Impacts of Institutional Child Sexual Abuse on Victims/Survivors: A Rapid Review of Research Findings

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Project team

The Royal Commission into Institutional Responses to Child Sexual Abuse commissioned and funded this research project. It was carried out by the following researchers: Dr Tamara Blakemore, Dr James Leslie Herbert, Professor Fiona Arney and Ms Samantha Parkinson

Disclaimer

The views and findings expressed in this report are those of the authors and do not necessarily reflect those of the Royal Commission.

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ISBN 978-1-925622-32-4

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Published date

December 2017
Preface

On Friday 11 January 2013, the Governor-General appointed a six-member Royal Commission to inquire into how institutions with a responsibility for children have managed and responded to allegations and instances of child sexual abuse.

The Royal Commission is tasked with investigating where systems have failed to protect children, and making recommendations on how to improve laws, policies and practices to prevent and better respond to child sexual abuse in institutions.

The Royal Commission has developed a comprehensive research program to support its work and to inform its findings and recommendations. The program focuses on eight themes:

1. Why does child sexual abuse occur in institutions?
2. How can child sexual abuse in institutions be prevented?
3. How can child sexual abuse be better identified?
4. How should institutions respond where child sexual abuse has occurred?
5. How should government and statutory authorities respond?
6. What are the treatment and support needs of victims/survivors and their families?
7. What is the history of particular institutions of interest?
8. How do we ensure the Royal Commission has a positive impact?

This research report falls within theme six.

The research program means the Royal Commission can:

- obtain relevant background information
- fill key evidence gaps
- explore what is known and what works
- develop recommendations that are informed by evidence, can be implemented and respond to contemporary issues.

For more on this program, please visit www.childabuseroyalcommission.gov.au/research
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Executive summary

This report presents the results of a rapid review of available evidence on the impact of institutional child sexual abuse. The critical synthesis of available evidence provided will contribute to developing understandings of institutional child sexual abuse. While public and professional awareness of institutional child sexual abuse is steadily growing, relatively less is known about the phenomenon compared to intra-familial and other forms of extra-familial child sexual abuse. This report attends to this knowledge gap by drawing on peer-reviewed journal articles, meta-analyses and reports from landmark government inquiries to present a critical synthesis of available evidence describing impacts of institutional child sexual abuse on victims/survivors. The report explores characteristics of institutional abuse, the situations and settings in which it occurs, factors proposed to potentially mediate its causes and consequences, as well as its common and distinct outcomes when compared to child sexual abuse not associated with institutions or organisations.

Three research questions provide a focus and frame for the report:
1. What constitutes and characterises institutional child sexual abuse and how does this differ from child sexual abuse in other settings?
2. What impacts does institutional child sexual abuse have on victims/survivors and are these discernibly different to outcomes of abuse in other settings?
3. What factors are important to understanding impacts of institutional child sexual abuse on victims/survivors?

Methods

A two-stage rapid search strategy was used to identify literature for review presented in this report. Firstly, a database search was conducted to identify English-language studies reporting on the impacts of institutional child sexual abuse. This involved a search of Boolean keywords (detailed in the literature review method section) describing child sexual abuse and including terms related to the institutional context of abuse (i.e. institutional, residential, school, club, church, sport, education, juvenile justice, out-of-home care, foster care, community, society, redress, homes, hospital, extra-familial). The search primarily focused on titles in order to facilitate a rapid search of the literature. While a number of sources were identified in this search (n=148), examination of titles and abstracts found that less than half (n=59) specifically documented, described or measured the impact(s) of institutional abuse.

For comparative purposes, a second literature search set out to identify and locate research describing the impacts of child sexual abuse generally. This search included a particular focus on meta-analytic studies, systematic reviews and general reviews that compared outcomes for participants who had experienced sexual abuse in childhood compared with children who had not experienced child sexual abuse. In addition individual peer-reviewed articles reporting recent studies and research identifying short- and long-term impacts of child sexual abuse were also included in the report as exemplars of the review findings. It should be noted that the focus of this review are the documented impacts of institutional child sexual abuse. As such, the wider literature on the impact of child sexual abuse generally is used to contextualise findings but is not a comprehensive review of that literature.
Key findings

This rapid review of available literature regarding institutional child sexual abuse identifies a number of key findings. These findings need to be interpreted with caution, acknowledging that this review was not exhaustive and represents a rapid search of the literature rather than a comprehensive, systematic review. A significant caveat to the analysis presented is the finding that the knowledge base for institutional abuse is limited in scope, focus and specificity. Relatively few empirical studies have been published regarding institutional child sexual abuse and, of these, less than half of the reports measured impacts or outcomes of abuse for victims/survivors. Dominating the existing literature is a focus on long-term impacts of historic abuse in religious organisations; little research exists on the immediate or short-term impacts of abuse in these or other settings. In comparison to the wider literature surrounding child sexual abuse in intra-familial and extra-familial settings, the limited number of individual empirical studies means no meta-analyses of institutional abuse impact or outcomes exist to date. Acknowledging these limitations, critical analysis of the available literature does provide informative, if not preliminary, insights into: the characteristic features of institutional child sexual abuse, the situations and settings in which it occurs, common and distinct impacts compared to child sexual abuse in other settings, and those contexts and factors that may be associated with the impacts.

In summary:

1. Like intra-familial and (other) extra-familial child sexual abuse, institutional abuse has deleterious impacts for victims/survivors. The impacts of institutional child sexual abuse are noted to be pervasive, numerous and connected, negatively affecting psychological (e.g. post-traumatic stress symptomology), physical (e.g. reported quality of health as an adult), social (e.g. relationship and sexual difficulties), educative (e.g. school completion) and economic wellbeing (e.g. sustained employment). Further, institutional child sexual abuse is associated with distinct and discernible impacts on victims’ spiritual wellbeing as well as significant vicarious trauma for families and communities.

2. Although institutional child sexual abuse is often categorised as a type of extra-familial abuse, it shares many characteristics with intra-familial child sexual abuse in terms of chronicity, severity and relational aspects of powerlessness, betrayal and isolation from others. Distinguishing characteristics including the historic and social contexts of victims’ engagement with institutions, the dynamics of spiritual entrapment, any depersonalisation and disconnection may potentially exacerbate the impact of abuse for these victims/survivors.

3. Like child sexual abuse in other settings, the impact of institutional abuse may be moderated by individual, abuse-specific and situational factors. Circumstances supporting disclosure, belief and support for the victim, and protection from future harm may ameliorate the impact of abuse. However, the interplay between institutional settings and abuse dynamics means the likelihood of disclosure and support for these victims is often significantly reduced, and the trauma and impact of abuse is potentially exacerbated by multiple and systemic experiences of betrayal and harm.
Conclusions and implications for policy, practice and research

The key findings of research synthesis and review presented in this report have clear implications for policy, practice and research relating to institutional child sexual abuse. Victims/survivors of child sexual abuse, irrespective of abuse setting, are at increased risk for psychological problems, including psychiatric diagnoses of depression, anxiety, post-traumatic stress disorder, and alcohol and substance abuse disorders with some evidence of increased likelihood of poor outcomes for those abused in institutional settings. The noted similarities between the impacts of institutional child sexual abuse and intra-familial abuse represent a conceptual advancement in how we recognise and respond to institutional abuse. Available evidence documenting the diverse and pervasive impacts of institutional abuse highlights the need for victims to be supported in a way which is both cognisant of the similarities and characteristic differences between institutional abuse and abuse in other settings. Research describing spiritual and vicarious impacts of institutional abuse over time suggest the support offered needs to recognise the influence factors specific to institutional abuse can have on abuse outcomes, as well as the likelihood of victims disclosing abuse and/or seeking support.

The failure of institutions to protect children from abuse, and/or respond appropriately to disclosures of abuse, has for many victims resulted in a deep sense of betrayal and distrust of organisations, authorities and institutional settings that may pose a significant barrier to accessing and receiving ongoing support. Similarly, evidence of the vicarious impact of institutional abuse highlights the need for prevention, intervention and treatment responses to extend to families and possibly communities of abuse victims. More research on the mechanisms of intergenerational and collective transfer of trauma is needed to inform policy and practice: to strengthen capacity and resources, and to intervene in cycles of disadvantage, disempowerment and disconnection.

Key among the findings of this rapid review is the limited size and scope of the current knowledge base on the impacts of institutional child sexual abuse to inform prevention, intervention and treatment responses. Research on contemporary experiences of institutional abuse in a range of organisational settings — as well as the immediate, short-term and long-term impacts of abuse — will strengthen the evidence base for effective responses to victims past, present and future. Similarly, prevention and intervention efforts will be better informed by more research on the incidence and prevalence of female-perpetrated and peer-perpetrated abuse, as well as abuse that occurs in evolving contexts and settings such as out-of-home or residential care, isolated or indigenous communities, juvenile justice facilities and detention centres. The study of the occurrence and outcomes of child sexual abuse is methodologically challenging, with obvious ethical sensitivities precluding the prospective longitudinal capture of children’s experiences and outcomes. A small number of studies that have linked data between existing studies and child protection records suggest this may be a means of understanding the life-course experience and impact of child sexual abuse. What is apparent across the existing research studies are the pervasive and deleterious impacts of institutional child sexual abuse and the need for more research to support practice which best meets survivor needs. Evidence of institutional ‘complicity’, in both the occurrence and outcomes of abuse, serves as a stark reminder to policy and practice of the importance of
ongoing and continuous improvement in monitoring risk, promoting protection and supporting detection and disclosure of abuse.
Part 1:
Background to the report
1 Background to the report

1.1 Introduction

Key points
This Royal Commission seeks to provide a broad-ranging, national response to survivors of child sexual abuse in Australian institutions. It is learning about their experiences through private sessions and public hearings. It also has an extensive research program, which this report falls under, to help the Commissioners identify practical, relevant and evidence-based recommendations for change.

This report presents the results of a rapid review and critical synthesis of the available research, documenting and describing the impacts of institutional child sexual abuse on victims/survivors.

The Royal Commission

Inquiry reflects the community’s call for action on abuse
When a child is sexually abused while in the care of an institution the impact can be devastating and last for a lifetime. It can leave a traumatic legacy for the victim’s family and for future generations.

Although there have been some inquiries with limited terms of reference, in recent years it became clear to the Australian community that a broad-ranging, national response was needed. In January 2013, Her Excellency Quentin Bryce, (then) Governor-General, appointed the Royal Commission to inquire into institutional responses to child sexual abuse.

Private sessions, public hearings and research all give insights
The Letters Patent provide comprehensive terms of reference to the Royal Commission. Through private sessions and public hearings, the Commission must bear witness to the trauma inflicted on children who suffered sexual abuse in an institutional context. It must also focus on systemic issues.

At the end of the inquiry, the Royal Commission’s final report must identify best practices and recommend laws, policies, practices and systems that will effectively prevent or, where it occurs, respond to the sexual abuse of children in institutions.

The Royal Commission is approaching this task in three ways:

<table>
<thead>
<tr>
<th>Private sessions</th>
<th>These sessions enable survivors to speak directly with a Commissioner about their experiences in a private and supportive setting.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public hearings</td>
<td>Public hearings are a formal process during which the Royal Commission receives evidence following investigation, research and preparation.</td>
</tr>
<tr>
<td>Research and policy</td>
<td>The extensive research program includes research reports, roundtables and issues papers.</td>
</tr>
</tbody>
</table>
Extensive research program will support the final recommendations

To ensure the Royal Commission provides authoritative, relevant recommendations to government, institutions and regulators, it has developed a detailed research program. The program focuses on eight themes:

1. Why does child sexual abuse occur in institutions?
2. How can child sexual abuse in institutions be prevented?
3. How can child sexual abuse be better identified?
4. How should institutions respond where child sexual abuse has occurred?
5. How should government and statutory authorities respond?
6. What are the treatment and support needs of victims/survivors and their families?
7. What is the history of particular institutions of interest?
8. How do we ensure the Royal Commission has a positive impact?

The research program means the Royal Commission can:
- obtain relevant background information
- fill key evidence gaps
- explore what is known and what works
- develop recommendations that are informed by evidence, can be implemented and can respond to contemporary issues.

This report

Awareness of child sexual abuse in the community has grown exponentially over the past five decades with studies of both intra-familial and extra-familial child sexual abuse strengthening public and professional awareness of its prevalence and often deleterious impact on victims. By contrast, less is known about the experience and outcomes of child sexual abuse that occurs specifically within institutional or organisational settings.

This report presents the results of a rapid review and critical synthesis of available literature on the impacts of institutional child sexual abuse on victims/survivors. Throughout the report the terms ‘impact’ and ‘outcome’ are used interchangeably to describe the short- and/or long-term effects or sequelae of abuse on victims’/survivors’ functioning and wellbeing. Analysis of the impact of institutional abuse is predicated by what we understand institutional child sexual abuse to be.

Figure 1 shows the understanding of institutional child sexual abuse adopted by The Royal Commission in its Terms of Reference. The working definitions of child sexual abuse and institutions adopted by the Royal Commission cover a wide spectrum of abuse acts and behaviours, a range of locations or settings in which abuse can occur, and acknowledge that abuse is perpetrated by adults and peers. Further, the working definitions adopted by The Royal Commission recognise that activities, policies and practices of institutions are important to our understanding of institutional child sexual abuse.
The Royal Commission has adopted a working definition of child sexual abuse that includes abuse perpetrated by an adult and by another child. This definition is:

Any act which exposes a child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted standards. Sexually abusive behaviours can include the fondling of genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or any other object, fondling of breasts, voyeurism, exhibitionism, and exposing the child to, or involving the child in pornography (Bromfield, 2005). It includes child grooming, which refers to actions deliberately undertaken with the aim of befriending and establishing an emotional connection with a child to lower the child’s inhibitions in preparation for sexual activity with the child.

The Royal Commission defines an institution to mean:

Any public or private body, agency, association, club, institution or other entity or group of entities of any kind (whether incorporated or unincorporated) and however described, and includes for example an entity or group of entities (including an entity or group of entities that no longer exists) that provides or has at any time provided activities, facilities, programs or services of any kind that provide the means through which adults have contact with children, including through their families, and does not include the family.

Child sexual abuse is deemed to have occurred in an institutional context if the abuse occurs on the premises of an institution where activities of an institution take place, or in connection with the activities of an institution; or it is engaged in by an official of an institution in circumstances (including circumstances involving settings not directly controlled by the institution) where the institution has, or its activities have, created, facilitated, increased or in any way contributed to (whether by act or omission) the risk of child sexual abuse or the circumstances or conditions giving rise to that risk; or it happens in any other circumstances where an institution is, or should be treated as being, responsible for adults having contact with children.

Source: Terms of Reference, The Royal Commission into Institutional Responses to Child Sexual Abuse

A search methodology was used to identify literature on institutional child sexual abuse for this rapid review. As detailed in Section 1.2, this search specifically targeted research relating to child sexual abuse perpetrated in schools, foster care and out-of-home care, residential schools and care facilities, sporting organisations and the church. The key data critically examined in this report are peer-reviewed academic journal articles and landmark government reports that describe, document or quantify the impact of institutional child sexual abuse. Systematic and meta-analytic reviews of the impact of intra-familial and extra-familial child sexual abuse, as well as key individual studies (as exemplars of broader findings), are also included in this review for comparison and contrast. In the report, intra-familial and non-institutional forms of extra-familial child sexual abuse are referred to as ‘child sexual abuse in other settings’ or ‘child sexual abuse generally’.

Section 1.3 of the report provides a detailed description and overview of the reviewed literature regarding institutional child sexual abuse. Details of the source, scope, currency and relevance of available studies are discussed and limitations and gaps in the literature are
identified. Also noted in Section 1.3 are caveats to be considered in relation to the available evidence and its use in this review.

Research questions used to guide analysis of available literature included:

1. What constitutes and characterises institutional child sexual abuse and how does this differ from child sexual abuse in other settings?
2. What impacts does institutional child sexual abuse have on victims/survivors and are these discernibly different to outcomes of abuse in other settings?
3. What factors are important to understanding impacts of institutional child sexual abuse on victims/survivors?

Section 2.1 of the report examines what constitutes and characterises institutional child sexual abuse and how it differs from intra-familial or other forms of extra-familial abuse. Understanding the differences and similarities between institutional abuse and intra-familial and extra-familial abuse can provide some insight into any observed differences in abuse impact and outcome. The working definitions of institutional child sexual abuse adopted by The Royal Commission provide a focus and direction for this report and a point of comparison for alternative conceptualisations in the literature. As noted in Section 2.1, different researchers have often defined institutional abuse differently, or have examined abuse in highly specific contexts (e.g. abuse by clergy, educator abuse or abuse by priests). Differing conceptualisations of institutional abuse are likely to influence the recognition, awareness and knowledge of potential impacts of abuse for victims/survivors in later life.

Section 2.2 of the report presents a comparison of evidence for the impacts of institutional abuse with those for intra-familial or other forms of extra-familial child sexual abuse. Comparison of the impacts of abuse allows for the identification of common outcomes, and the ways in which outcomes differ. Differences can exist across the prevalence of particular impacts, the severity of impacts or the types of impacts experienced. Section 2.2 critically analyses the available data on type, prevalence and severity of impact and also considers the discernible and distinct impacts of institutional child sexual abuse.

This report recognises the complexity of child sexual abuse in institutional, intra-familial and extra-familial settings and its common co-existence across settings with other forms of child abuse and neglect and adverse childhood experiences. Accordingly, it is also recognised that the observed impacts and outcomes of abuse are complex and unlikely to be explained by any one factor. Section 2.3 of the report explores factors specific to victims, perpetrators, abuse experiences and institutions that have been proposed to contribute to the impact of institutional abuse.

Drawing on the findings presented across the report, Section 3 highlights implications for policy, practice and research regarding institutional child sexual abuse. Central to the implications discussed is the observation that the contextual factors specific to institutional settings are likely to have, at least historically, contributed to both the occurrence and outcomes of institutional child sexual abuse. Section 3 discusses the relevance of these factors to future prevention, intervention and treatment responses and to the support of victim disclosures of abuse occurring in the past, present and future.
1.2 Literature review method

Key points
This report presents the results of a rapid review and critical synthesis of available evidence on the impact of institutional child sexual abuse. Data for the review was established by a search of the literature incorporating two search strategies: one specifically on studies reporting on institutional child sexual abuse; the other on systematic and meta-analytic reviews of the impact of child sexual abuse generally. Augmented searches were also conducted to identify landmark or recent individual studies as exemplars of broader review findings.

Search for studies on institutional child sexual abuse

A rapid literature search was undertaken to identify studies reporting on the impact of institutional child sexual abuse. Included in the search were the following databases: Cochrane Library (Reviews and Central Register of Trials), the Campbell Collaboration, PsycINFO, Medline, Embase, AMED, Proquest Dissertations and Theses, Proquest Family Health, Proquest Psychology, Google Scholar, JSTOR, and the Child Family and Community Australia database.

The search string used was developed from a recent literature scan on the topic that was commissioned by the Royal Commission (Herbert, 2014). The search aimed to quickly identify studies that might assist in understanding the potential impacts of child sexual abuse in institutions. Drawing on the Royal Commission’s definition of institutional child sexual abuse, the search was designed to identify studies that: (a) identified the impact of child sexual abuse either in comparison to non-abused samples, or by detailing the deleterious effects of abuse without comparison; (b) included samples of children who came into contact with their abuser through some kind of institution or organisation including schools, church or community groups, clubs, out-of-home care, foster care, hospitals etc. This was reflected in the search string. Searches were firstly conducted in the title field but, if no titles or very few titles (less than five) were identified, the search string was extended to the abstract. If no titles or very few titles were identified from this search, the search was extended to ‘all text’. In some smaller databases simpler searches for ‘child sexual abuse’ were used. An additional search was undertaken of studies that cited an article that was identified as being particularly relevant to the research.

The literature searches were conducted in January 2015. All searches were undertaken with no limits on the date of publication, although most of the databases only extend back to the early 1980s. The search identified many titles, but examination of the titles and abstracts identified relatively few studies relevant to this review. Records were excluded when they referred to articles that did not relate to child sexual abuse specifically in institutional or organisational settings or if they did not document, describe or discuss the impacts of

1 sex* AND (abus* OR assault* OR molest* OR offen* OR victim* OR violen* OR exploit*) AND (child* OR adolescen*) AND (institut* OR organi* OR school OR church OR club OR out of home care OR out-of-home OR foster care OR resi* OR sport* OR education* OR juvenile justice OR detention OR community OR socie* OR redress OR homes OR hospital* OR extra-fam*) AND (impact OR effect* OR trauma*).
outcomes of this abuse. Appendices A to C summarise the studies identified through the search and how they have been used to support the conclusions of this report.

The paucity of material identified through rapid searches necessitated a supplementary literature search be undertaken. As illustrated in Figure 2, using the same search string in the search facilities of publishers of academic peer-reviewed journals that included a focus on child sexual abuse resulted in the identification of 145 additional articles. After duplicates were removed, through the combined search, 540 articles were screened for relevance with 148 titles identified as potentially relevant. Examination of the full text of these articles found while 89 of these discussed or described institutional child sexual abuse in various settings, only 59 articles and reports documented, described or measured the impact of abuse. Characteristics of these studies are discussed in detail in Section 1.3 of the report and in appendices A to C.

Figure 2: PRISMA diagram of the search for studies on institutional child sexual abuse

Out of the 148 full-text articles assessed, most were not included as they were literature reviews only and provided no new data on institutional child sexual abuse. Additionally, others were excluded as they involved research on child abuse, but had no specific analysis on institutional contexts. Appendices A and B provide citation details and brief descriptions of these 89 titles.
Search for systematic and meta-analytic reviews of the impacts of child sexual abuse

Following a similar process, a second search was conducted in order to identify papers reporting on systematic or meta-analytic reviews of the impacts of child sexual abuse in intra-familial or other extra-familial settings. As research on child sexual abuse generally was much more readily available, even when the search was restricted to systematic reviews and meta-analyses, only five databases were included in the search: The Cochrane Library (Reviews and Central Register of Trials), Campbell Library, Proquest Family Health, PsycINFO and Embase.

The search was restricted to these databases to target the databases that had the most number of titles in the previous search, though Campbell and Cochrane databases were included as they are databases of systematic reviews. The focus was on peer-reviewed, published literature rather than grey literature, so Google Scholar and Proquest Dissertations were not included in the search. Proquest Psychology was excluded as the previous search found that the results were identical to Proquest Family Health. Other smaller databases were excluded as they were unlikely to be reporting on meta-analyses and systematic reviews. Medline was not included in this search as it produced similar results to Proquest Family Health and Embase in the previous search.

A search string similar to the first search was used, with the restrictions around the terms associated with institutional child sexual abuse removed, and reference to a systematic review or meta-analysis added. The search aimed to include studies that: (a) reported on the findings of quantitative syntheses of studies of the impact of child sexual abuse, and (b) involved the comparison of sexually abused children (at the time of the abuse) with non-abused children on a variety of outcomes. The search string\(^2\) was included in the abstract field of the databases, as it was observed that some relevant studies did not include the term meta-analysis in the title. For some databases an abstract search was not available so the search was conducted in the keywords or ‘all text’ fields.

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\(^2\) sex* AND (abus* OR assault* OR molest* OR offen* OR victimi* OR violenc* OR exploit*) AND (child* OR adolescen*) AND (meta* OR systema* OR review)

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Wider evidence regarding the impact of child sexual abuse outside of institutional settings

The purpose of this report is to provide a rapid review of existing evidence documenting the impact of child sexual abuse in institutional and/or organisational settings.

Critical comparison of these findings to those reported for victims of abuse in other settings can help identify unique experiences and needs of institutional abuse survivors.

It is, however, outside the scope of this report to provide a comprehensive review of the literature reporting on the impact of child sexual abuse in intra-familial and other extra-familial contexts.

Instead, and consistent with the rapid review format, best available evidence on the impact of abuse in other settings is selected to contextualise findings reported for institutional abuse survivors.

While not supporting systematic comparison, this approach does provide a useful starting point for understanding the emerging evidence on the impact of institutional abuse.
The literature searches were conducted in January 2015, with no limits placed on the dates of the articles that could be included. The search yielded a large number of titles, with only a small number fitting the criteria for inclusion. Records (n=279) were excluded if they did not refer to articles that had data about the findings of systematic reviews or meta-analyses, resulting in a sample of 30 articles for analysis. Details of these studies are provided in Appendix D.

While these reviews provide some evidence on the impacts of child sexual abuse, the currency, regional relevance and specificity of some findings was lacking. As such, systematic and meta-analytic reviews of the impact of child abuse generally were supplemented with landmark, recent and key local or regional studies as exemplars of broader review findings. Sourced through an informal search of the same databases, using the same search terms without the criteria of meta-analysis or systematic review, these articles are detailed and described in Appendix E.

Figure 3: PRISMA diagram of the search for systematic and meta-analytic reviews, landmark and recent studies of the impact of child sexual abuse

A large number of titles were excluded from the review, primarily as they did not include a meta-analysis or systematic review. Some studies that were eligible reviews were excluded because they did not provide separate data for participants that had experienced child sexual abuse (e.g. Leenarts et al., 2013), or because studies only reported on the difference between
pre- and post-treatment symptoms, rather than about the severity or prevalence of symptoms (e.g. Sloan et al., 2013).
1.3 Existing evidence on the impacts of institutional child sexual abuse

- Only a small number of studies have documented, described or measured the impact(s) of institutional child sexual abuse on victims/survivors.
- Existing research has emanated from the United States, Australia, Ireland, Europe and the United Kingdom – most in response to government commissions of enquiry into historic abuse in religious or state care settings.
- The dominant focus is on abuse in religious settings, but this focus may be more attributable to the way in which the phenomenon came to public attention, rather than specific increased risk associated with religious settings.
- There is a chief focus across the extant literature on historic institutional abuse occurring predominantly during the 1950s through to the 1970s. The historic context of institutional abuse has important implications for understandings of outcomes and conveys some caution on the extrapolation of research findings to current and future populations.
- Understated in the existing research are inherent issues in the study of child sexual abuse. Merit and value of research findings regarding institutional abuse should be assessed in consideration of the appropriateness of research method, the complexity of abuse and the potential for unmeasured and co-existing factors to mediate impacts and outcome.

Overview of existing research on institutional child sexual abuse

While generations of researchers have examined the impacts and outcomes of child sexual abuse in community samples, the study of institutional child sexual abuse is in its ‘relative infancy’ (Fogler, Shipherd, Clarke, Jensen & Rowe, 2008, p. 349). Literature searches for this report identified only 148 titles related to institutional child sexual abuse. The majority of these titles (n=89) report on the incidence and prevalence of institutional abuse (n=16), characteristics of victims and perpetrators and abuse dynamics (n=22) or theorise factors that may contribute to abuse occurrence and outcome (n=39). While a number of titles relate to studies of abuse in religious organisations (n=17) or out-of-home care settings (n=18), fewer studies report on abuse in sports (n=9) or schools (n=5). The majority of titles (n=33) relate to abuse by professionals across a range of settings rather than specific institutions or organisations. Appendices A and B provide citation details and brief descriptions of these 82 titles. The focus and primary data for this review are the remaining 59 titles, which relate to studies that document, describe or measure the impact of institutional abuse. Table 1 presents the citation details and a brief description of these studies, with expanded detail of study scope, method and findings provided in Appendix C. As shown in Table 1, key studies of the impact of institutional child sexual abuse include 45 peer-reviewed journal articles, two reports to statutory organisations. Table 2 identifies the nine reports from recent landmark government inquiries that include data and details on the impacts of institutional abuse. Studies and reports emanated from the United States (n=22), Australia (n=18), Ireland (n=6), the United Kingdom (n=4) and Europe (n=4). Three further studies reported on Canadian experiences and one on the experience of victims in South Africa.
Table 1: Key studies of the impacts of institutional child sexual abuse

<table>
<thead>
<tr>
<th>Setting</th>
<th>Study</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Brackenridge (1997)</td>
<td>Qualitative analysis of accounts of sexual abuse by former elite female athletes</td>
</tr>
<tr>
<td></td>
<td>Hartill (2014)</td>
<td>Narrative analysis of two case studies of childhood sexual abuse in male sport</td>
</tr>
<tr>
<td>Foster care, residential care or out-of-home care</td>
<td>Hobbs, Hobbs, &amp; Wynne (1999)</td>
<td>Quantitative analysis of case file records of children physically and/or sexually abused in foster care, examining the psychological and learning difficulties that resulted</td>
</tr>
<tr>
<td></td>
<td>Benedict, Zuravin, Somerfield, &amp; Brandt (1996)</td>
<td>Quantitative analysis of case file records of children with substantiated maltreatment in foster care compared against a random sample of non-maltreated children in foster care in terms of psychological and physical health outcomes</td>
</tr>
<tr>
<td></td>
<td>Bode &amp; Goldman (2012)</td>
<td>Qualitative analysis of interviews with male survivors of historical child sexual abuse in foster homes about the impact of the abuse on their lives</td>
</tr>
<tr>
<td></td>
<td>Goldman &amp; Bode (2012)</td>
<td>Qualitative analysis of interviews with female survivors of historical child sexual abuse in foster homes about the impact of the abuse on their lives</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Carr et al. (2009)</td>
<td>Quantitative analysis of assessments of the long-term impacts of child sexual abuse in religious residential institutions on psychological, educational and social outcomes</td>
</tr>
<tr>
<td></td>
<td>Flynn (2008)</td>
<td>Qualitative analysis of interviews with women sexually abused by clergy as adults and as children</td>
</tr>
<tr>
<td></td>
<td>Lueger-Schuster et al. (2014a)</td>
<td>Quantitative analysis of psychological impacts on adult survivors of child abuse in the Austrian Catholic church</td>
</tr>
<tr>
<td></td>
<td>Higgins (2001)</td>
<td>Case study of a victim of child sexual abuse in a church community</td>
</tr>
<tr>
<td></td>
<td>Fitzpatrick et al. (2010)</td>
<td>Quantitative analysis of psychological symptoms associated with institutional abuse in adult survivors</td>
</tr>
<tr>
<td></td>
<td>van Wormer &amp; Berns (2004)</td>
<td>Qualitative analysis of interviews with adult female victims of sexual abuse by clergy about the impact of abuse of their religiosity</td>
</tr>
<tr>
<td></td>
<td>Isely et al. (2008)</td>
<td>Qualitative analysis of interviews with male victims of sexual abuse by clergy about the psychological impact of the abuse</td>
</tr>
<tr>
<td></td>
<td>Collins et al. (2014)</td>
<td>Qualitative analysis of interviews of adult survivors of sexual abuse in the Catholic church</td>
</tr>
<tr>
<td></td>
<td>Rassenhofer et al. (in press)</td>
<td>Quantitative analysis of data from case records on survivors of child sexual abuse in the Catholic church on the psychological impact of the abuse</td>
</tr>
<tr>
<td></td>
<td>Farrell (2009)</td>
<td>Quantitative and qualitative analysis of interviews with survivors of sexual abuse in the Catholic church on the psychological impact of the abuse</td>
</tr>
<tr>
<td></td>
<td>Wind, Sullivan, &amp; Levins (2008)</td>
<td>Review of male survivors’ reflections on the impact of sexual abuse by clergy drawn from existing research</td>
</tr>
<tr>
<td></td>
<td>Bottoms et al. (1995)</td>
<td>Quantitative analysis of survey data of psychological symptoms from survivors of child sexual abuse by religious professionals</td>
</tr>
<tr>
<td></td>
<td>Knefel et al. (2015)</td>
<td>Quantitative analysis of psychological symptoms from survivors of child sexual abuse in the Catholic church</td>
</tr>
<tr>
<td>Reference</td>
<td>Methodology</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
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<tr>
<td>Rossetti (1995)</td>
<td>Quantitative analysis of questionnaires of victims of childhood sexual abuse in the Catholic church and measures of religiosity</td>
<td></td>
</tr>
<tr>
<td>Walker et al. (2009)</td>
<td>Review of existing literature on the effect of child abuse in religious institutions and its impact on spirituality and religiosity</td>
<td></td>
</tr>
<tr>
<td>Flanagan-Howard et al. (2009)</td>
<td>Quantitative analysis of interviews of adult survivors of abuse within religious institutions on psychological, social and spiritual impacts</td>
<td></td>
</tr>
<tr>
<td>Wolfe, Francis, &amp; Straatman (2006)</td>
<td>Qualitative and quantitative analysis of data from semi-structured interviews and case reviews of male adult survivors of physical and sexual abuse in religious institutions on psychological impacts</td>
<td></td>
</tr>
<tr>
<td>Lueger-Schuster et al. (2014b)</td>
<td>Quantitative analysis of case review data and adult psychological measures of adult survivors of institutional abuse in the Catholic church on psychological impacts</td>
<td></td>
</tr>
<tr>
<td>Carr et al. (2010)</td>
<td>Quantitative analysis of data from interviews with survivors of religious institutional abuse on psychological impacts</td>
<td></td>
</tr>
<tr>
<td>Mart (2004)</td>
<td>Qualitative analysis of case notes of adult male victims of sexual abuse in the Catholic church on psychological impacts</td>
<td></td>
</tr>
<tr>
<td>Brady (2008)</td>
<td>Case vignettes of gay men who have been abused by clergy</td>
<td></td>
</tr>
<tr>
<td>Fater &amp; Mullaney (2000)</td>
<td>Qualitative analysis of interviews with male survivors of child sexual abuse by clergy on psychological, social and spiritual impacts</td>
<td></td>
</tr>
<tr>
<td>Knefel &amp; Lueger-Schuster (2013)</td>
<td>Quantitative analysis of interview with survivors of child sexual abuse in the Catholic church on psychological impacts</td>
<td></td>
</tr>
<tr>
<td>Schools, day care or child care</td>
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<td></td>
</tr>
<tr>
<td>Irwin &amp; Roll (1995)</td>
<td>Qualitative analysis of interviews and reports on boys sexually abused in Native American boarding schools on psychological impacts</td>
<td></td>
</tr>
<tr>
<td>Faller (1988)</td>
<td>Qualitative analysis of case files of children sexually abused in day-care centres and homes on psychological impacts</td>
<td></td>
</tr>
<tr>
<td>Kelley (1989)</td>
<td>Quantitative analysis of surveys of children abused in day care centres on psychological impacts</td>
<td></td>
</tr>
<tr>
<td>Kelley, Brant, &amp; Waterman (1993)</td>
<td>Review of existing studies of sexual victimisation in day care on psychological impacts</td>
<td></td>
</tr>
<tr>
<td>Kelley (1994)</td>
<td>Review of existing studies of sexual victimisation in day care on psychological impacts</td>
<td></td>
</tr>
<tr>
<td>Shakeshaft (2004a)</td>
<td>Quantitative analysis of survey data of women sexually abused by educators on psychological, academic and health impacts</td>
<td></td>
</tr>
<tr>
<td>Shakeshaft &amp; Cohen (1995)</td>
<td>Qualitative analysis of interviews with school staff about cases of educator sexual abuse on the social impacts of abuse</td>
<td></td>
</tr>
<tr>
<td>Shakeshaft (2004b)</td>
<td>Review of existing studies on educator sexual abuse on emotional, educational and health impacts</td>
<td></td>
</tr>
<tr>
<td>Phasha (2008)</td>
<td>Qualitative analysis of interviews with young people sexually abused (some by teachers) and the psychological and education impact of the abuse</td>
<td></td>
</tr>
<tr>
<td>Burgess, Welnet &amp; Willis (2010)</td>
<td>Qualitative analysis of two case studies of educator sexual abuse on social and psychological impacts</td>
<td></td>
</tr>
<tr>
<td>Dyb et al. (2003)</td>
<td>Quantitative analysis of interviews with parents of children sexually abused in day care on psychological impacts</td>
<td></td>
</tr>
<tr>
<td>Skinner (2001)</td>
<td>Qualitative analysis of interviews with a respondent on the impact of abuse in school communities</td>
<td></td>
</tr>
<tr>
<td>Institutional abuse not otherwise specified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O’Riordan &amp; Arensman (2007)</td>
<td>Qualitative analysis of witness reports of cases of institutional child sexual abuse on psychological outcomes</td>
<td></td>
</tr>
</tbody>
</table>
Bal et al. (2004) | Quantitative analysis of survey results from adolescents with recent disclosures of abuse (including institutional abuse) on psychological symptoms

Commission to Inquire into Child Abuse (2009) | Irish Government report, including quantitative analysis of witness reports from adults who were abused as children in institutions, on psychological impacts

Spröber et al. (2014) | Quantitative analysis of interview data of adult survivors of institutional sexual abuse on psychological impacts

Lueger-Schuster et al. (2012) | Quantitative analysis of data from interviews with adults who experienced sexual violence committed by occupational forces in World War II on psychological impacts

Reflecting the focus of recent public awareness of institutional abuse, the greatest proportion of studies focus on the impact of abuse occurring in religious institutions (n=24). Ten of these studies (Carr et al., 2009; Carr et al., 2010; Fitzpatrick et al., 2010; Flanagan-Howard et al., 2009; Knefel et al., 2015; Knefel and Lueger-Schuster, 2013; Lueger-Schuster et al., 2014a; Lueger-Schuster et al., 2014b; Rassenhofer et al., 2014; Wolfe, Francis & Straatman, 2006) report findings of research instigated by government inquiries into historic experiences of abuse in religious-affiliated institutions. A further 12 studies report on outcomes for victims of child sexual abuse by educators or child care providers, four on outcomes for children abused in out-of-home care settings and three for children abused in sporting organisations.

Government inquiries

Over the last two decades, governments both internationally and locally have conducted public inquiries into the occurrence and outcomes of child sexual abuse in the context of institutional care, or in relation to failings of the existing child protection system. Swain (2014) and Murray and Rock (2005), describe and detail the significant history of Australian Government inquiries reviewing the care provided in institutional settings, as well as historic and contemporary experiences of abuse and neglect that has occurred. While these reports provide important contextual information on the structures, systems, policies and processes that have surrounded institutions and organisations over time, depending on their focus they have not always included raw data on the impact of institutional care experiences (see, for example, Crime and Misconduct Commission, Queensland 2004; ACT Commissioner for Public Administration 2004; New South Wales Legislative Council, Standing Committee on Social Issues 2002; Northern Territory Government 2010; South Australian Government 2003; Gordon, Hallahan & Henry 2002).

Table 2 highlights recent landmark reports to government which do present findings related to impact of abuse experienced across institutions and organisations. Findings from these reports are included in the analysis presented in this rapid review with the caveat that data sourced from inquiry reports is descriptive and may be subject to strong selection bias. While this somewhat limits the generalisability of findings, the evidence provided in these reports is valuable to understanding the lived experience of institutional care, including abuse in care. Each of the government inquiry reports highlighted in Table 2 support an appreciation of the multiple and co-occurring experiences of abuse and adverse childhood events that characterised institutional life for many children as well as the self-reported impacts and outcomes of institutional abuse in later life.
## Table 2: Relevant landmark government inquiry reports

<table>
<thead>
<tr>
<th>Report</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Queensland Government 1999, Commission of inquiry into abuse of children in Queensland institutions, retrieved from: <a href="http://www.communities.qld.gov.au/resources/communityservices/community/forgotten-australians/forde-comminquiry.pdf">http://www.communities.qld.gov.au/resources/communityservices/community/forgotten-australians/forde-comminquiry.pdf</a></td>
<td>The Forde Report presents findings from the Queensland Government’s inquiry into abuse, mistreatment or neglect of children in Queensland institutions. Over 300 respondents reported unsafe, improper and unlawful care or treatment in institutions, which was associated with a range of adverse outcomes in later life</td>
</tr>
<tr>
<td>Law Commission of Canada 2000, Restoring dignity: responding to child abuse in Canadian institutions, retrieved from: <a href="https://www.attorneygeneral.jus.gov.on.ca/inquiries/cornwall/en/hearings/exhibits/Peter_Jaffe/pdf/Restoring_Dignity.pdf">https://www.attorneygeneral.jus.gov.on.ca/inquiries/cornwall/en/hearings/exhibits/Peter_Jaffe/pdf/Restoring_Dignity.pdf</a></td>
<td>This Canadian Government report presents inquiry findings for child abuse in residential schools for Aboriginal children and in institutions to understand the impact of abuse and their subsequent needs</td>
</tr>
<tr>
<td>Commission to Inquire into Child Abuse, 2009, Ireland, retrieved from: <a href="http://www.childabusecommission.ie/">http://www.childabusecommission.ie/</a></td>
<td>The Irish Government’s CICA includes qualitative and quantitative data regarding institutional abuse and reported psychological outcomes</td>
</tr>
</tbody>
</table>

For ease-of-reading where relevant landmark reports to government are included in the review they are referred to in subsequent tables by their noted italicised abbreviated titles (see Table 2 under Description) and publication dates.
Research designs and methods of the studies reviewed

The relative value of these studies has been assessed according to the capacity of the research to increase understanding of individual lived experiences and/or knowledge of the likely impact(s) of institutional abuse for broader populations of victims/survivors. Facets of the research design and method influence this capacity, including the sample studied, the data and mode of data collection and techniques applied to analyse this data. Table 3 notes the mix of qualitative, quantitative and mixed method research designs employed by the studies of institutional child sexual abuse reviewed in this report.

Much of the existing research on the impact of child sexual abuse in the general community draws upon data from clinical or university populations using cross-sectional or retrospective study designs. Clinical samples are noted to introduce some bias to study results as they may only capture those individuals experiencing the most pronounced or severe adjustment difficulties (Naar-King, Silvern, Ryan & Sebring, 2002). Conversely, university samples may underestimate the potential effect of abuse by only sampling individuals who have been able to cope to a sufficient extent to complete high school and gain entry to university. As Briere and Elliott (2003, p. 1208), suggest ‘neither clinical, nor university based samples can provide a clear picture of the rates and impacts of child abuse in the general population’.

The studies of institutional child sexual abuse reviewed for this report draw upon data from clinical populations, as well as from witnesses to inquiries regarding historic abuse. These two populations are not mutually exclusive and it is likely a proportion of witnesses receive clinical support regarding their abuse experiences. Colton, Vanstone and Walby (2002) identify that victims of institutional abuse who participate in investigations and inquiries are often motivated by a complex mix of feelings and coping strategies. Amongst the 24 survivors interviewed in that study, the authors found while some participated in investigations out of altruism and a desire to protect others, some did so as a way of ridding themselves of unresolved trauma and having its impact acknowledged (Colton et al., 2002). These findings suggest a high likelihood of sample bias in the reports of inquiries, and also in peer-reviewed studies that used a sample of respondents to commissions (e.g. Lueger-Schuster et al., 2014b), which should be acknowledged as a caveat to the findings reported.

Table 3: Research designs employed in the study of impacts of institutional abuse

<table>
<thead>
<tr>
<th>Religious institutions</th>
<th>Quantitative studies</th>
<th>Qualitative studies</th>
<th>Mixed method studies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bottoms et al. (1995); Rossetti (1995); Carr et al. (2009); Flanagan-Howard et al. (2009); Carr et al. (2010) Fitzpatrick et al. (2010); Knefel &amp; Lueger-Schuster (2013); Lueger-Schuster et al. (2014a, b); Rassenhofer et al. (2014); Knefel et al. (2015)</td>
<td>Farrell &amp; Taylor (2000); Fater &amp; Mullaney (2000); Higgins (2001); Mart (2004); van Wormer &amp; Berns (2004); Brady (2008); Flynn (2008); Isely et al. (2008); Wind et al. (2008); Walker et al. (2009); Collins et al. (2014); Victorian Parliament (2014).</td>
<td>Wolfe, Francis &amp; Straatman (2006); Farrell (2009)</td>
</tr>
<tr>
<td>School or day care</td>
<td>Kelley (1989); Dyb et al. (2003); Shakeshaft (2004a)</td>
<td>Faller (1988); Irwin &amp; Roll (1995); Kelley, Brant &amp;</td>
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</tr>
</tbody>
</table>
One-third of the studies listed in Table 2 (n=19) provide descriptive or correlational analysis of data from quantitative or mixed method research with samples of 100 or more victims. Most of these studies (e.g. Carr et al., 2009; Carr et al., 2010; Fitzpatrick et al., 2010; Flanagan-Howard et al., 2009; Knefel et al., 2015; Knefel & Lueger-Schuster, 2013; Lueger-Schuster et al., 2014a; Lueger-Schuster et al., 2014b; Rassenhofer et al., 2014) report findings of research related to abuse in religious-affiliated institutions with samples primarily drawn from witnesses to government reviews and inquiries. Case studies and secondary analyses of published material for narrative themes were reported for 15 of the identified studies. These differing research designs complement each other, with the latter providing insight into the lived experiences of victims, and the former data on the likely incidence or prevalence of these experiences across populations of victims. Common amongst these studies is the cross-sectional analysis of retrospective reports of victims who have disclosed historic abuse, many to government investigations and reviews.

Apart from the noted potential for sample bias, retrospective and cross-sectional research is often heavily criticised for its inability to address issues of cause and effect or to determine with confidence the contribution co-existing factors make to abuse outcomes. Studies of child sexual abuse impact that employ cross-sectional designs tend to simultaneously ask participants about past experiences of abuse and current wellbeing, requiring the inference that prior abuse and impaired wellbeing are related (Briere, 1992). While useful in highlighting potential risk factors for poor outcomes, correlational studies are often limited in their capacity to control for all possible influences on outcomes experienced (Fergusson, 1995).

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3 For ease-of-reading the three landmark reports to government included in the review are referred to in this and subsequent tables by their noted abbreviated titles and publication dates. The Commission to Inquire into Child Abuse (2009) is noted in this and following tables as (CIAC, 2009); Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children (Senate Community Affairs References Committee, 2004) as (Forgotten Australians, 2004) and Bringing them home: National inquiry into the separation of Aboriginal and Torres Strait Islander children and their families (Human Rights and Equal Opportunity Commission, 1997) as (Bringing them home, 1997).
Horwood & Woodward, 2000; Nurcombe, 2000). This is particularly relevant when the complex nature of child sexual abuse and the common co-existence of other forms of child abuse and adverse childhood experiences are considered.

The study of child sexual abuse is methodologically challenging, with obvious ethical sensitivities precluding the prospective longitudinal capture of the breadth and diversity of children’s experiences before and after abuse. However, such insights are offered by a small number of studies (Cutajar et al., 2010a,b; Fergusson, McLeod & Horwood, 2013; Strathearn et al., 2009) that have linked data from existing longitudinal studies of child development to child protection records and/or retrospective accounts of abuse. Further investment in studies such as these may improve understanding of the life-course experience of child sexual abuse and its impact.

Focus of research on the impacts of institutional child sexual abuse

A consistent focus of the identified studies of the impacts of institutional child sexual abuse is the long-term impact of historic abuse experiences. The majority of studies (n=37) reported on the current functioning and wellbeing for victims of institutional child sexual abuse occurring between 20 and 60 years ago. The focus on historic abuse was particularly observed in research on abuse in religious institutions, or institutions not otherwise specified (which included religious-affiliated or government-sponsored residential care settings, orphanages or homes). Reports of short-term or immediate impact are reported for victims of abuse in day care and school settings; however, this research in itself is dated with half of the located studies published prior to 1995.

The historic context of institutional abuse investigated in these studies has implications for how we understand victim outcomes in a number of respects (Law Commission of Canada, 2000). Firstly, as Wolfe et al. (2010, p. 136) note ‘scientific literature indicates that the impact of child abuse changes over the life course, sometimes dramatically’. This means that current functioning of victims/survivors many years post abuse may not provide an accurate estimate of the overall impact(s) of abuse, which may be lesser or greater at different developmental time points and influenced by intervening experiences or coping efforts (Wolfe et al., 2010). Secondly, the historical context of abuse is also important for understanding the social and situational factors that shaped and precipitated the occurrence of abuse, the abuse experience and the likelihood of effective and appropriate support when and if abuse was disclosed (Law Commission of Canada, 2000; Pilgrim, 2012; Tasmanian Ombudsman, 2004).

Research reporting on the impact of institutional child sexual abuse necessarily has as a common focus the type, nature and severity of impact(s) experienced by victims/survivors. This review characterises the impacts of abuse outcomes reported by victims as generally representing the psychological, physical, social, educative or economic, spiritual and vicarious impact of institutional child sexual abuse. Institutions are characterised by their affiliation with religious, education or early education (i.e. day care and child care), out-of-home care (including foster and residential care) and sports settings. Research relating to institutional settings not otherwise specified is also discussed. Gaps in the research literature of some of these institutional settings are discussed in the following section. These institutional settings often included a mix of residential, reformatory, boarding and industrial schools, and
residential care facilities. Table 4 presents an overview of the available research on the experience of institutional abuse, and the range of impacts documented across abuse in various institutional settings.

Psychological impacts of abuse were the most commonly studied and reported outcome for victims/survivors of abuse across institutional settings. Across the available research, 37 out of 59 studies reported on the predominantly long-term psychological impact of abuse in institutional or organisational settings. When considering this consistent theme it is important to reflect on the contribution characteristics of study samples may make to findings regarding psychological impacts. As noted, findings of negative impact may be disproportionately prevalent for participants already in treatment for poor psychological health, or who participate in investigations and inquiries to raise awareness of the poor outcomes for those in their situation. Also, these samples may have better psychological outcomes compared to others that do not seek treatment and support services. The impact of institutional abuse on social and physical wellbeing was noted by 26 separate studies and reports, many of which also noted the impact of abuse on education and employment for victims/survivors in later life. The impact of institutional abuse on the spiritual wellbeing of victims/survivors was reported by eight independent studies of abuse in religious institutions, as well as the three reports from government inquiries. Vicarious trauma or the intergenerational impact of abuse was also noted by these reports to government.

Low prevalence disorders⁴ such as psychotic disorders and dissociative disorders have been associated with the experience of child sexual abuse (DoHA, 2010; Rifkin et al., 1998; Carr et al., 2013). When these impacts occur the impacts are significant (American Psychiatric Association, 2013) and the disorders are difficult to treat (Johannessen et al., 2006; Brand et al., 2009). Child sexual abuse in institutional contexts is also low in prevalence relative to other abuse contexts such as intra-familial child sexual abuse (Fischer, 1998; Goodman-Delahunt, 2014). Research combining two low prevalence phenomena is methodologically challenging, which may preclude the identification of any specific association between institutional child sexual abuse and low prevalence impacts.

Table 4: Areas of impact examined by studies of institutional child sexual abuse

<table>
<thead>
<tr>
<th>Psychological Impact</th>
<th>Religious institutions</th>
<th>Schools and day care</th>
<th>Sporting organisations</th>
<th>OOHC organisations</th>
<th>Institutions (nos)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious institutions</td>
<td>Bottoms et al. (1995); Brady (2008); Carr et al. (2009, 2010); Collins et al. (2014); Farell (2009); Farell &amp; Taylor (2000); Fater &amp; Mullanean (2000); Fitzpatrick et al. (2010); Flanagan-Howard et al. (2009); Flynn (2008); Isely et al. (2008); Knefel et al. (2015); Knefel &amp; Lueger-Schuster (2013); Lueger-Schuster et al. (2014a, 2014b); Mart (2004); Rassenhofer (2014);</td>
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<tr>
<td>Schools and day care</td>
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</tr>
<tr>
<td>Sporting organisations</td>
<td>Faller (1988); Irwin &amp; Roll (1995); Kelley (1989, 1994); Kelley, Brant, &amp; Waterman (1993); Phasha (2008); Shakeshaft (2004a, 2004b)</td>
<td></td>
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<tr>
<td>OOHC organisations</td>
<td>Brackenridge (1997); Leahy, Pretty, &amp; Tenenbaum (2008)</td>
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</tbody>
</table>

⁴ Defined as disorders affecting between 1-2% of the population (Morgan et al., 2011).
Gaps in the existing evidence

Examination of the studies listed in Tables 1 to 4 highlights a disproportionate focus in the existing evidence on the impact of historic abuse experienced in religious settings. Rather than an indication of increased risk for abuse in religious settings, this may be a function of the ways and means by which the phenomenon came to the public’s attention; the large and well-publicised numbers of victims disclosing historic abuse and the support for investigation and remediation of harm caused. Despite this rise in public and professional awareness of
historic experiences of abuse in religious settings, little is known about contemporary experiences of abuse in religious institutions or its immediate or short-term impact(s).

The limitations of a historic focus of much of the available research means this is also true for knowledge of abuse in schools, sports, out-of-home care and other settings. Despite being included in the search criteria, no research was found reporting on the experience or outcomes of abuse in health settings. Likewise limited research is available on the abuse of children in justice or detention centres or within organised community groups such as scouts, guides, and music or youth groups. This may have been a result of the rapid search strategy employed, which may have missed studies on these topics.

The available research concentrates almost exclusively on the impact of abuse perpetrated by adult males against a child, with very limited attention to abuse perpetrated by females and/or peers. Similarly, apart from findings from reports to government inquiries (Human Rights and Equal Opportunity Commission, 1997; Mullighan, 2008; Forde Report, 1999; Senate Community Affairs References Committee, 2004; Tasmanian Ombudsman, 2004; Victorian Parliament, 2014), little is known about Indigenous Australians both past and present who have experienced institutional abuse and the impact this has had.

Findings from the Law Commission of Canada (2000) inquiry provide valuable insights into the impact of abuse in care in the assimilation policies for indigenous peoples, families, communities and culture over time. More research in the Australian context on the incidence and prevalence of institutional child sexual abuse and its associated impact on Aboriginal and Torres Strait Islanders is needed to guide policy and practice which support breaking cycles of intergenerational abuse and associated disadvantage.

Greater knowledge is also needed about the experience of abuse across a wider range of institutional or organisational settings to inform effective prevention, intervention and treatment responses. Evidence on the experience of child sexual abuse in detention and justice settings and the impact of abuse perpetrated by peers as well as adults in and across institutional settings is a notable gap in the existing knowledge base for practice with and for victims of institutional abuse.

Finally, the broader literature on the impacts of child sexual abuse shows that there may be impacts unique to the different stages of life (e.g., Peters & Kaye, 2003). Further research is needed to determine whether these life stage impacts are different for survivors of child sexual abuse in institutional settings. For example, research could investigate whether elderly survivors of institutional child sexual abuse have a heightened fear of being admitted to health or aged care institutions.
Part 2: Impacts of institutional child sexual abuse: a critical synthesis of evidence
2.1 Comparative analysis of conceptualisations and characteristics of child sexual abuse

Key points

- Definitions and understandings of institutional child sexual abuse reflect social, cultural, historical and political understandings and as such have changed and evolved over time. Conceptualisations of abuse shape social, cultural and political responses to abuse, thereby contributing to victims’ experiences and outcomes.
- Little is known of the true incidence and prevalence of institutional child sexual abuse; however, government inquiries and related research indicate abuse has been commonly reported in some institutional settings, reported more often at particular points in time, and that children in these environments may be at higher risk of abuse than in the community.
- While primarily distinguished from intra-familial or extra-familial child sexual abuse by the physical settings in and through which abuse occurs, evidence suggests institutional child sexual abuse also differs in type, duration and severity and across attributes of victims and perpetrators.
- Available research suggests children may be at differential risk depending on the type of institution in which abuse occurs, with males more likely to be abused in religious institutions and residential care, but with females more likely to be abused in foster care, sporting groups and schools. Some evidence suggests that victims of institutional child sexual abuse are on average older than victims of abuse in other settings and experience more severe abuse over a longer duration.

Definitions

The working definitions of child sexual abuse and institutions adopted by The Royal Commission in its Terms of Reference (detailed in Section 1.1) provide a focus for this report. As noted, these definitions are expansive and include a spectrum of abuse acts perpetrated by adults and/or peers. The definitions adopted highlight perpetrators’ connections to institutional or organisational settings and the role these settings can play in facilitating and concealing abuse. These definitions capture both legal and socio-political understandings of abuse and harm as well as the power nuances inherent in abuse experiences and perpetrator behaviour. The definitions reflect current Western societal understandings of what constitutes abuse as well as the public’s awareness of, and interest in, human rights and the role and responsibility of governments in protecting and meeting the best interests of children (Goddard & Carew, 1993; Senate Community Affairs References Committee, 2004).

By definition, institutional child sexual abuse is distinguished from child sexual abuse in other settings by the situations or settings in which perpetrators come into contact with victims.
First identified by Gil (1975) institutional abuse was then characterised as one of three settings for child sexual abuse, the others being abuse that occurs in the context of the family (intra-familial abuse) and/or abuse that occurs at the hands of strangers in the community (societal abuse). This represented a significant conceptual shift from accepted understandings of abuse as primarily occurring in the family at the hands of parents (Kempe et al., 1962).

Expanding on the concept, Gil (1982) defined institutional abuse as that resulting from ‘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 wellbeing, or in any way exploits or violates the child’s basic rights’ (p. 9).

These early definitions largely describe abuse occurring in residential care settings where children’s lives were completely controlled by the institution and often by a single authority (Wolfe, et al., 2003). This is consistent with what Goffman (1961) referred to as the ‘total institution’. Characterised by an emphasis on uniformity and control, as well as separate and divisive staff and resident cultures, ‘total institutions’ were described as often geographically isolated places where there was no separation between the normally differentiated domains of home, family, school and work (Goffman, 1961). The Law Commission of Canada (2000), describes societal construction and support of institutional care for children as arising in times and contexts of unmet need ostensibly with a beneficial purpose in mind. ‘Total institutions’ were relatively common from the 1930s to the 1970s (Commission to Inquire into Child Abuse, 2009; Human Rights and Equal Opportunity Commission, 1997; Law Commission of Canada, 2000; Senate Community Affairs References Committee, 2001 & 2004; Tasmanian Ombudsman, 2004; Victorian Parliament, 2014; Wolfe et al., 2003), when in Australia and internationally until the 1960s, children’s homes, orphanages, residential and industrial schools were often the only alternative care option when families were deemed unable to care for their children (Commission to Inquire into Child Abuse, 2009; Human Rights and Equal Opportunity Commission, 1997; Law Commission of Canada, 2000; Senate Community Affairs References Committee, 2001 & 2004; Tasmanian Ombudsman, 2004; Victorian Parliament, 2014; Wolfe et al., 2003).

The concept of the ‘total institution’ is important for understanding the experience and impact of historical abuse in these settings. It highlights the influence of societal norms and understandings of childhood, sexual behaviour and acceptable behaviour towards children at a particular point in time, and how these understandings likely shaped the experiences and outcomes of victims/survivors. Many of the rationales underpinning the establishment of institutional settings where children have been abused have become completely discredited. Two striking examples include the attempt to assimilate Aboriginal children by separating them from their families and their cultures, and the child migration scheme (Human Rights and Equal Opportunity Commission, 1997; Law Commission of Canada, 2000; Senate Community Affairs References Committee, 2001 & 2004). For children impacted by these social policies the experience of forced separation from family, community and culture was likely compounded by dynamics of depersonalisation and disconnection within the ‘total institution’ (Human Rights and Equal Opportunity Commission, 1997; Law Commission of Canada, 2000; Senate Community Affairs References Committee, 2001 & 2004).

The conceptualisation, however, bears little resemblance to contemporary institutions and organisations, and fails to take account of the variety of settings in which abuse has, and
continues to occur. Most importantly, conceptualisations of abuse based on the ‘total institution’ have lacked an overt emphasis on inappropriate use of power and authority by those entrusted with the care and protection of vulnerable children.

The working definitions adopted by The Royal Commission are largely consistent with the often-cited definition of institutional abuse proposed by Gallagher (2000). This definition suggests institutional abuse is: ‘The sexual, physical, or emotional abuse of a child (under 18 years of age) by an adult that works with him or her. The perpetrator may be employed in a paid or voluntary capacity; in the public, voluntary or private sector; in a residential or non-residential setting; and may work either directly with children or be in an ancillary role’ (Gallagher, 2000, p. 797). Central to this definition, and consistent with those adopted by The Royal Commission, is the aforementioned emphasis on the inappropriate use of position and power by perpetrators in a range of community settings.

A point of difference between Gallagher’s (2000) definition and that adopted by The Royal Commission is the latter’s acknowledgement of peer-perpetrated abuse in institutional settings. Some debate exists across the literature on whether peer abuse should be included in definitions of institutional abuse. Thomas (1990) argues classifying peer abuse as institutional abuse detracts from the responsibility of institutions to provide care and protection from the actions of adults. Barter (1997), by contrast, recognises that while institutional dynamics often blur the distinction between peers as victims and peers as perpetrators, dismissing peer abuse from definitions of institutional abuse cannot be justified given evidence of its damaging impact on victim/survivor wellbeing.

**Incidence and prevalence**

Incidence and prevalence statistics are used to understand the extent of child sexual abuse in society. Incidence refers to the number of cases identified over a specified period, whereas prevalence refers to the proportion of a specified population having ever experienced the phenomenon (Scott, 2013). Studies of the incidence and prevalence of child sexual abuse are subject to the influence of methodological issues, including the definitions of abuse used, the population studied, and the detail and manner of data collected (Goldman & Padayachi, 2000). Incidence and prevalence statistics are likely to vastly underestimate rates of child sexual abuse because they rely on victims disclosing their abuse experience, or the abuse being detected or suspected by others.

Evidence suggests many victims (28–60 per cent) never disclose their abuse (Finkelhor et al., 1990; 1990; Goodman-Brown et al., 2003; Paine & Hansen, 2002; Putnam, 2003; Ullman, 2003) and only 5–6 per cent of cases are reported to authorities (Boney-McCoy & Finkelhor, 1995). Insight into the extent of institutional abuse is limited further by the interplay between abuse dynamics and institutional settings that actively dissuades and prevents disclosure (Law Commission of Canada, 2000; Leland Smith, Rengifo, & Vollman, 2008; Senate Community Affairs References Committee, 2001 & 2004; Victorian Parliament, 2014).

Male victims of child sexual abuse are noted to be less likely to disclose abuse (Artme, McCallum & Peterson, 2014; Finkelhor et al., 1990; O’Leary & Barber, 2008; Romano & De Luca, 2001; Violato & Genuis, 1993). Finkelhor et al. (1990) suggest than 42 per cent of male
victims never disclose their experience of abuse compared to 33 per cent of women. Further, evidence suggests that when males do disclose abuse it is often after some significant delay (O’Leary & Barber, 2008; Parkinson, Oates & Jayakody, 2009). Illustrative of the delay in disclosure for many victims, 90 per cent of the 3000 cases of abuse in the Catholic church in an institutional census of records of abuse between 1950 and 2002 related to abuse occurring more than 20 years prior (Smith, Rengifo & Vollman, 2008). Barriers to disclosure of abuse can originate from factors specific to the victim, the perpetrator and the institution (Paine & Hansen, 2002). Further, attributions about masculinity constitute additional gendered barriers to disclosure (Artime, McCallum & Peterson, 2014). The role and influence of disclosure dynamics on the impact of abuse are discussed further in Section 2.3 of this report.

Most relevant to this rapid review, given data available, is an understanding of the known prevalence of child sexual abuse within and across institutional settings, and how this compares to that of abuse in intra-familial or other extra-familial settings.

Incidence and prevalence of institutional child sexual abuse

Possibly as a consequence of the interplay between of the nature of institutional care and dynamics of disclosure, despite a growing number of national and international inquiries, still very little is known about the incidence or prevalence of child sexual abuse in institutional and organisational settings. Existing studies are limited in number, size, focus and scope, resulting in limited understanding of even its most basic aspects, including its extent and nature (Gallagher, 2000).

Table 5 presents a summary of the reported rates of victims/survivors and/or perpetrators in existing empirical studies of child sexual abuse across a range of institutional settings. It should be noted that these statistics do not provide a true indication of abuse incidence and prevalence but merely an indication of the number or proportion of victims/survivors and/or perpetrators in identified study samples.

Table 5: Reported rates of abuse across institutional settings

<table>
<thead>
<tr>
<th>Institutional setting</th>
<th>Rate of sexual abuse</th>
<th>Study citation</th>
<th>Period</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious institutions</td>
<td>4% (of priests as perpetrators)</td>
<td>John Jay College (2004, 2006)</td>
<td>1950–2002</td>
<td>USA</td>
</tr>
<tr>
<td>Schools and day care</td>
<td>9.6% of students grades 8–11</td>
<td>Shakeshaft (2004a)</td>
<td>1988–2002</td>
<td>USA</td>
</tr>
<tr>
<td></td>
<td>2% of children in day care</td>
<td>Finkelhor et al. (1988)</td>
<td>1983–1985</td>
<td>USA</td>
</tr>
<tr>
<td></td>
<td>1.6–2.8% of children in foster care</td>
<td>MacLeod (1999)</td>
<td>1992–1997</td>
<td>UK</td>
</tr>
<tr>
<td></td>
<td>16% (of carers as perpetrators)</td>
<td>Wilson, Sinclair &amp; Gibbs (2000)</td>
<td>1989</td>
<td>Australia</td>
</tr>
<tr>
<td></td>
<td>15.8% of those in out-of-home care</td>
<td>Nunno (1992)</td>
<td></td>
<td>UK</td>
</tr>
<tr>
<td>Institutions (nos)</td>
<td>20.9% of care leavers</td>
<td>Forgotten Australians (2004)</td>
<td>1940–1980</td>
<td>Australia</td>
</tr>
<tr>
<td></td>
<td>34–59% of children in care, schools and religious institutions</td>
<td>CICA (2009)</td>
<td>1930–1990</td>
<td>Ireland</td>
</tr>
</tbody>
</table>

Differences in research design and method contribute to considerable variance in the reported rates of abuse in various institutional settings. To date, the largest attempt to assess the prevalence of child sexual abuse in a specific institutional setting are The Nature and
Scope Studies conducted by the John Jay College (2004) in the United States. Commissioned by the United States Conference of Catholic Bishops, these studies reviewed church data for over 95 per cent of clergy active in the Catholic Church from 1950 to 2002. As noted in Table 5, these studies found allegations were made against 4 per cent of US priests, affecting 10,667 children (John Jay College, 2004). The incidence of abuse rose steadily from 1950, peaking in the 1970s before declining steadily (Terry, 2008). Delays in the disclosure of institutional child sexual abuse may mean that the figures in the later years of this study could increase over time.

In Australia, child sexual abuse was reported by 20.9 per cent of the 889 care leavers who provided evidence to the Forgotten Australians inquiry (Senate Community Affairs References Committee, 2004). Amongst witnesses to the national inquiry into the separation of Aboriginal and Torres Strait Islander children from their families, almost 10 per cent of males and just over 10 per cent of females reported sexual abuse in children’s institutions. A further 10 per cent of males and 30 per cent of females were sexually abused in foster care, and 10 per cent of females were abused in work placements (Human Rights and Equal Opportunity Commission, 1997).

The only empirical study reporting prevalence rates for institutional abuse in Australia is that by Leahy, Pretty and Tenenbaum (2002). This study of 370 Australian elite and club level athletes above the age of 18 (from a total sample of N=2118), found 31 per cent of females and 21 per cent of males in the study sample reported sexual abuse at some point in their sporting career (Leahy, Pretty, & Tenenbaum, 2002. Around a third of these victims reported they were abused within the sports environment, an experience more likely for elite as opposed to club athletes. Almost half (48.8 per cent) of the elite female athletes who had been sexually abused reported they were abused by someone associated with a sporting organisation. While the rate of abuse in this sample is generally comparable to that reported for Australian community samples (i.e. Dunne, et al., 2003; Najman, Dunne, Purdie, Boyle, & Coxeter, 2005), the authors suggest the data give cause for concern as they seem to indicate that for elite athletes who are victims of childhood sexual abuse the odds are almost even that abuse occurred within the sports environment (Leahy, Pretty, & Tenenbaum, 2002).

Studies reporting the prevalence of abuse in out-of-home care, foster care and residential care settings are noted to commonly lack specificity regarding the ‘type’ of abuse experienced. Data from the United Kingdom suggest that 16 per cent of foster carers will be accused of maltreatment at some point in their fostering careers (Wilson et al., 2000). Benedict, Zuravin, Brandt, and Abbey (1994) suggest that foster carers are between three and seven times more likely to be reported in relation to child maltreatment than the general population. It should be noted that these estimates relate to allegations, rather than substantiations of maltreatment, and as such should be interpreted with some caution.

Across the available studies of institutional child sexual abuse, the highest reported rates of sexual abuse are found in studies drawing on samples from government inquiries and reviews (e.g. Commission to Inquire into Child Abuse, 2009; Human Rights and Equal Opportunity Commission, 1997; Lueger-Schuster et al., 2014a; Senate Community Affairs References Committee, 2004; Tasmanian Ombudsman, 2004). Participants in these inquiries tend to be groups of people who have come forward to provide evidence about historic abuse or neglect.
in state or some kind of other institutional care. Research limitations, including potential sample bias, mean the rates of abuse reported in these studies cannot be reliably taken as representative of the prevalence of abuse in institutional settings, currently or in previous decades. As noted, prevalence estimates are also influenced by disclosure dynamics. The variety of approaches and methodologies of the studies available make it difficult to come to any firm conclusions about the incidence and prevalence of institutional child sexual abuse. This further highlights the importance of high quality studies across institutional contexts reporting on the prevalence and incidence of child sexual abuse.

**Incidence and prevalence of child sexual abuse in other settings**

In the most recent update of Australian prevalence data, the Australian Institute of Family Studies (Scott, 2013), report that 1.4–8 per cent of Australian males experience penetrative child sexual abuse, and 5.7–16 per cent experience non-penetrative abuse at some time in their childhood. By comparison, 4–12 per cent of Australian women experience penetrative child sexual abuse, and 13.9–36 per cent experience non-penetrative abuse at some time in their childhood. These estimates are compiled from five Australian studies, each using comprehensive measures that specified participant gender and severity of abuse (Dunne, et al., 2003; Mamun, et al., 2007; Najman, et al., 2005; Mazza, Dennerstein, Garamzsegi & Dudley, 2001; Moore, Romanuik, Olsson, & Jayasinghe, 2010). These findings are generally consistent with estimates of population prevalence of child sexual abuse provided by the Australian Bureau of Statistics’ (ABS; 2005) Personal Safety Survey. Defining child sexual abuse as ‘any act by an adult, involving a child under 15 yrs in sexual activity’, results from the 2005 survey suggest 12 per cent of women and 4.5 per cent of men, totalling an estimated 1,294,000 Australians, report being victims of child sexual abuse.

Internationally, meta-analyses examining almost 400 studies of child sexual abuse (Pereda, Guijera, Forns, & Gomez-Benito, 2009; Stoltenborgh et al., 2011) report consistent prevalence rates, suggesting around 7 per cent of males and 19 per cent of females experience some form of sexual abuse in childhood. Examining over 300 studies representing nearly 10 million individuals, Stoltenborgh et al. (2011) report the lowest overall estimated prevalence of child sexual abuse is observed in Asia, the highest prevalence for males in Africa and the highest prevalence for females in Australia. The researchers emphasise that methodological issues significantly affect the self-reported prevalence rates of child sexual abuse.

**Victims of institutional child sexual abuse**

Studies of institutional abuse suggest males and females are differentially at risk in different institutional settings (Sullivan & Beech, 2002; Tasmanian Ombudsman, 2004; Victorian Parliament, 2014). Studies of child sexual abuse in community samples generally find females are more likely to be the victims of intra-familial abuse, whereas males are more likely to be the victim of extra-familial abuse (Fischer & McDonald, 1998; Goldman & Goldman, 1988; Heath & Thompson; 2006). Perpetrator studies (Moulden et al., 2007; Sullivan et al., 2011) similarly find that institutional and extra-familial offenders are significantly more likely to abuse male, or both male and female victims, when compared to intra-familial perpetrators. The Tasmanian Ombudsman (2004) notes that historical and social constructions that support the assumption females are more likely to be the victims of sexual abuse than males has been
reflected in the legislation. The authors note that in Tasmania it was not until 1987 when the *Criminal Code Amendment (Sexual Offences) Act* came into effect that persons who sexually abused males could be readily charged with a criminal office.

Australian research looking at the police briefs of 721 child sexual abuse offences suggests that males are at greater risk of abuse by extra-familial perpetrators (Heath & Thompson, 2006), but suggests that subgroups of perpetrators with distinct victimology and offending patterns may exist. This research finds perpetrators in positions of ‘power and authority’, including teachers and religious professionals, primarily offend against male victims (Heath & Thompson, 2006). This finding is consistent with large-scale research, which finds that the majority of child sexual abuse victims in religious institutions are male (Commission to Inquire into Child Abuse, 2009; John Jay College, 2004, 2006; Lueger-Schuster et al., 2014a, b, Parkinson, Oates, & Jayakody, 2009; Terry, 2008). Male victims represent 75 per cent of reported victims of abuse in the Anglican Church (Parkinson, Oates, & Jayakody, 2009) and 81 per cent of reported victims of abuse in the Catholic Church (John Jay College, 2004). By comparison, over 80 per cent of child sexual abuse victims in the community are female (Cutajar et al., 2010b). Spröber et al. (2014) suggest the disproportionate rates of abuse reported by males in institutional settings may be explained by the fact that generally more boys than girls were sent to boarding schools or residential care in the decades consistent with accounts of historic institutional abuse. In line with this suggestion, inquiries targeting victims who have never come forward may find a higher proportion of males reporting historical child sexual abuse. Further investigation is needed to determine whether this suggestion holds true in other countries or for abuse in contemporary institutional settings.

In contrast to the general observation that males are more likely than females to be the victims of institutional abuse, some studies of educator-perpetrated abuse report higher rates of female compared to male victims (Gallagher, 2000; Shakeshaft & Cohen, 1995). However, Shakeshaft (2004b) notes the proportion of reported female victims of educator-perpetrated abuse differs according to whether official or self-report data is used. The author suggests that rates of abuse for females is higher when official reports are used to estimate prevalence than when retrospective report are used (Shakeshaft, 2004b). This suggests that differences in prevalence rates between genders may in some part be due to the females being more likely to report abuse (Shakeshaft, 2004b) or, alternatively, be subject to abuse in contexts where offenders are more likely to be caught. Female victims are also reported to outnumber male victims of abuse in an Australian study of athletes (Leahy et al., 2002), as well as in studies of foster care (McFadden & Ryan, 1991). By contrast, males are reported to be at more risk for abuse in residential schools (Westcott & Clement, 1992; Tasmanian Ombudsman, 2004).

A number of studies have noted that victims of institutional child sexual abuse tend to be older than victims in abuse in other settings (Fischer & McDonald, 1998; Gallagher, 2000; Parkinson, Oates & Jayakody, 2009). Reasons for this are suggested to be the general age restrictions of unaccompanied attendance or involvement with organisation settings in the community (Fischer & McDonald, 1998; Gallagher, 2000).
Perpetrators of institutional abuse

Perpetrators of institutional abuse come into contact with children via their paid or unpaid role or employment in an organisation or societal institution. In Gallagher’s (2000) study of institutional abuse reported to UK child protection authorities from 1988 to 1992, the largest group of identified perpetrators were teachers (29 per cent) followed by music tutors (15 per cent) and religious workers (9 per cent); however, the single biggest occupational group were foster parents, accounting for 34 per cent of cases. Murray (2003), in an audit of allegations of abuse by foster carers in Queensland, similarly reports foster carers are reported in relation to suspected harm more often than parents in the general community. The author suggests the visibility of carers in the child protection system, standards of expected care and increased scrutiny of parenting practices may each contribute to this observation. However, while notification rates for alleged abuse are higher for foster carers compared to parents in the general community the rate of substantiations is lower.

Across both intra-familial and extra-familial settings evidence overwhelmingly indicates that the majority of perpetrators of abuse are males (ABS, 2005; Finkelhor, 1982; Gallagher, 2000; Goldman & Goldman, 1988; Goldman & Padayachi, 2000; Kendall-Tackett & Simon, 1987; McCloskey & Raphael, 2005; Peter, 2009; Thomlison et al., 1991). The vast majority of child sexual abuse perpetrators know, and often have some ongoing relationship of trust, with their victims but are not necessarily caregivers (Cawson et al., 2000; Gallagher, 2000; ABS, 2005).

While males constitute the majority of known perpetrators of child sexual abuse, evidence suggests female-perpetrated sexual abuse occurs in both community and institutional settings (Commission to Inquire into Child Abuse, 2009; Hunt, 2006; McCloskey & Raphael, 2005; Senate Community Affairs References Committee, 2001 & 2004; Victorian Parliament, 2014). Prevalence estimates for female-perpetrated child sexual abuse in community samples range from 1 to 20 per cent (Hunt, 2006; Langevin, Wright, & Handy, 1989; McCloskey & Raphael, 2005; Mendel, 1995; Peter, 2009; Romano & De Luca, 1996; Rudin, Zalewski, & Bodmer-Yurner, 1995), with samples in the higher range tending to be in day care settings. Australian police reports reveal that females are alleged to perpetrate 1 to 6 per cent of all reported child sexual abuse (Hunt, 2006). There is some suggestion that female-perpetrated abuse is significantly under-reported (Hunt, 2006; McCloskey & Raphael, 2005), perhaps because female perpetrators are more likely to abuse boys rather than girls (Finkelhor, 1984; Russell, 1984) and abused males may be less likely to disclose abuse (Romano & De Luca, 2001; Violato & Genuis, 1993).

Research from institutional settings substantiates that women can and do perpetrate sexual abuse of children through the context of their engagement or roles in their care, support or protection and are capable of offending against multiple victims (Commission to Inquire into Child Abuse, 2009; Faller, 1988; Finkelhor et al., 1988; Hunt, 2006; McCloskey & Raphael, 2005; Moulden et al., 2007; Senate Community Affairs References Committee, 2001 & 2004; Victorian Parliament, 2014). Child Wise, in a considered and systematic review of female-perpetrated abuse, found that across studies examined, 5 to 31 per cent of all female-perpetrated abuse occurs within an organisational setting (Hunt, 2006). The level of variation in the rates reflects the difference in methodologies of the studies included in the review,
which include self-report and studies of police case files. Women have also been noted to play a role in aiding, abetting or failing to prevent perpetration of child sexual abuse by males in institutional settings (Benedict et al., 1994; Finkelhor et al., 1988; Moulden et al., 2007; Queensland Government, 1999; Senate Community Affairs References Committee, 2001 & 2004; Victorian Parliament, 2014).

In recent decades a number of studies have profiled the characteristics, behaviours and motivations of perpetrators of child sexual abuse in religious institutions (e.g. Farrell, 2004; Guido, 2008; Haywood et al., 1996; John Jay College 2004, 2006; Keenan, 2011; Langevin Curnoe & Bain, 2000; Leland Smith, Rengifo & Vollman, 2008; Lothstein, 2004; McAlindon, 2006; Morrison, 2005; Parkinson, 2002; Parkinson, Oates & Jayakody, 2009; Siskand, 1986; Sullivan et al., 2011; Terry, 2008; Terry & Freilich, 2012).

Findings from the largest and most comprehensive of these – the John Jay College (2004, 2006) studies – suggest distinct groups of offenders may exist. A relatively small proportion (3.5 per cent) of perpetrators accounted for over one-quarter of the total number of offences reported in the US Catholic Church between 1950 and 2002. These perpetrators commenced offending behaviours earlier, abusing many victims over long periods of time (Terry, 2008). Most priests who had perpetrated abuse had done so against a single known victim typically 11 years or more after they had been ordained (Terry, 2008).

While female perpetrators have also been identified as sexually abusing children in religious institutions, scant discussion of their offending characteristics or victims are found in the published studies. Research examining abuse in day care settings reports cases of female-perpetrated abuse were more likely than cases of male-perpetrated abuse to involve sexual abuse of multiple children over time, rather than single, one-off incidents of abuse, and were more likely to involve penetrative acts (Kelley, Brant, & Waterman, 1993; Williams & Farrell, 1990). In a study of abuse in child care settings, Williams and Farrell (1990) found that 38 per cent of alleged perpetrators of child sexual abuse were female. It is important to note, however, that while rates of female perpetration of child sexual abuse in day care settings are disproportionately higher than in community samples, evidence exists that even within these female-dominated settings men are still responsible for the majority of offences committed, despite the fact they represent five per cent of staff (Finkelhor et al., 1998). Day care and child care settings are also recognised as sites for abuse perpetrated by juvenile offenders. In their landmark study of abuse across day care centres, Finkelhor and Williams (1988) found that abuse perpetrated by juveniles accounted for 14 per cent of the sexual abuse cases recorded, with the majority of offenders being male.

In a review of existing research on abuse in foster care, Biehal (2014) notes that when considering the abuse of children in these settings, ‘it is important to distinguish abuse in foster care, from abuse by foster carers’ (p. 55). This observation relates to the finding that peers perpetrate a proportion of the abuse in foster care (Hobbs, Hobbs & Wynne, 1999). A review of 443 case reports for foster families in the United States found that foster parents were the designated perpetrators in only 40 per cent of sexual abuse allegations, with foster siblings and others more frequently identified as the alleged perpetrator (Benedict et al., 1994). Westcott and Clement (1992) in an examination of call records to a helpline for children in care, found that over half of the reported cases of child sexual abuse involved a
male perpetrator living in the same residential care centre. This is consistent with evidence presented to government inquiries and confirms the experience of abuse by peers in a range of institutional settings, but most commonly residential care facilities and boarding schools (e.g. Commission to Inquire into Child Abuse, 2009; Human Rights and Equal Opportunity Commission, 1997; Law Commission of Canada, 2000; Senate Community Affairs References Committee, 2001 & 2004; Tasmanian Ombudsman, 2004; Victorian Parliament, 2014). Evidence also suggests that peer abuse particularly in the form of hazing and sexual bullying also occurs in sporting organisations and settings (Johnson & Holman, 2004).

Comparison of perpetrators of institutional abuse and intra-familial or other extra-familial abuse suggests perpetrators of institutional abuse are more likely to offend against male children and children who are older, and are more likely to offend against multiple victims (Sullivan et al., 2011). In a matched study of perpetrators of institutional, intra-familial and extra-familial abuse, Sullivan et al. (2011) report those who offended against children in the context of their work evidenced higher levels of sexual preoccupation and emotional over-identification with victims. In a previous matched study Langevin, Curnoe and Bain (2000) found institutional perpetrators (in this case Catholic priests) were less likely to evidence antisocial personality disorders, were better educated and tended to use force more often in the abuse they perpetrated.

Apart from the individual motivations and possible psychological profile of perpetrators, risk for sexual abuse may also stem from features of the abuse setting. This ecologically driven understanding of risk potential for abuse complements that focused on individualist theories and is particularly relevant to understanding institutional abuse. In the most comprehensive study of the situational factors associated with sex offending, Wortley and Smallbone (2006a) found that 20 per cent of extra-familial perpetrators access children via their roles in organisations, with nearly half of those perpetrators reporting having engaged with these organisations for the express purpose of perpetrating a sexual offence. These findings are consistent with those reported by Colton, Roberts and Vanstone (2010) who found perpetrators were attracted to particular positions that would provide access to children, in the absence of surveillance and strict behavioural guidelines. Sullivan and Beech (2004) similarly found 90 per cent of the perpetrators interviewed reported being aware of their sexual attraction towards children prior to commencing their professional roles, with 42 per cent identifying the access these roles provided to children being at least part of their motivation for choosing their career.

Drawing on theory related to the situational contexts of crime, Irenyi, et al. (2006) propose three broad typologies of child sexual abuse perpetrators that may have particular relevance to the abuse of children in institutional settings. The authors distinguish between ‘serial’, ‘opportunistic’ and ‘situational’ perpetrators (Irenyi et al., 2006). Serial perpetrators are described as chronic and habitual offenders who select then manipulate situations and settings to gain access to victims and facilitate abuse. Opportunistic perpetrators are those observed to offend in situations and settings where there is a low likelihood of detection, and where personal responsibility for abuse may be obscured (Irenyi et al., 2006). Situational perpetrators are characterised as impulsive and offend, seemingly out of a lack of self-control, in environments that present the opportunity for abuse (Irenyi et al., 2006). Across the description of abuse perpetrators in religious, educative, sports and out-of-home care
settings, it seems likely that institutions provide a site and context for perpetrators of each type to access and abuse children.

**Type, severity and duration of abuse**


Barthauer and Leventhal (1999) found institutional abuse survivors had often experienced severe sexual abuse within the context of ongoing physical and emotional maltreatment. Of the 34 per cent of female witnesses who reported childhood sexual abuse in residential care in Ireland, none reported only sexual abuse, with 96 per cent also reporting emotional and physical abuse as well as neglect (Commission to Inquire into Child Abuse, 2009). Consistent findings were observed for the 59 per cent of male witnesses reporting childhood sexual abuse, of whom 98 per cent reported concurrent experiences of physical abuse (Commission to Inquire into Child Abuse, 2009). High rates of co-existing experiences of abuse are also reported in both Rassenhofer et al. (2014) and Spröber et al.’s (2014) studies of German victims of historic child sexual abuse in both religious and non-religious institutions. Patterns of abuse in these settings were similar – around 45 per cent of victims reported additional physical abuse, 40 per cent additional psychological abuse and 15 per cent emotional neglect (Spröber et al., 2014). Similarly in a smaller study of Australian athletes, Leahy, Pretty and Tenenbaum (2008) found that almost half of those reporting childhood sexual abuse also reported childhood physical (43 per cent) and psychological (46 per cent) abuse. These findings are consistent with those reported by Higgins & McCabe (2001 who found almost half of the victims of childhood sexual abuse in an Australian community sample also reported having experienced physical abuse, psychological maltreatment, neglect or having witnessed family violence (Higgins & McCabe, 2001).

Witnessing violence against others was a common experience for witnesses to each of the noted landmark inquiries to government (Commission to Inquire into Child Abuse, 2009; Law Commission of Canada, 2000; Human Rights and Equal Opportunity Commission, 1997; Mullighan, 2008; Senate Community Affairs References Committee, 2001 & 2004; Queensland Government, 1999; Tasmanian Ombudsman, 2004; Victorian Parliament, 2014). Seeing others abused, hearing their cries, witnessing the humiliation of siblings or being forced to participate in abuse acts were all described by witnesses, many of whom note the psychological impact of these experiences has continued into adulthood (Commission to Inquire into Child Abuse, 2009; Human Rights and Equal Opportunity Commission, 1997; Law Commission of Canada, 2000; Senate Community Affairs References Committee, 2001 & 2004).
Less is known about the nature of abuse experiences in other organisational settings. For example, Biehal (2014) in a review of available studies on maltreatment in foster care notes that very few studies provide details of the type of abuse or neglect experienced. An Australian study of 347 children in out-of-home care (Tarren-Sweeney, 2006) reports the majority of substantiated reports of maltreatment by foster carers relate to inappropriate discipline or scapegoating, ranging from smacking to serious emotional and physical harm, with a small number of cases relating to more predatory abuse. It is also important to consider the high proportion of children entering out-of-home care as the result of experiences of abuse, usually in their family of origin.

There is some evidence that extra-familial abuse – including institutional abuse – is associated with more severe forms of sexual abuse (Magalhães et al., 2009). The frequency and duration of abuse experienced has often been used as an indicator of abuse severity, with research establishing a link between more frequent abuse and abuse that occurs over a longer duration with greater adverse outcomes (Banyard et al., 2004; Boudewyn & Liem, 1995; Kendall-Tackett et al., 1993; Paris, Zweig-Frank & Guzder, 1994). In community studies of child sexual abuse, the duration of intra-familial abuse is generally found to be greater than that of extra-familial abuse, attributed by researchers to the availability of victims (Beitchman et al., 1992; Fischer & McDonald, 1998).

Evidence from institutional studies, however, suggests unlike other forms of extra-familial abuse, abuse in these settings may continue for long periods of time. Both Rassenhofer et al. (2014) and Spröber et al. (2014) found over 90 per cent of German victims of child sexual abuse in both religious and non-religious institutions reported the abuse was ongoing, perpetrated by males and for close to 40 per cent of victims involved penetration. Evidence to the Forgotten Australians Inquiry (Senate Community Affairs References Committee, 2004) and the Commission to Inquire into Child Abuse (2009) similarly found care leavers often reported being sexually abused or assaulted as very young children through to their teenage years. An Australian study of abuse in the Anglican Church (Parkinson, Oates & Jayakody, 2009) found that not only were boys more likely to be abused than girls, they were also more likely to be abused for longer. For 40 per cent of the sample of abused boys in the study, abuse lasted for three years or longer, compared with 18 per cent of girls (Parkinson, Oates & Jayakody, 2009).

In addition to the frequency and duration of abuse, the number of perpetrators may also contribute to adverse outcomes in adulthood (Briere & Runtz, 1988). Significant for institutional abuse is the reported incidence of abuse involving more than one abuser (Barter, 1999; Commission to Inquire into Child Abuse, 2009; Gallagher, Hughes & Parker, 1996; Gallagher, 1999b; Queensland Government, 1999; Senate Community Affairs References Committee, 2001 & 2004; Tasmanian Ombudsman, 2004; Victorian Parliament, 2014; White & Hart, 1995).

In the largest published study of institutional child sexual abuse victims across different institutional settings, Spröber et al. (2014) found between 35 and 47 per cent of victims reported assaults by multiple offenders depending on the type of institutional setting. Across the three settings, the percentage of victims reporting repeated abuse by multiple offenders was similar and significantly more victims across all groups reported multiple instances of abuse than single occurrences (Spröber et al., 2014). Sullivan & Beech (2004) provide some
limited comparison to other samples, suggesting that work-based offenders weren’t more likely to abuse children with other perpetrators than non-work-based offenders (including intra-familial and extra-familial cases) in a sample of offenders in a treatment program.
2.2 Comparative analysis of the impacts of child sexual abuse

Key points
- Comparative analysis of impacts of institutional child sexual abuse and sexual abuse in other settings identifies common and distinct outcomes for victims of abuse in different settings.
- Child sexual abuse in both institutional and other settings can have potentially profound and adverse psychological, physical, social, and educative and/or economic impacts in later life.
- Victims/survivors of child sexual abuse, irrespective of abuse setting, are at increased risk for psychological problems, including psychiatric diagnoses of depression, anxiety, post-traumatic stress disorder, and alcohol and substance abuse disorders. Likewise victims and survivors are reported to experience poorer health, greater social and relational difficulties, increased rates of sexual dysfunction and criminality, and poorer educational and economic outcomes.
- While the prevalence of adverse impacts of abuse in institutional and other settings is often comparable, characteristics of institutional settings and abuse occurring in them may increase both the risk for, and severity of, outcomes for some victims of past abuse.
- Distinct impacts of institutional abuse are observed in relation to the vicarious trauma for family, friends and others associated with the victim and in regard to spiritual wellbeing.
- Current and future family members may suffer vicarious symptoms and intergenerational disadvantage as result of the impact of child sexual abuse experienced by victims. For victims of institutional abuse this impact may be more pervasive.
- Child sexual abuse may impact on the spiritual wellbeing of victims who hold religion or faith as central and important to their worldview and daily life; for those abused in religious institutions this impact may be greater.

Study of the impacts of child sexual abuse

Over time, research reviews have described generations of empirical studies exploring the association between child sexual abuse and later outcomes (e.g. Browne & Finkelhor, 1986; Beitchman et al., 1991; Merrill et al., 2001; Mullen & Fleming, 1998; Cashmore & Shackel, 2013). The resulting body of literature is large and diverse in its focus, method and findings. Over time studies of child sexual abuse outcomes have variously sought to identify, describe and quantify impacts; uncover factors that mediate or moderate outcomes and, finally, explain the processes whereby outcomes arise. Despite the noted issues and inherent difficulties of this research, consistent across the literature are repeated findings of a ‘significant link between a history of child sexual abuse and a range of adverse outcomes both in childhood and adulthood’ (Cashmore & Shackel, 2013, p. 2). The relative infancy of research on institutional abuse means that, by comparison, far less empirical work has been published on the impacts of abuse in institutional contexts, and less still exploring the factors or processes that might explain the outcomes experienced by victims/survivors.

While the association between child sexual abuse and adverse impacts is well noted, it should be recognised that not all of those who experience abuse go on to experience poor outcomes
in the short or long term. Recent systematic reviews of empirical studies of child sexual abuse outcomes suggests that up to 50 per cent of survivors do not evidence clinical symptomatology following their abuse experience (Domhardt, Munzer, Fegert, & Goldbeck, 2014), with rates differing depending on sampling points (i.e. point in time or lifetime symptomology). However, an explanation for why some victims demonstrate clinical symptoms of child sexual abuse and others do not is lacking across such studies.

Attending to this, behavioural scientists have applied the term ‘resilience’, the ability to ‘adapt to extraordinary circumstances, achieving positive and unexpected outcomes in the face of adversity’ (Fraser, Richman, & Galinsky, 1999, p. 136), to describe sexually abused children who appear unscathed by their experiences. While appealing, the idea of resilience and its application to child sexual abuse outcomes is not without problems. Perhaps the most challenging task for resilience explanations is how to quantify its dynamic and fluid nature. There is also resistance to examine the issue of resilience in the context of child sexual abuse, a severe and serious experience of adversity, for fear of stigmatising survivors with adverse outcomes or minimising the trauma of the experience for those demonstrating successful adaptation or resilience. Garbarino’s (2009) concept of social toxicity highlights that what has been termed as resilience, an explanation for the differential impacts of the circumstance of abuse on chance, is not absolute. That while at some level some children can appear resilient to toxic social situations (including child sexual abuse), all children have limits to what they can endure, and the real effects of these situations can be obscured. Social toxicity emphasises that even children who may be perceived to be resilient pay a latent cost for the harm they suffer, in terms of their emotional development, capacity for happiness and their ability to form relationships (Garbarino, 2009).

The following sections describe and critically synthesise research on the impacts of institutional abuse and how they compare to the impacts of child sexual abuse in other settings. Both common and distinct impacts will be discussed. Systematic reviews and meta-analyses of the impacts of child sexual abuse are used for comparison with studies of institutional abuse. As noted in section 1.2, data for comparison includes individual, landmark or local studies as exemplars of review findings, as well as meta-analyses and systematic reviews. The way in which symptoms, impacts and outcomes are variously defined and measured sometimes makes comparison across these studies difficult, particularly in relation to chronology of outcomes and impacts. Wherever possible, impacts discussed relate to long-term outcomes so as to provide for consistent comparison with research regarding institutional abuse.

As noted, limitations of the available empirical data measuring symptomatology and established diagnoses for institutional abuse victims is limited, meaning considerable caution must be exercised in extrapolating findings to broader populations. Further, it is important to consider that the experience of institutional abuse and intra-familial or other extra-familial abuse may not be mutually exclusive and may co-exist with other adverse childhood experiences, all of which may contribute to the impacts observed.
2.3 Common impacts of institutional child sexual abuse and child sexual abuse in other settings

Psychological impacts

Research has repeatedly reported a strong association between the experience of childhood sexual abuse and adverse mental health in later life for many victims (Walsh, Fortier & DiLillo, 2010). The rigorous research design of recent studies, including the use of data from large random community samples and birth and twin cohorts, arguably suggests greater confidence can now be placed in the reliability and generalisability of these consistent findings regarding the psychological impact of abuse (Cashmore & Shackel, 2013; Cutajar et al., 2010a,b). Despite improvements to research design, most studies of abuse outcomes are still largely reliant on retrospective report or disclosure and as such are vulnerable to the influence of problems of recall, bias and non-disclosure (Cutajar et al., 2010a,b).

The issue of abuse disclosure is suggested by Mullen & Fleming (1998) as being at the core of most of our existing knowledge about abuse and its impacts. The authors suggest research on the long-term outcomes of abuse initially arose as a consequence of disclosures of past abuse and their impact on public awareness of abuse. The authors note that because survivors often disclosed their abuse experiences within clinical contexts, much of this research subsequently focused on identifying intra-individual, psychiatric and pathology-oriented abuse outcomes or impacts (Mullen & Fleming, 1998). It may be reasonable to assume that many decades later the same contexts of growing public awareness and historic abuse disclosures likewise influence the emerging body of research focused on the impacts of institutional child sexual abuse. As noted in Section 1.3 and highlighted in Table 4, of the identified 59 studies of institutional abuse impact, 46 report findings in relation to the psychological impact and mental health outcomes of abuse.

Table 6 presents a summary overview of research findings on the psychological impacts of abuse reported by victims of both institutional and intra-familial or other extra-familial abuse. Research reported includes individual studies, systematic reviews or meta-analyses.
### Table 6: Studies finding negative psychological impacts from child sexual abuse

<table>
<thead>
<tr>
<th>Reported Psychological Impacts</th>
<th>Institutional child sexual abuse</th>
<th>Child sexual abuse generally</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Depression</strong></td>
<td>Benedict et al. (1996); Bottoms et al. (1995); CICA (2009); Fater &amp; Mullaney (2000); Irwin &amp; Roll (1995); Lost Innocents (2001); Mullighan Report (2008); Spröber et al. (2014)</td>
<td>Carr et al. (2013)<em>; Fergusson, Beautrais &amp; Horwood (2003); Fergusson et al. (2008); Godbout et al., (2014); Hillberg et al. (2011)</em>; Nelson et al. (2002); Neumann et al. (1996)<em>; Paolucci et al. (2001)</em></td>
</tr>
<tr>
<td><strong>Anxiety</strong></td>
<td>Carr et al. (2009); Carr et al. (2010); Fitzpatrick et al. (2010); Irwin &amp; Roll (1995); Lost Innocents (2001); Mullighan Report (2008); Spröber et al. (2014); Victorian Parliament (2014)</td>
<td>Carr et al. (2013)<em>; Fergusson, Beautrais &amp; Horwood (2003); Fergusson et al. (2008); Hillberg et al. (2011)</em>; Maniglio (2012)<em>; Neumann et al. (1996)</em></td>
</tr>
<tr>
<td><strong>Personality disorder</strong></td>
<td>Carr et al. (2010); Fitzpatrick et al. (2010)</td>
<td>Hillberg et al. (2011)*</td>
</tr>
<tr>
<td><strong>Suicidality/self-harm</strong></td>
<td>Bottoms et al. (1995); CICA (2009); Fater &amp; Mullaney (2000); Forgotten Australians (2004); Isey et al. (2008); Lost Innocents (2001); Mullighan Report (2008); O’Riordan &amp; Arensman (2007); Phasha (2008); Forde Report (1999); Victorian Parliament (2014)</td>
<td>Chen et al. (2010)<em>; Fergusson, Beautrais &amp; Horwood (2003); Fergusson et al. (2008); Fry, McCoy &amp; Swales (2012)</em>; Cutajar et al. (2010a,b); Hillberg et al. (2011)<em>; Martin et al. (2004)</em>; Miller et al. (2013)<em>; Mullen et al. (1996); Nelson et al. (2002); Neumann et al. (1996)</em>; Paolucci et al. (2001)*; Plunkett et al. (2001)</td>
</tr>
<tr>
<td><strong>Obsessive compulsive disorder</strong></td>
<td>Spröber et al. (2014)</td>
<td>Kendall-Tackett et al. (1993)<em>; Maniglio (2012)</em>; Neumann et al. (1996)*</td>
</tr>
<tr>
<td><strong>Mood disorders</strong></td>
<td>Carr et al. (2009); Carr et al. (2010); Wolfe et al. (2006).</td>
<td>Carr et al. (2013)*</td>
</tr>
<tr>
<td><strong>Low prevalence disorders incl. Psychotic disorder</strong></td>
<td></td>
<td>DOHA (2010); Rifkin et al. (1998); Carr et al. (2013); Johannessen et al. (2006); Brand et al. (2009)</td>
</tr>
</tbody>
</table>

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5 Citations relating to systematic reviews and meta-analyses are marked with an asterisk.
Impacts of Institutional Child Sexual Abuse and Dissociative disorders
Large-scale studies documenting the measured impacts of institutional abuse commonly report the majority of victims (up to 80 per cent) experience at least one psychiatric problem, symptom or diagnosis (i.e. Bottoms et al., 1995; Carr et al., 2009; Carr et al., 2010; Fitzpatrick et al., 2010; Flanagan-Howard et al., 2009; Knefel et al., 2013; Knefel et al., 2015; Lueger-Schuster et al., 2014a, 2014b; Rassenhofer et al., 2014; Spröber et al., 2014; Wolfe, et al., 2006). These studies predominantly draw on samples of victims providing evidence to government inquiries, or on responses to historic abuse. Of note, all of these studies report on the psychological impact of historic abuse in settings connected to religious institutions, with only the study by Spröber et al. (2014) including data for victims of abuse in non-religious institutional settings. Smaller quantitative studies of institutional abuse also report a link between sexual abuse and adverse psychological impact (e.g. Benedict et al., 1996; Leahy, Pretty & Tenenbaum, 2008; Lueger-Schuster et al., 2012; O’Riordan & Arensman, 2007). Qualitative studies, including the thematic and descriptive statistical analysis of evidence provided to government inquiries, provide further insight into the self-reported experiences of psychological distress, symptomatology and impairment for victims of abuse in religious settings (Commission to Inquire into Child Abuse, 2009; Farrell, 2009; Farrell & Taylor, 2000; Flynn, 2008; Human Rights and Equal Opportunity Commission, 1997; Isely et al., 2008; Senate Community Affairs References Committee, 2001 & 2004; Victorian Parliament, 2014), and schools (Irwin & Roll, 1995; Phasha, 2008; Law Commission of Canada, 2000; Senate Community Affairs References Committee, 2001 & 2004).

Collectively research findings suggest institutional child sexual abuse is associated with post-traumatic stress disorder (PTSD) and trauma symptomatology, depression, anxiety, mood and personality disorders and obsessive-compulsive disorders. These findings are consistent with, if not analogous to, those reported in meta-analyses of the impact of child sexual abuse in other settings (i.e. Carr et al., 2013; Hillberg et al., 2011; Kendall-Tackett et al., 1993; Maniglio 2012; Neumann et al., 1996; Paolucci et al., 2001). The findings are also consistent with studies of child sexual abuse in Australian community samples (Cutajar et al., 2010a; Martin et al., 2004; Nelson et al., 2002; Plunkett et al., 2001) and those in New Zealand (Fergusson, Beautrais & Horwood, 2003; Fergusson et al., 2008; Scott Scott, Smith & Ellis, 2010).

PTSD or trauma symptomatology and suicidal ideation or behaviour represent the most commonly documented impacts of child sexual abuse of the studies identified in this review. Consistent with this a number of systematic reviews of meta-analyses on the impact of child sexual abuse found that after accounting for research method, population and measures used, victims of abuse in community samples are particularly at risk for post-traumatic stress (Carr et al., 2013; Hillberg et al., 2011; Kendall-Tackett et al., 1993; Maniglio, 2012; Neumann et al., 1996; Paolucci et al., 2001). Large-scale studies of institutional abuse report rates of PTSD comparable to those reported in meta-analytic studies of child sexual abuse in other settings, but much higher than in the general population (Fitzpatrick et al., 2010; Hillberg, et al., 2011; Lueger-Schuster et al., 2014a; Maercker et al., 2008; Spröber et al., 2014; Wolfe et al., 2006). As an example, Lueger-Schuster et al. (2014a) found a PTSD prevalence rate of 48.6 per cent in a sample of 448 adult survivors, with Fitzpatrick et al. (2010) and Wolfe et al. (2006) reporting similar figures for adult PTSD symptomology.
While the reported rates of PTSD for victims of institutional and intra-familial and other extra-familial abuse appear comparable, the dynamics of abuse experienced within institutional settings are suggested to increase both the risk for and severity of PTSD diagnoses. Carr et al. (2010) demonstrated that even after controlling for the effects of pre-existing family risk factors, and prior experiences of abuse and neglect, the experience of child sexual abuse in institutional care was associated with anxiety disorders (including PTSD) with a lifetime prevalence of anxiety disorders of 34.4 per cent. Wolfe et al. (2006) report that while 42 per cent of their sample of 76 male victims of institutional abuse met the diagnostic criteria for PTSD at some point in their life, severe and multiple experiences of abuse resulted in even higher current and past levels of symptomatology (Wolfe et al., 2006). Lueger-Schuster et al. (2014) also note the relationship between abuse severity in institutional settings and experience of PTSD. In their study of 229 survivors of child sexual abuse in the Catholic Church in Austria, the authors report that 48.6 per cent of their sample met diagnostic criteria for PTSD with victims of more severe forms of sexual abuse (anal/vaginal penetration) more likely to experience trauma symptomatology (Lueger-Schuster et al., 2014a). The authors, in collaboration with others (i.e. Knefel et al., 2015; Knefel & Lueger-Schuster, 2013) found 21.4 per cent of the victims surveyed experience Complex PTSD. Evidence of gender differences in the experience of trauma symptoms are noted by studies of victims in both religious and sporting contexts. Knefel et al. (2013, 2015) found women had significantly higher odds of reporting symptoms consistent with a Complex PTSD diagnosis, including affect dysregulation, negative self-concept, interpersonal problems and higher arousal.

Meta-analyses of outcomes of child sexual abuse in other, non-institutional settings find victims commonly report suicidal and self-harm behaviours (Hillberg et al., 2011; Miller et al., 2013; Neumann et al., 1996; Paolucci et al., 2001). A recent Australian study by Cutajar et al. (2010b) found that female sexual abuse victims were at 40 times greater risk than non-abused counterparts to attempt suicide and males were at 14 times greater risk. Suicidal feelings, ideation and attempts were commonly reported to each of the government inquiry reports analysed both in Australia and overseas (Commission to Inquire into Child Abuse, 2009; Human Rights and Equal Opportunity Commission, 1997; Law Commission of Canada; Mullighan Report, 2008; Queensland Government, 1999; Senate Community Affairs References Committee, 2001 & 2004; Tasmanian Ombudsman, 2004; Victorian Parliament, 2014).

In Ireland 51 per cent of witnesses to the Commission to Inquire into Child Abuse reported suicidal thoughts and/or attempts and the death by suicide of their friends and siblings. One witness to the Commission reported that ‘17 of the 39 co-residents in his class had committed suicide’ since leaving care in the reformatory school (Commission to Inquire into Child Abuse, 2009, p. 223). O’Riordan and Arensman (2007) in a dedicated study of the suicidality of Irish institutional abuse victims found alcohol and substance use and social isolation contributed significantly to the risk of suicidal ideation and suicide attempts amongst survivors.

Depression is a common symptom of child sexual abuse for both intra-familial and extra-familial abuse, both in terms of short-term and long-term outcomes (Carr et al., 2013; Hillberg et al., 2011). A number of studies reporting on institutional child sexual abuse
provide some detail about depression in the institutional context. From a sample of children who had been placed in foster care, children who had been sexually abused self-reported significantly higher rates of depression (67.6 per cent), compared to non-maltreated (25.3 per cent) children (Benedict et al., 1996). Amongst a large sample of adults (n=1050) who had been sexually abused across a variety of German institutions when they were children, the most commonly diagnosed psychological symptom was depression (34.3–45 per cent; Spröber et al., 2014). These figures may be lower than the Benedict et al. (1996) figures because the questioning focused on the current mental health situation of respondents, typically many years after the abuse.

The studies included in the review also discuss the connection between child sexual abuse and anxiety disorders, which has been comprehensively reviewed in terms of child sexual abuse generally by Maniglio (2012). Looking specifically at institutional sexual abuse, amongst Spröber’s et al. (2014) samples anxiety was one of the more commonly mentioned diagnoses (14.7–19.4 per cent). Fitzpatrick et al.‘s (2010) sample of adult survivors of institutional abuse found that sexually abused participants had significantly higher scores on an instrument measuring anxiety than a comparison group reporting primarily emotional abuse. The studies included in this review also identified elevations in mood disorders (Wolfe, Francis, & Straatman, 2006) and personality disorders (Carr et al., 2010) compared to the general public.

Child sexual abuse has also been associated with an increased risk of developing disordered eating behaviours or eating disorders such as bulimia nervosa and anorexia nervosa (see Dyer et al., 2013; Bankoff et al., 2013; Jaite et al., 2012). However, binge eating behavioural patterns are found to be more common amongst child sexual abuse victims/survivors than restricting or limiting of food (Jaite et al., 2012). The impact of child sexual abuse in institutional and/or organisational settings on eating behaviours was also noted in submissions to Commission to Inquire into Child Abuse (2009).

**Physical impacts**

The impact of child sexual abuse on the physical health and wellbeing of victims has received less research attention than psychological and psychosocial outcomes. Physical health has been incorporated in few systematic reviews of the impacts of child sexual abuse in wider settings (Hulme, 2011; Irish, Kobayashi & Delahanty, 2009; Maniglio, 2009). These reviews note the documented impact of child sexual abuse on small to moderate increases in gynaecological pain (e.g. Latthe et al., 2006), and seizures (Sharpe & Faye, 2006) as well as poorer perceptions of general health, pain and cardiopulmonary symptoms.

Findings from large-scale epidemiological studies of the impacts of child sexual abuse are also of note here. For example, using data from a nationally representative sample of 8,000 women, Thompson et al. (2002) found childhood sexual abuse was significantly associated with poorer perceptions of general health but also with greater odds of serious injury in adulthood and higher rates of miscarriage or stillbirth. Victims of multiple forms of abuse in their study sample were found to be at increased risk for adverse health impacts, particularly miscarriage and stillbirth (Thompson et al., 2002). The authors raise
methodological issues in the study of physical health impacts for child sexual abuse survivors, observing that few other existing studies use representative samples, and rarely control for co-existing or cumulative experiences of victimisation (Thompson et al., 2002). Responding to this observation Sachs-Ericsson and colleagues, using data from the National Comorbidity Study in the US, found childhood sexual abuse increased the prevalence of serious health problems for men and women, even after controlling for other abuse, current psychiatric problems, family of origin issues and demographics (Sachs-Ericsson et al., 2005).


The richest data on the impact of institutional abuse on physical health is provided by Spröber et al.’s (2014) study of anonymous callers to a German hotline for historic sexual abuse in institutional settings. As previously described, of the 1,050 victims of childhood sexual abuse in the sample, 404 were abused in Catholic institutions, 130 in Protestant and 516 in non-religious institutions mostly between 1940 and 1980. No significant differences were found in the types of abuse experienced across different affiliated institutions (most of which were residential care facilities), with consistent rates of reported health problems in adulthood for around 20 per cent of each group.

Qualitative evidence of the physical impacts of institutional abuse include common reports of sleep problems (Commission to Inquire into Child Abuse, 2009; Law Commission of Canada, 2000; Isely et al., 2008) and pervasive health problems including impaired hearing, hearing loss, and muscular and skeletal issues (Senate Community Affairs References Committee, 2001 & 2004; Tasmanian Ombudsman, 2004).
Social impacts

Synthesis of research on the social impacts of child sexual abuse in institutional and other settings identifies victims commonly report adverse outcomes related to both self-regulatory behaviours and interpersonal behaviours. These outcomes, and the emotional states underpinning them, are likely to be inter-related.

Table 7 presents a summary overview of research findings on the social and behavioural impacts of abuse reported by victims of both institutional and intra-familial or other extra-familial abuse. Research reported includes individual studies, systematic reviews or meta-analyses.

### Table 7: Impacts of child sexual abuse on social wellbeing

<table>
<thead>
<tr>
<th>Social Impacts</th>
<th>Institutional child sexual abuse</th>
<th>Child sexual abuse in other settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social and relational difficulties</td>
<td>(Benedict et al., 1996; CICA, 2009; Faller, 1988; Hobbs, Hobbs, &amp; Wynne, 1999; Kelley 1994; Knefel et al., 2013; CICA, 2009; Lueger-Schuster et al., 2014a,b; Mart, 2004; Forde Report 1999; Victorian Parliament, 2014)</td>
<td>(Neumann et al., 1996; Swanston et al., 2003; Wiffen &amp; Macintosh, 2005*)</td>
</tr>
<tr>
<td>Anger, fear, shame and self-blame</td>
<td>(Brackenridge, 1997; Burgess, Welner &amp; Willis, 2010; CICA, 2009; Collins et al., 2014; Fater &amp; Mullaney, 2000; Flynn, 2008; Forgotten Australians Report, 2004; Irwin &amp; Roll, 1995; Isely et al., 2008; CICA, 2009; Mullighan Report, 2008; Phasha, 2008; Forde Report, 1999; Shakeshaft, 2004a; Victorian Parliament, 2014)</td>
<td>(Briere &amp; Elliott, 2003; Carr et al., 2013*; Hillberg et al., 2011*; Kendall-Tackett et al., 1993*; Neumann et al., 1996*; Wiffen &amp; Macintosh, 2005*)</td>
</tr>
<tr>
<td>Relationship problems</td>
<td>(Burgess, Welner &amp; Willis, 2010; Carr et al., 2009; CICA, 2009; Fater &amp; Mullaney, 2000; Flynn, 2008; Forgotten Australians Report, 2004; Isely et al., 2008; CICA, 2009; Mullighan Report, 2008; O’Riordan &amp; Arensman, 2007; Forde Report, 1999; Rassenhoffer et al., 2014; Spröber et al., 2014; O’Grady Report, 2004; Victorian Parliament, 2014)</td>
<td>(Neumann et al., 1996*; Roberts et al., 2004; Wiffen &amp; Macintosh, 2005*)</td>
</tr>
<tr>
<td>Alcohol and substance use</td>
<td>(Carr et al., 2010; CICA, 2009; Fitzpatrick et al., 2010; Forgotten</td>
<td>(Carr et al., 2013*; Cutajar, et al, 2010; Fergusson, McLeod &amp;</td>
</tr>
</tbody>
</table>
Impacts of Institutional Child Sexual Abuse

Issues of trust, shame, and self-blame

Significant evidence exists that childhood sexual abuse can have profound impacts on victims’ ability to trust others and to form and maintain healthy relationships and social bonds (e.g. Benedict et al., 1996; Commission to Inquire into Child Abuse, 2009; Faller, 1988; Fater & Mullaney, 2000; Flynn, 2008; Hobbs, Hobs, & Wynne, 1999; Kelley, 1994; Human Rights and Equal Opportunity Commission, 1997; Kelley, 1994; Knefel et al., 2013; Law Commission of Canada, 2000; Lueger-Schuster et al., 2014a,b; Mart, 2004; Mullighan, 2008; Neumann et al., 1996; O’Riordan & Arensman, 2007; Queensland Government, 1999; Senate Community Affairs References Committee, 2001 & 2004; Swanston et al., 2003; Tasmanian Ombudsman, 2004; Wiffen & Macintosh, 2005). The impact of both institutional and other abuse on victims’ ability to trust others is understandable given the dynamics of betrayal inherent in their experience of abuse by someone they knew, trusted and who had responsibility for their protection and care.

Contributing to social and relational difficulties may also be the acute feelings of shame, guilt and self-blame reported by victims of abuse, the interaction of these feelings with existing personality traits and their combined and cumulative impact on victims’ self-concept and how they understand and respond to others (Brackenridge, 1997; Briere & Elliott, 2003; Burgess, Welner & Willis, 2010; Carr et al., 2013; Collins et al., 2014; Commission to Inquire into Child Abuse, 2009; Fater & Mullaney, 2000; Flynn, 2008; Hillberg et al., 2011; Irwin & Roll, 1995; Isely et al., 2008; Kendall-Tackett et al., 1993; Mart, 2004; Neumann et al., 1996; O’Riordan & Arensman, 2007; Phasha, 2008; Senate Community Affairs References Committee, 2004; Shakeshaft, 2004a; Tasmanian Ombudsman, 2004; Victorian Parliament, 2014; Wiffen & Macintosh, 2005).

Mart (2004) in a reflection on clinical practice with victims of institutional child sexual abuse, notes that each of the 25 male victims interviewed demonstrated avoidant personality traits, were shy, socially anxious and reported experiencing problems with assertiveness. The author suggests that while social phobia and avoidance are perhaps common impacts of abuse in all settings, the proportion of institutional abuse victims affected appears greater than might be expected by chance (Mart, 2004). Submissions of evidence presented to government inquiries provide further qualitative insights into the lives of some victims of institutional abuse, with many describing lives of lifelong isolation and loneliness, even in the presence of others or in the context of supposedly happy marriages (Commission to...

While victims of child sexual abuse also commonly report experiencing guilt, shame and anger in other settings (Carr et al., 2013; Hillberg et al., 2011; Kendall-Tackett et al., 1993; Neumann et al., 1996; Wiffen & Macintosh, 2005), qualitative differences in victims’ experience of institutional abuse appear to serve as ongoing reminders of betrayal, deprivation and disadvantage (Law Commission of Canada, 2000; Queensland Government, 1999; Senate Community Affairs References Committee, 2001; Victorian Parliament, 2014). In their systematic review of research regarding the impacts of child sexual abuse, Wiffen and Macintosh (2005) conclude that ‘shame or self-blame; interpersonal difficulties, including interpersonal problems and attachment insecurity; and negative forms of coping, such as avoidance’ (p. 34) all represent potential and inter-related risk factors that connect child sexual abuse and adult emotional distress. While the distress associated with abuse may connect to other social impacts such as alcohol abuse and revictimisation, issues of trust, shame and self-blame, low self-esteem and their subsequent impact on emotions and behaviours, are suggested as key factors to understanding the link between abuse and adult outcomes (Wiffen & Macintosh, 2005).

Marital and intimate partner relationships

The marital and intimate partner relationships of adult victims of child sexual abuse have often been characterised by studies of institutional abuse and abuse in other settings as being unstable and unhealthy (Carr et al., 2009; Commission to Inquire into Child Abuse, 2009; Denis & Vigod, 2013; Fater & Mullaney, 2000; Flynn, 2008; Godbout et al., 2009; Godbout, Sabourin & Lussier, 2014; Isely et al., 2008; Law Commission of Canada, 2000; Mullighan, 2008; Neumann et al., 1996; O’Riordan & Arensman, 2007; Senate Community Affairs References Committee, 2001 & 2004; Queensland Government, 1999; Roberts et al., 2004; Wiffen & Macintosh, 2005). Examination of data for 247 adult survivors of abuse in predominantly religiously affiliated institutions in Ireland, found a variety of outcomes on psychosocial adjustment and marital satisfaction and stability, particularly depending on the attachment style of victims (Carr et al., 2009). In this sample of survivors of institutional abuse 44 per cent were found to have fearful attachment styles, which was found to have the most negative profile in terms of marital satisfaction and quality of life, along with other psychological variables. Similar results are found for victims of abuse in other settings where insecure attachment styles and a fear of abandonment are noted to impact on victim/survivors relationship quality (Godbout, et al., 2014; Godbout, Sabourin & Lussier, 2009). The association between abuse, insecure or anxious attachment behaviours and
relationship quality was found by Godbout and colleagues (2014) to be mediated by the perceived support that victims of abuse received from their parents after abuse. Those victims who perceived and reported their parents as unsupportive were most at risk for anxious attachment, psychological distress and poor couple relationships. These findings may have relevance for understanding the impact of institutional abuse, where for many victims the prospect of parental support post abuse was lessened by their disconnection from family and by dynamics of power impairing capacity to disclose abuse.

Qualitative analysis of in-depth interviews with survivors of abuse in religious settings confirms that abuse impacted on how victims see themselves. Both male and female witnesses to government inquiries have frequently described their own behaviour, coping styles and strategies contributed to the difficulties in their relationships (Commission to Inquiry into Child Abuse, 2009; Human Rights and Equal Opportunity Commission, 1997; Law Commission of Canada, 2000; Mullighan, 2008; Queensland Government, 1999; Senate Community Affairs References Committee, 2001 & 2004; Tasmanian Ombudsman, 2004; Victorian Parliament, 2014). All those interviewed reported pervasive feelings of low self-worth, difficulties trusting others and that as they grew older these feelings intensified, compromising their relationships (Fater & Mullaney, 2000; Flynn, 2008; Isely et al., 2008).

In differing contexts, the Law Commission of Canada (2000) and the Senate Community References Committee, Lost Innocents report (2001) both identify that dynamics of depersonalisation, degradation, deprivation and disconnection contributed to a situation conducive to the occurrence of abuse in institutional settings and to victim’s internalisation of a lack of self-worth and esteem. The connected and compounding nature of social impacts of abuse are also observed in victims of abuse in other settings (Briere & Jordan, 2009; Roberts et al., 2004). Investigating data from a longitudinal study of 8,292 families, Roberts et al. (2004) reported that child sexual abuse is associated with significant differences in adverse impacts on a range of relationship dynamics including less relationship satisfaction ($p=0.043$), and poor communication with partners ($p=0.06$) compared with non-abused groups.

**Sexual problems**

Interpersonal issues associated with the experience of child sexual abuse are also noted to extend to sexual adjustment, sexual problems, promiscuity and sexual disorder for victims of both institutional abuse and abuse in other settings (Briere & Elliot, 2003; Burgess, Welner & Willis, 2010; Commission to Inquiry into Child Abuse, 2009; Fergusson, McLeod & Horwood, 2013; Irwin & Roll, 1995; Kelley 1994; Kendall-Tackett et al., 1993; Law Commission of Canada, 2000; Mullighan, 2008; Neumann et al., 1996; Noll, Shenk, & Putnam, 2008; Paolucci et al., 2001; Phasha, 2008; Rassenhofer et al., 2014; Senate Community Affairs References Committee, 2001 & 2004; Tasmanian Ombudsman 2004; Wolfe et al., 2006; Victorian Parliament, 2014).

Meta-analytic findings regarding the impact of child sexual abuse in intra-familial and other extra-familial settings identify that, while around a third of female victims in community samples report problems of sexual dysfunction, almost two-thirds of clinical samples of female victims report problems, particularly those who had experienced intra-familial abuse (Leonard & Follette, 2002). Studies of institutional abuse suggest sexual dysfunction is also
observed for victims of abuse in these settings, and may be particularly prevalent for male victims of historic abuse in religious institutions (Rassenhofer et al., 2014; Wolfe et al., 2006). For example, a Canadian study of 76 men who were sexually abused in a religious institution, Wolfe et al. (2006), found over two-thirds (66.2 per cent) reported a history of sexual problems in their personal relationships. These difficulties included hyper-sexuality, hypo-sexuality, feelings of inadequacy and other related problems with sexuality and sexual behaviour (Wolfe et al., 2006). The similarity of the rates of sexual problems amongst males abused in institutional settings and females from clinical samples is noted and may be consistent with the finding that upwards of 40 per cent of the men surveyed by Wolfe et al. (2006) also report clinical symptoms consistent with PTSD diagnoses.

Sexual abuse is also noted by systematic reviews to be commonly associated with sexualised and sexually reactive behaviours in children abused in intra-familial and extra-familial settings (Kendall-Tackett et al., 1993). Consistent with this, studies of children abused in both foster care (Benedict et al., 1996) and school settings (Kelley 1989, 1994) report parents find sexualised behaviour the most problematic short-term impact of abuse.

Parenting

The impact of prior abuse experiences on bonds formed with children and on parenting behaviours is noted for survivors of both institutional abuse and abuse in other settings (e.g. Allbaugh et al., 2014; Commission to Inquire into Child Abuse, 2009; Denis & Vigod, 2013; DiLillo & Damashek, 2003; Human Rights & Equal Opportunity Commission, 1997; Law Commission of Canada, 2000; Mullighan, 2008; O’Riordan & Arensman, 2007; Ross & Dennis, 2009; Queensland Government, 1999; Roberts et al., 2004; Senate Community Affairs References Committee, 2001 & 2004; Tasmanian Ombudsman, 2004; Victorian Parliament, 2014).

Systematic reviews of the literature regarding the association between childhood sexual abuse and parenting difficulties find abuse is related to increased reports of boundary violations between parents and children, and permissive parenting, as well as a generalised decreased sense of self-efficacy in parenting skills and abilities compared to non-abused parents (DiLillo & Damashek, 2003). Findings from the Avon Longitudinal Study of Parents and Children (Roberts et al., 2004) highlight that while victims of child sexual abuse report greater negativity in their relationship with their child and less confidence in their parenting compared to non-abused adults, there is no difference in the reported enjoyment of their relationship with their child, suggesting the impact of abuse on parenting may relate to parental confidence and communication skills. This sentiment is echoed in the reports of care leavers to government inquiries, who commonly identify a tension between wanting to protect and nurture their children and a lack of knowledge and previous experience of positive parenting (Commission to Inquire into Child Abuse, 2009; Human Rights & Equal Opportunities Commission, 1997; Law Commission of Canada, 2000; Mullighan, 2008; Queensland Government, 1999; Senate Community Affairs References Committee, 2001 & 2004; Tasmanian Ombudsman, 2004; Victorian Parliament, 2014). For many, these tensions continued past their own parenting and into their experience of grandparenting as well (Mullighan, 2008). Contributing and central to the experience of parenting are the bonds formed between parents and their children. Evidence suggests that child sexual abuse in
other settings can have a deleterious impact on the ability of mothers to form attachments with their newborn babies, and is associated with an increased risk of postpartum depression (Dennis & Vigod, 2013; Muzik et al., 2013; Ross & Dennis, 2009). By comparison less is known about the postpartum and early bonding experiences of victims/survivors of institutional child sexual abuse.


Alcohol and substance use

Depending upon conceptualisation, method and design, alcohol and substance use problems have been variously interpreted across the literature as evidence of both the psychological and social impact of child sexual abuse. Notwithstanding issues of method and classification, high rates of alcohol and substance use are commonly noted across the literature as impacts of child sexual abuse in both institutional and other settings compared to the general population (e.g. Carr et al., 2010; Carr et al., 2013; Commission to Inquire into Child Abuse, 2009; Cutajar et al., 2010; Fergusson, McLeod & Horwood, 2013; Fitzpatrick et al., 2010; Fry et al., 2012; Hillberg et al., 2011; Irwin & Roll, 1995; Kendall-Tackett et al., 1993; Kendler et al., 2000; Mullen et al., 1996; Nelson et al., 2002; Neumann et al., 1996; Noll et al., 2008; O’Riordan & Arensman, 2007; Swanston et al., 2003; Wiffen & Macintosh, 2005; Wolfe et al., 2006).

In their submissions to government inquiries, care leavers commonly reported using alcohol and other substances to dull past and present pain and suffering (Commission to Inquire into Child Abuse, 2009; Human Rights & Equal Opportunities Commission, 1997; Law Commission of Canada, 2000; Mullighan, 2008; Queensland Government, 1999; Senate Community Affairs References Committee, 2001 & 2004; Tasmanian Ombudsman, 2004; Victorian Parliament, 2014). Studies of institutional abuse find alcohol disorders affect between 35.2 per cent (Carr et al., 2010) and 44.7 per cent (Wolfe et al., 2006) of study samples. Survivors of child sexual abuse in intra-familial and other extra-familial settings are similarly found to be at greater risk of substance dependencies generally, but also to be more likely than non-abused populations to struggle with issues of alcohol and substance use over their entire lives (Nelson et al., 2002).

The reported rates of alcohol or drug disorder for victims of both institutional abuse, and abuse in other settings, far exceeds that reported in the general population, both in Australia, Europe and the United States (Alonso et al., 2004; Australian Bureau of Statistics, 2007; Kessler, et al., 2005). Population-based studies suggest the magnitude of this difference means children sexual abuse victims may be up to eight times more likely than non-abused members of the general public to develop alcohol- and/or drug-related disorders (Cutajar et al., 2010b).
There is some evidence to suggest alcohol use is particularly problematic for male survivors of institutional abuse. Reports of alcohol abuse were more than twice as prevalent for males compared to females reporting to the Commission to Inquire into Child Abuse (2009). Carr et al. (2010) similarly note male victims to have significantly higher rates of alcohol dependency compared to females, though this is also the case in the general population (Moller, Tait, & Byrne, 2013). Cutajar et al.’s (2010a) study of linked medical records for 2,759 Australian child sexual abuse victims reported higher rates of drug and alcohol disorder compared to other studies of abuse in community samples (e.g. Fergusson, Lynskey, & Horwood 1996; Nelson et al., 2002) and, in contrast to the findings of studies of institutional victims, found rates of disorder significantly higher for female compared to male victims.

Apart from gender effects, the type of abuse experienced appears to be linked to later alcohol disorders for victims of institutional abuse. Fitzpatrick et al. (2010) found that amongst 247 survivors of institutional abuse in Ireland, those experiencing severe sexual abuse (18.3 per cent) reported far higher rates of alcohol and substance use disorders compared with those who reported severe physical (3.9 per cent) or emotional abuse (2.4 per cent). Recognising the interconnected and co-occurring experience of multiple forms of abuse, Fitzpatrick et al. (2010) asked participants in the study to identify their ‘worst experience’ in residential care. Therefore, those reporting severe sexual abuse, are those study participants who ranked the experience of severe sexual abuse to be their worst experience in residential care. Therefore, those reporting severe sexual abuse are those study participants who ranked the experience of severe sexual abuse to be their worst experience in residential care. All participants in this study reported experiencing multiple forms of abuse and henceforth while those reported severe sexual abuse as their worst experience reported higher rates of alcohol and substance use disorders, these outcomes are likely to be multi-determined by the cumulative experience of abuse and adversity.

Revictimisation

In addition to the common experience of co-existing forms of abuse and adversity in childhood, victims of child sexual abuse are also noted to be at increased risk of revictimisation in later life. Consistent with the study of abuse and its impact, research on revictimisation is commonly critiqued for issues of research method and design and a lack of conceptual clarity. In one of the few large-scale prospective studies of lifetime experiences of trauma and abuse, Widom et al. (2008) found victims with multiple abuse histories were at greatest risk of lifetime trauma and revictimisation. Further, this study found that while females were at greatest risk of revictimisation in general, males were at significantly great risk of sexual revictimisation in adulthood (Widom et al., 2008). The severity of abuse experienced is suggested to be an important risk factor for revictimisation (Widom et al., 2008), as is the experience of dissociative symptoms. In a recent study of men who are HIV-positive, both childhood and adult sexual abuse is found to be associated with peri-traumatic dissociation and post-traumatic stress symptoms, with sexual revictimization being significantly more likely for victims of abuse who experienced dissociation (Yiaslas et al., 2014). Evidence from local community population samples and twin studies suggest abuse involving more force, which occurs over a long duration and with more frequency, is
associated with up to three times greater risk of subsequent revictimisation (Fleming et al., 1999; Nelson et al., 2002; Swanston et al., 2003. In their meta-analysis of studies in the Asia-Pacific region, Fry, McCoy, and Swales (2012) note studies there report similar findings. Victims of child sexual abuse in China were found to be up to five times more likely than their non-abused counterparts to experience forced sexual intercourse or intimate partner violence in adulthood (Chen, Dunne & Han, 2006).

Consistent with the findings from community samples, Spröber et al. (2014) noted women abused in institutional care settings were more likely than men to report experiences of abuse persisting into adulthood. Further insight into the experience of revictimisation is provided by care leavers’ reports to government inquiries (Commission to Inquire into Child Abuse, 2009; Senate Community Affairs References Committee, 2004). Evidence presented highlights that, for some survivors of institutional abuse, experiences of ongoing abuse were an accepted feature of their adult relationships. A number of witnesses to the Commission to Inquire into Child Abuse (2009) – who reported remaining in violent, abusive relationships – said they were accustomed to a level of aggression and regarded physical violence as an unavoidable part of interpersonal relationships. One witness commented, ‘You think everyone is going to hit you’ (p. 209).

Criminality

Apart from its association with revictimisation, the experience of child sexual abuse is also associated with an increased likelihood of criminal behaviour, including but not limited to perpetration of abuse (Fitzpatrick et al., 2010; Fry et al., 2012; Mersky & Topitzes, 2010; Ogloff et al., 2012; Widom & Ames, 1994; Wolfe et al., 2006). However, research findings do vary, are subject to the often-noted difficulties in the study of child sexual abuse, and are by no means unequivocal in suggesting a direct relationship between abuse and later offending.

For example, in a prospective longitudinal study matched with criminal records, Widom and Ames (1994) found that aside from prostitution, child sexual abuse victims were no more likely to have an arrest record for a sex-related crime than victims of neglect, with both less likely than physically abused children. The arrest rate for any offence reported for sexual abuse victims was 20 per cent and 21.4 per cent for those who had experienced multiple forms of abuse (Widom & Ames, 1994). The highest rates of arrest (for any offence) were reported for those victims of physical abuse only (30.3 per cent) (Widom & Ames, 1994). Of interest is the relatively high rate of arrests (for any offence) for controls in this study (21 per cent). By contrast, a large-scale Australian study found that 24 per cent of child sexual abuse victims had a recorded offence, but this compared with only 6 per cent of the study controls (Ogloff, et al., 2012). Female victims of child sexual abuse were found to be almost seven times more likely to be charged with a criminal offence when compared to the general population, and men more than four times as likely (Ogloff et al., 2012). Abuse victims were charged with a range of offences, but notably were almost eight times more likely to be charged with a sex-related crime than any member of the general public, a finding particularly marked for male victims (Ogloff et al., 2012), though this should be understood in the context of very low rates of offending amongst the community in general (Cook, David, & Grant, 2001).
Studies of victims of institutional abuse have similarly reported increased rates of criminal behaviour, charge and conviction amongst those who had experienced child sexual abuse compared to other types of institutional abuse. Fitzpatrick et al. (2010) found victims of severe child sexual abuse (11 per cent) in mainly religious-affiliated institutions were significantly more likely than victims of physical (9.2 per cent) or emotional abuse (8.9 per cent) to self-report having re-enacted their abuse experiences on other children, mostly during their own childhoods or adolescence. Wolfe et al. (2006) found that, as adults, nearly half of the male victims of institutional abuse in their study self-reported being verbally and/or physically abusive toward their partner. Qualitative insights into domestic violence perpetrated by victims of institutional abuse can be found in the evidence provided to the Commission to Inquire into Child Abuse (2009). Thirty-three per cent of male witnesses reported their relationships were dominated by their physically violent behaviour towards their partner, with the majority of these men stating their violence was associated with alcohol abuse (Commission to Inquire into Child Abuse, 2009). Victims of institutional abuse were also observed by Wolfe et al. (2006) to report high arrest rates for property offences (50.7 per cent), substance-related offences (49.3 per cent), as well as violent offences (39.4 per cent) (Wolfe et al., 2006). These rates are noted to be greater than those reported in community samples, but further research is required across larger samples to clarify the connection between this type of abuse and future offending.

**Educative and economic impacts**

An often-unrecognised impact of child sexual abuse is the adverse effect it can have upon the human capital of victims/survivors. Human capital, comprising the skills, knowledge and experience that equip citizens to engage and remain participatory in the economic fabric of society, is likely to be adversely affected by both settings and sequelae of abuse. While little research attention has focused on this aspect of impact and outcome, the findings that do exist are important in conceptualising the holistic and total impacts of child sexual abuse.

Meta-analysis of child sexual abuse outcomes in the general community found that compared to non-abused groups, victims of abuse report poorer academic achievement across scores on intelligence tests, achievement tests, teacher ratings and self-reports of learning (Paolucci, Genuis, & Violato, 2001). A lack of educational engagement and resulting low school completion rates amongst victims of abuse were also observed in findings from the Chicago Longitudinal Study (Mersky & Topitzes, 2010) and the longitudinal Christchurch Health and Development Study (Boden, Horwood & Fergusson, 2007). While lacking specificity to the type of abuse experienced, the study by Mersky and Topitzes (2010) is one of the few to examine the economic impacts of maltreatment in later life. This retrospective research found that maltreated participants in the study were significantly more likely to earn very low incomes as young adults (i.e. less than $12,000 per year) when compared to non-abused participants (Mersky & Topitzes, 2010).

Children abused in educational settings are found to experience, in the short term, a loss of interest in school, PTSD-like symptoms in their avoidance of school, and in the long term a loss of trust in education organisations including teachers (Hyman et al., 1988). Qualitative and quantitative studies of the impact of abuse in educational settings have identified that
for very young children abused in early educative or day care settings, increased behavioural problems and particularly sexualised behaviour can limit their opportunities to maintain connections to peers and education settings (Kelley, 1989, 1994; Kelley, Brant & Waterman, 1993). A disturbance to sexual behaviour and sexualised or sexually reactive behaviour is also reported for older children and adolescents abused in both foster care (Hobbs et al., 1999) and school settings (Burgess, Welner & Willis, 2010; Irwin & Roll, 1995; Phasha, 2008; Shakeshaft & Cohen, 1995; Shakeshaft, 2004a, 2004b).

Drawing upon data from a nationally representative sample of children in years 8 through 11, Shakeshaft (2004a,b), investigated the occurrence and outcome of sexual abuse in schools – referred to by the author as educator abuse. This research found victims of educator abuse reported behaviours that negatively affect their academic achievement (Shakeshaft, 2004a,b). These include avoiding teachers (43 per cent), less class participation (36 per cent), attentional issues (31 per cent), school avoidance and truancy (29–36 per cent) and difficulty concentrating (29 per cent) (Shakeshaft, 2004a,b). Further, after disclosing educator abuse, victims report being asked to change schools (18.7 per cent), decreased test scores (25 per cent), disciplinary action by school authorities (25 per cent) and perceptions of negative bias towards the student as a result of disclosures (23 per cent) (Shakeshaft, 2004a,b). Taken together, these findings suggest abuse in schools can have both direct and indirect impacts on likely school engagement and subsequent academic achievement and related economic outcomes in later life.

The educative and economic impact of institutional abuse is the focus of two key Australian studies by Bode and Goldman (2012) and Goldman and Bode (2012. Exploring separately male and female victims’ perceptions of the lifelong impact on their education of historic institutional abuse, these studies make an important contribution to our understanding of the direct and combined effect of abuse on human capital outcomes. In-depth interviews with 10 male victims of sexual abuse in residential care in Queensland between 1950 and 1975 found that only two men had progressed past a primary school level of education (Bode & Goldman, 2012). Nine of the men interviewed made direct links between their sexual abuse in care and their educational attainments (Bode & Goldman, 2012). They reported the trauma of abuse impacting on their capacity to concentrate and their fear and distrust of educators and authority figures as further reducing their engagement with the school setting, which was also often the site and setting of abuse (Bode & Goldman, 2012).

Findings were consistent for the 10 female victims interviewed, all of whom held very strong views that the abuse they suffered in care had negatively impacted on their opportunities and outcomes over their life (Goldman & Bode, 2012). While all of the female victims discussed all-encompassing fear as impacting on their ability to learn at school, they also discussed the impact of institutional care practices, social isolation, the stress of hunger and the stigma of neglect as also having lifelong consequences for their education and later economic outcomes.

The qualitative findings of these studies are consistent with witness statements to government inquiries (Commission to Inquiry into Child Abuse, 2009; Human Rights and Equal Opportunity Commission 1997; Law Commission of Canada, 2000; Mullighan, 2008; Queensland Government, 1999; Senate Community Affairs References Committee 2001 & 2004; Tasmanian Ombudsman, 2004; Victorian Parliament, 2014). Witnesses reported their
lack of educational attainment, including poor numeracy and literacy skills, as a profound impediment to their ability to obtain and maintain employment, and many noted it continued to be an ongoing source of shame, regret and resentment (Commission to Inquire into Child Abuse, 2009; Law Commission of Canada, 2000; Senate Community Affairs References Committee, 2001 & 2004; Tasmanian Ombudsman, 2004; Victorian Parliament, 2014). Witnesses to inquiries, consistent with the participants in Goldman and Bode (2012) and Bode and Goldman’s (2012) studies reported flow-on implications of their poor education, including underemployment or unemployment, higher rates of anti-social or criminal activity, homelessness and other housing problems, but also importantly intergenerational impacts on their own children’s education (Commission to Inquire into Child Abuse, 2009; Senate Community Affairs References Committee, 2001 & 2004).

Suggestive of a distinct impact of institutional abuse, some survivors of abuse in educational settings report, as parents, that their own fear and distrust of schools and authorities has been obstructive to their children’s education and subsequent opportunities for participation, engagement and connection (Bode & Goldman, 2012; Goldman & Bode, 2012; Hyman et al, 1988; Wolfe et al., 2003).
2.4 Distinct impacts of institutional child sexual abuse

Synthesis of the available research suggests that common to child sexual abuse in intra-familial or other extra-familial settings, institutional abuse is associated with adverse impacts on victims’ psychological, physical, social, and educative or economic wellbeing. However, while the prevalence of adverse impacts is often comparable for victims of institutional abuse and abuse in other settings, the characteristics of institutional settings and of the abuse occurring in them may increase both the risk for, and the severity of, impacts for some victims of past abuse. Further, while evidence attests to the potential vicarious and spiritual impacts of child sexual abuse in other settings, for victims of institutional abuse these impacts may be discernibly distinct in character and effect.

Vicarious impacts

Child sexual abuse can negatively impact on the lives and wellbeing of those connected to victims (Roberts et al., 2004). Evidence of secondary and vicarious trauma is noted for family members, friends, partners, children and support workers involved with victims in both the immediate aftermath of abuse and many years later (Morrison, Quadara & Boyd, 2007). In particular, abuse seems to impact on parenting, with abused parents reporting difficulties in parent–child relationship quality and on children’s adjustment (Roberts et al. 2004). The qualitative differences between institutional abuse and abuse in other settings suggest the secondary and vicarious impact associated with institutional abuse may also be characteristically distinct.

Available studies of institutional abuse suggests that the harm associated with it is not restricted to victims’ trauma alone, but also extends to adverse outcomes experienced by families, partners and children of survivors as well as by witnesses or other institutional staff not involved in the abuse (Wolfe et al., 2003).

Having become aware of their child’s victimisation, parents, siblings or extended family members may experience similarly unacknowledged grief, guilt, shame, remorse, humiliation and rage at not being able to prevent abuse from occurring, for not recognising its occurrence, or for contributing to the engagement of the child in the institutional context where the abuse occurred (Bennett, Hughes & Luke, 2000). Examining the stress responses of parents of 67 children who were abused in day care, Kelley (1990) found that when compared to the parents of non-abused children, parents whose children were abused in day care experienced significantly more distress and reported symptom profiles consistent with post-traumatic stress disorder. This finding was particularly exacerbated for mothers who were themselves victims of child sexual abuse (Kelley, 1990).

The vicarious impact of institutional abuse on parents is found to persist over time and often to be associated with a chain of subsequent stressful life events (Dyb et al., 2003). In a
follow-up study of 39 parents of children abused in day care, Dyb et al. (2003) found the majority of parents reported significant life changes secondary and in response to their child’s abuse. Many families relocated after their child’s abuse and the media coverage of the legal process, with the rate of relocation observed to be three times higher than the national average. Further, families reported changing jobs or taking excessive time off work due to stress and almost all reported losing social connections (Dyb et al., 2003). Grosz et al. (2000) also report similar secondary life changes in the wake of extra-familial child sexual abuse. Highlighting the potential for chain-like effects in the vicarious impact of institutional abuse, four years later, the secondary life changes parents had adopted to escape painful reminders were themselves significantly correlated with the extent of post traumatic symptomatology parents experienced (Grosz et al., 2000).

Further evidence suggests vicarious trauma is experienced not only in reaction to the abuse of a loved one, but also in response to the psychosocial impact of abuse of victims (Wolfe et al., 2003). For example, wives and partners of care leavers presented evidence of the impact on them of living with a partner who, through their experience of abuse in institutional care, lacks trust, struggles with anger, experiences mental health problems, and is often unable to cope with tasks of daily living (Senate Community Affairs References Committee, 2001 & 2004). Similarly, children of care leavers reported their upbringing to be affected by their parents’ experience of institutional care and institutional abuse. Many spoke of their parents’ difficulties in showing affection, their alcoholism, addiction and mental health problems, and their use of harsh and unyielding discipline and ever-present rage toward the church and state (Senate Community Affairs References Committee, 2004). These psychological and social impacts of abuse may contribute to an environment conducive to further, intergenerational experiences of risk, adversity and harm. Witness statements presented in the Forgotten Australians report (Senate Community Affairs References Committee, 2004) identify that for many children of care leavers and those abused in care, the secondary, vicarious and intergenerational impacts of their parents’ experience were pervasive and profound. Many detailed being raised in environments characterised by dysfunction and distrust that resulted in children being removed to out-of-home care, often as the result of their own experiences of victimisation, curtailed education, drug, alcohol and gambling addictions, mental health problems and failed relationships (Senate Community Affairs References Committee, 2004).

The occurrence of systemic and systematic abuse within institutions and organisations is also known to have an adverse impact on those who witness or are aware of the abuse occurring (Irwin & Roll, 1995; Wolfe et al., 2003). In a study of the abuse of Native American boys in boarding schools, Irwin and Roll (1995) found children in this institutional setting who themselves were not abused may have been co-opted into the abuse act or complicit in maintaining silence about abuse. Many also reported living in a continued state of fear of becoming the next victim, all of which contributed to secondary and vicarious stress and adverse impacts on their wellbeing (Irwin & Roll, 1995). These findings are echoed in the sentiments of many witness reports to government inquiries (Commission to Inquiry into Child Abuse, 2009; Human Rights and Equal Opportunity Commission, 1997; Law Commission of Canada, 2000; Mullighan, 2008; Queensland Government, 1999; Senate Community Affairs References Committee, 2001 & 2004; Tasmanian Ombudsman, 2004;
Victorian Parliament, 2014), who describe the ongoing experience of intrusive thoughts, nightmares, guilt, shame and remorse at what many feel was their complicit involvement in institutional abuse.

Staff in institutional settings may be similarly vulnerable to the vicarious impact of abuse perpetrated in their midst (Skinner, 2001). In qualitative research examining the institutional cultures of children’s homes in the UK, Green (2001) found that many workers reported being very fearful of colleagues who were subsequently found to have perpetrated abuse. Workers in this study described how perpetrators manipulated, bullied and abused fellow staff members as well as children (Green, 2001). Many workers discussed efforts to complain about perpetrators’ behaviour but a sense of powerlessness in the face of their unequal position of power to the perpetrator in the organisation (Green, 2001). The parallel dynamics of abuse for non-offending co-workers is notable in these findings. The guilt, shame and remorse experienced by witnesses to institutional abuse may often go unacknowledged and this can further contribute to trauma in the long term.

The potential for institutional abuse to have significant community impacts has also been noted in reports to government inquiries (Human Rights and Equal Opportunity Commission, 1997; Law Commission of Canada, 2000; Tasmanian Ombudsman, 2004; Victorian Parliament, 2014). The recent Victorian Parliament (2014) inquiry notes that the centrality of many of the institutions in which abuse has occurred to the fabric of communities, particularly historically and/or regionally, has meant deep divisions have emerged in communities as a consequence of institutional child sexual abuse disclosures. Community level impacts remain an as yet relatively unexplored consequence on institutional abuse, particularly in regional, remote and rural communities where dynamics of power associated with institutional settings may be more pronounced.

**Spiritual impacts**

As detailed in section 1.3, research on the impacts of institutional child sexual abuse has predominantly focused on the experiences of victims abused within religious institutions, or religiously affiliated organisations. An obvious corollary to this body of research is a focus on the spiritual impacts of abuse.

Of interest is whether child sexual abuse in general is associated with spiritual impacts for victims/survivors and, additionally, whether this impact may be greater for those abused in religiously affiliated organisations. Across the existing literature varying conceptualisations of spirituality and religiousness are used, meaning that some focus on cognitive beliefs and behavioural practices related to God, while others focus on private, personal, affective experiences of God (Walker et al., 2009). Hill and Pargament (2003) also proposed a middle ground that conceptualises spirituality/religiousness as private, personal, affective experiences of the Divine that take place in the context of a religious institution and affiliation. As detailed in Appendix C, all available studies describing or documenting the spiritual impact of abuse draw upon retrospective accounts of abuse survivors.

A precursor to queries about the spiritual impact of abuse is knowledge of the spiritual worldview of child sexual abuse victims/survivors (Mart, 2004). In a rigorous review of changes to spirituality in the context of child abuse, Walker et al. (2009) identified 34
available studies that make some claim to measure spiritual impacts of abuse. Of these, only four (Bottoms et al., 2003; Flynn, 2008; Isely et al., 2008; Rossetti, 1994), specifically reported on abuse experienced in religious institutions; however, little detail is given on how many other studies clearly identify the relationship or role of the abuse perpetrator and/or the context or type of abuse experienced. As detailed in Appendix C, this review identifies 13 of the existing studies of institutional abuse as describing and documenting spiritual impacts (Bottoms et al., 2003; Collins et al., 2014; Farrell, 2009; Farrell & Taylor, 2000; Fater & Mullaney, 2000; Flanagan-Howard et al., 2009; Flynn, 2008; Isely et al., 2008; Mart, 2004; Rossetti, 1994; van Wormer & Berns, 2004; Wind, Sullivan & Levins, 2008; Wolfe et al., 2006). All of these studies relate to abuse in religious-affiliated institutions and no studies were identified that described abuse in other institutional settings and its relationship to spiritual impact.

Consistent with the focus of Walker et al.’s (2009) review, the majority of studies discussing spiritual impacts of childhood sexual abuse can be classified in terms of the proposed directional influence of abuse (i.e. whether abuse increases or decreases spirituality). This review separately considers the impact of institutional child sexual abuse, whereas Walker et al. (2009) include intra-familial, extra-familial and institutional sexual abuse in their review. Walker et al. (2009) report mixed findings across the studies reviewed with some indicating a decline in spirituality (n=12), with a further 12 studies reporting a combination of both growth and decline, and eight suggesting abuse is linked to gains in religiosity/spirituality. If only studies relating to abuse known to occur outside of religious institutions are considered, equal numbers of studies report spiritual declines and a combination of spiritual growth and decline.

Of the identified 13 studies documenting or describing spiritual impacts of childhood abuse in religious-affiliated institutions, all but two found abuse perpetrated by members of religious orders, clergy or leadership was associated with negative impacts on belief in God, spiritual practices, and likely involvement or engagement with the church and its representatives (Bottoms et al., 2003; Farrell, 2009; Farrell & Taylor, 2000; Fater & Mullaney, 2000; Flanagan-Howard et al., 2009; Isely et al., 2008; Mart, 2004; Rossetti, 1994; van Wormer & Berns, 2004; Wind, Sullivan & Levins, 2008; Wolfe et al., 2006). The exceptions (Flynn, 2008; Collins et al., 2014), presented mixed findings, noting while many of the female victims interviewed had left the church, all discussed a continuing sense of spirituality in some form. For women in these studies, their abuse negatively impacted their involvement with religious organisations and behaviours, but not with their affective experience of spirituality.

Concurrent themes of distrust and deep anger towards the church were reported across all studies studies and also consistently in the reports of many witnesses to government inquiries (Commission to Inquiry into Child Abuse, 2009; Human Rights and Equal Opportunity Commission, 1997; Law Commission of Canada, 2000; Tasmanian Ombudsman, 2004; Victorian Parliament, 2014). Survivors of institutional child sexual abuse participants in research studies, are found to experience a decline in the capacity and willingness to trust others, consistent with findings for victims of abuse in other institutional or organisational settings, and in the wider community (Briere & Elliott, 2003; Brackenridge, 1997; Burgess, Welner & Willis, 2010; Carr et al., 2013; Collins et al., 2014; Fater & Mullaney, 2000; Flynn,
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2008; Hillberg et al., 2011; Irwin & Roll, 1995; Isely et al., 2008; Kendall-Tackett et al., 1993; Neumann et al., 1996; Shakeshaft, 2004a,b; Wiffen & Macintosh, 2005). However, for those abused in religious settings, this decline in trust was reported to extend beyond that directed to the perpetrator to the wider context of the church itself (Farrell, 2008; Farrell & Taylor, 2000; Fater & Mullaney, 2000; Flanagan-Howard et al., 2009; Flynn, 2008; Mart, 2004; Rossetti, 1994; van Wormer & Berns, 2004; Wind, Sullivan & Levins, 2008; Wolfe et al., 2006).

Across the studies, many victims of institutional abuse suggested that their loss of trust and sense of betrayal by the church led to a crisis in faith, increasing discomfort with religious rituals, symbols or practices, rage at the church for its perceived role in occasioning and concealing abuse and ultimately for some an abandonment of faith altogether (Bottoms et al., 2003; Farrell, 2009; Farrell & Taylor, 2000; Fater & Mullaney, 2000; Flanagan-Howard et al. 2009; Isely et al., 2008; Mart, 2004; Rossetti, 1994; van Wormer & Berns, 2004; Wind, Sullivan & Levins, 2008; Wolfe et al., 2006).

The relationship between institutional abuse and spiritual impact appears particularly complex for those victims/survivors who maintain ongoing relationships with the institutional settings in which abuse occurred. A study of 1,810 active church members, including clergy, found that 17 per cent of those surveyed reported experiencing child sexual abuse in community settings and a further 2.2 per cent at the hands of a priest (Rossetti, 1995). This study is the first to compare, within a religiously involved cohort, the spiritual wellbeing of non-abused members to those who experienced child sexual abuse in both community and the church. It found that anyone who had experienced child sexual abuse showed a decrease in trust, but a larger decline in trust in the priesthood, the Catholic Church and in their ‘relationship with God’ was observed if the perpetrator was a Catholic priest (Rossetti, 1995). Female victims of child sexual abuse and particularly institutional child sexual abuse reported a greater decline in their ‘relationship with God’ in adulthood when compared to male victims (Rossetti, 1995).

Collectively, and with due regard to methodological limitations and the paucity of available data, these findings suggest that child sexual abuse, irrespective of setting, can be associated with spiritual impacts. However, for victims abused in religious institutions, and for whom spirituality/religiosity was an important part of their life prior to abuse, the spiritual impact of abuse may be greater and can lead to spiritual disengagement.
2.5 Contexts that contribute to the impacts of institutional child sexual abuse

**Key points**
- Synthesis of the available evidence suggests impacts of institutional child sexual abuse are both common and distinct from those experienced by victims of abuse in other settings. These impacts may be numerous, variable in type and effect, and are often connected.
- The impacts of institutional child sexual abuse are likely to be intertwined with the social, structural and historical factors precipitant to the occurrence of abuse. These may include reasons for being placed in care, the character of institutional settings and life therein.
- Institutional contexts of privacy, power and control create a climate conducive to abuse that is more severe, more likely to occur over longer periods of time and more likely to involve multiple offenders, all factors known to be associated with adverse outcomes for victims/survivors.
- The dynamics of abuse in institutions, including the exploitation of dependence and power, and the use of entrapment or grooming techniques may pose a significant barrier to, and challenges after, the disclosure of abuse experiences.

**Complex and connected consequences of institutional abuse**

Synthesis of the available evidence finds that, like abuse in other settings, institutional child sexual abuse has ‘numerous correlates and connected consequences crossing over many domains’ (Hecht & Hansen, 2001, p. 434). As discussed in section 2.2, the impacts of institutional child sexual abuse are found to be both common and distinct from those experienced by victims of abuse in other settings. These impacts are noted to vary in type and effect and – as Hecht and Hansen (2001) observe – are often connected. Explanations of why and how child sexual abuse is associated with adverse impacts, and what accounts for the heterogeneity of impact observed amongst survivors, constitutes perhaps the most contested focus of child sexual abuse research.

This section of the report will focus on identifying the contexts and factors found to be associated with the impact of institutional abuse. The discussion and review presented is organised around an ecological orientation, noting the multiple and connected contexts within and through which abuse and its impacts occur. Victim, perpetrator, abuse and institutional factors, as well as the wider social and historical contexts in which they intersect, are each discussed as potential correlates for abuse impacts.

Figure 4 illustrates the contexts related to institutional child sexual abuse and its impacts.
Social and historical contexts exert an important, if indirect, influence on the impact of institutional abuse via their role in shaping both the structural and social settings in which abuse and its outcomes occur.

Historical analysis reveals that, rather than being a symptom or situation peculiar to the modern epoch, the institutional victimisation of children has existed throughout history (Farrell, 2004). Awareness and recognition of child sexual abuse as a significant social problem was, however, not only missing from the public debate in previous times, it was also actively impeded by then accepted mores about children, sex, abuse and harm (Munro, 2002; Webster, 2001; Wolfe, 1999). Historic social constructions of the family, children, child development and children’s care needs shaped the ways and means by which many children came into contact with institutions, particularly residential institutions. These same social constructions also influenced the role, purpose and function of these institutions, the experience of life therein and its associated outcomes. The Law Commission of Canada (2000) highlights the importance of understanding the impacts of historical institutional abuse to recognise that children who were placed in residential care were often marginalised and amongst society’s most powerless groups. The Commission suggests that societal perceptions at the time of these children as inferior, limited or deficient in some way and as requiring institutional response, may have contributed to their vulnerability, and
also made it easier for officials to discount, disbelieve or deny disclosures of abuse (Law Commission of Canada, 2000).

**Historic experiences of institutional care**

As described throughout this review, the majority of available studies on the impact of institutional abuse report on the long-term outcomes for survivors of abuse occurring predominantly in residential care between the late 1950s and mid-1970s (e.g. Bode & Goldman, 2012; Bottoms et al., 1995; Carr et al., 2009, 2010; Commission to Inquire into Child Abuse, 2009; Fitzpatrick et al., 2010; Flanagan-Howard et al., 2009; Goldman & Bode, 2012; Human Rights & Equal Opportunities Commission, 1997; Knefel et al., 2015; Knefel & Lueger-Schuster, 2013; Lueger-Schuster et al., 2014a,b; O’Riordan & Arensman, 2007; Rassenhofer et al., 2014; Rossetti, 1995; Senate Community Affairs References Committee, 2009; Spröber et al., 2014; Wolfe et al., 2006). Historically, residential care settings including orphanages, children’s homes and boarding, reformatory and industrial schools constituted a common institutional setting and home for many children worldwide (Commission of Inquiry into Child Abuse, 2009; Law Commission of Canada, 2000; Senate Community Affairs References Committee, 2001 & 2004; Sullivan & Beech, 2002). Consistent with the conceptualisation of ‘total institutions’ described by Goffman (1961), many of the residential care facilities where much of the reported institutional abuse took place have been commonly characterised as large, densely populated and often physically, culturally and socially isolated from the wider community (Bode & Goldman, 2012; Commission to Inquire into Child Abuse, 2009; Goldman & Bode, 2012; Law Commission of Canada, 2000; Mullighan, 2008; Pilgrim, 2012; Queensland Government, 1999; Senate Community Affairs References Committee, 2001 & 2004; Victorian Parliament, 2014). These structural and cultural characteristics of institutions are suggested to be associated with increased risk of abuse, as well as adverse developmental outcomes independent of abuse (Goldman & Bode, 2012; Lueger-Schuster et al., 2014a,b; Spröber et al., 2014; Wolfe et al., 2006).

Furthering a contextual understanding of the experiences and outcomes of institutional abuse victims, Goldman and Bode (2012) note that historically very few children placed in Australian orphanages or children’s homes were orphaned. Instead most were surrendered or removed from their families as a consequence of socio-economic disadvantage, disability, and perceptions of ‘moral danger’, ‘unfit care’ and being ‘uncontrollable’ (Goldman & Bode, 2012; Law Commission of Canada, 2000; Queensland Government, 1999; Senate Community Affairs References Committee, 2001 & 2004; Victorian Parliament, 2014). Contexts of crisis, disadvantage and social marginalisation that commonly precipitate the placement of children into out-of-home care can also influence their experiences in care and contribute to their outcomes in later life (Lueger-Schuster et al., 2014a,b; Pilgrim, 2012; Wolfe et al., 2006). Across both foster care (Benedict et al., 1996) and residential care settings (Hobbs, Hobbs & Wyne, 1999; Lueger-Schuster et al., 2014a,b, risk factors associated with children’s experiences prior to care are significantly associated with both greater risk of abuse in care and higher rates of post-traumatic stress disorder and psychosocial difficulties in adult life.
Institution-specific factors

Institutional child sexual abuse may affect outcomes in later life via the direct impact of abuse and/or through indirect effects associated with abuse and the setting in which it occurs (Hartman, 2009; Rossetti, 1995; Rutter et al., 2001; Senate Community Affairs References Committee, 2004; Vorria et al., 2004).

Institutional settings and their characteristic structures, policies, practices and cultural climates can and have provided offenders with opportunities to access victims and exploit power, and for abuse to remain undetected (Commission to Inquire into Child Abuse, 2009; Hartman, 2009; Law Commission of Canada, 2000; Rossetti, 1995; Rutter et al., 2001; Senate Community Affairs References Committee, 2004; Vorria et al., 2004; Wolfe et al., 2003). Situational crime perspectives suggest that some institutional settings constitute greater risk for sexual offences than others (Wortley & Mazarolle, 2008). Social settings such as schools, child care, foster care, boarding schools, voluntary organisations, sporting organisations, the church and prominently residential care provide perpetrators with ready, often unsupervised access to victims (Colton, Roberts & Vanstone, 2010; Nolan, 2001; Sullivan & Beech, 2002; Utting, 1998; Waterhouse, 2000). The social value associated with many organisations and institutions means they, and by extension those connected with them, are often highly trusted and afforded a sense of authority in the community (Pilgrim, 2012). The power of this authority over children in institutions is enhanced by dynamics of dependency and often disadvantage, which further bias credibility towards the institution and its representatives (Sullivan & Beech, 2002; Wolfe et al., 2003). These dynamics individually and collectively exert risk for manipulation and maltreatment but are particularly exacerbated when they are accompanied by cultures that are closed, rigid and secretive (Brannen et al., 1993; Pilgrim, 2012; McAlinden, 2006).

Evidence presented to the Forgotten Australians inquiry suggests that historically the abuse of children in institutional settings ‘seemed able to thrive and survive over a long period due to a combination of reasons centred on a culture of silence, of power and personal control’ (Senate Community Affairs References Committee, p. 128). In her study of children’s homes in the UK, Green (2001) challenged the assumption that contemporary residential care facilities no longer resemble ‘total institutions’ in any respect. Green (2001) notes the reporting policies, operational practices and affective climate of care facilities still result in divisive relationships between residents and staff and can collectively be detrimental to children. These observations are substantiated by empirical evidence that the culture of institutions and the care they provide, independent of abuse, is associated with a range of adverse psychological and developmental outcomes (Carr et al., 2010; Johnson, Brown & Hamilton-Giachritsis, 2006; Rutter, Kreppner & O’Connor, 2001). Johnson, Browne and Hamilton-Giachritsis (2006) suggest that the lack of a one-to-one relationship with a primary caregiver may be the main cause of harm.

For many children in residential care during the 20th century, the withholding of education and resulting feelings of inadequacy and incompetence, low self-worth and shame are reported to compound feelings of guilt, distrust and low-self-esteem associated with abuse (Forde, 1999; Goldman & Bode, 2012). Similarly, in a study of children in foster care, Hartman (2009) found that all children surveyed, whether or not they had experienced...
abuse in care, evidenced problems in health, development and overall functioning, which were exacerbated by abuse experienced in care. An important caveat to these findings is the contextual understanding that children in care may be predisposed to poorer functioning as a result of prior and/or other ongoing experiences of abuse, neglect or adversity.

**Institutional complicity and betrayal**

The actions institutions take in response to victim disclosures can also contribute to the impacts of abuse. Australian religious institutions, consistent with their international counterparts, have had a poor record in recognising, reporting and appropriately responding to disclosures of abuse in the church and in religious-affiliated care (Higgins, 2001; Morrison, 2005; Parkinson, Oates & Jayakody, 2009). In an Australian study of the reporting behaviours and responses of the Anglican Church in South Australia, Morrison (2005) found that while more than half of the clergy surveyed reported knowledge of at least one incident of child abuse in the church, almost all had suspicions. Morrison (2005) found considerable problems of under and delayed reporting of abuse allegations were contributed to by perceived conflicts of interest. In a case study analysis of abuse in the church, Higgins (2001) similarly notes the reluctance of religious institutions to acknowledge the role and purpose of legal authorities in the investigation and response to abuse disclosures. Groze (1990) highlights the difficulties inherent in the investigation of institutional abuse allegations extending beyond the problems of non-disclosure and reluctance to report, to also include issues of scale, process and competing need. A number of studies have observed that large-scale investigations, in particular, are often subject to the influence of the multiple and competing interests across private and public domains, which can obscure a focus on the protection and safety of children, and can result in further trauma for victims (Colton, Vanstone & Walby, 2002; Groze, 1990; Wolfe et al., 2010).

The perceived role and complicity of institutions in creating situations and settings where abuse can occur, concealing abuse or failing to attend to disclosures in appropriate ways leads to a sense of ‘institutional betrayal’ for victims (Smith & Freyd, 2013). Institutional betrayal is found to be associated with increased levels of anxiety, trauma symptoms and dissociation for victims of abuse in a variety of institutional settings, but particularly those where there is a dynamic of dependency and/or trust between victims and offenders (Smith & Freyd, 2013).

**Perpetrator-specific factors**

While it is noted that the characteristics of some institutions increase the situational risk for sexual abuse, Sullivan and Beech (2002) observe ‘any organisation or institution, whether statutory or voluntary, where children are cared for is vulnerable to infiltration by professionals who wish to abuse’ (p. 154). Research on the impact of child sexual abuse in other settings has suggested that characteristics of the perpetrator, particularly their relationship to the child, may be important in not only facilitating the occurrence of abuse, but also in contributing to abuse impacts and outcomes (Goldman & Padayachi, 2000).
Research on perpetrators in institutional settings has explored and posited various aspects of intra-psychic function and behavioural motivation as possible contributory factors to the occurrence and outcomes of abuse (Falkenhain et al., 1999; Hanson & Thornton, 2000; Rossetti, 1996). Findings from the largest study of institutional perpetrators (John Jay College 2004, 2006), however, suggest that perpetrators are a heterogeneous group who largely evidence psychological profiles indistinct from non-offenders in the general community (Terry & Freilich, 2012). Instead, marked among the narratives of victims of institutional abuse, and particularly abuse in religious institutions, is the importance victims place on the perpetrator’s professional role and the power it conveyed (Commission to Inquire into Child Abuse, 2009; Mart, 2004; Senate Community Affairs References Committee, 2004; Smith & Freyd, 2013; Terry & Freilich, 2012).

The source of the perpetrator’s power may be personal (e.g. age, gender, size, reputation, personality, professional expertise or competency) or associated with their role, position or status (Wurtele, 2012). Many victims of institutional abuse, across a variety of settings, describe in qualitative research the powerful ‘charisma’ perpetrators possessed (Green, 2001; Mart, 2004; Smith & Freyd, 2013). In sporting organisations, coaches can exert a great deal of power over their charges, not only by virtue of their role, age or gender, but because the motivations of athletes to succeed, and for sports administrators to survive, actively sustain the power of the coach over athletes and the organisation (Brackenridge et al., 2008). Coaches can control an athlete’s medical treatment, diet, social activities and sexual behaviour with such control being normalised within regimes of training, motivation and discipline (Brackenridge et al., 2002).

In religious settings, the power of perpetrators is enhanced by their representation of God, religious rituals and bearing (van Wormer & Berns, 2004; Wurtele, 2012). In a reflection on practice with 25 male survivors of childhood sexual abuse by priests, Mart (2004) notes that many victims initially held the perpetrator in high esteem and in some cases with especial reverence. Abuse by a trusted and admired role model or spiritual leader was noted across qualitative studies to be disorienting, leaving victims with a profound sense of powerlessness and betrayal (Mart, 2004; Wolfe et al., 2003).

These findings are consistent with reports to government inquiries and collectively suggest that factors specific to perpetrators can influence abuse impact via their interaction with organisational, cultural and situational factors (Terry & Freilich, 2012). This interaction of contexts and factors may also contribute to the impact of abuse via the dynamic of abuse it supports and conceals.

**Abuse-specific factors**

Research has long suggested that the both the dynamics and severity of child sexual abuse may contribute to its impact and outcomes in later life (Beitchman et al., 1991; Bennett et al. 2000; Kendall-Tackett et al., 1993; Lueger-Schuster et al., 2014a,b). In studies of sexually abused children in other settings, abuse that is more severe – which involves penetration and/or force, is perpetrated by a close relative, occurs frequently and over a longer duration – is associated with greater impairment, symptomatology, dysfunction and prolonged trauma for the child (Beitchman et al., 1991; Bennett et al., 2000; Kendall-Tackett
et al., 1993). Comparative analysis of the nature and type of abuse perpetrated across settings suggests institutional child sexual abuse is often more severe, more likely to occur over longer periods of time, more likely to involve multiple offenders and to commonly occur in the contexts of often extreme dependency and powerlessness (Barter, 1999; Gallagher et al., 1996; Gallagher, 1999b; Mart, 2004; Spröber et al., 2004; White & Hart, 1995). Demonstrating the association between the severity of institutional abuse and impacts in later life, Lueger-Schuster et al. (2014a) found that survivors with a diagnosis of PTSD were significantly more likely to have experienced severe sexual abuse, including anal/vaginal penetration, as well as other forms of sexual violence.

Research substantiates that the cumulative risk associated with multiple experiences of maltreatment and adversity is an important and reliable predicator of impact and outcomes in later life (Fergusson & Horwood, 2003). Research exploring the experiences of victims of abuse in foster and residential care suggests prior abuse histories and their impact put children at risk for further abuse in care, and the impact of additional abuse exacerbates existing problems and precipitates new ones (Benedict et al., 1996; Hobbs, Hobbs & Wynne, 1999). Lueger-Schuster et al. (2014a) similarly found a greater number of family-related risk factors prior to institutionalisation were associated with greater rates of PTSD in adulthood.

Consistent with child sexual abuse in other settings, institutional abuse is underscored by relationship dynamics of betrayal, secrecy, exploitation of power and contexts in which disclosure is considered prohibitive to the victim (Astbury, 2013; Brady, 2008; Doyle, 2003; Sullivan & Beech, 2002).

**Dynamics of entrapment**

Like perpetrators of child sexual abuse in other settings, institutional offenders are noted to engage in what is consistently described as deliberate and predictable behaviours using ‘coercion, favouritism, alienation, secrecy, and boundary violations to “groom” their victims into engaging, participating, and remaining in abusive sexual activity’ (Christiansen & Blake 1990, p. 89). Utting (1998) suggests that the power afforded to institutional offenders by virtue of their role or association with a socially valued institution only strengthens the impact and effect of ‘grooming’ behaviours.

Gallagher (1999a) suggests the dynamics of abuse in institutional settings are better described by the term ‘entrapment’. Abuse in religious institutions, and particularly by religious leaders, has been described a ‘unique betrayal’ (Guido, 2008) and an ‘ultimate deception’ (Cook, 2005). Characteristic of child sexual abuse in these settings is not only the use of threats, coercion and bullying but also the spiritual manipulation of victims via the use of religious icons, sentiments, symbols, practices and doctrine (Farrell & Taylor, 2000; Isely, et al., 2008; McLaughlin, 1994; Rossetti, 1995; Spröber et al., 2014).

Victims of child sexual abuse in religious institutions commonly report initially feeling ‘special’ to be singled out by an often charismatic religious leader, mentor or role model, but then conflicted and confused and ultimately betrayed and alienated from their church (Collins et al., 2014; Farell, 2009; Farell & Taylor, 2000; Flanagan-Howard et al., 2009; Flynn, 2008; Isely et al., 2008; Mart, 2004; Rossetti 1995; van Wormer & Berns, 2004; Walker et al.,
The combined impact of coercion, religious sentiment and threats is suggested to be associated with distinct and discernible adverse impacts on the spiritual wellbeing of victims (Farrell & Taylor, 2000; Guido, 2008; Mart, 2004; Rossetti, 1995; Spröber et al., 2014; Wolfe et al., 2006).

The dynamic of abuse in institutions means that ‘grooming’ behaviours often extend to families, colleagues and others in the organisational setting as a means of securing access to victims and preventing detection (McAlinden, 2006). In sporting organisations, perpetrators of child sexual abuse have been observed to use ‘grooming’ tactics to gain the trust of athletes and their families, slowly pushing the boundaries of acceptable behaviour and increasingly violating the personal space of the child (Brackenridge, 2001). Grooming behaviour in this context is designed to lower not only the inhibitions of the child, but also those of the family (McAlinden, 2006). Likening the dynamic of abuse in sports to that of domestic violence, Brackenridge et al. (2001) suggests victims often fall into a cycle of dependency, sexual attention, guilt and then further, reinforced dependency, which is difficult to break.

**Victim-specific factors**

While all institutional settings support relationships that are marked by a certain degree of dependence, some settings are more susceptible to this dependence being exploited by perpetrators, and similarly some children in these settings are more vulnerable to abuse and particular abuse dynamics (Brackenridge, 2001; Spröber et al., 2014; Wolfe et al., 2003).

The extent of involvement and isolation of children in institutional settings may be a key risk factor for the occurrence of abuse, and ultimately its outcomes. Children with greater involvement with organisations are both more visible and available to perpetrators, but depending on the nature of their engagement with the organisation or their level of need and vulnerability, may also tolerate abuse so as to avoid consequences of segregation, missing out or losing out on opportunities and experiences (Brackenridge, 2001; Wolfe et al., 2003). The degree or extent of power an institution has over a child (and/or their family) is also found to be associated with risk for abuse and adverse outcomes (Wolfe et al., 2003). For victims who are mandatorily engaged with an institution, as was the case for many in residential care facilities, the sense of powerlessness, helplessness and betrayal can be as complete as the institutional control over their lives (Commission to Inquiry into Child Abuse, 2009; Human Rights and Equal Opportunity Commission, 1997; Law Commission of Canada, 2000; Mullighan, 2008; Queensland Government, 1999; Senate Community Affairs References Committee, 2001 & 2004; Tasmanian Ombudsman, 2004; Victorian Parliament, 2014).

There is also some evidence that the victim’s gender may contribute differential risk for abuse and related impacts in different institutional settings (Gallagher, 2000). The observed over-representation of males in cohorts of children abused in residential care and/or religiously affiliated institutions, combined with their hesitancy or delay in disclosure, suggests they may be at particular risk in these types of institutional settings (Fogler et al., 2008).
Disclosure dynamics

Smith and Freyd (2013) suggest that in an institutional setting, abuse is both more likely to occur, less likely to be disclosed and, if disclosed, less likely to be believed. These disclosure dynamics contribute to the impact of abuse via their association with the frequency, duration or re-occurrence of abuse and the likelihood of gaining appropriate support.

Evidence suggests that up to two-thirds of victims do not disclose childhood abuse until adulthood (Jonzon & Lindblad, 2004; Ullman, 2003). Parkinson et al. (2009), in investigating child sexual abuse in the Australian Anglican church, found male victims took an average 25 years to disclose their abuse, seven years longer than for female victims. While finding a consistent average time to disclosure, the John Jay College studies of child sexual abuse in the Catholic church in the US, in contrast to other studies, found no significant difference in the time taken to disclose by male and female victims (Smith et al., 2008).

Many factors are known to contribute to the likelihood of child sexual abuse disclosure. While not always consistent in their findings, empirical studies report victim age, gender and cognitive capacity, the relationship between the victim and the perpetrator, the severity of the abuse and perceived risks associated with disclosure all contribute to if and when victims report their experiences (Alaggia & Kirshenbaum, 2005; Arata, 1998; O’Leary, Coohey & Easton, 2010; Terry & Tallon, 2004). To disclose sexual abuse, victims necessarily have to reveal an experience that may be associated with fear, shame and anticipation of negative consequences (Browne & Finkelhor, 1986; Lawson & Chaffin, 1992). Both the anticipated or perceived reaction of others may also determine the likelihood of disclosure at the time of abuse and/or potential recant of disclosure at a later point (Keary & Fitzpatrick, 1994; Sauzier, 1989; Smith et al., 2000).

Many female witnesses to the Commission to Inquire into Child Abuse (2009), described fear for their own and their siblings’ safety, fear of further harm or punishment, and fear of not being believed as deterring their disclosure of abuse. For victims who did report their abuse, almost 20 per cent received no response and noted that the abuse continued (Commission to Inquire into Child Abuse, 2009). As discussed in section 2.1, male victims are consistently found to be less likely than female victims to disclose their abuse (Finkelhor et al., 1990; Parkinson et al., 2009). Gender-specific barriers to disclosure are suggested to include: rape myths, rigid definitions of masculinity, an overemphasis on self-reliance, confusion about sexuality and physiological responses to abuse, the impact of emotional grooming and accepted societal scripts about sexual experimentation (Artme, McCallum & Peterson, 2014; Paine & Hansen, 2002; Romano & De Luca, 2001). Westcott (1991) suggests four barriers effectively prevent disclosure of abuse in institutional settings: 1) lack of process for reporting and investigating complaints, 2) a view that abuse is the problem of the perpetrator not the institution, 3) the closed and isolated nature of institutions and 4) the belief systems surrounding and supporting institutions. These barriers are noted to be widespread across both contemporary and historic institutional settings (Higgins & McCabe, 2001; Hunt, 2006; John Jay College, 2004; Senate Community Affairs References Committee, 2004; Wescott, 1991).
Effectiveness of responses to disclosure

The benefits of disclosure will, however, depend on the response received. In a systematic review of research relating to the disclosure of child sexual abuse, Ullman (2003) finds the reactions of others to abuse disclosures are important determinants of whether abuse is likely to continue and reoccur, and are also implicated in the nature and severity of abuse outcomes in the long term.

Negative, dismissive, disbelieving, hostile, non-protective or non-supportive responses may be associated with an increased risk of adverse outcomes, including more psychological symptoms, psychopathology, dissociation and borderline personality symptoms (Arata, 1998; Hong et al., 2000; Lange et al., 1999; Litinov et al., 2000). The negative reactions of others to abuse disclosures are argued to be more predictive of later psychological distress than objective characteristics of the abuse experience (Lange et al., 1999). However, Lange et al. (1999) found the opposite, with the participant’s rating of the reactions of others not predicting later distress and symptoms, except the reaction from a friend. A negative reaction from friends was associated with higher levels of distress ($p=-0.45$), trauma ($p=-0.50$), intrusion ($p=-0.45$) and avoidance symptoms ($p=-0.34$).

Those who don’t disclose, potentially due to fear of negative reactions, also have worse psychological symptoms (Hong et al., 2000). The social marginalisation of children within institutional settings is argued to convey lower social status and credibility and hence make their disclosures of abuse less viable (Pilgrim, 2012; Wolfe et al., 2003). From a qualitative analysis of the calls and letters received from the German Independent Commissioner, Spröber et al. (2014) suggests that the majority of the 1,050 victims of institutional abuse received no help in response to abuse disclosure or abuse. The authors report victims’ disclosures were met with disbelief and often resulted in punishment and further victimisation (Spröber et al., 2014). Similar findings are found in the numerous submissions and evidence presented to government inquiries (Commission to Inquiry into Child Abuse, 2009; Human Rights and Equal Opportunity Commission, 1997; Law Commission of Canada, 2000; Mullighan, 2008; Queensland Government, 1999; Senate Community Affairs References Committee, 2001 & 2004; Tasmanian Ombudsman, 2004; Victorian Parliament, 2014). Negative reactions to disclosure, apart from the consequences of revictimisation and punishment, are themselves suggested to constitute a secondary traumatisation of the victim (Astbury, 2013).

How institutions respond to abuse that is disclosed and reported can further add to the trauma experienced by victims. Victims who are not believed or supported at the time of disclosure have reported feeling helpless, cynical, hopeless, isolated and to experience significant difficulty trusting others in interpersonal relationships (Campbell & Raja, 1999). If there is perceived to be little remediation of the issue and, as has been commonly observed, perpetrators are moved on to other locations, victims may experience further self-blame, and/or injustice at again being betrayed and let down by the institution (Feldthuelsen, Hankivsky & Greaves, 2000).
Gendered attributions and coping styles

Illustrative of the interplay between the multiple and nested contexts of abuse and impact, socio-cultural stereotypes about masculinity, violence and abuse are suggested to contribute to the differential impact of abuse on men and women. Society’s general non-acceptance of males as survivors of abuse is argued to influence the attributions men make about abuse, their likelihood of disclosure and the availability and access of appropriate supports (Brackenridge, 2001; Hartill, 2014). Historical factors are similarly observed to influence the meaning victims attribute to abuse. Spröber et al. (2014), for example, found that victims of institutional abuse in the 1950s and 1960s were more likely to describe feelings of shame and ignorance about sexuality at the time of the abuse, whereas those abused in the 1970s reported abuse as being explained to them at the time as ‘helpful’ in their sexual development. In community samples, Feiring, Taska and Chen (2002) have found victims who internalise feelings of self-blame and shame specific to abuse, report higher rates of post-traumatic stress disorder. Other research has identified that, consistent with social scripts, this pattern of internalising abuse is more common amongst females, whereas males are more likely to externalise their trauma (Widom & White, 1997).

Collectively, these findings are consistent with an ecological understanding of the impacts of institutional child sexual abuse. The association between institutional abuse and its impacts appears likely to be influenced by factors specific to the child, the perpetrator, the abuse, the institutional setting and the wider social and historical contexts in which these factors intersect.
Part 3
Conclusions
3.1 Conclusions: implications for policy, practice and research

Key points

- The current knowledge base to inform prevention, intervention and treatment regarding institutional child sexual abuse is limited in size, scope, method and focus. Greater research is needed on the prevalence of abuse, and characteristics of victims, perpetrators, abuse characteristics and settings, in contemporaneous settings.

- Institutional child sexual abuse may affect outcomes in later life via the direct impact of abuse and/or through indirect effects associated with abuse and the setting in which it occurs. This may have significant implications for the engagement of survivors with organisations offering treatment and support.

- Qualitative differences in abuse experienced in institutional settings, including the exploitation of dependency and power, the use of symbols and practices of the institutional setting in abuse, the process of ‘entrapment’ and the significant barriers that exist to disclosure can contribute to discernible and distinct impacts and to the severity of common impacts. More research is needed on the differential impact of abuse in institutional settings and how this differs for men and women over time.

- The impacts of institutional child sexual abuse are likely to be intertwined with the social, structural and historical factors precipitant to the occurrence of abuse. These may include reasons for being placed in care, the nature and character of institutional settings and life therein. Additionally, the impacts of institutional abuse may be compounded by concurrent or prior experiences of maltreatment and deprivation. More research is needed to better understand the experience of multiple adversities in childhood and the risk and protective features of institutional environments that may exacerbate the risk for adverse experiences.

- Rather than a linear relationship, the impacts of institutional child sexual abuse are likely to be the result of the complex and connected contexts and contextual factors characteristic of victims, perpetrators, the abuse dynamic and institutions.

This report presents the results of a rapid review of available evidence on the impact of institutional child sexual abuse on victims/survivors. Critical synthesis of the available literature identifies a number of key findings with significance for policy, practice and research regarding the sexual abuse of children in community organisations and social institutions. While the conclusions of this review need to be interpreted cautiously as a comprehensive systematic review was not conducted, a sizeable body of literature on institutional child sexual abuse was identified. The analysis presented emphasises that prevention, intervention and treatment efforts are best informed by understandings of institutional child sexual abuse that recognise the complex and connected nature of its
occurrence and outcome. The current available knowledge base to inform such efforts, however, is found by this review to be limited in scope, focus and specificity, placing a significant caveat on findings reported.

Existing research on institutional child sexual abuse

A rapid search of academic databases and key publications back to the early 1980s identified 132 titles, relating to the sexual abuse of children in institutional settings. These included data on abuse in schools, day care and child care, residential, foster and out-of-home care, orphanages and children's homes, industrial schools, sporting organisations and churches. Again it has to be emphasised that the present review does not constitute a comprehensive systematic review, with a search strategy based on quickly retrieving relevant studies across common databases. Of this relatively small body of literature identified, less than half of the titles describe, document or measure the impacts of institutional child sexual abuse. Much of the available quantitative data on the impacts of institutional abuse is drawn from samples of victims involved in government inquiries into child abuse across Germany, Austria and Ireland (Carr et al., 2009; Carr et al., 2010; Fitzpatrick et al., 2010; Flanagan-Howard et al., 2009; Knefel et al., 2015; Knefel & Lueger-Schuster, 2013; Lueger-Schuster et al., 2014a; Lueger-Schuster et al., 2014b; Rassenhofer et al., 2014; Wolfe et al., 2006). Opportunities to replicate some of these large-scale international studies in Australia would provide further insights into the potentially culturally specific experiences of institutional abuse and provide deeper understanding of the experiences and outcomes of victims in our community.

Apart from size and scope, and limitations resulting from the small number of available studies, the existing knowledge base is also constrained by methodological issues inherent in the study of child sexual abuse. These include the likelihood of sample bias and a reliance on cross-sectional analysis and retrospective report. The methodological issues inherent in the study of child sexual abuse encourage efforts to explore data linkage technologies and existing longitudinal studies as opportunities to provide prospective or long-term information on the life-course experiences of abuse and its outcomes.

The predominant focus within the existing literature on the long-term outcomes of historic abuse in predominantly religious-affiliated institutions has implications for how we understand the data and its generality to contemporary circumstances. Firstly, as Wolfe et al. (2010, p. 136) note ‘scientific literature indicates that the impact of child abuse changes over the life course, sometimes dramatically’. This means that current functioning of victims many years post abuse may not provide an accurate estimate of the overall impact(s) of abuse, which may be less, or greater, at different developmental time points and influenced by intervening experiences or coping efforts (Wolfe et al., 2010). Secondly, the social and historic contexts of abuse need to be recognised as important in shaping the situations and settings in which institutional abuse occurred and the likelihood of effective and appropriate support if and when abuse was disclosed (Pilgrim, 2012).

Despite the current rise in public and professional awareness of historic experiences of abuse in religious settings, little is known about contemporary experiences of abuse in religious institutions or its immediate or short-term impact(s). The historic focus of much of
the available research regarding institutional abuse means this is also true for our knowledge of abuse in schools, sports, out-of-home care and other settings. Greater research on contemporary experiences of institutional abuse, in a range of organisational settings, as well as the immediate, short-term and progressive impacts of abuse will strengthen the evidence base for effective responses to victims past, present and future.

Acknowledging these limitations and data gaps, critical analysis of the existing and available research does provide informative, if not preliminary insights into the characteristic features of institutional child sexual abuse, the situations and settings in which it occurs, its common and distinct impacts compared to child sexual abuse in other settings, and the contexts and factors that may be associated with abuse outcomes.

**Conceptualisations and characteristics of institutional child sexual abuse**

Review of the ways in which institutional abuse has been alternatively defined and understood over time and across the existing literature highlight the influence of societal understandings of childhood, sexual behaviour and acceptable behaviour towards children. Accepted and adopted conceptualisations of institutional abuse influence what we know about the phenomenon. They influence the focus and form of data recorded, analysed and reported, and its use in promoting awareness, shifting stigma and effecting change.

Little is known on the true incidence and prevalence of institutional abuse, partly as a consequence of the lack of available data and predominantly as a consequence of a lack of appropriate assistance to support victims disclosing their experiences. Existing data from government inquiries and related research indicates that child sexual abuse has been commonly reported in some institutional settings and reported more often at particular points in time (Senate Community Affairs References Committee, 2004; Spröber et al., 2014).

In Australia, child sexual abuse was reported by 20.9 per cent of the 889 care leavers who provided evidence to the Forgotten Australians inquiry (Senate Community Affairs References Committee, 2004) and depending on placement setting, 10–30 per cent of witnesses to the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families (Human Rights and Equal Opportunity Commission, 1997). A study of 370 of Australian athletes reported rates of abuse in sports organisations (31 per cent of females and 21 per cent of males) generally comparable to those reported for Australian community samples (i.e. Dunne et al., 2003; Mamun et al., 2007; Mazza, et al., 2001; Moore et al., 2010; Najman, et al., 2005). Australian prevalence rates are, however, notably higher than those reported by international meta-analyses, and are suggested to be the highest worldwide for girls (Pereda et al., 2009; Stoltenborgh et al., 2011). Prevention and intervention efforts in Australia will be better informed by dedicated research on the prevalence of institutional abuse and more detailed information the victims, perpetrators and characteristics of this abuse.
While little is known about the extent of institutional abuse in society, existing studies characterise it as qualitatively distinct from abuse in other settings. There is some suggestion that children may be at differential risk depending on the type of institution (Sullivan & Beech, 2002) with males more likely to be abused in religious institutions and residential care (Heath & Thompson, 2006; John Jay College, 2004; Parkinson, Oates & Jayakody, 2009). There is some evidence that females are more likely to be the victim of abuse in the context of elite or organised sport (Leahy et al., 2002), as well as in foster care (McFadden & Ryan, 1992). Some evidence also exists that victims of institutional child sexual abuse are on average older (Fischer & McDonald, 1998; Gallagher, 2000; Parkinson, Oates & Jayakody, 2009) and experience more severe abuse (Maglhaes et al., 2009) over a longer duration (Spröber et al., 2014) and are more likely to be abused by multiple offenders (Barter, 1999; Gallagher et al., 1996; Gallagher, 1999a; White & Hart, 1995). Also of note is the involvement of peers as perpetrators of institutional abuse, with some estimates suggesting upwards of 40 per cent of cases of child sexual abuse in foster care are perpetrated by other children and/or juveniles (Benedict et al., 1994; Hobbs et al., 1999; Westcott & Clement 1992). These findings and their implications for children currently in out-of-home care in Australia are pressing. With comparatively high rates of out-of-home care placements, particularly for Indigenous children, little is known in the Australian context about the experience of abuse in care, and particularly about abuse perpetrated by peers. Greater understanding is needed of the ways out-of-home care systems and processes can result in differential risk of abuse for males and females, and how existing and emerging technologies might best support vulnerable children to disclose abuse and seek support in ways appropriate to their needs and interests.

**Impacts of institutional child sexual abuse on victims/survivors**

Comparative analysis of impacts of institutional child sexual abuse and sexual abuse in other settings identifies common and distinct outcomes for victims of abuse in different settings (Bottoms et al., 1995; Carr et al., 2009; Carr et al., 2010; Carr et al., 2013; Fergusson, Beauprais & Horwood, 2003; Fergusson et al., 2008; Fitzpatrick et al., 2010; Flanagan-Howard et al., 2009; Hillberg et al., 2011; Knefel et al., 2014; Knefel et al., 2015; Lueger-Nelson et al., 2002; Neumann et al., 1996; Paolucci et al., 2001; Rassenhofer et al., 2014; Lueger-Schuster et al., 2014a, 2014b; Spröber et al., 2014; Wolfe et al., 2006). Victims/survivors of child sexual abuse, irrespective of abuse setting, are at increased risk for psychological problems, including psychiatric diagnoses of depression, anxiety, post-traumatic stress disorder, and alcohol and substance abuse disorders (Carr et al., 2010; Farrell, 2009; Farrell & Taylor, 2000; Fitzpatrick et al., 2010; Flanagan-Howard et al., 2009; Flynn, 2008; Knefel & Lueger-Schuster 2013; Knefel et al., 2015; Leahy, Pretty & Tenenbaum 2008; Lueger-Shuester et al., 2012; Lueger-Schuster et al., 2014a, 2014b; Spröber et al., 2014; Wolfe et al., 2006). They are likewise reported to experience poorer health, greater social and relational difficulties, increased rates of sexual dysfunction and criminality, and poorer educational and economic outcomes (Burgess, Welner & Willis, 2010; Carr et al., 2009; Commission to Inquire into Child Abuse, 2009; Fater & Mullaney, 2000; Flynn, 2008; Isely et al., 2008; O’Riordan & Arensman, 2007; Rassenhofer et al., 2014; Spröber et al., 2014). Rather than distinct and separate, these outcomes and the emotional states underpinning them are likely to be inter-related.
These findings highlight the need for victims to be supported by treatment that is holistic and responsive to changing needs. Research describing the potential spiritual impact of institutional abuse, particularly that perpetrated in religious institutions, suggests the need for treatment to be cognisant of both the common and distinct impacts of abuse, as well as the influence factors specific to the institutional setting of the abuse can have. Evidence of the vicarious impacts of institutional abuse highlights the need for prevention, intervention and treatment responses to extend to families of abuse victims. More research on the mechanisms of intergenerational transfer of trauma is needed to inform policy and practice, to strengthen capacity and resources, and arrest cycles of disadvantage and disempowerment.

**Contexts and factors associated with the impact of institutional child sexual abuse on victims/survivors**

While the reported impacts of abuse for victims of institutional and intra-familial and other extra-familial abuse appear comparable, the dynamics of abuse experienced within institutional settings are suggested to increase both the risk for and severity of these impacts over the life course (i.e. Carr et al., 2013; Hillberg et al., 2011; Kendall-Tackett et al., 1993; Maniglio, 2012; Neumann et al., 1996; Paolucci et al., 2001). Consistent with child sexual abuse in the other settings, institutional abuse is underscored by relationship dynamics of betrayal, secrecy, exploitation of power, and contexts in which disclosure is considered prohibitive to the victim (Astbury, 2013; Brady, 2008; Doyle, 2003; Sullivan & Beech, 2002).

Findings from the largest study of institutional perpetrators (John Jay College 2004, 2006), however, suggest that rather than perpetrators being readily identifiable by virtue of psychopathology or behavioural motivation, overall they are a heterogeneous group who largely evidence psychological profiles indistinct from non-offenders in the general community (Terry & Freilich, 2012). Rather, marked among the narratives of victims of institutional abuse, and particularly abuse in religious institutions, is the importance victims place on the perpetrator’s professional role and the power it conveys (Commission to Inquire into Child Abuse, 2009; Mart, 2004; Senate Community Affairs References Committee, 2004; Smith & Freyd, 2013; Terry & Freilich, 2012). Recent media coverage and well-publicised scandal surrounding high-profile cases of child sexual abuse highlight the need for greater and more accurate information about perpetrators, and situations and settings that provide opportunities and risk for abuse. Likewise, greater understanding of the specifics of ‘grooming’ or ‘entrapment’ tactics by institutional perpetrators is needed to best inform prevention efforts across community organisations and institutional settings.

The perceived role and complicity of institutions in creating situations and settings where abuse can occur, concealing abuse or failing to attend to disclosures in appropriate ways leads to a sense of ‘institutional betrayal’ for victims (Smith & Freyd, 2013). Institutional betrayal is found to be associated with increased levels of anxiety, trauma symptoms and dissociation for victims of abuse in a variety of institutional settings, but particularly those where there is a dynamic of dependency and/or trust between victims and offenders (Smith
& Freyd, 2013). Evidence of the role and contribution of institutional settings and the structural and social forces surrounding them to, at least historically, facilitate and conceal abuse is likely to have important implications for the engagement of survivors with organisations offering treatment and support. Failure of organisations and institutions to protect children from abuse and/or to respond appropriately to disclosures of abuse, has for many victims resulted in a deep sense of betrayal and distrust of organisations, authorities and institutional settings, which may pose a significant barrier to accessing and receiving ongoing support. More research is needed on the supports that best meet survivor needs, and the settings in which this support is most appropriately offered. Evidence of institutional ‘complicity’ in both the occurrence and outcomes of abuse serves as a stark reminder to policy and practice of the importance of ongoing and continuous improvement in monitoring risk, promoting protection and supporting detection and disclosure of abuse.
Appendices
### Appendix A

**Studies of the context and consequences of institutional child sexual abuse**

<table>
<thead>
<tr>
<th>Study citation</th>
<th>Description</th>
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<tbody>
<tr>
<td>Terry, KJ &amp; Freilich, JD 2012, Understanding child sexual abuse by Catholic priests from a situational perspective. <em>Journal of Child Sexual Abuse</em>, 21 (4), 437–455.</td>
<td>Provides an analysis of two case studies to understand the opportunities clergy had or created to abuse young people. Prevalence of abuse across gender is also discussed in relation to clergy access.</td>
</tr>
<tr>
<td>Browne, D 2002, Coping alone: Examining the prospects of adolescent victims of child abuse placed in foster care. <em>Journal of Youth and Adolescence</em>, 31 (1), 57–66.</td>
<td>The experiences and coping skills and capacities of 21 young people in foster care were assessed. More problematic placements and a reliance on coping alone were observed for abused young people.</td>
</tr>
<tr>
<td>Fogler, JM, Shipherd, JC, Clarke, S, Jensen, J &amp; Rowe, E 2008, The impact of clergy-perpetrated sexual abuse: The role of gender, development and posttraumatic stress. <em>Journal of Child Sexual Abuse</em>, 17 (3), 329–358.</td>
<td>Reviewing what is known about PTSD following sexual abuse in the wider community, this paper draws conclusions on the likely impact clergy-perpetrated abuse may have on boys and adult women.</td>
</tr>
<tr>
<td>Paragment, KI, Murray-Swank, NA &amp; Mahoney, A 2008, Problem and solution: The spiritual dimension of clergy sexual abuse and its impact on survivors. <em>Journal of Child Sexual Abuse</em>, 17 (3–4), 397–420.</td>
<td>This paper proposes a way to understand the spiritual impact of clergy-perpetrated sexual abuse, noting likely impact on an individual’s search for meaning and potential buffering effects of religiosity.</td>
</tr>
<tr>
<td>Arms, MF 2002, When forgiveness is not the issue in forgiveness: Religious complicity in abuse and privatized forgiveness. <em>Journal of Religion &amp; Abuse</em>, 4 (4), 107–128.</td>
<td>Examining public and private aspects of forgiveness as well as suggested church complicity in abuse, the authors argue issues about truth and truth telling are of the most importance.</td>
</tr>
<tr>
<td>Keenan, M 2011, Researching the lives of Irish Roman Catholic clergy who have sexually abused minors: Collaborative inquiry. <em>Qualitative Social Work</em>, 1–17.</td>
<td>This article describes the methods used to study Irish Catholic clergy who had sexually abused minors, emphasising the value of collaborative process.</td>
</tr>
<tr>
<td>Tailor, K, Piotrowski, C, Woodgate, RL &amp; Letourneau, N 2014, Child sexual abuse and adult religious life: Challenges to theory and method. <em>Journal of Child Sexual Abuse</em>, 23 (8), 865–884.</td>
<td>Reviewing the intersections between child sexual abuse (perpetrated by non-clergy) and religiosity in adults, this paper explores the potential for spiritual impact and buffering effects of religion for survivors.</td>
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<td>Study citation</td>
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<tr>
<td>Ligezinska, M, Firestone, P, Manion, J, McIntyre, J, Ensom, R &amp; Wells, G 1996, Children’s emotional and behavioral reactions following the disclosure of extrafamilial sexual abuse: Initial effects. Child Abuse &amp; Neglect, 20 (2), 111–125.</td>
<td>The initial emotional and behavioral responses of 41 child victims of extra-familial sexual abuse (perpetrated by an unrelated person at least five years older than them) are compared to a non-clinical sample, identifying deleterious impact.</td>
</tr>
<tr>
<td>Van Vugt, E, Lanctot, N, Paquette, G, Collin-Vecina, D &amp; Lemieux, A 2014, Girls in residential care: From child maltreatment to trauma-related symptoms in emerging adulthood. Child Abuse &amp; Neglect, 38, 114–122.</td>
<td>Using data from a longitudinal study, this research reports child maltreatment prior to residential care was related to anxiety, depression and anger in adulthood and that multiple and co-existing types of maltreatment were common.</td>
</tr>
<tr>
<td>Attar-Schwartz, S 2009, School functioning of children in residential care: The contributions of multilevel correlates. Child Abuse &amp; Neglect, 33, 429–440.</td>
<td>This study examines the relationship between problems in school functioning of children in residential care in Israel and finds factors prior to placement as well as characteristics of the care setting contribute to academic outcomes.</td>
</tr>
<tr>
<td>Smith, CP &amp; Freyd, JJ 2014, Institutional betrayal. American Psychologist, 69 (6), 575–587.</td>
<td>Exploring the concept of institutional betrayal, the authors highlight the role of institutions in traumatic experiences and distress following these experiences.</td>
</tr>
<tr>
<td>Wurtele, SK 2012, Preventing the sexual exploitation of minors in youth-serving organisations. Children and Youth Services Review, 34, 2442–2453.</td>
<td>Discussing child sexual abuse by staff members in youth-serving organisations, this paper identifies</td>
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<td>Study citation</td>
<td>Description</td>
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<td>Easton, SD, Saltzman, LY &amp; Willis, DG 2014, ‘Would you tell under circumstances like that?: Barriers to disclosure of child sexual abuse for men. <em>Psychology of Men &amp; Masculinity, 15</em> (4), 460–469.</td>
<td>This paper explores the psychological literature, which may explain delays in disclosures of abuse and why extensions of time for legal claims should exist.</td>
</tr>
<tr>
<td>Blatt, ER &amp; Brown, SW 1986, Environmental influences on incidents of alleged child abuse and neglect in New York state psychiatric facilities: Toward an etiology of institutional child maltreatment. <em>Child Abuse &amp; Neglect, 10</em>, 171–180.</td>
<td>Working with children and youth who were victims of punitive disciplinary practices in schools, this paper presents an application of PTSD formulations to young people in the context of school abuse (not sexual).</td>
</tr>
<tr>
<td>Wolfe, DA, Jaffe, PG, Leschied, AW &amp; Legate, BL 2010, Assessing historical abuse allegations and damages. <em>Child Abuse &amp; Neglect, 34</em>, 135–143.</td>
<td>This study explores data for 1,391 children within 44 institutions and finds that both institutional and child-related factors contribute to the probability and frequency of punishment.</td>
</tr>
<tr>
<td>Pritt, AF 1998, Spiritual correlates of reported sexual abuse among Mormon women. <em>Journal for the Scientific Study of Religion, 37</em> (2), 273–285.</td>
<td>Women in rural El Salvador who were sexually abused as children by strangers, friends or neighbours reported greater depression, but after the number of relatives killed in war was controlled for, difference failed to reach significance.</td>
</tr>
<tr>
<td>Smith, CP &amp; Freyd, JI 2013, Dangerous safe havens: Institutional betrayal exacerbates sexual trauma. <em>Journal of Traumatic Stress, 26</em>, 119–124.</td>
<td>Mormon women who reported experiencing child sexual abuse reported significantly lower spiritual wellbeing, lower overall optimism and less of a sense of God when compared to non-abused counterparts, regardless of offender.</td>
</tr>
<tr>
<td>White, MD &amp; Terry, KJ 2008, Child sexual abuse in the Catholic church: Revisiting the rotten apples explanation. <em>Criminal Justice and Behavior, 35</em> (5), 658–678.</td>
<td>This paper uses a police deviance framework to characterise and understand the Catholic church sex abuse scandal and draws attention to structural as well as individual factors important in the explanation of child abuse in the church.</td>
</tr>
<tr>
<td>Colton, M, Vanstone, M &amp; Walby, C 2002, Victimization, care and justice: Reflection on the</td>
<td>Reflections are presented on the experiences of victims/survivors who provide evidence to inquiries</td>
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<td>Study citation</td>
<td>Description</td>
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<td>experiences of victims/survivors involved in large-scale historical investigations of child sexual abuse in residential institutions. <em>British Journal of Social Work</em>, 32, 541–551.</td>
<td>and commissions into historic cases of child abuse. The paper highlights motivations to participate, the impact of involvement in investigation and the support received and/or found useful by survivors.</td>
</tr>
<tr>
<td>Raviv, T, Taussig, HN, Culhane, SE &amp; Garrido, EF 2010, Cumulative risk exposure and mental health symptoms among maltreated youth placed in out-of-home care. <em>Child Abuse &amp; Neglect</em>, 34, 742–751.</td>
<td>The mental health symptoms of 252 maltreated children placed in out-of-home care are examined, demonstrating that cumulative risk in the sample was a strong predictor of outcomes.</td>
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## Appendix B

### Studies of the cause and characteristics of institutional child sexual abuse

<table>
<thead>
<tr>
<th>Study citation</th>
<th>Description</th>
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<tr>
<td>Gallagher, B 2000, The extent and nature of known cases of institutional child sexual abuse. <em>British Journal of Social Work, 30</em>, 795–817.</td>
<td>This paper presents findings from a study of institutional abuse cases referred to social service departments or the police in eight local UK authority areas.</td>
</tr>
<tr>
<td>Heath, JM &amp; Thompson, A 2006, Extrafamilial child sexual abuse: An examination of police briefs of evidence to explore associations between perpetrator, victim and offence characteristics. Paper presented at the Joint Conference of the Australian Psychological Society and the New Zealand Psychological Society, Auckland, NZ.</td>
<td>Data relating to 237 victims from Crown briefs of evidence prepared between 1997 and 2004 were reviewed. Younger children and males were more at risk for abuse, and teachers and professionals showed preferential offending for male victims, whereas skilled workers revealed a preference for females.</td>
</tr>
<tr>
<td>Hartill, M 2013, Concealment of child sexual abuse in sports. <em>Quest, 65</em> (2), 241–254.</td>
<td>The article explores the historic concealment of sexual abuse in organised sports and highlights the problematic nature of emphasising individual failures to protect children.</td>
</tr>
<tr>
<td>Brackenridge, C 2003, Dangerous sports? Risk, responsibility and sex offending in sport. <em>Journal of Sexual Aggression: An international forum for research, theory and practice, 9</em> (1), 3–12.</td>
<td>This paper highlights how a lack of focus on situational factors and an over-emphasis on individual behaviour may be lacking in efforts to reduce recidivism rates of sex offenders in different organisations.</td>
</tr>
<tr>
<td>Farrell, D 2004, An historical viewpoint of sexual abuse perpetrated by clergy and religious. <em>Journal of Religion &amp; Abuse, 6</em> (2), 41–80.</td>
<td>This paper provides a historical overview of the issue of clergy abuse, demonstrating the longevity of the issue and attempts to respond over time.</td>
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<tr>
<td>Author(s)</td>
<td>Year</td>
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<tr>
<td>Pilgrim, D</td>
<td>2012</td>
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<td>Shaughnessy, MF</td>
<td>1984</td>
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<td>Rabb, J &amp; Rindfleish, N</td>
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<td>Astbury, J</td>
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<td>Hawkins, RMF &amp; Briggs, F</td>
<td>1997</td>
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<td>Leland Smith M, Rengifo, AF &amp; Vollman, BK</td>
<td>2008</td>
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<tr>
<td>Author(s)</td>
<td>Title and Publication Details</td>
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<tr>
<td>Morrison, Z 2005</td>
<td>Reporting the Abuse of Children and Young People and Responding to Adult Sexual Assault: A study into the attitudes and behaviours of clergy and church-workers in the Anglican Diocese of Adelaide when dealing with the abuse of children and sexual assault of adults.</td>
</tr>
<tr>
<td>Parkinson, P, Oates, K &amp; Jayakody, A 2009</td>
<td><em>Study of Reported Child Sexual Abuse in the Anglican Church.</em></td>
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Data from an institutional census of records of abuse between 1950 and 2002 are analysed to determine the incidence and prevalence of clergy-perpetrated abuse in the United States.

This report explores the knowledge, understanding and commitment clergy and lay church workers demonstrate to make reports of child sexual abuse and adult sexual assault to the proper authorities without impeding or meddling in the situation.

A matched study of abuse perpetrators found that professionals, similar to extra familial perpetrators generally, were likely to have offended against multiple victims, older victims and have a higher level of emotional over-identification with victims.

This article explores current discourses on grooming and argues that offenders may groom not only the child but also the family and the general community into believing they are of no risk to children.

Results from the Nature and Scope of Child Sexual Abuse by Catholic Priests from 1950 to 2002 survey are explored to provide information on the circumstances of abuse.

Findings of a study on the willingness to report possible abuse and neglect events within 24-hour residential care facilities are presented.

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Evidence on maltreatment in foster care from the USA, UK and Australia is reviewed. Perpetrators and nature of abuse are described.

US child protective services reports in the Baltimore, Maryland, area were reviewed from 1984 to 1988. The type and frequency of abuse and neglect reports in family foster care are reported and compared to community reports.

This paper explores the issue of child sexual abuse within sports organisations and describes issues of organisational accountability.

Reports on 159 cases of sexual abuse in sport reported in the media over 15 years were analysed to identify characteristics of offence, location and method.

This report analyses 191 cases of alleged child sexual abuse in the Anglican church in Australia from 1990 to 2008. Characteristics of abuse, victims and perpetrators are reported.

A sample of 370 elite athletes were surveyed about their experience of sexual abuse to investigate the prevalence of abuse within sporting organisations in Australia.

Reporting on a symposium on sexual harassment in sport, the issue of sexual abuse in sporting organisations is described.
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<tr>
<th>Reference</th>
<th>Text</th>
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<tr>
<td>Kiessel, H &amp; Wurger, M 2002, Victimization of incarcerated children and juveniles in South Africa. <em>International Review of Victimology</em>, 9, 299–329.</td>
<td>Incarcerated children and young people as well as correctional officers were surveyed about their knowledge, witnessing and experience of abuse in prison.</td>
</tr>
<tr>
<td>Hartill, M 2009, The sexual abuse of boys in organized male sports. <em>Men and Masculinities</em>, 12 (2), 225–249.</td>
<td>This article examines the potential for sports organisations to facilitate the sexual abuse of boys.</td>
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<tr>
<td>ACT Commissioner for Public Administration 2004, <em>The Territory as parent: review of the safety of children in care in the ACT and of ACT child protection management</em>, Canberra, retrieved from: <a href="http://www.cmd.act.gov.au/child_protection_review/">http://www.cmd.act.gov.au/child_protection_review/</a>.</td>
<td>In 2004, a management review under ss. 21 and 22 of the <em>Public Sector Management Act 1994 (ACT)</em> was requested following expressions of concern that the Department of Education, Youth and Family Services had failed to meet its statutory obligations under s. 162 of the <em>Children and Young People Act 1999 (ACT)</em>. This report responds to the review’s terms of reference detailing an investigation of the Department’s statutory obligations under s. 162 of the Children and Young People Act, together with an audit of the files of those children and young people in care who have been the subject of a report of concern between the period under review, 10 May 2000 to 31 December 2003. This government inquiry report does not provide information on impact of institutional abuse but provides contextual information about the processes that may underpin organisational responses to abuse in care.</td>
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<tr>
<td>Northern Territory Government 2010, <em>Growing them strong, together: Promoting the safety and wellbeing of the Northern Territory’s children</em>, summary report of</td>
<td>Appointed by the Chief Minister in 2009, this inquiry was established to review the child protection system and make recommendations to</td>
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<td>Source</td>
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<td>Board of Inquiry into the child protection system in the Northern Territory, retrieved from: [<a href="http://www.childprotectioninquiry.nt.gov.au">http://www.childprotectioninquiry.nt.gov.au</a> data/assets.pdf_file/0009/49779/CPSR_Summary.pdf](<a href="http://www.childprotectioninquiry.nt.gov.au">http://www.childprotectioninquiry.nt.gov.au</a> data/assets.pdf_file/0009/49779/CPSR_Summary.pdf)</td>
<td>substantially strengthen and improve the system and to ensure it meets the needs of Northern Territory children. A driving concern for the inquiry was the significance and sensitivity of matters to do with Aboriginal and Torres Strait Islander communities in the Northern Territory. This report presents findings of the review into child protection processes and does not provide information on impact of institutional abuse but provides contextual information about the processes that may underpin organisational responses to abuse in care.</td>
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<tr>
<td>Gordon, S, Hallahan, K, Henry, D 2002, <em>Putting the picture together: Inquiry into Response by government agencies to complaints of family violence and child abuse in Aboriginal communities</em>, retrieved from: <a href="http://www.decd.sa.gov.au/speced2/files/links/Child_Protection_Review_FU.pdf">pdf</a></td>
<td>In 2001, the Premier of Western Australia, announced that the State Government planned to hold a special inquiry into response by government agencies to complaints of family violence and child abuse in Aboriginal communities. This report addresses the Terms of Reference of the inquiry; examining the actions of government agencies in responding to family violence and child abuse as well as to examine causes, prevalence and solutions to family violence (which according to Aboriginal and Torres Strait Islander community definitions includes child abuse). This report does not provide data on the impact of institutional abuse but does provide some insight into the experience of abuse in community and organisational settings.</td>
</tr>
<tr>
<td>Murray, G 2003, <em>Final report on phase one of the audit of foster carers subject to child protection notifications</em>, retrieved from: <a href="http://resources/childsafety/foster-care/foster-carer-audit-2003.pdf">resources/childsafety/foster-care/foster-carer-audit-2003.pdf</a></td>
<td>This report presents audit findings for 1,060 notifications and corresponding initial assessments. These notifications and assessments relate only to those cases where notifications have been recorded against a foster carer. The audit examined the accuracy and appropriateness of the assessment outcome for each notification; explored emerging patterns and trends, commented on the adequacy of statutory requirements, policy, practice and procedures. The audit found a number of serious issues about under-resourcing, outdated information systems, practice, procedures and policy within the department. These issues have seriously impacted on the care and safety of many children in foster care, with only 15 per cent of audited cases (or one in seven cases) requiring no further action. This report does not provide data on the impact of institutional abuse but does provide some insight into the experience of abuse in out of home care.</td>
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## Appendix C

### Studies of the impact of institutional child sexual abuse

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<th>Study organisations</th>
<th>Research sample and design</th>
<th>Research findings regarding abuse impact(s)</th>
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<td><strong>Sporting organisations</strong></td>
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<tr>
<td>Leahy, T, Pretty, G &amp; Tenenbaum, G 2008, A contextualized investigation of traumatic correlates of childhood sexual abuse in Australian athletes. <em>International Journal of Sport and Exercise Psychology, 6</em> (4), 366–384.</td>
<td><strong>Sample:</strong> 90 competitive athletes, 39 of whom reported childhood sexual abuse, 38% within the sport environment. <strong>Measures &amp; method:</strong> Quantitative analysis of data from: Childhood Trauma Questionnaire (CTQ), Trauma Symptom Inventory (TSI) and Dissociative Experiences Scale (DES) Semi-structured interview</td>
<td>For males, abuse was more strongly associated with dissociative rather than traumatic symptoms, while for females the reverse was true. Sexual, physical and psychological abuse were inter-correlated, with psychological abuse the strongest predictor of symptomatic outcome.</td>
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<tr>
<td>Brackenridge, C 1997, ‘He owned me basically …’ Women’s experience of sexual abuse in sport. <em>International Review for the Sociology of Sport, 32</em> (2), 115–130.</td>
<td><strong>Sample:</strong> 90 personal accounts of abuse experienced by former elite female athletes <strong>Measures &amp; method:</strong> Qualitative analysis of data from in-depth interview</td>
<td>Victims commonly reported misidentifying abuse at the time, a perceived sense of powerlessness and considerable conflict over their role in the abuse.</td>
</tr>
<tr>
<td>Hartill, M 2014, Exploring narratives of boyhood sexual subjection in male-sport. <em>Sociology of Sport Journal, 31</em>, 23–43.</td>
<td><strong>Sample:</strong> Two case studies <strong>Measures &amp; method:</strong> Qualitative analysis of data from in-depth interview</td>
<td>Narrative analysis of two case studies identifies that the way abuse is understood and presented, particularly the abuse of boys in sports, is likely to be influenced by notions of ‘survival’ and ‘utility’.</td>
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<tr>
<td><strong>Foster care, residential care or out-of-home care</strong></td>
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<td>Hobbs, GF, Hobbs, CF &amp; Wynne, JM 1999, Abuse of children in foster and residential care. <em>Child Abuse &amp; Neglect, 23</em> (12), 1239–1252.</td>
<td><strong>Sample:</strong> Medical records for 158 children, who were physically and/or sexually abused in foster or residential care over a six-year period from 1990–1995. <strong>Measures &amp; method:</strong> Quantitative analysis of data from case file review</td>
<td>Sixty-two per cent of sexually abused children experienced emotional or behavioural problems and 26% had learning difficulties. Incidence of sexual abuse was higher for girls in foster care, and conversely for boys in residential care. Eighty per cent of children were also victims of abuse prior to entering care, limiting generalisability of the findings.</td>
</tr>
<tr>
<td>Benedict, MI, Zuravin, S, Somerfield, M &amp; Brandt, D 1996, The reported health and functioning of children maltreated while in family foster care. <em>Child Abuse &amp; Neglect, 20</em> (7), 561–571.</td>
<td><strong>Sample:</strong> A sample of 78 children with substantiated maltreatment reports (38 for CSA) between 1984 and 1988 were compared to a random sample of 229 non-maltreated children in foster care in the same period. <strong>Measures &amp; method:</strong> Quantitative analysis of data from case file review</td>
<td>Children maltreated in care had significantly greater reported physical health, development, behaviour and mental health problems when compared to non-maltreated children. Sexually abused children were significantly more likely to have mental health problems, including depressive symptoms, when compared to physically abused and non-maltreated children. The authors note the addition of maltreatment in foster care</td>
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### Religious institutions

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<th>Reference</th>
<th>Sample</th>
<th>Measures &amp; method</th>
<th>Findings</th>
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<tr>
<td>Bode, A &amp; Goldman, JDG 2012, The impact of child sexual abuse on the education of boys in residential care between 1950 and 1975. Pastoral Care in Education: An International Journal of Personal, Social and Emotional Development, 20 (4), 331–344.</td>
<td>Sample: 10 male attendees of a community support centre for people in long-term recovery from child sexual abuse who reported experiencing abuse while they lived in residential care in Queensland between 1950 and 1975.</td>
<td>Nine out of the 10 respondents perceived their educational development, opportunities and achievements had been adversely impacted by the sexual abuse they experienced in care. Respondents reported a lack of trust, and fear interfering with their engagement with education and their development of cognitive skills and abilities. Other survivors reported lack of opportunity to learn and to attain qualifications as impacting on their educational outcomes and employment options in later life.</td>
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<tr>
<td>Goldman, JDG &amp; Bode, A 2012, Female survivors’ perceptions of lifelong impact on their education of child abuse suffered in orphanages. International Journal of Lifelong Education, 31 (2), 203–221.</td>
<td>Sample: 10 female attendees of a community support centre for people in long-term recovery from child sexual abuse who reported experiencing abuse while they lived in orphanages in Qld between 1940 and 1970.</td>
<td>Qualitative analysis of the narratives of victims identify that: of the sample, only two had completed primary school, none had completed more than two years of high school and none had any tertiary qualifications. All identified sexual abuse to have had overwhelmingly negative impacts on their educational achievement, opportunities and development. Victims identify the intergenerational impact of this in terms of wellbeing, success and self-esteem.</td>
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<tr>
<td>Carr, A, Flanagan, E, Dooley, B, Fitzpatrick, M, Flanagan-Howard, R, Shevlin, M, Tierney, K, White, M, Daly, M &amp; Egan, J 2009, Profiles of Irish survivors of institutional abuse with different adult attachment styles. Attachment &amp; Human Development, 11 (2), 183–201.</td>
<td>Sample: 247 adult survivors of institutional abuse that occurred within religiously affiliated residential institutions recruited through the Irish Commission to Inquire into Child Abuse. Sexual abuse was reported by 51% to be the most severe form of institutional abuse they experienced.</td>
<td>At some point in their life, 81.8% of participants met DSM-IV criteria for anxiety, mood, alcohol or substance use or personality disorder. Forty-nine per cent had never passed a state, college or university exam, and only 15% had skilled or professional jobs. Participants with fearful attachment evidenced more psychopathology, poorer psychosocial adjustment and quality of life, global functioning, marital satisfaction and marital stability. Comparison to the general population indicates those with secure attachment show rates of common disorders closer to the population norms than those with dismissive, preoccupied or fearful attachment. Those with fearful or preoccupied attachment were the most vulnerable, showing rates of psychopathology 2–3 times high than in the general population.</td>
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<tr>
<td>Flynn, KA 2008, In their own voices: Women who were sexually abused by members of the clergy. Journal of Child Sexual Abuse, 17 (3–4), 216–237.</td>
<td>Sample: 25 women sexually abused by clergy (18 as adults and 7 as children)</td>
<td>Participants reported psychosocial distress and symptoms associated with PTSD and complex PTSD including intrusive thoughts; avoidance; hyperarousal; altered affect regulation, attention, relationships, sense of safety and trust;...</td>
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Impacts of Institutional Child Sexual Abuse

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<tr>
<th>Measures &amp; method</th>
<th>Sample</th>
<th>Analysis</th>
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<tr>
<td>Qualitative analysis of data from in-depth interview</td>
<td>185 adult survivors of institutional abuse in the Austrian Catholic church.</td>
<td>Most survivors reported severe mental health problems. Known protective factors (education, social support, age) were not associated with mental health. Instead, fewer emotional reactions during disclosure, task-oriented coping and optimism were associated with better mental health.</td>
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<td>Quantitative analysis of data from the PTSD checklist – civilian version; brief symptom inventory; coping inventory for stressful situations; disclosure of less experience scale; Connor Davidson resilience scale; the life orientation test; and the recalled perceived social support questionnaire.</td>
<td>One 13-yr-old female victim of sexual abuse perpetrated in a church community.</td>
<td>Analysis of the case study experience of child sexual abuse within a church community highlights the potential for dynamics of the institutional setting to actively contribute to outcomes experienced.</td>
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<tr>
<td>Quantitative analysis of data from assessment interview; Childhood Trauma Questionnaire; the Institutional Child Abuse Processes and Coping Inventory; the Structured Clinical Interview for Disorders of the Diagnostic and Statistical Manual of Mental Disorders IV Axis 1 Disorders and Personality Disorders; the Trauma Symptoms Inventory; a Life Problems Checklist; the Experiences in Close Relationships Inventory and the Kansas Marital Satisfaction Scale</td>
<td>247 adult survivors of institutional abuse that occurred within religiously affiliated residential institutions recruited through the Irish Commission to Inquire into Child Abuse. Sexual abuse was reported by 51% to be the most severe form of institutional abuse they experienced.</td>
<td>Victims of institutional abuse were divided into three groups (severe sexual, physical or emotional abuse) based on their report of worst experience in institutional care. Significant differences existed between groups. The severe sexual abuse group contained the most number of male victims, who were on average younger, had spent longer in institutional care and care managed by religious brothers or priests, and were more likely to report entering care due to petty crime. Sexually abused victims reported the highest levels of total abuse but also comparative rates of physical abuse. Sexual abuse victims reported the highest rates of re-enactment of their abuse on others, and had the highest rates of PTSD, alcohol and substance use and antisocial personality disorder. Sexually abused victims also recorded the highest levels of anxiety but conversely the highest level of marital satisfaction.</td>
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<td>Qualitative analysis of data from in-depth interviews on two occasions from 1998 to 2000 with and Roman Catholic in their faith</td>
<td>Nine female victims of priest sexual abuse aged between 33 and 79.</td>
<td>Participants reported misidentifying abuse at the time of occurrence. All reported disillusionment and that their faith had been at least temporarily affected. Commonalities amongst the sample including previous experiences of abuse are highlighted as potentially compounding the impact of abuse.</td>
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<th>Author(s)</th>
<th>Sample</th>
<th>Measures &amp; Method</th>
<th>Discussion</th>
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<tbody>
<tr>
<td>Isely, PJ, Isely, P, Freiburger, J &amp; McMackin, R 2008, In their own voices: A qualitative study of men abused as children by Catholic clergy. <em>Journal of Child Sexual Abuse</em>, 17 (3–4), 201–215.</td>
<td>Sample: Nine male victims of clergy-perpetrated sexual abuse during childhood</td>
<td>Both short- and long-term impacts of clergy abuse were reported. Participants reported feelings of fear, shame and self-blame; low self-esteem and self-worth; difficulties with trust, and questioning of sexuality during their childhood and adolescence. In adulthood participants reported persisting and intensifying feelings of low self-esteem; poor sleep; suicidal ideation; anger; self-blame; shame and detachment, which compromised their social, relational and intrapsychic functioning.</td>
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<tr>
<td>Collins, CC, O’Neill-Arana, MR, Aronson Fontes, L &amp; Ossege, JM 2014, Catholicism and childhood sexual abuse: Women’s coping and psychotherapy. <em>Journal of Child Sexual Abuse</em>, 23 (5), 519–537.</td>
<td>Sample: Eight sexually abused women</td>
<td>Participants reported abuse experiences in childhood, including those by priests, left them burdened with guilt and blame. All reported feelings of unworthiness and deep conflict with their feelings about abuse in the church. While some had left the church most reported Catholicism as important to them but as rarely considered in therapy.</td>
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<tr>
<td>Rassenhofer, M, Simmer, A, Spröber, N &amp; Fegert, JM 2014, (in press) Child sexual abuse in the Roman Catholic Church in Germany: Comparison of victim-impact data collected through church-sponsored and government-sponsored programs. <em>Child Abuse &amp; Neglect</em>.</td>
<td>Sample: 927 individuals who reported they had experienced childhood sexual abuse within the Roman Catholic Church in Germany.</td>
<td>Victims were on average 55 yrs old, and approximately two-thirds were male. The majority of abuse reported took place between the 1950s and 1970s. Approximately two-thirds were abused by priests. Forty-five per cent of victims reported experiencing psychosocial problems as a result of the abuse. The most commonly reported problems were flashbacks or intrusive thoughts and relationship or sexuality problems.</td>
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<tr>
<td>Farell, D &amp; Taylor, M 2000, Silenced by God – An examination of unique characteristics within sexual abuse by clergy. <em>Counselling Psychology Review</em>, 15 (1), 22–31.</td>
<td>Sample: One survivor of clergy abuse</td>
<td>Discussion and reflection suggest clergy abuse can result in spiritual conflict for survivors, which may not be attended to by PTSD formulations. Further, victims may be re-traumatised by church establishments.</td>
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<tr>
<td>Farrell, DP 2009, Sexual abuse perpetrated by Roman Catholic priests and religious. <em>Mental Health Religion &amp; Culture</em>, 12 (1), 39–53.</td>
<td>Sample: 12 people who were sexually abused by Roman Catholic priests or persons in religious affiliated roles.</td>
<td>All participants demonstrated symptoms meeting diagnostic criteria for diagnosis of PTSD, but were noted to evidence a complex range of symptoms exceeding DSM-IV diagnostic categories. IPA analysis to explore how participants make sense of their personal and social world identified abuse-specific factors that contributed to their symptoms, including theological conflict, silencing strategies, spiritual identity, existentialism, political anger and re-traumatisation by the church.</td>
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<td>Wind, LH, Sullivan, JM &amp; Levins, DJ 2008, Survivors’ perspectives on the impact of clergy-perpetrated sexual abuse on families of origin.</td>
<td>Sample: Male survivors’ reflections on the impact of clergy-perpetrated sexual abuse from work published by Isely (1996), reports to the authors and co-author accounts.</td>
<td>This paper uses reflections from survivors to illustrate impact clergy perpetrated abuse on victims’ families as explained by the Trauma Transmission and Empowerment models and the</td>
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<td>Measures &amp; method: Qualitative analytic review</td>
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<td>Sample: 177 victims of childhood abuse by religious professionals</td>
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<td>Measures &amp; method: Quantitative analysis of data from survey of counselling professionals regarding client cases of religion-related abuse in the 1980s</td>
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<td>Bottoms, BL, Shaver, PR, Goodman, GS &amp; Qin, J 1999, In the name of God: A profile of religion-related abuse. Journal of Social Issues, 51 (2), 85–111.</td>
<td>Ninety-four per cent of victims were sexually abused. Victims of abuse by religious professionals mostly sought therapy for depression, were commonly diagnosed with affective disorders and one-fifth reported suicidal ideation.</td>
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<td>Sample: 229 survivors of child sexual abuse in the Catholic church</td>
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<tr>
<td>Measures &amp; method: Quantitative analysis of data from PTSD Checklist (civilian version) and The Brief Symptom Inventory</td>
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<tr>
<td>Knefel, M, Garvert, DW, Cloitre, M &amp; Lueger-Schuster, B 2015 (in press), Update to an evaluation of ICD-11 PTSD and Complex PTSD criteria in a sample of adult survivors of childhood institutional abuse by Knefel &amp; Lueger-Schuster (2013): A latent profile analysis. European Journal of Psychotraumatology.</td>
<td>The results support two distinct groups of symptom clusters, with three resulting classes (PTSD, CPTSD and low symptoms). Women had significantly higher odds of CPTSD classification and lower odds of low symptoms. A fourth class of symptoms described as ‘disturbances in self-organisation’ is also observed with individuals reporting elevated affect, self-concept, interpersonal problems, disturbing dreams and being jumpy or easily startled.</td>
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<td>Sample: 347 Catholic church members (including clergy) who were victims of childhood sexual abuse (including 40 victims of priest-perpetrated abuse)</td>
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<tr>
<td>Measures &amp; method: Quantitative analysis of data from self-complete questionnaire</td>
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<td>Rossetti, SJ 1995, The impact of child sexual abuse on attitudes toward God and the Catholic church. Child Abuse &amp; Neglect, 19 (12), 1469–1481.</td>
<td>The percentage of males in the sample reporting child sexual abuse by priests was almost double that reported by females. Catholic victims of priest-perpetrated childhood sexual abuse reported significantly less trust in the Catholic priesthood and church and in their relationship with God than non-victims. Victims of child sexual abuse perpetrated by someone other than a priest also reported decreased trust in the priesthood, God and the church; however, differences were not statistically significant.</td>
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<td>Sample: 34 studies of child abuse and its relationship to spirituality and religiosity, including information about 19,090 participants</td>
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<td>Measures &amp; method: Qualitative analytic review</td>
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<td>Walker, DF, Reid, HW, O’Neil, T &amp; Brown, L 2009, Changes in personal religion/spirituality during and after childhood abuse: A review and synthesis. Psychological Trauma: Theory, Research, Practice and Policy, 1 (2), 130–145.</td>
<td>The majority of studies reviewed (n=14) indicated either some decline in religiousness or spirituality, or some combination of both growth and decline (n=12). Seven studies gave preliminary indications that religiousness/spirituality can moderate the development of post-traumatic symptoms or symptoms associated with Axis I disorders.</td>
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<tr>
<td>Sample: 247 adult survivors of institutional abuse that occurred within religiously affiliated residential institutions recruited through the Irish Commission to Inquire into Child Abuse. Sexual abuse was reported by 51% to be the most severe form of institutional abuse they experienced.</td>
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<tr>
<td>Measures &amp; method: Quantitative analysis of data from self-complete questionnaire, Institutional Child Abuse Processes and Coping Inventory; institutional and family versions</td>
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<td>Flanagan-Howard, R, Carr, A, Shelin, M, Dooley, B, Fitzpatrick, M, Flanagan, E, Tierney, K, White, M, Daly, M &amp; Egan, J 2009, Development and initial validation of the institutional child abuse processes and coping inventory among a sample of Irish adult survivors of institutional abuse. Child Abuse &amp; Neglect, 33, 586–597.</td>
<td>This study demonstrated the validity of the Institutional Child Abuse Processes and Coping Inventory (ICAPEI) as a psychometric instrument to evaluate the psychological processes associated with institutional abuse and the coping strategies used to deal with such abuse. The scale assesses traumatisation, re-enactment, spiritual disengagement, positive coping, coping by complying and avoidant coping. Sexually abused participants reported significantly higher mean scores for re-enactment of abuse in childhood. Time effects...</td>
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<td>Wolfe, DA, Francis, KJ, &amp; Straatman, AL 2006, Child abuse in religiously-affiliated institutions: Long-term impact on men’s mental health. Child Abuse &amp; Neglect, 30, 205–212.</td>
<td>Sample: 76 men who were physically and sexually abused in a religiously affiliated residential institution between the early 1960s and the late 1980s  Measures &amp; method: Qualitative and quantitative analysis of data from semi-structured interview; clinical case note review; structured clinical review; the Trauma Symptom Inventory; the Personality Assessment Inventory; the Structured Clinical Interview for DSM IV Clinician version</td>
<td>Almost one-third of the men (aged 23–54 yrs) had never married, slightly over half (51.3%) had not completed high school and most were either unemployed or employed in semi-or unskilled professions (73.3%). DSM-IV criteria were met for current PTSD (42%), alcohol (21%) and mood-related disorders (25%). Over one-third of the sample suffered chronic sexual problems and over-one-third had a history of criminal behaviour.</td>
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<tr>
<td>Lueger-Schuster, B, Kantor, V, Weindl, D, Knefel, M, Moy, Y, Butollo, A, Jagsch, R &amp; Gluck, T 2014, Institutional abuse of children in the Austrian Catholic church: Types of abuse and impact on adult survivors current mental health. Child Abuse &amp; Neglect, 52–64.</td>
<td>Sample: Documents for 448 survivors of institutional abuse by the Austrian Catholic church were explored, and a sample of 185 survivors assessed for current functioning.  Measures &amp; method: Quantitative analysis of data from Clinician report review; Post-traumatic Stress Disorder Checklist; the Brief Symptom Inventory</td>
<td>Rates of sexual (68.8%) and physical abuse (68.3%) were almost equally high. The prevalence of current PTSD was 48.6% and 84.9% of participants showed clinically relevant symptoms in at least one of 10 symptom dimensions. While no one specific pre-institutional abuse experience was found to influence the development of PTSD in later life, survivors with PTSD were observed to report a high total number of family-related risks.</td>
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<tr>
<td>Carr, A, Dooley, B, Fitzpatrick, M, Flanagan, E, Flanagan-Howard, R, Tierney, K, White, M, Daly, M &amp; Egan, J (2010), Adult adjustment of survivors of institutional child abuse in Ireland. Child Abuse &amp; Neglect, 34, 477–489.</td>
<td>Sample: 247 adult survivors of institutional abuse that occurred within religiously affiliated residential institutions recruited through the Irish Commission to Inquire into Child Abuse. Sexual abuse was reported by 51% to be the most severe form of institutional abuse they experienced.  Measures &amp; method: Quantitative analysis of data from structured interview; Childhood Trauma Questionnaire; Structured Clinical Interview for Axis I Disorders of DSM IV; Trauma Symptom Inventory; Experiences in Close Relationships Inventory</td>
<td>Ninety-eight per cent of participants reported experiencing three or more forms of maltreatment in institutional care. The prevalence of psychological disorders was over 80%, far higher than reported rates for the general population. Anxiety, mood and substance use disorders were the most prevalent diagnoses recorded. Survivors also had high rates of trauma symptoms and insecure adult attachment styles with the most marked impact observed for those who had experienced both institutional and intra-familial abuse.</td>
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| Mart, EG 2004, Victims of abuse by priests: Some preliminary observations, Pastoral Psychology, 52 (6), 465–472. | Sample: 25 adult male victims of sexual abuse by Catholic priests in childhood or early adolescence | Preliminary qualitative reflection on clinical practice with the sample suggests that premorbid personality patterns put them at greater risk for abuse but also exacerbated the effects of their victimisation. Avoidant personality traits, social anxiety,
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<tr>
<td>Brady, S 2008, The impact of sexual abuse on sexual identity formation in gay men. <em>Journal of Child Sexual Abuse, 17</em> (3–4), 359–376.</td>
<td>Two case vignettes of gay men who have been abused</td>
<td>Qualitative analysis of data from practice reflection</td>
<td>Survivors reported being attracted to the perpetrator’s charisma and as engaging in behaviours to please the perpetrator. Abuse-specific memories were strongly recalled. Survivors perceived themselves as vulnerable and tormented by fear, guilt, shame and a loss of spirituality. Survivors described depression and thoughts of suicide and that abuse invaded all areas of their lives, resulting in self-sabotage, negative self-image and relationship difficulties.</td>
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<td>Fater, K &amp; Mullaney, JA 2000, The lived experience of adult male survivors who allege childhood sexual abuse by clergy. <em>Issues in Mental Health Nursing, 21</em>, 281–295.</td>
<td>Seven male survivors of childhood sexual abuse by clergy</td>
<td>Qualitative analysis of data from in-depth interviews</td>
<td>Citing the incidence of childhood abuse in the lives of gay men, this article makes claims about the probable impact of clergy-perpetrated abuse on identity formation and psychosocial functioning.</td>
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<tr>
<td>Knefel, M &amp; Lueger-Schuster, B 2013, An evaluation of ICD-11 PTSD and complex PTSD in a sample of adult survivors of childhood institutional abuse. <em>European Journal of Psychotraumatology</em>.</td>
<td>229 survivors of child sexual abuse in the Catholic church</td>
<td>Quantitative analysis of data from PTSD Checklist (civilian version) and The Brief Symptom Inventory</td>
<td>PTSD criteria were met for 38.4% of the sample, complex PTSD for 21.4% of the sample. Complex PTSD diagnoses require report of self-regulation problems including affect dysregulation, negative self-concept, interpersonal problems and higher arousal. Significantly more women than men met the criteria for both PTSD and Complex PTSD. Those who met the criteria for Complex PTSD had experienced longer duration of abuse.</td>
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<tr>
<td>Irwin, MH &amp; Roll, S 1995, The psychological impact of sexual abuse of Native American boarding-school children. <em>Journal of the American Academy of Psychoanalysis, 23</em> (3) 461–473.</td>
<td>12 Native American boys aged 10–14yrs from two boarding schools</td>
<td>Qualitative analysis of data from diagnostic interviews and parent and counsellor reports</td>
<td>Victims are reported to demonstrate disruption to sexual drive including exaggeration or inhibition of sexual drive, dramatic increases in aggression, substance abuse and to experience anxiety and depression. Victims reported seeing themselves as shameful and disgusting.</td>
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<tr>
<td>Fater, K 1988, The spectrum of sexual abuse in daycare: An exploratory study. <em>Journal of Family Violence, 3</em> (4), 283–298.</td>
<td>48 children (18 boys and 30 girls) sexually abused in daycare centres and homes between 1982 and 1986</td>
<td>Qualitative analysis of data from clinical case files</td>
<td>At the time of review (within two and a half years of abuse cessation) children abused by multiple offenders were most likely to report more emotional and behavioural symptoms. As the findings are based on clinical cases, while they offer insight into experiences of the sample, results may not be generalisable to the population of sexual abuse cases in day care.</td>
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<tr>
<td>Kelley, SJ 1989, Stress responses of children to sexual abuse and ritualistic</td>
<td>A matched sample of 67 sexually and/or ritually abused children and 67 non-abused children</td>
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<td>Sexually abused children reported significantly more behaviour problems than non-abused children. Forty per cent of the</td>
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<td>Learning and Education: Sexuality abuse and school experiences. Child Abuse &amp; Neglect, 17, 71–89.</td>
<td>Measures &amp; method: Quantitative analysis of data from Child Behaviour Checklist</td>
<td>abused sample scored in the clinical range for total problems compared to an expected 2% of the general population. Sexual abuse involving ritualistic abuse was associated with increased abuse severity and greater impact.</td>
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<tr>
<td>Kelley, SJ, Brant, R &amp; Waterman, J 1993, Sexual abuse of children in day care centres. Child Abuse &amp; Neglect, 17, 71–89.</td>
<td>Sample: Findings from noted studies of sexual victimisation in day care (Faller 1988; Kelley 1989; Waterman et al., 1990; Waterman et al., 1993)</td>
<td>All studies reviewed report negative impact of sexual abuse in day care. Only two of the studies (Kelley, 1989; Waterman et al., 1993) used standardised measures of outcomes, with the remaining relying on professional report. Consistent with Kelley (1989), Waterman et al. (1993) found over 40% reported clinically symptomatic numbers of total problems.</td>
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<tr>
<td>Kelley, SJ 1994, Abuse of children in day care centres: Characteristics and consequences. Child Abuse Review, 3, 15–25.</td>
<td>Sample: Findings from noted studies of sexual victimisation in day care (Faller 1988; Finkelhor, Williams &amp; Burns 1988; Kelley 1989; Kelley 1990; Waterman et al., 1990; Waterman et al., 1993)</td>
<td>Faller (1988) found the most common problem parents of child victims reported were child sexualised behaviour problems. Kelley (1990) found parents of children sexually abused in child care demonstrate symptom profiles consistent with PTSD diagnosis. It was suggested that this finding was exacerbated for mothers who had themselves been victims of child abuse.</td>
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<tr>
<td>Shakeshaft, C 2004a, Educator Sexual Abuse. Hofstra Horizons, 10–13.</td>
<td>Sample: Participants in the AAUW identifying educator abuse (n=225)</td>
<td>Analysis of AAUW data indicates 9.6% of students grades 8 to 11 report educator sexual abuse. Data from this study show at least one-third of those sexually abused by educators report avoidant behaviours in relation to school and study, one-fourth report academic discipline repercussions and 28% report health effects. A substantial proportion of victims reported negative feelings of self because of the abuse.</td>
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<tr>
<td>Shakeshaft, C &amp; Cohen, A 1995, Sexual abuse of students by school personnel. Phi Delta Kappan, 76 (7), 513–520.</td>
<td>Sample: 225 cases of educator sexual abuse</td>
<td>In over half of the cases (58.8%) no help was offered to the victim. It was common for victims to be ostracised by other students, teachers and members of the community. In many cases students dropped out of school or moved schools.</td>
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<tr>
<td>Shakeshaft, C 2004b, Educator Sexual Misconduct: A Synthesis of Existing Literature. US Department of Education. DOC # 2004–09.</td>
<td>Sample: Nearly 900 citations of published material regarding educator sexual misconduct were reviewed</td>
<td>Victims of educator sexual abuse report suffering emotional, educational and developmental or health effects. Limited data suggest there is often a negative public response to students disclosing educator abuse.</td>
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<tr>
<td>Phasha, TN 2008, The link between the emotional consequences of child sexual abuse and school experiences. Sex Education: Sexuality, Society and Learning, 8 (4), 465–480.</td>
<td>Sample: 22 South African young adults of whom 13 were victims of intra-familial abuse and nine of extra-familial abuse (including an unspecified number abused by teachers)</td>
<td>Victims reported feelings of anger, shame and anxiety as well as suicidal thoughts, increased aggression, rebellious behaviour and oversexualised behaviour. Victims abused by teachers reported anger at adults and schools for not keeping them safe. Temporary school dropout, regular absenteeism, withdrawal</td>
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Impacts of Institutional Child Sexual Abuse

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<tr>
<td>Burgess, AW, Welner, M &amp; Willis, DG 2010</td>
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<td>Analysis highlights disruptive influence of educator abuse to peer and family relationships, dating, sexual behaviours and academic achievement in adolescence. Disclosure of abuse was associated with guilt and shame and feelings of self-blame.</td>
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<td>Educator sexual abuse: Two case reports.</td>
<td>Two adolescent victims (one male, one female) of educator sexual abuse</td>
<td>Qualitative analysis of data from two case studies</td>
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<td>Journal of Child Sexual Abuse, 19 (4),</td>
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<td>Dyb, G, Holen, A, Steinberg, AM, Rodriguez,</td>
<td>39 parents referred for treatment following alleged sexual abuse of their children in day care in Norway were interviewed four years post-abuse.</td>
<td>Quantitative analysis of data from semi-structured interview; Impact of Event Scale; General Health Questionnaire; Locus of Control of Behavior scale</td>
<td>The majority of parents reported life changes after the sexual abuse of their child including relocation, changes in work and child care, changes in leisure and social contacts. PTSD reactions in parents were identified to be long-lasting and to impact on avoidance symptoms, which may contribute to ongoing distress. Exposure to the court process strongly influenced parental distress.</td>
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<tr>
<td>N &amp; Pynoos, RS 2003, Alleged sexual abuse</td>
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<td>at a day care center: Impact on parents.</td>
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<td>Child Abuse &amp; Neglect, 27,</td>
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<td>Skinner, J 2001, Teachers who abuse:</td>
<td>Interviews with a single respondent from the schools involved relate to 16 teachers and 10 survivors of abuse.</td>
<td>Qualitative analysis of data from in-depth interviews</td>
<td>This paper argues that organisational factors may affect teachers’ ability to deal with abuse allegations and impact, and that greater consideration needs to be given to how teachers deal with abuse allegations against colleagues.</td>
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<td>The impact on school communities.</td>
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<td>Educational Research, 43 (2),</td>
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<td>Institutional abuse not otherwise specified</td>
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<td>O’Riordan, M &amp; Arensman, E 2007,</td>
<td>95 survivors of institutional CSA participating in individual or group consultations and 15 support workers</td>
<td>Qualitative analysis of data from witness reports made in consultations; semi-structured interviews with support workers</td>
<td>Survivors detailed psychosocial difficulties in adult life, including underemployment, social disconnection, relationship difficulties, alcohol and drug use, parenting problems, revictimisation and suicidal ideation. Survivors also reported concern and fear about re-entering institutional care, including nursing homes, in later life. Support workers reported alcohol and/or drug abuse and social isolation as major risk factors for suicidal behaviour and relationships, children and education as protective factors.</td>
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<td>Institutional child sexual abuse and</td>
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<td>Bal, S, De Bourdeaudhuij, J, Crombez, G,</td>
<td>100 adolescents with recent disclosures of intra-familial or extra-familial abuse. Twenty-two per cent of extra-familial abuse was associated with an institution.</td>
<td>Quantitative analysis of data from socio-demographic characteristics of the family self-report questionnaire; family environment scale (FES); Clinician-Administered PTSD Scale for Children and Adolescents (CAPS-C);</td>
<td>No significant differences were found between symptoms or family functioning for adolescents abused in intra-familial versus extra-familial settings. Independent abuse type participants reported a variety of symptoms with 53% suffering severe trauma-specific symptoms and 33% showing no symptoms at all. Limitations of the study include its cross-sectional design, the help-seeking orientation of the participants and their families (all were sourced from counselling services) and the sample size.</td>
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<tr>
<td>Spröber, N, Schneider, T, Rassenhofer, M,</td>
<td>1050 survivors of institutional sexual abuse including abuse in religious institutions (Roman Catholic (n=404),</td>
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<td>The majority of victims from both religious and secular institutions reported at least one psychiatric problem. The most</td>
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<td>Seitz, A, Liebhardt, H, Konig, L &amp; Fegert,</td>
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Sample from [http://www.nosp.ie/institutional_07.pdf](http://www.nosp.ie/institutional_07.pdf)
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<tr>
<td>JM 2014, Child sexual abuse in religiously affiliated and secular institutions: A retrospective descriptive analysis of data provided by victims in a government-sponsored reappraisal program in Germany. <em>BMC Public Health</em>, 14, 282–294.</td>
<td>Protestant (n=130) and non-religious institutions (n=516) who contacted an anonymous German Government reporting hotline</td>
<td>Quantitative analysis of data from recorded demographic, abuse-specific and current functioning data</td>
<td>Common (self-reported) diagnoses were depressive episodes, post-traumatic stress syndrome, and anxiety or obsessive-compulsive disorder. Victims from Protestant institutions reported significantly higher rates of problems overall. Victims from all institutions commonly reported health issues and relationship difficulties. Differences existed in the feelings victims had about abuse depending on era or year of abuse.</td>
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<tr>
<td>Lueger-Schuster, B, Gluck, TM, Tran, US &amp; Zelinger, EL 2012, Sexual violence by occupational forces during and after World War II: Influence of experiencing and witnessing of sexual violence on current mental health in a sample of elderly Austrians. <em>International Psychogeriatrics</em>, 24 (8), 1354–1358.</td>
<td>From a larger study on WWII and postwar-related trauma, a sample of 45 persons who reported experience or witness of war- or occupation-related sexual violence. The average age of the victims during occupation would have been 16.</td>
<td>Quantitative analysis of data from structured interview; the Brief Symptom Inventory; the Traumatic Life Event Questionnaire; the PTSD checklist – civilian version</td>
<td>Of 45 participants (23 men and 22 women), 12 were direct victims and 33 were witnesses. Victims were significantly more likely to be female. Victims were significantly more likely to meet criteria for PTSD compared to non-victims. Victims were also more likely to be affected depression and anxiety.</td>
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<tr>
<td>Senate Community Affairs References Committee 2004, Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children. Canberra: Commonwealth of Australia.</td>
<td>889 care leavers provided evidence or submission to the inquiry, 20.9% reporting having experienced sexual abuse whilst in residential care.</td>
<td>Quantitative and descriptive-quantitative analysis of data from witness reports to the commission</td>
<td>Survivors reported impacts of institutional care, including the abuse experienced in care as contributing to poor social, psychological, educational and economic and physical wellbeing. Survivors also reported impacts on their spiritual wellbeing and reported the impact of their own care experiences on their children and their outcomes.</td>
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<tr>
<td>Human Rights and Equal Opportunity Commission 1997, Bringing them home: National inquiry into the separation of Aboriginal and Torres Strait Islander children and their families. Human Rights and Equal Opportunity Commission: Sydney.</td>
<td>Almost 10% of males and just over 10% of female witnesses to the inquiry reported being sexually abused in a children’s home and a further 10% of males and 30% of females reported sexual abuse in foster care.</td>
<td>Quantitative and descriptive quantitative analysis of data from witness reports to the commission</td>
<td>Survivors reported impacts of institutional care, including the abuse experienced in care as contributing to poor outcomes and wellbeing across social, psychological and intergenerational aspects of life.</td>
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**Reports to government inquiries**

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<td>Commission to Inquire into Child Abuse 2009, Ireland, retrieved from: <a href="http://www.childabusecommission.ie/">http://www.childabusecommission.ie/</a></td>
<td>1,090 men and women who reported being abused as children in Irish institutions during the period 1930 to 1990.</td>
<td>Quantitative analysis of data from witness reports to the commission.</td>
<td>Approximately half of all witnesses reported sexual abuse. Many witnesses gave accounts of troubled adult relationships, parenting difficulties, social isolation, sleep disturbance, aggressive behaviour and self-harm. Many noted the intergenerational sequelae of their abuse. Approximately 30% described ongoing debilitating mental health concerns including suicidal behaviour, depression, alcohol and substance use and eating disorders.</td>
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<td>Human Rights and Equal Opportunity Commission 1997, Bringing them home: Report of the national inquiry into the separation of Aboriginal and Torres Strait Islander Children from their families. retrieved from: <a href="http://www.humanrights.gov.au/sites/default/files/content/pdf/social_justice/bringing_them_home_report.pdf">http://www.humanrights.gov.au/sites/default/files/content/pdf/social_justice/bringing_them_home_report.pdf</a>.</td>
<td>Sample: Almost 10% of males and just over 10% of female witnesses to the inquiry reported being sexually abused in a children’s home and a further 10% of males and 30% of females reported sexual abuse in foster care. Measures &amp; method: Quantitative and descriptive quantitative analysis of data from witness reports to the commission.</td>
<td>Survivors reported impacts of institutional care, including the abuse experienced in care as contributing to poor outcomes and wellbeing across social, psychological and intergenerational aspects of life.</td>
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<td>Senate Community Affairs References Committee 2001, Lost innocents: Righting the record, report on child migration, retrieved from: <a href="http://www.aph.gov.au/Parliamentary_Business/Committees/Senate_Committees?url=clac_ctte/completed_inquiries/1999-02/child_migrat/report/index.htm">http://www.aph.gov.au/Parliamentary_Business/Committees/Senate_Committees?url=clac_ctte/completed_inquiries/1999-02/child_migrat/report/index.htm</a>.</td>
<td>Sample: This government inquiry received 207 submissions describing abuse experienced by child migrants. Of these 38 included revelations of child sexual abuse. Measures &amp; method: Qualitative analysis was undertaken of the evidence to strengthen understanding of child migrant experience.</td>
<td>Long term impacts of abuse reported by respondents to the inquiry included feeling a lack of identity and belonging; a lack of social supports and the skills and abilities to build social networks; poor self esteem and a lack of self confidence and life skills. The most commonly referred to problem was in sustaining relationships with others; exemplified by higher divorce and separation rates, parenting difficulties, anger and also pervasively poor mental health.</td>
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<tr>
<td>Victorian Parliament, Family and Community Development Committee 2014, Inquiry into the handling of child abuse by religious and other organisations, retrieved from: <a href="http://www.parliament.vic.gov.au/fcdc/article/1788">http://www.parliament.vic.gov.au/fcdc/article/1788</a>.</td>
<td>Sample: The committee were provided with many accounts of child abuse perpetrated while victims/survivors were in the care of religious or non-government organisations, predominantly from the 1960s through to the 1980s. Measures &amp; Method: Qualitative and quantitative (count) description of the abuse experiences and identified impacts are reported for victims/survivors.</td>
<td>Victims providing testimony to the inquiry reported lifelong mental health problems, addiction issues, relationship difficulties, issues with anger and aggression, education and employment and general life skills. This report also notes the specific impacts of institutional abuse as including spiritual and vicarious impacts on families. The potential for communities to also be impacted by institutional abuse is raised by the Committee as are the social and economic costs to the state.</td>
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<td>Queensland Government 1999, <em>Commission of inquiry into abuse of children in Queensland institutions</em>, retrieved from: <a href="http://www.communities.qld.gov.au/resources/communityservices/community/forgotten-australians/forde-commenquiry.pdf">http://www.communities.qld.gov.au/resources/communityservices/community/forgotten-australians/forde-commenquiry.pdf</a></td>
<td>Over 300 people provided information to the commission, detailing their experiences in care and the impact they perceived this to have on their life.</td>
<td>Qualitative analysis of interview and submission data for themes and possible contributing factors.</td>
<td>The impact of abuse in care on individual wellbeing was suggested to be variable and to be dependent on individual, abuse and institution specific factors. Witnesses consistently reported, however, a number of enduring impacts of abuse including lack of self-esteem, inability to trust, relationship problems, anger and aggression, that for some lead to incarceration.</td>
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<td>Tasmanian Ombudsman 2004., <em>Review of claims of abuse from adults in state care as children</em>, retrieved from: <a href="http://www.stors.tas.gov.au/au-7-0057-00034_1">http://www.stors.tas.gov.au/au-7-0057-00034_1</a></td>
<td>A total of 247 people who made contact with the Ombudsman were eligible to participate. Of these, the oldest was born in 1928 and the youngest in 1985. Two thirds (154) of the claimants alleged that they had been sexually abused at some time.</td>
<td>In addition to a descriptive quantitative overview of participants, their experiences and motives for participating, the review also included qualitative analysis of reported abuse impact over time.</td>
<td>Analysis of participant narratives identified many recounted life histories of poor relationship, welfare dependency, substance use, criminal justice involvement, substance use, mental health problems, poor educational attainment and underemployment. Relationship difficulties were common with many reporting difficulties with trusting others and/or showing affection to others.</td>
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<td>Law Commission of Canada 2000, <em>Restoring dignity: Responding to child abuse in Canadian institutions</em>, retrieved from: <a href="https://www.attorneygeneral.jus.gov.on.ca/inquiries/cornwall/en/hearings/exhibits/Peter_Jaffe/pdf/Restoring_Dignity.pdf">https://www.attorneygeneral.jus.gov.on.ca/inquiries/cornwall/en/hearings/exhibits/Peter_Jaffe/pdf/Restoring_Dignity.pdf</a></td>
<td>This report drew upon commissioned work across four key research studies: (1) an inventory and description of institutions where abuse was alleged or has been proven to have occurred; (2) an analysis of the needs of survivors of residential schools for Aboriginal children; (3) a review of the needs of survivors from other types of children’s institutions; and (4) examination of the experience of other countries.</td>
<td>Collectively these studies drew upon qualitative and quantitative examination of data gained through interviews with thousands of Canadians, accounts, records and published works documenting experiences of abuse in institutional care.</td>
<td>Across these four study themes and the copious amount of testimony, account and record they drew upon the report established both historic and recent revelations of abuse in Canadian institutions caring for children. Impacts of abuse, including sexual abuse experienced in care included physical symptoms of sleep disturbance, nightmares, fear of public spaces and anxiety. Victims of abuse also reported feelings of shame, isolation and low self-esteem.</td>
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## Appendix D

### Meta-analyses and systematic reviews of the impact of child sexual abuse in other settings

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<th>Study citation</th>
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<tr>
<td>Maniglio, R 2012, Child sexual abuse in the etiology of anxiety disorders: A systematic review of reviews. <em>Trauma, Violence, &amp; Abuse, 14</em> (2), 96–112.</td>
<td>A systematic review of meta-analyses on the impact of child sexual abuse concludes that child sexual abuse is ‘a significant, although general and non-specific, risk factor for anxiety disorders’ (Maniglio, 2012, p. 96) in addition to interacting with biological and psychosocial risk factors. The results of the four meta-analyses suggest that across different study approaches, different types of samples of abused children, and measures, the victims of abuse are at risk for anxiety problems including generic anxiety, obsessive-compulsive, phobic and post-traumatic stress. Post-traumatic stress in particular had the most significant effect. The researcher suggests that changes in brain structure, information biases, parental anxiety, family dysfunction and other forms of child abuse may interact with child sexual abuse or work independently to cause anxiety disorders.</td>
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<tr>
<td>Kendall-Tackett, K, Williams, LM &amp; Finkelhor, D 1993, Impact of sexual abuse on children: A review and synthesis of recent empirical studies. <em>Psychological Bulletin, 113</em>, 164–180.</td>
<td>A review and synthesis of 45 studies looking at the impact of child sexual abuse concludes that abused children have more symptoms of fear, post-traumatic stress, behaviour problems, sexualised behaviours and poor self-esteem, amongst others. The researchers note that no one symptom seems to characterise abuse, and approximately one-third of victims had no symptoms. The researchers characterise the relationship between abuse and psychological symptoms as complicated, lacking any specific syndrome, and with no single process describing traumatisation.</td>
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<td>Wiffen, VE &amp; Macintosh, HB 2005, Mediators of the link between childhood sexual abuse and emotional distress: A critical review. <em>Trauma, Violence, &amp; Abuse, 6</em> (1), 24–39.</td>
<td>A review of the literature to explain the interaction between child sexual abuse and adult emotional distress, which encompasses depression, anxiety, dissociation and trauma. The review concludes that ‘shame or self-blame; interpersonal difficulties, including interpersonal problems and attachment insecurity; and negative forms of coping, such as avoidance’ (p. 34) represent potential causal risk factors that connect child sexual abuse and adult emotional distress. They also suggest that the emotional distress associated with child sexual abuse may connect to other negative outcomes such as alcohol abuse and revictimisation. Shame and self-blame is</td>
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suggested as the most stable finding, with two of three studies finding support for this connection.
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<td>Hillberg, T, Hamilton-Giachritis, C &amp; Dixon, L 2011, Review of meta-analyses on the association between child sexual abuse and adult mental health difficulties: A systematic approach. Trauma, Violence, &amp; Abuse, 12 (1), 38–49.</td>
<td>Meta-analyses of the association between child sexual abuse and adult mental health difficulties suggest that sexual abuse as a child results in an increased risk of a variety of mental health difficulties, although the effect sizes were mixed. The strongest and most consistent effect sizes were found for: borderline personality disorder (r = .28), depression (r = .12, .20, .22, .22), traumatic stress symptoms (r = .25), psychological adjustment problems (r = .12, .22, .27, .07), substance use (r = .20), self-mutilation (r = .20), post-traumatic stress disorder (r = .20), suicidal ideation and behaviour (r = .09, .22, .17), anxiety (r = .13, .20), anger (r = .18) and sexual adjustment (r = .09, .18). The analysis also found an elevated risk for alcohol problems, dissociation, eating disorders, hostility, interpersonal sensitivity, obsessive-compulsive symptomology, paranoia, phobia, psychotic symptoms, self-esteem impairments, sexual promiscuity, social adjustment and somatisation. Clinical samples demonstrated slightly higher effect sizes than community populations.</td>
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<td>Fry, D, McCoy, A &amp; Swales, D 2012, The consequences of maltreatment on children’s lives: A systematic review of data from the east Asia and Pacific region. Trauma, Violence, &amp; Abuse, 13 (4), 209–233.</td>
<td>A systematic review of studies examining the effects of child maltreatment (including sexual abuse) from East Asia and the Pacific, with 106 studies included. The study highlights the connection between child maltreatment and suicidal ideation, and cites another meta-analysis (Chen et al., 2010) that made similar findings in respect to child sexual abuse specifically. Children suffering from child sexual abuse have a two-fold increased risk of experiencing mental health disorders compared to children who have not experienced any maltreatment.</td>
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<td>Miller, AB, Esposito-Smythers, C, Weismoore, JT &amp; Renshaw, KD 2013, The relation between child maltreatment and adolescent suicidal behavior: A systematic review and critical examination of the literature. Clinical Child and Family Psychological Review, 16, 146–172.</td>
<td>A systematic review of studies examining the connection between child maltreatment (including sexual abuse) and adolescent suicidal behaviour. In a sub-analysis of studies looking at childhood sexual abuse, from 28 cross-sectional studies of community samples, 27 showed evidence of an association between a history of sexual abuse and increased suicidal ideation or attempts; 14 of 16 studies looking at clinical and high-risk populations found an association. Eight longitudinal studies also found evidence to suggest that childhood sexual abuse predicts future suicidal ideation and/or attempts in adolescence.</td>
</tr>
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<td>Carr, CP, Martins, CMS, Stingel, AMS, Lemgruber, VB &amp; Juruena, MF 2013, The role of early life stress in adult psychiatric disorders: A systematic review according to childhood trauma subtypes. Journal of Nervous and Mental Disease, 201 (12), 1007–1020.</td>
<td>Looking across a broad set of early life stress and their connection to adult psychiatric disorders, this meta-analysis included a subset of child sexual abuse studies. The authors found that sexual abuse was associated with mood disorder in 19 studies, particularly depression and bi-polar disorder. They also suggest that CSA contributes to the severity of psychopathology and to the earlier...</td>
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onset of depression. Four studies suggest that CSA may be associated with schizophrenia and psychotic disorders. Twenty studies found associations with anxiety disorders, particularly PTSD, panic disorder, agoraphobia and obsessive-compulsive disorder. Eight studies supported the link with eating disorders, 14 with substance abuse issues, five with disruptive behaviour disorders and eleven with personality disorders.

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<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Journal</th>
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<tbody>
<tr>
<td>Hulme, PA 2011</td>
<td>Childhood sexual abuse, HPA Axis regulation, and mental health: An integrative review.</td>
<td>Western Journal of Nursing Research, 33 (8), 1069–1097.</td>
<td>2011</td>
<td>In attempting to connect the relationship between child sexual abuse, major depressive disorder and post-traumatic stress disorder, a meta-analysis of hypothalamic-pituitary-adrenal axis regulation (HPA Axis dysregulation) in adults who had experienced child sexual abuse was conducted. HPA axis dysregulation has a complicated inter-relationship with trauma as a biological symptom of trauma associated with major depressive disorder and post-traumatic stress disorder. The meta-analysis found general support for the idea that exposure to stress (child sexual abuse), seems to result in HPA axis changes, which then results in negative psychological outcomes.</td>
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<tr>
<td>Irish, L, Kobayashi, I &amp; Delahanty, DL 2009</td>
<td>Long-term physical health consequences of childhood sexual abuse: A meta-analytic review.</td>
<td>Journal of Pediatric Psychology, 35 (5), 450–461.</td>
<td>2009</td>
<td>Focused on the long-term health outcomes of child sexual abuse, a meta-analysis of studies found that a history of child sexual abuse was associated with a small to moderate increase in complaints in general health, gynaecological health, pain and cardiopulmonary symptoms.</td>
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<tr>
<td>Noll, JG, Shenk, CE &amp; Putnam, KT 2008</td>
<td>Childhood sexual abuse and adolescent pregnancy: A meta-analytic update.</td>
<td>Journal of Pediatric Psychology, 34 (4), 366–378.</td>
<td>2008</td>
<td>A meta-analysis of 21 studies found that child sexual abuse significantly increased the odds of an adolescent pregnancy by 2.21 times, with a supplementary analysis suggesting that 45% of pregnant adolescents may have a history of child sexual abuse. The study explores through a literature review the mechanisms by which abuse connects to pregnancy, including that characteristics of being at risk for abuse are similar to those for adolescent pregnancy, that abuse can affect sexual decision-making, or that post-traumatic stress may impact on decision-making. The study also refers to previous research by the author (Noll et al., 2003) that found that sexually abused females reported significantly greater sexual distortions (i.e. were more preoccupied with sex, more ambivalent sexual attitudes, heightened desire to become pregnant). The symptoms associated with PTSD around substance and alcohol use may result in exposure to more risky sexual situations.</td>
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<tr>
<td>Maniglio, R 2009</td>
<td>The impact of child sexual abuse on health: A systematic review of reviews.</td>
<td>Clinical Psychology Review, 29, 647–657.</td>
<td>2009</td>
<td>Fourteen systematic reviews (covering 587 studies) of the consequences of child sexual abuse were examined finding evidence of increased risk for a wide range of medical, psychological, behavioural and sexual behavioural problems.</td>
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<tr>
<td>Ross, LE &amp; Dennis, C 2009</td>
<td>The prevalence of postpartum depression among women with substance use, an abuse</td>
<td>Published, peer-reviewed papers in English or French relating to the assessment of depression in the</td>
<td>2009</td>
<td>115</td>
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postpartum period for victims of abuse, women with chronic illness or substance users (n=17) were reviewed. High rates of postpartum depression were found for those with abuse and substance-use histories but little association was found between chronic illness and postpartum depression.
## Appendix E

### Additional local, landmark and recent studies of the impact of child sexual abuse in other settings

<table>
<thead>
<tr>
<th>Study citation</th>
<th>Description</th>
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<tr>
<td>Sachs-Ericsson, N, Blazer, D, Plant, EA &amp; Arnow, B 2005, Childhood sexual and physical abuse and the 1 year prevalence of medical problems in the National Comorbidity Survey. <em>Health Psychology</em>, 24, 32–40.</td>
<td>Using data from the National Comorbidity Survey, the authors found childhood sexual abuse increased prevalence of serious health problems for both men and women, even after the effects of other known correlates of ill health were controlled for.</td>
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<td>Nelson EC, Heath, AC, Madden, PA, Cooper, ML, Dinwiddie, SH, Bucholz, K, Gwowski, A, McLaughlin, T, Dunne, MP, Statham, DJ &amp; Martin, NG 2002, Association between self-reported childhood sexual abuse and adverse psychosocial outcomes: Results from a twin study. <em>Archives of General Psychiatry</em>, 59 (2), 139–145.</td>
<td>A twin study, examining 1,991 sets of same-sex twins found the twin reporting child sexual abuse had significantly greater risk for all adverse outcomes (major depression, suicide attempt, conduct disorder, alcohol dependence, nicotine dependence, anxiety and revictimisation).</td>
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<tr>
<td>Plunkett, A, O’Toole, B, Swanston, H, Oates, RK, Shrimptom, S &amp; Parkinson, P 2001, Suicide risk following child sexual abuse. <em>Ambulatory Pediatrics</em>, 1 (5), 262–266.</td>
<td>A prospective nine-year follow-up of 183 male and female sexually abused children in Australia found that the observed rate of suicide in sexually abused children was 10.7–13.0 times that of the Australian national rate.</td>
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<td>Mullen, PE, Martin, JI, Anderson, JC, Romans, SE &amp; Herbison, BP 1996, Child sexual abuse and mental health in adult life. <em>British Journal of Psychiatry</em>, 163, 721–732.</td>
<td>A random stratified sample of 1,376 women in New Zealand found significant associations between child sexual abuse and higher levels of psychopathology, with higher rates of substance abuse and suicidal behaviour even after controlling for family variables.</td>
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<td>Scott, K, Smith, DR &amp; Ellis, PM 2010, Prospectively ascertained child maltreatment and its association with DSM-IV mental disorders in young adults. <em>Archives of General Psychiatry</em>, 67 (7), 712–719.</td>
<td>In a nationally representative study of young people in New Zealand, child protection involvement was associated with mental disorders, and comorbidity of same both at 12 months and lifetime.</td>
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<td>Briere, J &amp; Elliot, DM 2003, Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. <em>Child Abuse &amp; Neglect</em>, 27, 1205–1222.</td>
<td>A random population study of 1,442 adults in the US explored the impacts of CSA finding it to be associated with a range of trauma symptoms including depression, anxiety, anger and sexual problems.</td>
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| Roberts, R, O’Connor, T, Dunn, J, Golding, J & The ALSPAC Study Team 2004, The effects of child sexual abuse in | Investigation of data from the AVON longitudinal Study of Parents and Children found that among the sample of 8,292}
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<tr>
<td>Albaugh, LJ, O’Dougherty Wright, M &amp; Atkins Seltmann, L 2014, An exploratory study of domains of parenting concern among mothers who are childhood sexual abuse survivors, <em>Journal of Child Sexual Abuse</em>, 23, 885–899.</td>
<td>A recent study using the Parenting Attitudes Questionnaire in a small (n=60) sample of mothers with CSA histories. The study found mothers were concerned with safety and reported a lack of energy for parenting.</td>
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<td>Kendler, KS, Bulik, CM, Silberg, J, Hettema, JM, Myers, J &amp; Prescott, CA 2000, Childhood sexual abuse and adult psychiatric and substance use disorders in women: An epidemiological and co-twin control analysis. <em>Arc Gen Psych</em>, 57 (10), 953–959.</td>
<td>An Australian study of 2,759 substantiated child sexual abuse victims over a 31-year period compared to a community sample of 2,677 non-abused adults. CSA was strongly associated with criminal convictions, particularly for men.</td>
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<td>Widom, CS, Czaja, SJ &amp; Dutton, MA 2008, Childhood victimization and lifetime revictimization. <em>Child Abuse &amp; Neglect</em>, 32 (8), 785–796.</td>
<td>A large-scale and long-term prospective study explored the impact of multiple forms of abuse and found victims of child sexual abuse were associated with revictimisation and the experience of multiple forms of abuse was strongly associated with revictimisation.</td>
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<td>Swanston, HY, Plunkett, AM, O’Toole, BI, Shrimpton, S, Parkinson, P &amp; Oates, RK 2003, Nine years after child sexual abuse. <em>Child Abuse &amp; Neglect</em>, 27, 967–984.</td>
<td>An Australian study of 103 children who presented to child protection units at Sydney hospitals during 1988 and 1990 compared their psychosocial adjustment nine years later to non-abused controls. CSA was associated with poorer mental health and self-esteem, and with more drug and alcohol use, self-harm and eating disorders.</td>
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<td>Cutajar, MC, Mullen, PE, Ogloff, JRP, Thomas, SD, Wells, DL &amp; Spataro, J 2010b, Psychopathology in a large cohort of sexually abused children followed up to 43 years. <em>Child Abuse &amp; Neglect</em>, 34 (11), 813–822.</td>
<td>Forensic medical records for 2,759 Australian children sexually abused between 1964 and 1995 were linked with a public psychiatric database between 12 and 43 years later. Cases were compared to matched controls from the general population and medical histories and service use records compared to examine the impact of child sexual abuse on later functioning in adult life.</td>
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<td>Widom, CS, &amp; Ames, MQ, 1994, Criminal consequences of childhood sexual victimization, <em>Child Abuse &amp; Neglect</em>, 18 (4), 303–318.</td>
<td>Using a prospective cohort design, the long-term criminal consequences of childhood sexual abuse were examined through criminal histories for a large sample of substantiated child sexual abuse victims. CSA increased risk of arrest as a juvenile, and adult CSA victims were at higher risk for serious crimes including sex crimes.</td>
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<td>Boden, JM, Horwood, J &amp; Fergusson, DM 2007, Exposure to childhood sexual and physical abuse and subsequent educational achievement outcomes, <em>Child Abuse &amp; Neglect</em>, 31, 1101–1114.</td>
<td>A prospective longitudinal cohort study of 1,265 children born in New Zealand in 1977 found that child sexual abuse identified by retrospective report and confirmed by child protection records was associated with lower rates of high school completion and subsequent tertiary education.</td>
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<tr>
<td>Bankoff, SM, Valentine, SE, Jackson, MA, Schacht, RL, &amp; Pantalone, DW 2013. Compensatory weight control behaviors of women in emerging adulthood: Associations between childhood abuse experiences and adult</td>
<td>This study examines the role of childhood abuse, psychosocial functioning and dating relationship dynamics as potential factors influencing the use of compensatory weight control behaviours. Analysis of data for 759 college</td>
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<tr>
<td>Bernier, MJ, Hébert, M, Collin-Vézina, D 2013, Dissociative symptoms...</td>
<td>Dissociative symptoms displayed by preschool children who disclosed sexual abuse (n=48) are examined one year post...</td>
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<td>Briere, J &amp; Jordan, CE 2009, Childhood maltreatment, intervening...</td>
<td>Review of the complex relationship between child maltreatment and adult psychosocial function finds that...</td>
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<tr>
<td>Dennis, C &amp; Vigod, S 2013, The relationship between postpartum...</td>
<td>A study of 634 women in British Columbia, Canada examined the association between interpersonal violence and...</td>
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<td>Dyer, A, Borgmann, E, Kleindienst, N, Feldmann, RE, Vocks S, &amp; Bohus, M</td>
<td>This study examined the body image of a clinical sample of survivors of child sexual abuse (n=84). The study found...</td>
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<td>Godbout, N, Briere, J, Sabourin, S, &amp; Lussier, Y 2014, Child sexual...</td>
<td>This study examined the role of non-offending parent support in the relationship between child sexual abuse and...</td>
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<td>Godbout, N, Sabourin, S, &amp; Lussier, Y 2009, Child sexual abuse and...</td>
<td>Drawing data from a nonclinical sample of 1,092 men and women in cohabiting relationships, this study found that...</td>
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<td>Jaite, C, Schneider, N, Hilbert, A, Pfeiffer, E, Lehmkühl, U, &amp;...</td>
<td>This study examined the relationship between a range of adverse childhood events (including childhood sexual...</td>
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<tr>
<td>Jenkins, PE, Meyer, C, &amp; Blissett, JM 2013, Childhood abuse and eating...</td>
<td>Examining data from a community sample (n=118), this study found that beliefs about likely abandonment, ideas of...</td>
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students identified those with abuse histories were more likely to report bulimic behaviours but those with abuse histories who also tended to avoid dating relationships were at greater risk of bulimia.

Dissociative symptoms displayed by preschool children who disclosed sexual abuse (n=48) are examined one year post disclosure finding that abused children display a greater frequency of dissociative symptoms compared to a control sample of non-abused children with female victims being more likely to develop dissociative symptoms compared to males.

Review of the complex relationship between child maltreatment and adult psychosocial function finds that experiences of abuse and neglect may be multiple and connected and may vary in severity, frequency and duration, age of onset and extent of injury. Adverse childhood events are conceptualised holistically so that symptoms or outcomes of abuse and neglect in later life are likely to be representative of the cumulative and interactive experiences over the lifetime.

A study of 634 women in British Columbia, Canada examined the association between interpersonal violence and substance use and postpartum symptomatology. Findings suggest that women who have experienced violence or substance-use problems are at greater risk for postpartum depression.

This study examined the body image of a clinical sample of survivors of child sexual abuse (n=84). The study found that survivors with PTSD post child sexual abuse reported more negative body image, and that this relationship remained even if they did not have a concurrent eating disorder diagnosis.

This study examined the role of non-offending parent support in the relationship between child sexual abuse and later adult relationships. Drawing on data from a community sample of 348 adults in stable romantic relationships, the study found that a survivors of child sexual abuse with non-supportive parents reported poor outcomes including greater anxiety, more psychological symptoms and poorer relationships compared to those with good support.

Drawing data from a nonclinical sample of 1,092 men and women in cohabiting relationships, this study found that single item measures provided as much information as complex structural models in determining victims’ likely marital satisfaction through attachment and psychological distress. The findings indicate that sexual abuse may be an important indicator of marital difficulties regardless of severity.

This study examined the relationship between a range of adverse childhood events (including childhood sexual, physical, and emotional abuse) in (n=50) adolescents with anorexia nervosa restricting type (AN-R) anorexia nervosa binge-eating/purging type (AN-BP) compared to a healthy control group (n=44). Higher rates of sexual, physical and emotional abuse, and physical and emotional neglect were observed for participants with AN-BP diagnoses compared to those with AN-R or healthy control participants.

Examining data from a community sample (n=118), this study found that beliefs about likely abandonment, ideas of mistrust and/or abuse were important in understanding the association between the experience of abuse and eating disorders in later life. Women with a history of sexual abuse were at greater risk for bulimia nervosa in later life, with the findings suggesting this association may be at least
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<th>Reference</th>
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<tr>
<td>Muzik, M, London Bocknek, E, Broderic, A, Richardson, P, Rosenblum, KL, Thelen, K, &amp; Seng, JS 2013, Mother-infant bonding impairment across the first 6 months postpartum: The primacy of psychopathology in women with childhood abuse and neglect histories. <em>Arch Womens Ment Health, 16</em>, 29–38.</td>
<td>This study examined the contribution childhood abuse and neglect and postpartum depression or PTSD to problems mothers experience bonding with their babies in the first six months of life. Comparing women with a history of childhood abuse and neglect (n=97) to a comparison group of non-abused women (n=53), the study found that irrespective of their abuse histories, women with postpartum depression or PTSD had the greatest difficulty bonding with their baby and this was associated with less adaptive parenting behaviours.</td>
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<td>Rifkin, A, Ghisalbert, D, Dimatou, S, Jin, C, &amp; Sethi, M 1998, Dissociative identity disorder in psychiatric inpatients. <em>American Journal of Psychiatry</em> 155, 844-845.</td>
<td>Rates of dissociative identity disorder were assessed in a sample of 100 randomly selected women who had recently been admitted to an acute psychiatric hospital.</td>
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<td>Brand BL, Classen CC, McNary SW, &amp; Zaveri P 2009, A review of dissociative disorders treatment studies. <em>Journal of Nervous and Mental Disease, 197</em>(9), 646-54.</td>
<td>This review examines empirical reports of treatment for Dissociative Disorders (DD), including 16 DD treatment outcome studies and 4 case studies that used standardized measures. Collectively, these reports suggest that treatment for DD is associated with decreased symptoms of dissociation, depression, posttraumatic stress disorder, distress, and suicidality.</td>
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<td>Peters, J &amp; Kaye, L 2003, Childhood Sexual Abuse: A Review of Its Impact on Older Women Entering Institutional Settings. <em>Clinical Gerontologist, 26</em>(3/4), 29-53.</td>
<td>Little is known and less is written about post-traumatic stress disorder (PTSD) in institutionalized older adults, especially in the context of their past exposure to child sexual assault. The behavioural and psychological manifestations displayed by child sexual abuse survivors are considered especially in the context of possible symptom reactivation throughout the life course.</td>
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