psychiatric disorder among British children looked after by local authorities: Comparison with children living in private households. *British Journal of Psychiatry*, *190*(4), 319-325.

Forde Inquiry Report. (1999). *Commission of Inquiry into Abuse of Children in Queensland Institutions.* Brisbane: Queensland Government.

Freeden, M. (1978). *The new liberalism: An ideology of social reform.* Oxford: Clarendon Press.

Furness, S. (2003). Religion, belief and culturally competent practice. *Journal of Practice Teaching in Health and Social Care, 15*(1), 61-74.

Furnivall, J. (2011). *Attachment-informed practice with looked after children and young people. IRISS Insight no. 10. Glasgow*: IRISS. Retrieved from www.iriss.org.uk/sites/default/files/iriss_insight10pdf [Accessed 25th January, 2018]

Gershoff, E.T. (2002). Corporal punishment by parents and associated child behaviors and experiences: a meta-analysis and theoretical review. *Psychological Bulletin, 128*(4), 539-579.

Gil, E., & Baxter, K. (1979). Abuse of Children in Institutions. *Child Abuse and Neglect, 3*(3), 693-698.

Gilbert, B.B. (1966). *The evolution of National Insurance in Great Britain: The origins of the welfare state.* London: Michael Joseph.

Gillespie, A.A. (2005). Indecent images of children: The ever-changing law. *Child Abuse Review, 14*(6), 430-443.

Gilligan, P. (2003). 'It isn't discussed'. Religion, belief and practice teaching: missing components of cultural competence in social work education. *Journal of Practice Teaching in Health and Social Care, 5*(1), 75-95.

Gilligan, P., & Furness, S. (2006). The Role of Religion and Spirituality in Social Work Practice: views and experiences of social workers and students. *British Journal of Social Work, 36*(4), 617-637.

Gilligan, P. (2009). Considering religion and beliefs in child protection and safeguarding work: is any consensus emerging? *Child Abuse Review, 18*(2), 94–110.

Gilligan, R. (2009a). *Promoting Resilience: Supporting children and young people who are in care, adopted or in need.* London: BAAF.

Gray, D., & Watt, P. (2013, January) *Giving Victims a Voice: Joint report into sexual allegations against Jimmy Savile.* NSSPCC and Metropolitan Police. Retrieved from

http://www.nspcc.org.uk/news-views/child-protection-news/13-01-11-yewtree-report/yewtree-report-pdf-wd93652.pdf [Accessed 14th January, 2013}

Gundry-Volf, J.M. (2001). The Least and the Greatest. Children in the New Testament. In M.J. Bunge (Ed.), *The Child in Christian Thought* (pp. 29-60). Cambridge: W.B. Eerdmans Publishing Co.

Hanson, R. (Ed.) (1982). *The Institutional Abuse of Children and Youth*. New York: The Haworth Press.

Hart, C. (1998). *Doing a Literature Review.* London: Sage.

Hawthorn, M. (2005). Dismantling the Barriers: Giving a Voice to Disabled Young People in Residential Care. In D. Crimmens & I. Milligan (Eds.), *Facing Forward: Residential Child Care in the 21st Century* (pp. 57-68). Lyme Regis: Russell House.

Home Affairs Committee. (2002). The conduct of investigations into past cases of abuse in children's homes. Retrieved from *(www.publications.parliament.uk/pa/cm200102/cmselect/cmhaff/836/83603.htm)* [Accessed 21st October, 2012]

Hood, S., Mayall, B., & Oliver, S. (1998). *Critical issues in social research: power and prejudice*. Buckingham: Open University Press.

Howard, N. (2010). The Ryan Report in Ireland: Before and After. *Scottish Journal of Residential Child Care, 9*(2), October 2010.

Ife, J. (2012). *Human Rights and Social Work: Towards Rights-Based Practice.* Cambridge: Cambridge University Press.

Karatzias, T. (2011). *In Care Survivor Service Scotland (ICSSS) Evaluation.* Edinburgh: Edinburgh Napier University. Retrieved from http//:www.incaresurvivorservice.org [Accessed 20th August, 2015]

Kelman, H. (1973). Violence without moral restraint: reflections on the dehumanisation of victims and victimisers. *Journal of Social Issues, 29*(4), 25-61.

Kempe, C.H., Silverman, F.N., Steele, B. F., Droegmueller, W., & Silver, H. (1992) The Battered Child Syndrome. *Journal of the American Medical Association,* 181, 17-24.

Kendrick, A. (Ed.) (2008) *Residential Child Care: Prospects and Challenges*. London: Jessica Kingsley Publishers.

Kennedy, M. (2000). Christianity and Child Sexual Abuse-the Survivors' Voice Leading to Change. *Child Abuse Review, 9*(2), 124-141.

Levy, A., & Kahan, B. (1991). *The Pindown Experience and the Protection of Children: The Report of the Staffordshire Child Care Inquiry 1990*. Stafford: Staffordshire County Council.

Martin, S. (2007). *No Way Home*. Reading: Vermillion.

McIntosh, A. (2002). *Soil and Soul: People versus Corporate Power.* London: Aurum Press Ltd.

Mega, M. (2002, January 6). The Children's Home Abuse Scandal. *The Sunday Mail and The Daily Record*. Retrieved from http://www.redguitars.co.uk/fbga/childrenAbuseScandalScottishSundayMail2002.pdf [Accessed Online 25th January, 2013]

Mendes, P., & Moslehuddin, B**.** (2006). From dependence to interdependence: towards better outcomes for young people leaving state care. *Child Abuse Review, 15*(2), 110-126.

Milham, S., Bullock, R., Hosie, K., & Haak, M. (1981). *Issues of Control in Residential Care.* London: HMSO.

Monbiot, G. (2012, January 16). The British boarding school remains a bastion of cruelty. *The Guardian*. Retrieved from http://www.guardian.co.uk/commentisfree/2012/jan/16/boarding-school-bastion-cruelty [Accessed 14th January, 2013].

Murray, I. (2000). *Jessie Kesson: Writing her Life*. Edinburgh: Canongate Books Ltd.

NCH. (1992). The Report of the Committee of Enquiry into Children and Young People Who Sexually Abuse Other Children. London: NCH.

Northern Ireland Executive. (2011). *Announcement of Historical Abuse Inquiry Terms of Reference, Chair and Acknowledgement Panel Members*. Retrieved from

http://www.northernireland.gov.uk/statement-to-assembly-hia-inquiry-tor [Accessed 10th December, 2012]

Nunno, M.A. (1992). *Factors contributing to abuse and neglect in out–of-home settings.* Paper presented at NSPCC Conference on the Institutional Abuse of Children: London.

Oakley, A. (1999). People's ways of knowing: gender and methodology. In S. Hood, B. Mayall & S. Oliver (Eds.), *Critical issues in social research: power and prejudice* (pp.154-166). Buckingham: Open University Press.

O'Loughlin, T. (1997). *Adomnán at Birr, AD 697: Essays in Commemoration of the Law of the Innocents.* Dublin: Four Courts Press Ltd.

Oswin, M. (1971). *The Empty Hours.* London: Allen Lane.

Oswin, M. (1979). The Neglect of Children in Long Stay Hospitals. *Child Abuse and Neglect*, *3*(1), 89-92.

Parker, R. (1995). A brief history of child protection. In E. Farmer & M. Owen (Eds.), *Child Protection Practice: Private Risk and Public Remedies* (pp. 3–18). London: Her Majesty's Stationery Office.

Parkinson, P. (1997). *Child Sexual Abuse and the Churches*. Hodder and Soughton: London.

Parton, N., Thorpe, D., & Wattam, C. (1997). *Child Protection: Risk and Moral Order*. Basingstoke: Macmillan Press Ltd.

Payne, M. (1997). *Modern Social Work Theory*. Basingstoke: Macmillan.

Perry, B. D., & Szalavitz M. (2006). *The Boy Who Was Raised As a Dog: And Other Stories from a Child Psychiatrist's Notebook- What Traumatized Children Can teach Us About Love, Loss and Healing.* Philadelphia: Basic Books.

Piper, H., & Smith, H. (2003). 'Touch' in educational and care settings: dilemmas and responses. *British Educational Research Journal*, *29*(6), 879-894.

Pope Benedict. (2010, March 19). *Letter to the Catholics of Ireland.* Retrieved from http://www.vatican.va/holy_father/benedict_xvi/letters/2010/documents/hf_ben-xvi_let_20100319_church-ireland_en.html [Accessed 14th January, 2013]

Portelli, A. (1991). *The Death of Luigi Trastulli and Other Stories: Form and Meaning in Oral History.* Albany: State University of New York.

Reder, P., & Duncan, S. (2004). Making the most of the Victoria Climbié Enquiry Report. *Child Abuse Review, 13*(2), 95-114.

Residential Institutes Redress Board. (2013). *Applications Procedure.* Retrieved http://www.rirb.ie/application.asp [Accessed 20th April, 2014]

Rindfleisch, N., & Rabb, J. (1984b). Dilemmas in planning for the protection of children and youths in residential facilities. *Child Welfare, 63*(3), 205-215. (USA)

Robinson, A. C. M. (2001). *'Children in Good Order': A Study of the Constructions of Child Protection in the Work of the Royal Scottish Society for the Prevention of Cruelty to Children, in the West of Scotland, 1960-1989.* Unpublished Phd Thesis, Registration Number 9329083, University of Stirling.

Rochdale Borough Safeguarding Board. (2012). *Review of the Multi-Agency Responses to the Sexual Exploitation of Children.* Retrieved from http://www.rbscb.org/ [Accessed 30th September, 2012]

Royal Commission on Aboriginal Peoples. (1996). *Report of the Royal Commission on Aboriginal Peoples: Volume 1: Looking Forward, Looking Back.* Ottawa: Minister of Supply and Services Canada.

Royal Commission into Institutional Responses to Child Sexual Abuse. (2015). Retrieved from http://www.childabuseroyalcommission.gov.au [Accessed 15th August, 2015]

Sayle, A. J. (2000). Net Nation and the Digital Revolution: Regulation of Offensive Material for a New Community. *Wisconsin International Law Journal, 18*(1), 257- 285.

Scottish Catholic Media Office. (2001). *Scottish Catholic Church Responds to Nolan Report.* Retrieved from http://scmo.org/articles/scottish-catholic-church-responds-to-nolan-report.html [Accessed 5th January, 2013]

Scottish Executive. (1998). Protecting Children – A Shared Responsibility. Retrieved from http://www.scotland.gov.uk/Publications/2003/03/16909/21130 [Accessed 21st April, 2014]

Scottish Government. (2011). *Time to be Heard Pilot Forum Process Review: Full Results.* Retrieved from http://survivorscotland.org.uk/downloads/1307008230-Process-review-Full-Results-Final.pdf   [Accessed 27th August, 2017]

Senate Community Affairs Reference Committee. (2001). *Lost Innocents: Righting the Record - Report on child migration.* Retrieved from http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/completed_inquiries/1999-02/child_migrat/report/index.htm [Accessed 19th April, 2014]

Senate Community Affairs References Committee. (2004, August). *Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children.* Retrieved from http://www.cyf.vic.gov.au/__data/assets/pdf_file/0006/16728/forgotten_australians_report.pdf [Accessed 19th April, 2014]

Senate Community Affairs References Committee. (2012, February). *Commonwealth Contribution to Former Forced Adoption Policies and Practices.* Retrieved from http://www.aph.gov.au/.../commcontrib**formerforcedadoption**/**report**/index [Accessed 6th April, 2016]

Shaw, R. (2005). *Rethinking Truth and Reconciliation Commissions: Lessons from Sierra Leone.* United States Institute of Peace. Retrieved from www.usip.org [Accessed 27th August, 2017]

Sinclair, I., Wilson, K., & Gibbs, I. (2005). *Foster Placements. Why They Succeed and Why They Fail.* London: JKP.

Sköld, J. (2013). Historical Abuse-A Contemporary Issue: Compiling Inquiries into Abuse and Neglect of Children in Out-of-Home Care Worldwide. *Journal of Scandinavian Studies in Criminology and Crime Prevention* 14, Supplement 1, 5-23.

Smith, M. (2006, July 1). Who are the real victims of the Kerelaw abuse scandal? *The Scotsman.* Retrieved from http://www.scotsman.com/news/who-are-the-real-victims-of-the-kerelaw-abuse-scandal-1-1413196 [Accessed on 5th September, 2015]

Squire, C. (2008). Experience-centred and culturally-oriented approaches to narrative. In M. Andrews, C. Squire & C. Tamboukou (Eds.), *Doing Narrative Research* (pp. 41-63). London: Sage.

Stainton Rodgers, W. (2001). Theories of Child Development. In P.Foley, J. Roche & S. Tucker (Eds.), *Children and Society: Contemporary Theory, Policy and Practice* (pp. 202-214). Basingstoke: The Open University.

Stalker, K., & Connors, C. (2003). Communicating with Disabled Children. *Adoption and Fostering, 27*(1), 26-35.

Staller, K.M., & Nelson-Gardell, D. (2005). "A burden in your heart": Lessons of disclosure from female preadolescent and adolescent survivors of sexual abuse. *Child Abuse and Neglect*, *29*(12), 1415-1432.

Steedman, C.K. (1991). *Landscape for a Good Woman.* New Brunswick, NJ: Rutgers University Press.

Tarren-Sweeney, M. (2010). It's time to re-think the mental health services for children in care, and those adopted from care. *Clinical Child Psychology and Psychiatry*, *15*(4), 613-626.

Tentler, L.W. (2007). *The Church confronts Modernity: Catholocism since 1950 in the United States, Ireland and Quebec.* Catholic University of America Press: Washington D.C.

Thomas, C. (2004). Developing the Social Relational in the Social Model of Disability: a theoretical agenda. In C. Barnes & G. Mercer (Eds.), *Implementing the Social Model of Disability: Theory and Research* (pp. 32-47). Leeds: The Disability Press.

Thomas, N. (1995). Allegations of child abuse in local authority care. *Practice,* 7(3), 35-44.

Tosh, J. (2008). *Why History Matters.* Basingstoke: Palgrave MacMillan.

Van Ness, P. (2003). *Debating Human Rights: Critical Essays from the United States and As*ia. London: Routledge.

Ward, A. (1999). 'Residential Staff should not touch children': can we really look after children this way? In A. Hardwick, & J. Woodward (Eds), *Loving, Hating and Survival* (pp. 327- 339). Aldershot: Ashgate Publishing.

Warner, N. (1992). *Choosing with Care: the Report of the Committee of Inquiry into the Selection, Development and Management of Staff in Children's Homes.* London: HMSO.

White, K.J. (2003). Reframing Children's Services. *National Council of Voluntary Child Care Organisations, Annual Review Journal*, No. 3.

White, I. A., & Hart, K. (1995). *Report of the Inquiry into the management of Child Care in the London Borough of Islington.* London: London Borough of Islington.

Who Cares? Scotland. (1998). *Feeling Safe? Report of the Views of young people.* Glasgow: Who Cares? Scotland.

Wimberly, L. (1994). The perspective from Victims of Child Abuse Laws (VOCAL). In J.E.B. Myers (Ed.), *The Backlash: Child Protection Under Fire* (pp. 47-59). London: Sage.

Wolmar, C. (2000, February 16). The Untold Story Behind Child Abuse. *The Guardian*.

Appendix One

Survivor Participant Profiles

The following survivor profiles are provided to give a coherent picture of each participant in order that extracts from their narratives are contextualized in time and place. They are written in chronological order in respect of care experience. Some participants knew each other. In order to maintain anonymity, any features, which may identify have been removed. I have also not included some highly personal information again to ensure confidentiality. While wishing to preserve confidentiality, after discussion with a critical friend, I decided to refer to participants by name rather than number or letter. Having ceased contact with most participants after receiving the amendments to the transcripts, I did not wish to resume contact to discuss names. I therefore selected names for each, from poets, musicians and writers with a Scottish connection.

- Alasdair Grey

- Barbara Dickson

- Carol-Anne Duffy

- Dorothy McMillan

- Edwin Morgan

- Freya Stark

- George Mackay Brown

- Helen Stevens

- John Buchan

- Kenneth Stevens

- Lewis Grassic Gibbons

- Muriel Grey

- Norman McCaig

1910-1919

Alasdair was admitted to residential care in 1915, aged around 6 years, leaving in the early 1920s. Alasdair's memories of residential care were that it was 'like a prison'. He had memories of being bullied by older boys and of being beaten by staff with a cane and having cold baths for bedwetting during which the older boys 'ducked you' under the water. At times when staff were not around to supervise, bigger boys had a chance to bully the smaller ones. Alasdair recalled that not all staff were like this and he had memories of one member of staff in particular, possibly a cook, taking him into the kitchen where he helped her and she gave him bacon and eggs 'better than what the rest were getting'. In his early years, children were not allowed out of the home unless accompanied by staff. School (until mid-primary) was in the home. Alasdair had siblings in the home. All were kept separate from each other. Alasdair left school just before his 15th birthday and obtained a manual job. He subsequently joined the armed forces and held various jobs. He described himself as lacking confidence when a young adult but this developed as he grew older. He and his wife cared for his grandchildren following the death of the children's parents. His own experiences in care influenced his decision to care for them and 'give them a chance in life'.

1920-1929 No participants were admitted to care during this decade

1930-1939

Helen was admitted to residential care with a four-year-old half-sibling in the late 1930s when she was aged 9 years, leaving the mid-1940s. Helen had older siblings who visited her when on leave from 'the forces'. They were apparently allowed to visit if they were 'in uniform'. Helen described a harsh punitive environment, learning biblical texts, experiences of physical abuse, unpalatable food, gifts taken from her and heavy manual chores. Helen had difficulty with these because of poor health. Helen also had memories of her half-sibling having cold baths because she had wet the bed. Helen described this as 'quite a common thing to happen to 'bed-wetters'. Helen's sister 'went out' (back to live with her mother), she thought, because her health was poor and her mother was concerned about her. Helen initially worked in a manual job before completing training as a State Registered Nurse. She subsequently married but did not tell her family about her experiences. Helen had written a very full but unpublished autobiography narrating her experiences. She had also had accounts of her experiences published in the media.

Helen gave me a copy of her autobiography.

Muriel was admitted to residential care 'more or less at birth' in the early 1930s. She remained there until around 11 years of age. Muriel ran away from the home two or three times and was belted on her return. She recalled that staff said, if she ran away again, they would not take her back, so she ran away again. She thought that her mother 'wasn't very happy at this' but Muriel was. Her mother then went to the home and removed her sister. Muriel still had a lot of chores to do at home with her mother; she admitted, in some ways it was going from the pot into the fire. Muriel recalled a strict regime in the home, being referred to by a number, rather than her name, experiences of physical beatings, being told she was an unwanted child and of being locked in the crypt. She also recollected the humiliation of children who wet the bed and administration of Epsom salts also for wetting the bed. Muriel differentiated issues of physical chastisement herself, that she didn't mind children being smacked, but that her experience of chastisement in the home was that this involved beatings with a belt and a stick. She described it as a life of hell. Muriel subsequently married aged 17 and had six children. She felt that she married young as it was 'more or less someone that loved me'. She worked in manual posts after the birth of her children. Muriel did not tell her children the full range of experiences she went through.

Muriel gave me a (photo)copy of a photograph of her with other children taken while in the home.

Freya was admitted to residential care in the later 1930s when aged around one year. She had memories of beatings and of an austere and regimented care regime where people were known by their job rather than their name. Freya discovered, aged 12, that she had a twin brother who was admitted to care at the same time but they were separated and had no contact. They had had had very little contact since leaving care. On leaving care in the mid 1950s, Freya 'went into service', i.e. live-in post carrying out domestic work. Freya was unhappy as she missed her friends and found the woman of the house demanding and lacking in any understanding of her situation. Freya contacted one of the staff at the home who had worked in a local hospital. The staff member arranged an interview and Freya was offered a post of auxiliary nurse. She was immediately evicted from her accommodation as soon as the lady of the house found that she had applied for another post, but the hospital immediately offered her accommodation. She worked as an auxiliary nurse and described herself as 'really, really happy' there. She married and had children. From her account, this was an exceptionally happy marriage but her husband died and she was openly grieving for him several years later. In her later years, Freya obtained records and discovered that she had two siblings who were not admitted to care with her. She had no contact with them or her twin brother.

1940-1949

George was admitted to residential care along with his siblings in the early 1940s. George remembered particularly the beauty of the church, the choirs and the music. George described himself as having a good education and that in many ways this was an escape. He was placed in a unit with one sibling but barred from seeing the others. It seems that the home did not want them to have contact with each other. George described physical assaults by those responsible for his care, which led to physical injury. He tried to tell senior staff in the home but nothing was done and the assaults increased. He presumed that word of his complaining had 'got back to the unit'. George joined the armed forces on leaving the home. He subsequently completed tertiary education. At the time of interview, he was married with children. George's brothers have since died.

Dorothy lived with her parents until she was nine years of age and had very happy memories of life with her family. She was particularly close to her father. Dorothy was admitted to care in the early 1940s along with a sister and two brothers. Her mother had left home. Dorothy never saw her mother after this point. A few weeks after she was admitted to the home, her sister was removed to live with her mother. Her father suffered poor health and died around two years later. Dorothy's brothers were sent to Australia as part of the 'Child Migrants Scheme'. Dorothy was not told about this but found this out later. Dorothy never saw her brothers after this but they were traced through the Child Migrants Trust who visited them in Australia. Dorothy's memories of the first home that she was admitted to were of extreme violence towards her and other children. The one positive memory, which she held onto from this period of her life, was the choir. She felt valued by the choir leader and she developed a lifelong love of music. There was a period of her life in the home from which Dorothy could not remember anything but she remembered not eating or speaking much. She was moved to another home, where she began to feel 'a bit better'. Dorothy was moved again and in the new home, she progressed well at school. She had hoped to stay on at school but was required to leave. She initially worked in child-care, in 'the baby unit' of the home. Dorothy retained exceptionally fond memories of the member of staff in charge describing her as a 'mother' to her. When Dorothy left the home, she worked in social care and appeared to have had a long and enjoyable career. Dorothy began to trace her siblings when she retired. By the time she traced them, her mother and sister were dead and although she traced her brothers and nieces in Australia, she was never able to visit them before her death. She did however form good relations with her nieces.

Dorothy gave me copies of three reflective accounts that she had written.

Isabelle was admitted to residential care in the mid 1940s and left in the late 1950s. Isabelle was able to access records, which give details as to why she was admitted to care. Extracts from these contain judgments on her mother's lifestyle and consequences on the care of the children. While in residential care, Isabelle experienced what she describes as 'batterings' including beating with a strap on her head and body by a member of staff for reporting a four-year-old child in the unit being beaten. The member of staff she reported was apparently dismissed shortly after. Isabelle was discharged along with her sister to the care of her mother and her partner when in her mid-teens. She described her mother's 'home' as a squat in a disused building, inhabited by other squatters many of whom she described as heavy drinkers. Isabelle subsequently discovered that her father only found out several months after the event that she had been discharged from care and he had continued to pay maintenance. While living with her mother, Isabelle was raped by a family member. He was convicted and received a custodial sentence.

As far as she is aware, there were no criminal proceedings against the member of staff who was dismissed for physical abuse. She believed that the agency failed her firstly on account of the abuse within the establishment and secondly on discharging her without adequate checks on the circumstances to which she was being discharged, particularly as she was under 16 and her father (Guardian Parent) was not notified of their discharge. Isabelle left her mother's home shortly after the person who raped her was convicted. She found that the process of the prosecution had 'left an indelible mark' on her. Isabelle worked for a time in a post with accommodation returning to live with her mother for a time. Following an assault by her mother's partner, she left home. After hitching and staying in a couple of places, she went to London and in her words 'did what most runaways do, homeless, sleeping rough, sleeping with men to get a meal or a bed or whatever passed for affection, depending on other street kids and 'social outcasts' of the time for friendship and companionship'. Isabelle moved around for a few years, then moved abroad to work where she met her husband.

1950-1959

Edwin was admitted residential care in the mid-1950s with his siblings, due to the ill health of his mother. His father had been killed in active service during the war. Edwin recollected the system being very regimented with children being made to stand still and being beaten with a long wooden stick if they moved; staff also encouraged children to humiliate others for bedwetting. Once his mother's health improved, Edwin and his siblings returned home. On leaving school, Edwin held

various jobs before joining the armed forces. Edwin subsequently married and lived with his family thereafter.

John was admitted to residential care in the early/mid 1950s and remained there for around 18 months following his mother leaving the family home. He described this as seeming far longer. John was admitted to care with his brother and younger sister. His sister was placed in the nursery. John described his mother as a lovely soft woman. John was regularly beaten while in residential care. John described himself as a 'bed-wetter' and saw this as having been one of the triggers for beatings and behaviour which served to humiliate and 'strip him of every ounce of self-worth, self-respect or identity. John was removed from residential care by his mother and her partner without permission. They kept moving thereafter as 'people were looking for us'. John described himself as 'just getting on with his life' after care, 'that you don't realise that it is affecting you'. He had some help with what he saw as the consequences of his childhood experiences. John set up a support service for survivors of institutional abuse. From experience, he felt that the mutual support of other survivors was critical in moving forward in their lives.

John gave a copy of an unpublished autobiography

Kenneth spoke of having lived sporadically with his parents but they 'were always in poverty'. He was in at least four different residential units during the course of his childhood. He described two homes as treating you like a child, but physical abuse in one other and sexual abuse in the fourth home. Kenneth was quick to offer that there were some excellent staff that should have received awards, one in particular who was very good to him and taught him to read, but some he described as 'savage'. Kenneth described himself as having been bullied by older boys and being beaten with big sticks by staff. He also saw what he described as rape by older boys on others although this never happened to him. Kenneth described having to carry out hard physical labour, picking potatoes and cabbages, 10 hours a day for weeks at a time. He felt that the council that placed him were also responsible for his treatment as they knew about the hard, physical labour. He often wondered where the money went for this work. In later life, Kenneth spent time in prison and had a period of alcohol dependence. Kenneth described himself as having been so ashamed of having been in residential care that he didn't tell anyone until another former resident contacted him.

Lewis went into residential care when aged 10 years in the early 1950s and spent time in at least six different residential units and schools. Sometimes over the holiday period he did not have a home base to go to so he spent the holidays in the school. Lewis's experience of care was very mixed. He gave accounts of serious abuse by some staff and boys in the unit but he also gave very positive reports of other staff and continued to value their commitment to him. Lewis felt sure that if

staff had not intervened, his peers may have seriously harmed him.   After leaving care, Lewis spent a short time in Borstal then had a period of vagrancy before finding a job. He worked in a variety of manual jobs over the years. At the time of interview, Lewis lived with his wife. His adult children lived nearby. Lewis visited the unit where he spent his childhood years and treasured a photograph given to him by a member of staff. He had difficulty accessing his records because of an irregularity in his birth-lines. Lewis found writing about his experiences helpful and corresponded with me for some time after the interview.

1960-1969

Barbara was admitted to residential care in the early 1960s leaving early in the 1970s. Barbara reported memories of being physically chastised by some staff and being further physically chastised when she tried to tell a senior member of staff. Barbara's sister was also in the home. Barbara lost contact with her father while in the home and saw her mother once since being admitted to residential care. Barbara worked in a shop after leaving school and had since worked in bars, clubs and pubs. She would like to have trained to be a nurse but felt that she never worked to her full potential. She recalled being regularly told that she was 'too thick and stupid'. At the time of interview, she felt that she did not have the confidence to pursue such a career. Barbara described herself as being spiritual rather than religious and loving spirituality. This had helped her with face some of the longer-term consequences of childhood experiences

Carol-Anne was in residential care from early childhood in the mid-1960s until the late 1970s following the breakup of her parents relationship. Carol-Anne was admitted to care with her siblings but the family was split up between units in the home, apparently against the request of social workers. One of her sisters was fostered when Carol-Anne was six years of age. Carol-Anne described experiences of extreme physical violence and beatings and of children having cold baths when they wet the bed. Carol-Anne left the children's home following a violent incident with staff and stayed with someone who lived locally. Social Work Department approved this arrangement. Carol-Anne left school when aged 16 although she had been expected to continue at school. She worked in a shop and thereafter moved around various jobs. Carol-Anne described herself as 'loving' the family she lived with on her discharge from residential care but left following an incident, which led to a deterioration in the relationship. Carol-Anne then had a period where she lived with a friend, a boyfriend and back with family. Carol-Anne lost contact with her siblings, resuming contact in adulthood but the relationship was described as never having been 'strong'. Carol-Anne married and at the time of the interview lived with her four children

1970- 1979

Norman was admitted to residential care in the early 1970s and he was in two (possibly three) placements, a residential school and a residential/assessment unit run by the council. Norman was abused while in the residential unit. He did not specify the nature of the abuse. The unit manager was aware that something was wrong and tried to encourage him to tell but he was unable to do so at the time. He eventually told the police in the mid-1990s. Norman's marriage broke down around the time of him telling of his experiences. His wife did not believe him. After telling the police Norman was admitted to hospital and about three weeks later he was able to tell someone. Norman found that some psychiatrists put interpretations on what he was saying and did not want to talk about the abuse but he found one psychiatrist whose approach was different and she helped him work through his experiences. Around 2000, Norman was encouraged by staff in a Day Centre into education and he very much enjoyed this. He felt that reliving his experiences meant that he missed ages 18-25. At the time of interview, Norman was in Higher Education and very much enjoying the experience. He expressed himself in poetry and writing.

Participants from Service Provider Profiles

Little descriptive detail is provided in respect of service provider participants in order to maintain anonymity. Again, where possible they were named after authors, artists and musicians.

Service Provider Participants

1. Quiana worked as a Senior Officer Child Protection in a statutory agency.

2. Rachel worked as a Practice Team Leader working with abuse survivors in a statutory agency.

3. Sally worked with Archives in a voluntary childcare agency.

4. Tom worked as a Senior Manager in a voluntary childcare agency.

5. Uilleam was the Safeguarding Manager in a large voluntary childcare agency that delivered a range of services including residential care and education.

6. Val worked as Head Teacher in a residential school that delivered residential childcare and education services

7. Wilhelmina worked in a residential school that had delivered a residential childcare and education service.

8. Xander worked as a Manager at a residential school, which provided residential childcare and education services.

9. Yvonne worked as Personal Assistant to the Chief Executive at a residential school, which provided residential care and education services.

10. Zoe worked for an agency providing an access to records service for care leavers.

Appendix Two

Survivor Participant: Introductory Letter

Dear (Name)

Re: Research – Survivors of In-care/Historic Abuse

You may remember that I telephoned about some research that I am carrying out. I contacted INCAS, the group for survivors of In-care Abuse and (name) advised me that you may be interested in taking part.

I am sending a leaflet, which explains about the research. If you decide not to take part, please let me know. I will also telephone before I visit to make sure that you still want us to meet.

Can I suggest that we meet on (date) at (time) am/pm at (place). The interviews usually take about 1 hour. You can decide at any point either before we start or during the interview that you do not wish to continue. If you have changed your mind or want to talk further about the research, please feel able to contact me on 0141 950 3683 or 07747133961.

Many thanks again for your interest in this work.

I look forward to meeting with you.

Yours Sincerely

Moyra Hawthorn

Lecturer

Survivor Participant: Information Schedule

Exploratory Study of Best Practice in Managing Allegations of Historic Abuse

Scottish Institute of Residential Child Care

This information sheet explains about the Scottish Institute of Residential Child Care (often known as 'SIRCC') and about the research project.

About SIRCC

'SIRCC' is part of the Glasgow School of Social Work, based at the University of Strathclyde. The main aim is to improve the standard of residential childcare in Scotland through training, consultancy and research. An information leaflet is attached giving you more detail, or you may wish to visit our website at www.sircc.strath.ac.uk

About this research

Over the last few years, people have been increasingly coming forward reporting abuse by staff and religious personnel when they were children living in residential care. Through SIRCC's work in Scotland we have become aware that several agencies want to make sure that they can offer the best support possible. We have now decided to complete some research to help them. As a lecturer at SIRCC who is also experienced at working with children and adults abused as children I have been asked to carry this out. As well as informing other agencies and people who make policy in Scotland I would like to use this as part of my studies towards a Master of Philosophy degree.

Interviews with Survivors

This is a particularly important part of the research. I would like to talk to adults who have already come forward to tell of their experiences of abuse by staff while living in residential care as children. The following points might be helpful in helping you decide whether to participate.

- I do not need to know anything about the abuse you experienced unless **you** want to share this. I will not be asking about it.

  - I would like to hear about what helped you decide to report your experiences, who you reported it to and what you wanted to happen.

  - I would also like to hear about what has happened since and if your experiences as a child have affected your life as an adult.

  - I would like to hear what you think organisations can do to help adults who were abused as children.

  - I will be talking to other people who were abused as children while living in residential care

  - I do not think that there has been any similar research in Scotland

Interviews with organisations providing residential childcare services

I will be asking participants what they believe is the best way of supporting adults who were abused as children in residential care. I would like to know what support they have been able to offer and what difficulties they have experienced in this. I would also like to know what other agencies (e.g. police, lawyers etc) have become involved after abuse has been reported and if this affects the support they can offer to survivors.

International comparisons

I will spend some time exploring how such allegations are managed in other countries such as Canada, Australia and Ireland. I will do this through researching literature, information on the internet and where possible, some direct contact with people in these countries.

Interviews with other agencies

Allegations of bad practice are not isolated to residential childcare. I will contact other professions to find out what supports have been offered to those affected by bad practice in other fields such as medicine. I also hope to interview people from other

agencies who have been involved following allegations being made (eg lawyers, those involved in public enquiries etc).

Interviews

- I will tape record and maybe take notes (with your permission)

- If you want to stop the interview at any time, I am happy to stop immediately. We can start later, or end the interview there

- You can refuse to answer some of the questions if you want.

Agreeing to be involved

- In addition to this information sheet, I will speak to you about the research and answer any questions you may have.

- If you are willing to be interviewed, I will ask you to sign a form stating that you agree to be interviewed

- Your opinions will be included in the report, but I will not use your name. I will not include any details that could identify you.

- Even if you sign the form, you can decide after that not to be involved.

- It is up to you to decide whether or not to be involved. You can change your mind at any time

Confidentiality

Anything you tell me will be kept private and strictly confidential UNLESS

- You tell me about a child or young person who has been or might be harmed.

- If this happens, I will talk to you about what I will do.

Other information

- Once I have carried out some of the interviews, I may want to ask you some more questions. You do not need to meet with me again if you do not want to.

- If you want to know about the research I am happy to give you a copy, or a summary of the findings.

- The research is supervised by Professor Andrew Kendrick (SIRCC National Office, address below)

If there are questions or want to know more, I can be contacted at:

Moyra Hawthorn: Tel: 0141 950 3503 e-mail moyra.hawthorn@strath.ac.uk

SIRCC National Office, 5th Floor Henry Wood Building, University of Strathclyde, 76 Southbrae Drive, Glasgow, G13 1 PP

Survivor Participant: Questionnaire

Exploratory Study of Best Practice in Managing Allegations of Historic Abuse

Discuss ground rules:

- We can stop the interview at any time

- We can decide not to continue or decide to continue later.

- All information will be confidential unless I am given information which may indicate that a child or vulnerable adult has either been hurt, or is at risk of being hurt

- I will send a copy of either the research findings or the summary, dependent on what you prefer.

- Any questions about the research or how it is being carried out?

- Anything you want to share before we begin?

1. Where and when were you in care?

2. Did you try to tell anyone when you were in care about your being abused?

If so, what happened?

3. How long after leaving care were you able to tell anyone about your experiences.

Who did you tell?

Were you able to tell anyone in the organisation that ran the home/school about what had happened?

What factors helped you decide to tell?

4. After telling, what happened next?

5. Was the person who abused you charged?

6. In what way were you involved in him/her being charged and or process thereafter?

7.   What supports did you have?

Who provided this?

Official agencies?

Voluntary agencies?

Informal supports?

8.   Would anything have made this experience of reporting the abuse better/ If so what?

9.   What was the outcome:

a   for the abuser? (if you know)

b.   for you?

10.   Do you think you received justice?

What do you think would be justice eg, an apology, reparation, compensation, punishment etc?

11.   Are you able to say how your experiences of abuse while in care have affected you at different ages and stages of your life?

12.   What supports do you find helpful now?

13.   How easy are these supports to obtain?

14.   Is there anything that you think organisations that ran the residential units where children and young people were abused could do?

15.   Is there anything that Government should do?

16.   Is there anything else you would like to say?

17.   Would you like a copy of the findings?

Many thanks for participating in this research**Survivor Information Sheet (e-mail)**

Survivor Participant: Information Schedule (e-mail)

Exploratory Study of Best Practice in Managing Allegations of Historic Abuse

Scottish Institute of Residential Child Care

This information sheet explains about the Scottish Institute of Residential Child Care (often known as 'SIRCC') and about the research project.

About SIRCC

'SIRCC' is funded by the Scottish Executive and is managed by a group of five partners, The University of Strathclyde, Robert Gordon University (Aberdeen), Langside College of Further Education (Glasgow), Save the Children (Scotland) and Who Cares (Scotland). The National Office of SIRCC is part of the Glasgow School of Social Work, based at the University of Strathclyde. The main aim is to improve the standard of residential childcare in Scotland through training, consultancy and research. An information leaflet is available giving you more detail, or you may wish to visit our website at http://www.sircc.strath.ac.uk/

About this research

Over the last few years, people have been increasingly coming forward reporting various types of abuse by staff and religious personnel when they were children living in children's homes. Through SIRCC's work in Scotland we have become aware that several agencies want to make sure that they can offer the best support possible when former residents come forward reporting such abuse. We have now decided to complete some research to help them improve their response to survivors of abuse. As a lecturer at SIRCC who also has considerable experience of working with children and adults abused as children I have been asked to carry this out. The report of my research will be made available to agencies and people who make policy in Scotland. I will also use this research as part of my studies towards a Master of Philosophy degree.

Interviews with Survivors

This is a particularly important part of the research and if you agree to participate, your anonymity is guaranteed. I would like to hear from adults who have already come forward to tell of their experiences of abuse by staff while they were living in residential care as children. The following points might be helpful in helping you

decide whether to participate. I have been in touch with survivors' organisations and they have helped me find people to approach. Please note:

- I do not need to know anything about the abuse you experienced unless **you** want to share this. I will not be asking about it.

- I would like to hear about what helped you decide to report your experiences, who you reported it to and what you wanted to happen.

- I would also like to hear about what has happened since and if your experiences as a child have affected your life as an adult.

- I would like to hear what you think organisations can do to help adults who were abused as children.

- I will be talking to other people who were abused as children while living in residential care

- I do not think that there has been any similar research in Scotland

Interviews with organisations providing residential childcare services

I will be asking participants what they believe is the best way of supporting adults who were abused as children in residential care. I would like to know what support they have been able to offer and what difficulties they have experienced in this. I would also like to know what other agencies (e.g. police, lawyers etc) have become involved after abuse has been reported and if this affects the support they can offer to survivors.

International comparisons

I will spend some time exploring how such allegations are managed in other countries such as Canada, Australia and Ireland. I will do this through researching literature, information on the internet and where possible, some direct contact with people in these countries.

Interviews with other agencies

Allegations of poor practice are not found only in residential childcare. I will contact other professions to find out what supports have been offered to those affected by poor practice in other fields such as medicine. I also hope to interview people from

other agencies who have been involved following allegations being made (eg lawyers, those involved in public enquiries etc).

Interview schedule (e-mail)

- This is based on the interview schedule used in face to face interviews

- You do not need to answer all of the questions or any part of any question if you do not want to want to.

Agreeing to be involved

- In addition to this information sheet, I am happy to correspond with you about the research and answer any questions you may have.

- If you are willing to complete the schedule, I will ask you to sign a form stating that you agree to be participate in the research

- Your opinions will be included in the report, but I will not use your name. I will not include any details that could identify you.

- Even if you sign the form, you can decide after that not to be involved.

- It is up to you to decide whether or not to be involved. You can change your mind at any time

Confidentiality

Anything you tell me will be kept private and strictly confidential **UNLESS**

- You tell me about someone who is currently a child, a young person or a vulnerable adult who has been or might be harmed.

- If this happens, I will talk to you about what I will do.

Other information

- Once I have carried out some of the interviews, I may want to ask you some more questions. You do not need to correspond with me again if you do not want to.

- If you want to know about the research I am happy to give you a copy, or a summary of the findings.

- The research is supervised by Professor Andrew Kendrick (SIRCC National Office, address below)

If there are questions or want to know more, I can be contacted at:

Moyra Hawthorn: Tel: 0141 950 3503 e-mail moyra.hawthorn@strath.ac.uk

SIRCC National Office, 5th Floor Henry Wood Building, University of Strathclyde, 76 Southbrae Drive, Glasgow, G13 1PP

Survivor Participant: Questionnaire (e mail)

Exploratory Study of Best Practice in Managing Allegations of Historic Abuse

Thank you for offering to participate in this research. Your experiences and thoughts are of great importance. Please take your time to complete this questionnaire. You do not need to do it all at one time.

Please also remember:

- You do not need to answer all of the questions

- Please continue on additional sheets if you wish

- All information will be confidential unless I am given information which may indicate that someone who is currently a child or a vulnerable adult has either been hurt, or is at risk of being hurt

- I am happy to send you a copy of either the research findings or the summary, dependent on what you prefer.

- You can contact me at any time to clarify any of the points that are unclear. I do only work part-time however and cannot always reply quickly.

1. **Where and when were you in residential care?**

   Are you able to outline the circumstances that brought you into residential care?

2. **Did you try to tell anyone when you were in residential care about your being abused?**

   If so, what happened?

3. **How long after leaving residential care were you able to tell anyone about your experiences.**

   Who did you tell?

   Were you able to tell anyone in the organisation that ran the home/school about what had happened?

What factors helped you decide to tell?

4. **After telling, what happened next?**

5. **Was the person who abused you charged with a criminal offence?**

6. **In what way if any were you involved in him/her being charged with a criminal offence and/or the legal process thereafter?**

7. **What supports did you have?**

   Who provided this?

   Official agencies?

   Voluntary agencies?

   Informal supports?

8. **Would anything have made this experience of reporting the abuse better? If so what?**

9. **What was the outcome:**

   a. **for the abuser? (if you know**

   b. **for you?**

10. **Do you think you received justice?**

    What do you think would be justice eg, an apology, reparation, compensation, punishment etc?

11. **Are you able to say how your experiences of abuse while in care have affected you at different ages and stages of your life?**

12. **What supports do you find helpful now?**

13. **How easy are these supports to obtain?**

14. **Is there anything that you think organisations that ran the residential units where children and young people were abused could do?**

15. Is there anything that the Government should do?

16. Is there anything else you would like to say?

17. Would you like a copy of the findings?

Name……………………..   Signature

Date………………………

Many thanks for participating in this research

Moyra Hawthorn

(Lecturer)

Service Provider Participant: Letter

Address

Dear

Re: Research into Best Practice in Managing Allegations of Historic Abuse

I am currently carrying out research at SIRCC on the above and I am writing about the possibility of (Name of Establishment) participating.

In 2002 SIRCC hosted a seminar on Historic Abuse. Feedback from agencies participating was positive and it was agreed that further work was needed in this field. The short life working party was formed resulting in the publication of the recently published practice paper, Historic Abuse in Residential Care: Sharing Good Practice (copy attached). It became clear from this work however that there was a need for further research and as a result I have been working on a study of best practice in managing allegations of historic abuse. It is intended that this study should inform policy and practice in this area, but I am also using this study towards an M. Phil. Degree, supervised by Prof. Andrew Kendrick. I am attaching information about the research for your consideration.

 I would be most grateful if you would agree to (name) Services taking part in the research. I would like to interview representatives of up to 5 agencies in total. Identity of individuals and the agencies taking part will be completely confidential with any identifying features removed. This research has been approved by the University of Strathclyde Ethics Committee. Within each agency, I would like to interview a maximum of three individuals covering various roles in the agency. My suggestion is the person who coordinates the work on historic abuse for the agency, the person who manages the relevant insurance policy for the agency and the person who does or has done access to records work for those who have alleged abuse.

I realise that you may wish further information before agreeing to take part and I am happy to discuss by telephone, e-mail or to visit before you commit. My supervisor Andrew Kendrick is also happy to discuss.

Meanwhile I will contact you at a later date to discuss your possible interest.

Yours sincerely
Moyra Hawthorn

Enc: Information Sheet, Practice Paper

Service Provider Participant: Information Schedule

Exploratory Study of Best Practice in Managing Allegations of Historic Abuse

Scottish Institute of Residential Child Care

This information sheet explains about the Scottish Institute for Residential Child Care (often known as 'SIRCC') and about the research project.

About SIRCC

'SIRCC' is funded by Scottish Executive. The main aim is to improve the standard of residential childcare in Scotland through training, consultancy and research. The National Office is based in the University of Strathclyde, Jordanhill Campus. An information leaflet is attached giving you more detail, or you may wish to visit our website at www.sircc.strath..ac.uk

About this research

Over the last few years, adults have been coming forward in increasing numbers reporting abuse by staff when they were children living in residential care. Through our work at SIRCC we are aware that agencies want to ensure that they are offering these adults the best possible support. This research is part of the process of developing knowledge of best practice in this field.

Interviews with Survivors

We have made contact with some agencies offering support to survivors of abuse and have interviewed 15 adults who have reported abuse by staff while they were children living in residential care. The focus was not the abuse they experienced, rather what helped them come forward to tell of the abuse, what support they were offered and what has happened since. We are interested in what they found to be helpful and what was unhelpful during this process, and what they think organisations can do to help adults abused as children.

International comparisons

We will spend some time exploring how such allegations are managed in other countries such as Canada, Australia and Ireland. We will do this through researching

literature, information on the internet and where possible, some direct contact with people in these countries.

Interviews with other agencies

Allegations of poor practice are not isolated to residential childcare. We will contact other professions to find out what supports have been offered to those affected by bad practice in other fields such as medicine. We also hope to interview people from other agencies who have been involved following allegations being made (eg lawyers, chairpersons of inquiries etc).

Interviews with organisations providing residential childcare services

We would like to find out from participant agencies what they believe to be best practice in supporting adults who were abused as children in residential care. We would like to know what support they have been able to offer and what difficulties they have experienced providing this. We would also like to know what other agencies (e.g. police, lawyers etc.) have become involved after abuse has been reported and if this affects the support they can offer to survivors.

Interviews

- With your permission I will record the interview and may take notes.

- If you want to stop the interview at any time, I am happy to stop immediately. We can start later, or end the interview there

- You can refuse to answer some of the questions if you want.

Agreeing to be involved

- In addition to this information sheet, I will discuss the research with you and answer any questions you may have.

- If you are willing to be interviewed, I will ask you to sign a consent form stating that you agree to be interviewed

- Your opinions will be included in the report, but I will not use your name. I will not include any details that could identify you.

- Even if you sign the form, you can withdraw your consent thereafter to be involved.

Confidentiality

The interview will be kept private and strictly confidential **UNLESS**

- You tell me about a child, young person or vulnerable adult who has been or might be harmed and this has not been investigated.

- If this happens, we will discuss what I will do about it.

The name of the agencies who participate will NOT be included and every effort made to exclude any identifying features from the research findings or any subsequent publications.

Other information

- Once I have carried out some of the interviews, I may wish to ask you some further questions. You are not obliged to participate at this stage.

- If you want to know about the research I am happy to give you a copy, or a summary of the findings.

- This research proposal will be guided by the University of Strathclyde Code of Practice and has been agreed by the University Ethics Committee.

- Interviews will be carried out by Moyra Hawthorn

- The research will be supervised by Irene Stevens (SIRCC) and Professor Andrew Kendrick (Glasgow School of Social Work). Both are contactable at the address below.

If there are questions or want to know more, I can be contacted at:

Moyra Hawthorn: Tel: 0141 950 3683 e-mail moyra.hawthorn@strath.ac.uk

SIRCC National Office, 5th Floor Henry Wood Building,

University of Strathclyde, 76 Southbrae Drive, G13 1PP.

Service Provider Participant: Statement of Informed Consent

Research Study of Best Practice in Managing Allegations of Historic Abuse

I, _____, agree to take part in SIRCC's research project on Best Practice in Managing Allegations of Historic Abuse

I understand that the research involves interviews that are tape-recorded if I consent.

I understand that my identity and the identity of my agency will be kept confidential, as well as anything that I share that I want kept private. The exception to this is if I share information about someone who has been harmed or is going to get harmed (i.e. abuse). If this happened, it would be discussed with me how the situation would be handled.

I understand that taking part in this research is completely voluntary. I can choose not to participate. If I decide to participate and sign this form, I understand that I can change my mind at any time and choose not to participate further.

I have read and understand this information, and I agree to take part in the research.

Signature _____   Agency _____

Date_____

Service Provider Participant: Questionnaire

Exploratory Study of Best Practice in Managing Allegations of Historic Abuse

Agree ground rules:

- The interview can be stopped at any time

- It can either start again, or terminate there.

- Interviewee can withdraw from the process at any time and none of the information given will be used without the interviewees consent.

- All material will be treated as confidential unless information is given about children, young people or vulnerable adults who have either been abused and this has not been dealt with by the appropriate authorities, or they are vulnerable to further abuse.

Interview No.   **Designation**

1.   Do you have any questions at this stage about the research?

2.   Have you had any adults coming forward to your organisation alleging abuse while they were in the care of this organisation as children/young people?

If so, have you noticed any difference in the number of people reporting or the nature of the information reported?

3.   When you receive such a report what happens?

 What is the process for staff to follow?

4.   From your professional experience working/ meeting with survivors, what do you believe that they want from your or any other agency?

What mechanisms facilitate this (eg offer of counselling, acknowledgement)?

 Is there anything that you believe may hinder this (eg insurance, reputation

5.   What support do you offer the survivor at the point of this first notification of the abuse?

What support is the agency able to offer to survivors months or years after they report the abuse?

6.   What in your view is the emotional impact on the survivor of contacting your organisation about experiences of abuse while in care?

In your view, what is the emotional experience of the survivor on receiving a service from your organisation?

Do you have a person designated to manage allegations of abuse? If so, what is their designation

7.   From your experience and benefit of hindsight, what records are most helpful for survivors and for the investigative and compensation process?

8.   At any point in the process how do you think that support for 'Survivors' is affected by any other part of the process e.g. police investigation, litigation etc?

9.   What measures have you been able to take best meet both the needs of the investigating agencies and the 'survivors'?

10.   What measures have you been able to take best meet both the needs of the investigating agencies and the 'survivors'?

11.   Any other comments?

Appendix Three

Survivor Subcodes

Subcodes developed as follows:

1. Nature of abuse as reported by participant
1.1 Between individuals within the residential setting
1.1.1 Physical Abuse
1.1.2 Emotional Abuse
1.1.3 Sexual Abuse
1.1.4 Physical Neglect
1.1.5 Faith Abuse
1.2 Institutional Abuse (Regime of the institution)
1.2.1 Rigid regimes
1.2.2 Avoiding attachment to staff
1.2.3 Separation of siblings
1.2.4 Premature discharge from care
1.3 System Abuse
1.3.1 Inappropriate safeguards on discharge
1.3.2 Inappropriate placement
1.3.3 Child Migrant Scheme
2. Effects of abuse
2.1 At the time
2.1.1 Betrayal
2.1.2 Low self-esteem
2.1.3 Not valued
2.1.4 Identity

2.1.5 Loneliness
2.1.6 Being away from the world
2.1.7 Deep loss
2.1.8 Developing an attitude
2.1.9 Running away
2.1.10 Mental Health
2.1.11 Spirituality
2.2 In later life
2.2.1 Personal
Intrusive thoughts
Memories
Impact on employment
Impact on mental health
• *Intense feelings*
• *Flashbacks*
• *Trauma*
• *Identity*
• *Ruined life*
• *Confidence*
Physical health
2.2.2 Relationships
Impact on intimacy and personal relationships
Impact on family relationships
Searching for family
Telling friends and colleagues
Disbelief of others
Not belonging

Putting on a façade
Splits between former residents
2.2.3 Consequences of circumstances of discharge from care
2.2.4 Impact on life choices
2.2.5 Trust in social services and the care system
2.2.6 Spirituality
2.2.7 Resilience
Caring for others
Moving on
Becoming activist against child abuse
2.2.8 Impact on others
3. Ways of dealing with the abuse
3.1 At the time
3.1.1 Avoiding confrontation
3.1.2 'Escape'
3.1.3 Developing habits
3.1.4 Support from other staff
3.1.5 Support from other children
3.1.6 Support from police
3.2 In later life
3.2.1 Other survivors
3.2.2 Friends and Family
3.2.3 Completing Personal Narrative
Access to files
Visiting the home/ Importance of place
Photos and memorabilia
3.2.4 Memorial

3.2.5 Personal Space
3.2.6 Support Services
Counselling
Psychology
Psychiatric help
3.2.7 Getting on with it
3.2.8 Education
3.2.9 Work
Choice of occupation
3.2.10 Encounters with the agency
Meeting someone from the agency
Meeting representative of the agency
Researching the agency
3.2.11 Writing
3.2.12 Media
3.2.13 Internet
3.2.14 Gaining mastery
3.2.15 Physical activity
3.2.16 What would help?
4. Telling of experiences
4.1 At the time
4.1.1 Not telling
4.1.2 Telling and receiving no meaningful response
4.1.3 Telling and action being taken
4.2 After leaving care
4.2.1 About telling
4.2.2 The media

4.2.3 Police
5. Factors perceived as contributing to abuse and resilience
5.1 Factors contributing to abuse
5.1.1 Isolation
5.1.2 Reason for being in care
5.1.3 Status of children
5.1.4 Health/ disability
5.1.5 Total control
5.1.6 Other children and young people
5.1.7 Inappropriate placement
5.1.8 Gender
5.1.9 Bodily functions
5.1.10 Disbelief of religious as abusers
5.1.11 Historical status of founder
5.1.12 Children's behaviour
5.1.13 Factors compounding the experience
5.2 Factors compounding experience
5.3 Factors promoting resilience
5.3.1 Spirituality
5.3.2 Positive experience with another adult
5.3.3 Other children and young people
5.3.4 Skills and talents
5.3.5 Education
5.3.6 Humour
6. Perception of Agencies
6.1 Lack of Acknowledgment by agency
6.2 Self-protection

7. Perceptions of Justice
7.1 Retribution
7.2 Punishment
7.3 Apology
7.4 Confronting abuser
7.5 Meeting representative of the agency
7.6 Acknowledgement of wrongdoing
7.7 Compensation
7.8 Action by Government
7.9 Accountability
7.10 Justice by proxy
7.11 Legal action
4.57.12 Public inquiry/ Judicial review
7.13 There can be no justice
8. Final thoughts/ The way forward
8.1 Spirituality
8.2 Records
8.3 Similarity of institutional abuse across the world
8.4 Prevention
8.5 False Allegations
8.6 Personal Reflections