



Contents lists available at ScienceDirect

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Research article

The impacts of institutional child sexual abuse: A rapid review of the evidence

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ARTICLE INFO

Keywords:

Institutional
Child sexual abuse
Impacts
Review

ABSTRACT

While awareness of institutional child sexual abuse has grown in recent years, there remains limited understanding of its occurrence and outcomes as a distinct form of abuse. Drawing on research commissioned by the Australian Royal Commission into Institutional Responses to Child Sexual Abuse, this article presents a rapid review of available evidence on the impacts of institutional abuse on victim/survivors. Literature searches identified 75 sources spanning international peer reviewed work and reports to Government that document or quantify the impacts of mostly historical child sexual abuse occurring in religious, educational, sporting and residential or out-of-home care settings. Consistent with child sexual abuse in other contexts, institutional child sexual abuse is found to be associated with numerous, pervasive and connected impacts upon the psychological, physical, social, educative and economic wellbeing of victims/survivors. Further, institutional child sexual abuse is associated with vicarious trauma at the individual, family and community level, and with impacts to the spiritual wellbeing of victims/survivors of abuse that occurs in religious settings. The identified literature suggests the trauma of institutional child sexual abuse may be exacerbated by the interplay of abuse dynamics in institutional settings, which may reduce or impede circumstances supporting disclosure, belief, support and protection from future harm. Acknowledging the limitations of the present study and the available evidence, this narrative synthesis provides insights into the complex impacts of institutional child sexual abuse.

1. Introduction

Awareness of child sexual abuse has grown exponentially over the past five decades. Studies of both intra-familial and extra-familial child sexual abuse have strengthened public and professional understandings of the occurrence of abuse and its outcomes for victims/survivors. Despite diverse foci, methods and scope, research consistently finds a “significant link between a history of child sexual abuse and a range of adverse impacts both in childhood and adulthood” (Cashmore & Shackel, 2013, p. 2). Systematic and meta-analytic reviews demonstrate that child sexual abuse is associated with negative impacts to both psychological (e.g., Carr, Martins, Stingel, Lemgruber, & Juruena, 2013; Maniglo, 2012); and social wellbeing (e.g., DiLillo & Damashek, 2003; Noll, Shenk, & Putnam, 2008) as well as physical health (e.g., Hulme, 2011; Irish, Kobayashi, & Delahanty, 2009) and educational and economic outcomes (e.g., Paolucci, Genuis, & Violato, 2001). By contrast, while abuse and neglect of children in institutional contexts has been documented since the early 1900s (e.g., Bryce, 1907, 1909, 1922), and identified as a social problem since the 1970s (Gil,

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<http://dx.doi.org/10.1016/j.chiabu.2017.08.006>

Received 13 February 2017; Received in revised form 14 July 2017; Accepted 2 August 2017

Available online 31 August 2017

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1975), the impacts of this distinct form of abuse are relatively unknown. Described as a field in its “relative infancy” (Fogler, Shipherd, Clarke, Jensen, & Rowe, 2008, p. 349), existing research on institutional child sexual abuse has tended to focus on issues of conceptualization, quantification and the description of cases. Research focused on the impacts of institutional abuse has been limited, despite evidence to a growing number of inquiries worldwide of the common and often damaging experiences of victims/survivors (e.g., Sköld 2013; Wright, 2017, *this issue*).

The research presented herein draws upon a larger report commissioned by the Australian Royal Commission into Institutional Responses to Child Sexual Abuse (Australian Government, 2013). It documents the results of a rapid review and narrative synthesis of the available evidence on the impacts of institutional child sexual abuse on victims/survivors. Guided by the research question; “what impacts does institutional child sexual abuse have on victims/survivors?” this review aimed to identify key findings relating to the impacts of child sexual abuse perpetrated in schools, foster care and out-of-home care, residential schools and care facilities, sporting organizations, hospitals and religious institutions. Drawing on data from international peer reviewed journal articles and reports to government and public inquiries, a rapid review method was adopted (Ganann et al., 2010). Conducted with a specific focus on documented impacts of institutional abuse, this accelerated approach to evidence synthesis (Kelly & Moher, 2016), provided timely evidence on the known impacts of institutional child sexual abuse and highlighted gaps in the existing evidence base concerning effective responses. Providing context and background to the review, the following sections outline the definition of institutional child sexual abuse adopted, information on the scope and scale of the problem and data regarding the characteristics of institutional child sexual abuse.

1.1. Definition of institutional child sexual abuse

Institutional child sexual abuse is distinguished from other forms of child sexual abuse by the situations and settings in which perpetrators come into contact with their victims. This rapid review was framed by the working definition of institutional child sexual abuse adopted by the Australian Royal Commission into Institutional Responses to Child Sexual abuse in its Terms of Reference (Australian Government, 2013). Therein child sexual abuse happens in an institutional context, if for example;

- i. it happens on premises of an institution, where activities of an institution take place, or in connection with the activities of an institution; or
- ii. it is engaged in by an official of an institution in circumstances (including circumstances involving settings not directly controlled by the institution) where you consider that 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
- iii. it happens in any other circumstances where you consider that an institution is, or should be treated as being, responsible for adults having contact with children.

The definition adopted covers a wide spectrum of abuse acts and behaviours, a range of locations or settings in which abuse can occur – including but not limited to religious organisations, childcare and educational settings, out-of-home care (including kinship, foster and residential care), health settings and sporting and community organisations.

1.2. Scope of the problem

Little is known about the incidence and prevalence of institutional child sexual abuse. Consistent with abuse in other settings, reported estimates are influenced by methodological issues including definitions used, populations studied and the data collected (Biehal, 2014; Daly, 2014; Goldman & Padayachi, 2000). The largest and most comprehensive studies of institutional child sexual abuse are those which have focused on abuse perpetrated by representatives of religious orders. Studies conducted by John Jay College (2004a, 2004b) found that between 1950 and 2002 in the United States, 4392 priests representing 4% of clergy were the subject of child sexual abuse allegations involving 10,667 victims/survivors. Langeland, Hoogendoorn, Mager, Smit, & Draijer, 2015) estimate 1.7% of Dutch citizens experienced child sexual abuse by representatives of the Catholic Church during the period 1945–1989, with those in institutional care (e.g., orphanages, boarding, reformatory and trade or training schools and foster care) reporting rates of abuse more than six times greater than those not in institutional care.

Across the literature, some of the highest reported rates of institutional child sexual abuse are those based on evidence provided to government or public inquiries. In Australia, 20.9% of the 889 respondents to the “Forgotten Australians” inquiry reported experiencing sexual abuse whilst in institutional care between 1940 and 1980 (Australian Senate, 2004). In Ireland, “more than half” of over 1000 informants to the Confidential Committee of the Commission to Inquire into Child Abuse reported experiencing child sexual abuse in institutional settings between 1914 and 2000 (CICA, 2009, p. 13). While government or public inquiries may constitute a particular context for reporting institutional abuse, given the known significant barriers and obstacles to disclosure, it is likely that understandings of the scope and scale of the problem derived from such sources underestimate its occurrence (Fogler et al., 2008; Parkinson, Oates, & Jayakody, 2009; Parkinson et al. 2012; Smith & Freyd, 2013).

1.3. Characteristics of institutional child sexual abuse

While primarily distinguished from intra-familial or extra-familial child sexual abuse by the physical settings in which abuse

occurs, other qualitative characteristics of institutional abuse may also be important to understanding impacts for victims/survivors. Across institutional contexts and location, institutional child sexual abuse is consistently described as being facilitated by and occurring through dynamics of depersonalisation, deprivation and disconnection, where the dependency of children upon institutions and the power differential between institutions and children has been exploited (Australian Senate, 2001, 2004; CICA, 2009; Law Commission of Canada (LCC), 2000). These dynamics, akin to those observed in intra-familial abuse, may exacerbate ‘entrapment’ of victims/survivors in abusive situations, limit opportunities for disclosure and reduce the likelihood appropriate responses to those disclosures that are made (Gallagher, 2000).

Perhaps as a consequence of these abuse dynamics, evidence suggests institutional child sexual abuse may be qualitatively distinct from other forms of extra-familial abuse. The abuse perpetrated in institutional or organisation settings has been described as more severe (Magalhães et al., 2009), occurring over a longer duration (Spröber et al., 2014) and as being more likely to involve multiple offenders when compared to extra-familial abuse in other settings (CICA, 2009; Australian Senate, 2001; Australian Senate, 2004; Spröber et al., 2014). In the largest published study of institutional child sexual abuse, Spröber et al. (2014) found across institutional settings in Germany between 35 and 47% of victims/survivors reported repeated abuse by multiple offenders, with repeated abuse more common than single occurrences in each of the settings examined. The unfettered access perpetrators have to children in institutional contexts, particularly in situations of extreme dependence and where there are powerful disincentives or limited opportunities for disclosure may go some way to explaining this phenomenon. Government and public inquiries note that institutional settings and their characteristic structures, policies, practices and cultural climates can, and have provided perpetrators with opportunities to access victims, exploit power and for abuse to remain undetected (CICA, 2009; Rossetti, 1995; Wolfe, Jaffe, Lette, & Poisson, 2003).

Victims/survivors of institutional abuse are older on average at the onset of abuse when compared to the victims/survivors in other settings (Euser, Alink, Tharner, van IJzendoorn, & Bakermans-Kranenburg, 2013; Fischer & McDonald, 1998; Gallagher, 2000; Parkinson et al., 2009). In some contexts, this may be related to age restrictions or cultural norms for unaccompanied involvement with organisational or institutional settings (Fisher & McDonald, 1998). Males and females are suggested to be differentially at risk of abuse in different types of institutional settings (Sullivan & Beech, 2002; Tasmanian Ombudsman, 2006; Victorian Parliament, 2014). Higher rates of abuse are reported for males, compared to females, in religious institutions and residential care (CICA, 2009; John Jay College, 2004a, 2004b, 2006; Langeland et al., 2015; Lueger-Schuster, Kantor et al., 2014; Lueger-Schuster, Weindl et al., 2014; Parkinson et al., 2009, 2012), whereas, higher rates of abuse are reported for females, compared to males, in sport (Leahy, Pretty, & Tenenbaum, 2008), education (Gallagher, 2000; Shakeshaft & Cohen, 1995) and out- of-home care, including foster care (Euser et al., 2013; McFadden & Ryan, 1992).

Spröber et al. (2014) note these differences may be explained by the availability of male child victims, noting more boys than girls were sent to boarding schools or residential care in the decades consistent with accounts of historic institutional abuse. Examination of police briefs for 721 contemporary child sexual abuse offences in Australia suggests, however, that males are at greater risk of abuse by extra-familial perpetrators (Health & Thompson, 2006), and that subgroups of perpetrators with distinct victimology and offending patterns may exist. That research found perpetrators in positions of ‘power and authority’, including teachers and religious professionals, primarily offend against male victims (Heath & Thompson, 2006).

Perpetrators of institutional abuse have been distinguished as ‘serial’, ‘opportunistic’ or ‘situational’ in their offending behaviour (Irenyi, Bromfield, Beyer, & Higgins, 2006), with evidence that many purposefully seek out association with settings which will provide them with access to children (Colton, Roberts, & Vanstone, 2010; Sullivan & Beech, 2004; Wortley & Smallbone, 2006). 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 pre-occupation and emotional over-identification with their victims.

While males constitute the majority of known perpetrators, research from institutional settings substantiates that women, can and do perpetrate sexual abuse of children (Faller, 1995 ; Moulden, Firestone, & Wexler, 2007). Findings from a systematic review regarding female-perpetrated abuse identify between 5 and 31% of female-perpetrated abuse occurs within an organisational setting (Hunt, 2006), the variation in rates reflecting differences in method and data collection spanning self-report and police case file review. Institutional child sexual abuse can also result from children or young people with harmful sexual behaviour, with evidence indicating upwards of 40% of institutional child sexual abuse may be of this form (Benedict et al., 1994; CICA, 2009; Fernandez et al., 2016; LCC, 2000).

2. Method

To produce a succinct, timely, but in-depth synthesis of the current evidence on the impacts of institutional child sexual abuse a rapid review similar in method to Knangura, Konnyu, Cushman, Grimshaw, and Moher (2012) was conducted. The search strategy for the review aimed to identify peer reviewed studies and relevant government reports 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; and (b) included samples of victims/survivors who came into contact with their abuser through some kind of institution or organization, including schools, religious organizations or community groups, clubs, out-of-home care, foster care, hospitals etc. Literature searches were initially conducted in January 2015 and replicated in January 2017 using the following search string: [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 educa-tion × OR juvenile justice OR detention OR community OR socie × OR redress OR homes OR hospital × OR extra-fam ×) AND

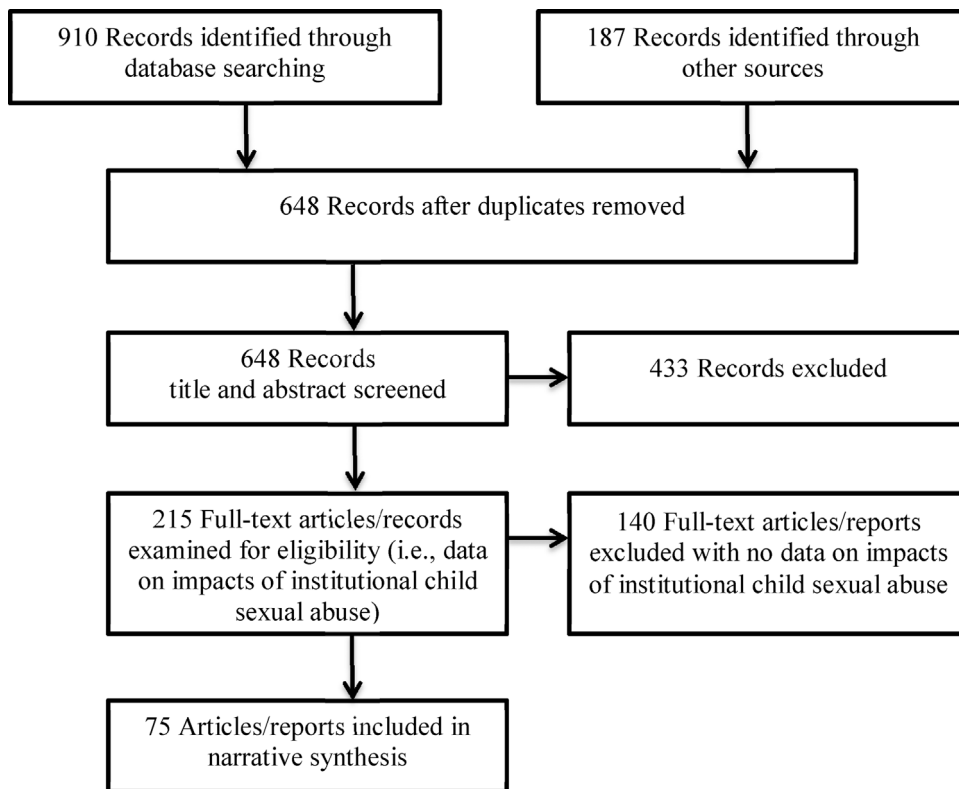


Fig. 1. PRISMA diagram of the search for studies on the impacts of institutional child sexual abuse.

(impact OR effect × OR trauma ×)].

The search string was applied to 12 databases; the 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, Scopus and the Child Family and Community Australia database. For completeness, additional searches were undertaken using the same search string in the search facilities of publishers of academic peer-reviewed journals that included a focus on child sexual abuse. Sources were also identified through hand searches of references in retrieved articles. All searches were undertaken with no limits on the date of publication, although many of the databases only extend back to the early 1980s.

Records were excluded (see Fig. 1) when they did not relate to child sexual abuse in institutional or organizational settings or if they did not document, describe or discuss the impacts or outcomes of abuse. After duplicates were removed, 648 sources were screened by the first and second authors for relevance, with 215 full text records examined by both authors. Of these, 75 sources documented, described or measured the impact of abuse on victims/survivors. These sources (full Appendix in Supplementary material available on request) include peer reviewed articles ($n = 56$), dissertations ($n = 2$), book chapters ($n = 1$) and reports, primarily to government organisations ($n = 10$). These sources emanated from the United States ($n = 21$), Australia ($n = 13$), Europe ($n = 11$), Canada ($n = 9$), Britain ($n = 8$), Ireland ($n = 7$), Asia ($n = 1$) and Africa ($n = 1$).

3. Findings

The predominant focus of identified sources was the long-term impacts of historic child sexual abuse perpetrated by representatives of religious organisations, chiefly the Catholic Church. A total of 31 studies described the impacts of clergy perpetrated child sexual abuse with a third of these drawing on samples from government inquiries (e.g., Carr et al., 2009; Carr et al., 2010; Fitzpatrick et al., 2010; Flanagan-Howard et al., 2009; Lueger-Schuster, Kantor et al., 2014; Lueger-Schuster, Weindl et al., 2014; Spröber et al., 2014; Wolfe, Francis, & Straatman, 2006). Nineteen studies reported the impacts of child sexual abuse perpetrated by educators, carers, staff and other students in day-care, school and in particular boarding school settings. Of these, seven specifically focused on the experiences and outcomes of Indigenous survivors of the Residential School system in Canada where the sexual abuse of children was noted to be as high as 100% for some study samples (Corrado & Cohen, 2003; Dion, Cantinotti, Ross, & Collin-Vézina, 2015; Elias et al., 2016; Hoffman, 1996; Irwin & Roll, 1995; Ross et al., 2015; Stout & Peters, 2011). Nine studies reported on the impacts of abuse in out-of-home care, foster care or residential care with relatively few studies ($n = 3$) reporting the impacts of child sexual abuse in sporting organisations or other community settings.

Distinctions between historic experiences of child sexual abuse in religious institutions versus residential or boarding schools, orphanages and residential care facilities may be misleading given many of these settings were operated by religious organisations.

These institutional settings have been the focus of successive government inquiries across several countries, the reports of which, while not empirical research studies, have in some instances included raw data on the impact of institutional care experiences. Eight landmark reports to government are cited in this review, each reporting first hand evidence from Australian victims/survivors of historic abuse across institutional care settings.

The relative value and merit of any source in adding to knowledge of impacts of institutional abuse for victims/survivors, is influenced by facets of research design and method including the study sample, data collection and data analysis techniques. Across the 75 sources, data were drawn from both clinical samples and/or samples of witnesses to inquiries regarding historic abuse (noting that these two population groups are likely to overlap). Clinical samples may introduce bias to study results by only capturing the most pronounced or severe adjustment difficulties amongst a population of help-seekers (Naar-King, Silvern, Ryan, & Sebring, 2002), while respondents to inquiries are not necessarily representative of all survivors (Colton, Vanstone, & Walby, 2002). Consistent with their purpose, reports to government inquiries tend to describe impacts of overall ‘experience in care’, and caution should be used in extrapolating evidence from these reports to suggest effects directly attributable to child sexual abuse.

Participants across studies commonly provided retrospective reports on experiences of institutional abuse, whilst simultaneously describing current wellbeing. The vast majority of studies ($n = 63$) described the current functioning of survivors of institutional abuse, which occurred between 20–60 years previously. Short-term or immediate impacts are reported for survivors of abuse in day care and school settings, however, much of this research is dated with almost half of the located studies published prior to 1995. Retrospective and cross-sectional research designs are often criticised for being unable to address issues of cause and effect or to determine with confidence the contribution co-existing factors make to abuse outcomes (Briere, 1992). Both quantitative ($n = 24$) and qualitative ($n = 51$) data collection and analysis techniques across sources provided rich data on both the lived experiences of victims/survivors and some insight into the incidence or prevalence of these experiences. The majority of studies ($n = 49$) reported impacts for both male and female victims/survivors with seventeen studies reporting exclusively on male victims/survivors outcomes and nine on those experienced by female victims/survivors.

3.1. Impacts of institutional child sexual abuse

The sources reviewed reported multiple and comorbid psychological, physical, social, educative or economic, spiritual impacts on survivors, as well as vicarious impacts on their families and the broader community (see Table 1).

3.1.1. 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/survivors (Walsh, Fortier, & DiLillo, 2010). Of the 75 sources reviewed, 42 describe victims’/survivors’ experiences of psychological distress, trauma symptoms and mental health disorders including post-traumatic stress disorder (PTSD), depression, anxiety, personality disorders, suicidality and self-harm, obsessive compulsive disorder (OCD) and mood disorders. These sources include both qualitative studies, analysis of evidence to government and public inquiries and large-scale quantitative studies documenting the impacts of typically historic child sexual abuse in religious institutions for both male and female victims/survivors. In these studies, up to 80% of respondents are reported to experience at least one psychiatric problem, symptom or diagnosis with PTSD rates comparable to child sexual abuse in other settings, but much higher than in the general population (e.g., Carr et al., 2009; Carr et al., 2010; Fitzpatrick et al., 2010; Flanagan-Howard et al., 2009; Lueger-Schuster, Kantor et al., 2014; Lueger-Schuster, Weindl et al., 2014; Spröber et al., 2014).

A complex relationship may exist between abuse experienced within institutional settings and the experience of PTS. Carr et al. (2010), for example in a study of 247 victims/survivors of institutional abuse in Ireland, 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). Apart from potentially increasing the risk for PTSD, the characteristics of institutional abuse – particularly that which is severe may also affect more severe outcomes. Lueger-Schuster, Kantor et al. (2014) and Lueger-Schuster, Weindl et al. (2014), for example, found 48.6% of their sample of 229 victims/survivors of child sexual abuse in the Catholic Church in Austria met diagnostic criteria for PTSD. The experience of more severe forms of sexual abuse (anal/vaginal penetration) was found for this same study sample to be associated with greater likelihood of trauma symptoms, with 21.4% of victims/survivors experiencing complex PTSD (Knefel & Lueger-Schuster, 2013; Lueger-Schuster, Kantor et al., 2014; Lueger-Schuster, Weindl et al., 2014). These findings are consistent with those of Wolfe et al. (2006) who report that while 42% of their sample of 76 male victims/survivors 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 reported rates of both current and past levels of symptoms.

Studies also identify depressive symptoms as commonly experienced by victims/survivors. Spröber et al. (2014) report depressive symptoms as the most commonly diagnosed current psychological symptoms among their sample of 1050 male and female victims/survivors of historic institutional child sexual abuse. While this study reported between 34%–45% of victims/survivors experience depressive symptoms (Spröber et al., 2014), higher rates are reported in a study considering the contemporaneous outcomes for children sexually abused in foster care. Benedict et al. (1996), found children sexually abused in foster care self-reported significantly higher rates of depression (67.6%) than non-maltreated (25.3%) children, a notable difference between the studies being the self-reported nature of outcomes and the historic versus contemporaneous experience of abuse.

Across sources, amongst the most powerful findings are those pertaining to reported rates of suicidal ideation and suicide attempt amongst institutional care leavers, over half of whom report being sexually abused in care (CICA, 2009; Elias et al., 2012; Fernandez et al., 2016). In Ireland, 51% of witnesses to the Commission to Inquire into Child Abuse “spoke about their own suicidal thoughts

Table 1
Impacts of Institutional Child Sexual Abuse.

Psychological Impacts	<p>PTSD: Australian Senate, 2001, 2004; Bal, De Bourdeaudhuij, Crombez, & van Oost, 2004; Carr et al., 2010; Celik et al., 2012; Corrado & Cohen, 2003; Cunneen, 2014; Farrell, 2009; Farrell & Taylor, 2000; Fitzpatrick et al., 2010; Fernandez et al., 2016; Flanagan-Howard et al., 2009; Flynn, 2008; Graves, 2015; Human Rights and Equal Opportunity Commission (HREOC), 1997; Knefel & Lueger-Schuster 2013; Knefel, Garvert, Cloitre, & Lueger-Schuster, 2015; Leahy et al., 2008; Lueger-Schuster et al., 2012; Lueger-Schuster, Kantor et al., 2014; Lueger-Schuster, Weindl et al., 2014; Shea, 2008; South Australian Parliament, 2008; Sproeber et al., 2014; Wolfe et al., 2006.</p> <p>Depression: Australian Senate, 2001, 2004; Benedict et al., 1996; Bera, 1995; Bottoms, Shaver, Goodman, & Qin, 1995; Chan, Tan, Ang, Nor, & Sharip, 2012; CICA 2009; Corrado & Cohen, 2003; Easton et al., 2016; Fater & Mullaney, 2000; Fernandez et al., 2016; Goode et al., 2003; Graves, 2015; HREOC, 1997; Irwin & Roll, 1995; Lev-Wiesel & Amir, 2005; Ponton and Goldstein, 2004; Shea, 2008; South Australian Parliament, 2008; Sproeber et al., 2014.</p> <p>Anxiety: Bera, 1995; Carr et al., 2009; Carr et al., 2010; Fernandez et al., 2016; Fitzpatrick et al., 2010; Goode et al., 2003; Graves, 2015; HREOC, 1997; Irwin & Roll, 1995; Lev-Wiesel & Amir, 2005; South Australian Parliament, 2008; Sproeber et al., 2014.</p> <p>Personality Disorder: Carr et al., 2010; Fitzpatrick et al., 2010.</p> <p>Suicidality/Self Harm: Australian Senate, 2001, 2004; Bottoms et al., 1995; Chan et al., 2012; CICA, 2009; Elias et al., 2012; Fater & Mullaney, 2000; Fernandez et al., 2016; Goode et al., 2003; Isely et al., 2008; O’Riordan & Arensman, 2007; Phasha, 2008; Ponton & Goldstein, 2004.</p> <p>Obsessive Compulsive Disorder: Sproeber et al., 2014.</p> <p>Mood Disorders: Carr et al., 2009; Carr et al., 2010; South Australian Parliament, 2008; Wolfe et al., 2006.</p>
Social Impacts	<p>Social and relational difficulties: Australian Senate, 2001, 2004; Benedict et al., 1996; Bera, 1995; CICA, 2009; Faller, 1988; Kelley 1994; Hobbs et al., 1999; Knefel et al., 2013; Lueger-Schuster et al., 2014; Mart, 2004.</p> <p>Anger, fear, shame and self-blame: Australian Senate, 2001, 2004; Bera, 1995; Brackenridge, 1997; Brady, 2008; Burgess et al., 2010; CICA, 2009; Chan et al., 2012; Collins et al., 2014; Cunneen, 2014; Fater & Mullaney, 2000; Flynn, 2008; Goode et al., 2003; Irwin & Roll, 1995; Isley et al., 2008; Phasha, 2008; Shakeshaft, 2004; Victorian Parliament, 2014.</p> <p>Relationship problems: Australian Senate, 2001, 2004; Bera, 1995; Burgess et al., 2010; Carr et al., 2009; Chan et al., 2012; CICA, 2009; Cunneen, 2014; Easton et al., 2016; Fater & Mullaney, 2000; Fernandez et al., 2016; Flynn, 2008; Goode et al., 2003; Graves, 2015; Isley et al., 2008; O’Riordan & Arensman, 2007; Rassenhoffer et al., 2014; Spröber et al., 2014; Tasmanian Ombudsman, 2006; Victorian Parliament, 2014.</p> <p>Parenting difficulties: Australian Senate, 2001, 2004; CICA, 2009; HREOC, 1997; O’Riordan & Arensman, 2007; South Australian Parliament, 2008.</p> <p>Sexual problems: Australian Senate, 2001, 2004; Bera, 1995; Burgess et al., 2010; Goode et al., 2003; Graves, 2015; Kelley 1994; Irwin and Roll, 1995; Phasha, 2008; Rassenhofer et al., 2014; Wolfe et al., 2006.</p> <p>Alcohol and substance use: Australian Senate, 2001, 2004; Carr et al., 2010; CICA, 2009; Fitzpatrick et al., 2010; Graves, 2015; Irwin & Roll, 1995; O’Riordan & Arensman, 2007; Ponton & Goldstein, 2004; Ross et al., 2015; South Australian Parliament, 2008; Tasmanian Ombudsman, 2006; Victorian Parliament, 2014; Wolfe et al., 2006.</p> <p>Gambling: Dion et al., 2015.</p> <p>Criminal behaviour: Australian Senate, 2001, 2004; Corrado and Cohen, 2003; Fitzpatrick et al., 2010; Tasmanian Ombudsman, 2006; Wolfe et al., 2006</p> <p>Re-victimisation: Australian Senate, 2001, 2004; CICA 2009; O’Riordan & Arensman, 2007; Spröber et al., 2014.</p>
Physical Impacts	Australian Senate, 2004; Fernandez et al., 2016; Graves, 2015; Shakeshaft, 2004a; Shakeshaft, 2004b; Spröber et al., 2014.
Educative & Economic Impacts	Australian Senate, 2004; Bera, 1995; Bode & Goldman, 2012; Burgess et al., 2010; Carr et al., 2009; Easton et al., 2016; Fernandez et al., 2016; Goldman & Bode, 2012; Hobbs et al., 1999; Hoffman, 1996; HREOC, 1997; LCC, 2000; Phasha, 2008; Shakeshaft, 2004a, 2004b; Shakeshaft & Cohen, 1995; Stout & Peters, 2011; Tasmanian Ombudsman, 2006; Victorian Parliament, 2014; Wolfe et al., 2006.
Spiritual Impacts	Australian Senate, 2004; Bottoms et al., 2003; Collins et al., 2014; Easton et al., 2016; Farrell, 2009; Farrell & Taylor, 2000; Fater & Mullaney, 2000; Flanagan-Howard et al., 2009; Flynn, 2008; Goode et al., 2003; Graves, 2015; Isely et al., 2008; Kline et al., 2008; Mart, 2004; Ponton & Goldstein, 2004; Rossetti, 1995; Shea, 2008; van Wormer & Berns, 2004; Wind et al., 2008; Walker, Reid, O’Neil, & Brown, 2009; Wolfe et al., 2006.
Secondary Impacts	Australian Senate, 2004; CICA, 2009; Cunneen, 2014; Dyb et al., 2003; Goode et al., 2003; HREOC, 1997; Kelley, 1994; Kline et al., 2008; LCC, 2000; Stout & Peters 2011; Skinner, 2001; Wind et al., 2008.

and/or attempts and the death by suicide of their friends and siblings” with one witness describing how “17 of the 39 co-residents in his class had committed suicide” since leaving care (CICA, 2009, p. 223, Vol 3–11). In Australia, 65% of respondents in a study of institutional care (60% of whom experienced institutional child sexual abuse) reported experienced suicidal ideation and 39% had attempted suicide (Fernandez et al., 2016).

3.1.2. Social impacts

Research on the social impacts of institutional child sexual abuse finds victims/survivors commonly report adverse outcomes related to both inter-personal relationships and self-regulatory behaviours. Negative impacts reported include social and relational difficulties, parenting difficulties, alcohol and substance abuse, criminal behaviour and re-victimisation as well as feelings of shame, guilt and self-blame (e.g., Australian Senate, 2004; Burgess, Welner, & Willis, 2010; CICA, 2009; Goode, McGee, & O’Boyle, 2003; Fater & Mullaney, 2000; Flynn, 2008; Irwin & Roll, 1995; Isely, Isely, Freilburger, & McMakin, 2008; Phasha, 2008). Victim/survivor witnesses to government inquiries consistently describe that feelings of shame, guilt and self-blame, combined with a reduced ability to trust and profound anger, compromise their relationships and exist as an ongoing barrier between themselves and others (e.g.,

Australian Senate, 2001, 2004; CICA, 2009; Cunneen, 2014; South Australian Parliament, 2008; Victorian Parliament, 2014; Tasmanian Ombudsmen, 2009).

Relationship difficulties were discussed in 30 of the 75 sources documenting and describing the impacts of institutional child sexual abuse. Adult victims'/survivors' marital and intimate partner relationships were frequently characterised as unstable and unhealthy (Carr et al., 2009; Fater & Mullaney, 2000; Fernandez et al., 2016; Flynn, 2008; Isely et al., 2008; O'Riordan & Arensman, 2007), mirroring accounts to government inquiries of experiences of isolation and loneliness, even in the context of otherwise happy marriages (Australian Senate 2001, 2004; CICA, 2009; LCC, 2000; South Australian Parliament, 2008; Tasmanian Ombudsman 2006; Victorian Parliament, 2014). Carr et al. (2009) suggest impacts on marital satisfaction and relationship stability may be related to the attachment style of victims/survivors. The authors identify that fearful attachment styles (evidenced by 44% of the sample) were the most strongly related to poor marital satisfaction and quality of life (e.g., Carr et al., 2009). Relationships may also be affected by disturbances to sexual behaviour reported by adult victims/survivors of historic child sexual abuse (e.g., Australian Senate, 2004; Burgess et al., 2010; Phasha, 2008; Rassenhofer, Simmer, Spröber, & Fegert, 2014; Wolfe et al., 2006).

Apart from its impact on intimate and partner relationships, institutional child sexual abuse also adversely impacts parental relationships between victims/survivors and their children (e.g., Australian Senate, 2001, 2004; CICA, 2009; LCC, 2000; South Australian Parliament, 2008; Stout & Peters, 2011). 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, 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). This is echoed by evidence to government inquiries, which suggests a tension exists, at least for victims/survivors, between wanting to protect and nurture their children and a lack of knowledge and previous experience of positive parenting (e.g., Australian Senate, 2001, 2004; CICA, 2009; Human Rights and Equal Opportunity Commission (HREOC), 1997; LCC, 2000; Tasmanian Ombudsman, 2006; Victorian Parliament, 2014).

Evidence from research studies (e.g., Easton, Leone-Sheehan, & O'Leary, 2016; Mart, 2004) and government inquiries (e.g., Australian Senate, 2001, 2004; CICA, 2009; HREOC, 1997; LCC, 2000; Tasmanian Ombudsmen, 2006; Victorian Parliament, 2014) suggest that impacts to self-concept and identity, how victims/survivors see themselves and how they understand and respond to others, actively contribute to social and relational difficulties. Victims/survivors of institutional child sexual abuse across a variety of settings report pervasive feelings of low self-worth and difficulties trusting others (e.g., Brackenridge, 1997; Burgess et al., 2010; Carr et al., 2013; Collins, O'Neill-Arana, Aronson Fontes, & Ossege, 2014; Irwin and Roll, 1995; Isely et al., 2008; Shakeshaft, 2004a,b). Some sources suggest these feelings may intensify with age and damage existing relationships (Fater & Mullaney, 2000; Flynn, 2008; Isely et al., 2008).

Also noted as contributing to relationship difficulties are the coping strategies adopted by victims/survivors to dull past and present pain and suffering, including the use of alcohol and other substances (e.g., Australian Senate, 2001, 2004; CICA, 2009; Forde, 1999; HREOC, 1997; LCC, 2000; Tasmanian Ombudsman, 2006; Victorian Parliament, 2014). Research studies confirm many victims/survivors experience problems with alcohol and substance abuse with some suggesting alcohol disorders may affect between 35.2% (Carr et al., 2010) and 44.7% (Wolfe et al., 2006) of victims/survivors. There is some suggestion that alcohol use is particularly problematic for male survivors (Carr et al., 2010) and survivors of severe abuse (Fitzpatrick et al., 2010).

Four empirical studies suggest that male victims/survivors of institutional child sexual abuse may also be at increased risk of re-enacting their abuse experiences or engaging in other criminal behaviour (Corrado & Cohen, 2003; Fitzpatrick et al., 2010; Hoffman, 1996; Wolfe et al., 2006). In two studies of male victims/survivors, prevalence rates of criminal conviction were reported for up to 50% of respondents (Corrado & Cohen, 2003; Wolfe et al., 2006). Criminal behaviour included property offences, substance-related offences, as well as violent offences including assault and sexual assault (Corrado & Cohen, 2003; Wolfe et al., 2006). Wolfe et al. (2006) report nearly half the male survivors interviewed reported being verbally and/or physically abusive toward their partner. Similarly, 33% of male witnesses to the *Commission to Inquire into Child Abuse (CICA)* (2009) in Ireland, reported dominating their relationships with physically violent behaviour towards their partner, with the majority stating their violence was associated with alcohol abuse. Conversely, female survivors of institutional child sexual abuse are more likely than male survivors to report being re-victimised in adulthood – often in the context of domestic and family violence (CICA, 2009; Spröber et al., 2014).

While much of the evidence reviewed describes the long-term impacts of institutional child sexual abuse, a smaller body of literature also relates how the social and relational wellbeing of very young children abused in education or care settings may be compromised. This literature particularly notes how sexualised behavioural problems that develop in reaction to institutional child sexual abuse experiences may limit opportunities for maintaining connections to peers (e.g., Burgess et al., 2010; Hobbs, Hobbs, & Wynne, 1999; Irwin and Roll, 1995; Kelley, 1989; , 1994; Kelley, Brant, & Waterman, 1993; Shakeshaft, 2004a; Shakeshaft, 2004b; Shakeshaft and Cohen, 1995).

3.1.3. Physical impacts

The association between institutional child sexual abuse and adverse physical impacts is noted across sources describing abuse in out-of-home care, religious settings and schools (e.g., Australian Senate, 2001, 2004; Benedict, Zuravin, Somerfield, & Brandt, 1996; CICA, 2009; Fernandez et al., 2016; Graves, 2015; HREOC, 1997; Isely et al., 2008; Shakeshaft, 2004a, 2004b; Spröber et al., 2014; Victorian Parliament, 2014). Relatively few sources reviewed documented direct and immediate contemporaneous physical effects or injuries sustained because of institutional child sexual abuse with the majority of sources describing long term and ongoing health problems self-reported by victims/survivors.

Qualitative evidence of the physical impacts of institutional abuse commonly include reports of sleep problems (CICA, 2004) and a range of pervasive health problems including impaired hearing, hearing loss and muscular and skeletal issues (Australian Senate,

2004). Ongoing health problems (not otherwise specified) were commonly reported for around 20% of the 1050 victims/survivors in Spröber et al.'s (2014) study of child sexual abuse across institutional settings in Germany. In Australia, just over half (51%) the respondents in a study of institutional care reporting having a disability, with 46.7% of respondents attributing this directly to their experiences of child sexual abuse in care (Fernandez et al., 2016).

3.1.4. Educational and economic impacts

Impacts of institutional child sexual abuse on the education and employment outcomes of victims/survivors were reported in 20 sources reviewed. While the vast majority of sources related to historic abuse, impacts of contemporary institutional abuse on educational outcomes have been reported using data from a nationally representative sample of school children in the United States (Shakeshaft, 2004a). That research found that following educator perpetrated abuse, 43% of the 225 female victims/survivors showed avoidant behaviours around teachers, 36% participated less in class, and between 29 and 36% engaged in school avoidance or truancy; all of which negatively affected their achievement and engagement with education (Shakeshaft, 2004a, 2004b).

Consistent findings were reported by Bode and Goldman (2012) and Goldman and Bode (2012) who examined the lifelong impacts of historic institutional child sexual abuse found that the trauma of abuse for both male and female victims/survivors impacted on their capacity to concentrate and resulted in fear and distrust of educators and authority figures, often resulting in disengagement with education. Educational disengagement and disadvantage associated with institutional child sexual abuse may be associated with flow-on effects, including underemployment or unemployment, higher rates of anti-social or criminal activity, homelessness and housing problems (Australian Senate, 2004; Bera, 1995; Carr et al., 2009; Easton et al., 2016; Fernandez et al., 2016; Hobbs et al., 1999; Tasmanian Ombudsman, 2006; Victorian Parliament, 2014). All but one respondent in the Bode and Goldman (2012) and Goldman and Bode (2012) studies made direct links between their experience of institutional child sexual abuse, educational attainment and subsequent life opportunities. These findings are supported by victim/survivor accounts to government inquiries that report a lack of educational attainment, including poor numeracy and literacy skills, as a profound impediment to their ability to obtain and maintain employment, with many noting this to be an ongoing source of shame, regret and resentment (e.g., Australian Senate, 2004; CICA, 2009; HREOC, 1997; LCC, 2000).

3.1.5. Spiritual impacts

This review identified 25 sources, all related to abuse in religious-affiliated institutions (see Table 1), that describe impacts of institutional child sexual abuse on victims'/survivors' spirituality. Concurrent themes of distrust, betrayal and deep anger towards the Church were reported across all sources referencing the impact of institutional child sexual abuse in religious settings. While survivors of institutional child sexual abuse commonly report a decline in capacity and willingness to trust, for those abused in religious settings this decline in trust may extend to the broader institution of 'the Church', religious belief and practice (e.g., Farrell & Taylor, 2000a, 2000b; Flanagan-Howard et al., 2009; Flynn, 2008; Mart, 2004; van Wormer & Berns, 2004; Wind, Sullivan, & Levins, 2008).

The vast majority of studies reported that abuse perpetrated by representatives of religious organisations was associated with negative impacts on the victims'/survivors' belief in God, spiritual practices, and likely involvement or engagement with the church and its representatives. A number of studies report that victims/survivors experience discomfort with religious rituals, symbols or practices and feel betrayed by the Church and its perceived role in facilitating and concealing abuse (e.g., Farrell, 2009; Fater & Mullaney, 2000; Isely et al., 2008; Mart, 2004; Rossetti, 1995; van Wormer & Berns, 2004). Two studies identify loss of trust in and sense of betrayal by religious institutions can also be experienced by families, peers and communities in response to revelations of clergy-perpetrated child sexual abuse (Goode et al., 2003; Kline, McMackin, & Lezotte, 2008).

The association between child sexual abuse in religious settings and its spiritual impacts appears particularly complex for victims/survivors who maintain involvement with their religious organisations. Comparing the spiritual wellbeing of non-abused members of the Church to those abused as children in both community and religious settings, Rossetti (1995) found diminished trust, irrespective of the setting in which the abuse was experienced. However, larger declines in trust of the priesthood, the Catholic Church and in their 'relationship with God' are observed amongst victims/survivors of clergy perpetrated abuse (Rossetti, 1995). Further evidence of the complex nature of spiritual impacts of institutional abuse are found in reports of potential gender differences across outcomes. Rossetti (1995), found female victims/survivors of institutional child sexual abuse reported a greater decline in their 'relationship with God' compared to male victims/survivors. Similarly, Flynn (2008) and Collins et al. (2014) report that while abuse negatively impacted involvement with religious organisations and behaviours among their female respondents, no negative impacts were reported for affective experience of spirituality.

3.1.6. Vicarious trauma

Evidence from 12 sources (see Table 1) identifies that the harm associated with institutional child sexual abuse vicariously affects families and the wider community. Kelley (1994) found parents of children sexually abused in day care report symptom profiles consistent with PTSD. In that study, the vicarious impact of institutional child sexual abuse was exacerbated for mothers who were themselves victims/survivors of child sexual abuse (Kelley, 1994). Vicarious impacts of institutional abuse persist over time and can be associated with a chain of subsequent stressful life events (Dyb, Hølen, Steinberg, Rodriguez, & Pynoos, 2003). In a follow-up study of parents of children abused in day care, Dyb et al. (2003), found parents routinely reported losing social connections, needing to take excessive time off work, changing jobs or relocating to a new community. Of note, the relocation rate for families in this sample was three times the national average (Dyb et al., 2003).

A dedicated study of the experience of being mothered by a victim/survivor of institutional child sexual abuse in Canadian Indigenous Residential Schools, found daughters develop coping strategies similar to their mothers, perpetuating adverse effects "as if

the daughters had attended the schools themselves” (Stout & Peters, 2011, p. 33). Children of institutional child sexual abuse survivors have described parents’ difficulties in showing affection, addiction and mental health problems, their harsh or inconsistent parenting and their distrust and anger towards institutional and organisational settings (e.g., Australian Senate, 2001, 2004; CICA, 2009; HREOC, 1997; LCC, 2000; Stout & Peters, 2011). Victims’/survivors’ distrust, anger and fear of schools and authorities may be obstructive to their own children’s education and subsequent opportunities for participation, engagement and connection (Bode & Goldman, 2012; Goldman & Bode, 2012).

Apart from the vicarious impacts reported by family members, those who witness abuse, or who are colleagues, peers or family members of perpetrators also report experiencing adverse outcomes associated with institutional child sexual abuse (Goode et al., 2003; Green, 2001; Irwin & Roll, 1995; Skinner, 2001; Wolfe et al., 2003). In a study of the abuse of Native American boys in boarding schools, Irwin and Roll (1995) found children who themselves were not abused may have been co-opted into the abuse act or complicit in maintaining silence about abuse. Many 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). Examining the institutional cultures of children’s homes in the UK, Green (2001) found many workers similarly reported being fearful of colleagues who were subsequently found to have perpetrated abuse. Workers described how perpetrators manipulated, bullied and abused fellow staff members leaving many feeling powerlessness to do anything as a consequence of their unequal position of power to the perpetrator in the organisation (Green, 2001). Likewise, Goode et al. (2003) report peers and family of clergy perpetrators describing shame, guilt, fractured relationships, disillusionment and a loss of faith and confidence following disclosures of institutional abuse. Witness reports to government inquiries substantiate these findings describing the ongoing experience of intrusive thoughts, nightmares, guilt, shame and remorse of those present in the context of institutional abuse they felt powerless to stop (e.g., Australian Senate, 2001, 2004; CICA, 2009; HREOC, 1997; Victorian Parliament, 2014).

The potential for institutional abuse to vicariously impact members of the community was also noted across a number of sources (e.g., Kline et al., 2008; Tasmanian Ombudsman, 2006; Victorian Parliament, 2014). Kline et al. (2008) describe experiences of individual and collective despair, anger, resentment and loss of connection and confidence in the leadership of the Catholic Church amongst community members in response to revelations of clergy perpetrated abuse. The centrality of religious institutions to the fabric of the community, particularly historically, culturally or geographically, has been recognized as important to understanding the deep divisions and conflict experienced by community members following revelations of institutional abuse (Victorian Parliament, 2014).

4. Discussion

This narrative synthesis of evidence documenting and describing the impacts of institutional child sexual abuse has identified that victims/survivors may be at increased risk for adverse outcomes across aspects of their psychological, social, physical, educational and economic wellbeing. Further, institutional child sexual abuse may also be associated with adverse impacts to spiritual wellbeing and vicarious impacts for families, peers and community members. While the association between institutional child sexual abuse and adverse impacts are well noted in the findings presented, it should be recognised that not all of those who experience abuse go on to experience poor outcomes in the short or long term. The impacts of institutional child sexual abuse are likely to affect outcomes in later life through complex pathways of direct and indirect influence. While reported impacts of institutional child sexual abuse appear in some ways comparable to those reported in other settings, qualitative differences in the experience of abuse in institutional settings may also be important to understanding these impacts (Carr et al., 2013; Stout & Peters, 2011).

Evidence suggests institutional child sexual abuse is often more severe, more likely to occur over longer periods of time and more likely to involve multiple offenders (e.g., Barter, 1999; Gallagher, Hughes, & Parker, 1996; Gallagher, 1999b; Mart, 2004; Spröber et al., 2014; White & Hart, 1995). Abuse severity and duration have been consistently identified as important influences upon impact and outcomes of child sexual abuse in later life, and these same factors might be expected to be important in understanding outcomes for institutional abuse victims/survivors (Beitchman, Zucker, Hood, Da Costa, & Akman, 1991; Bennett, Hughes, & Luke, 2000; Kendall-Tackett, Williams, & Finkelhor, 1993).

Similarly, institutional abuse is characterised by relationship dynamics of betrayal, secrecy, exploitation of power, and contexts in which disclosure is considered prohibited to the victim (Astbury, 2013; Brady, 2008; Doyle, 2003; Sullivan & Beech, 2002). While similar to those observed in intra-familial abuse, Gallagher (1999a) suggests that in contexts of extreme dependence and powerlessness the dynamics of institutional child sexual abuse may be better described by the term ‘entrapment’. The dynamics of ‘entrapment’ may be important to understanding both the occurrence and outcomes of institutional child sexual abuse.

Marked among the narratives of victims/survivors of institutional abuse is the importance placed on the perpetrator’s professional role, the power it conveyed in the institutional setting and community and, by comparison, the disenfranchised vulnerability of victims, often reliant on the settings of abuse for their survival (e.g., Australian Senate, 2001, 2004; CICA, 2009; Mart, 2004; Smith & Freyd, 2013; Terry & Freilich, 2012). The perceived role and complicity of institutions in creating situations and settings where abuse can occur, be concealed or where disclosures fail to be attended to in appropriate ways, is noted to lead to a sense of ‘institutional betrayal’ for victims/survivors (Higgins, 2001; Morrison, 2005; Parkinson et al., 2009; Smith & Freyd, 2013). Institutional betrayal is found to be associated with adverse psychological and psychosocial impacts for victims/survivors of abuse in institutional settings, but particularly those where there is a dynamic of dependency and/or trust between victims and offenders (Smith & Freyd, 2013).

Abuse in religious institutions, and particularly by religious leaders, has been described as 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, 2000a, 2000b; Isely et al., 2008; McLaughlin, 1994; Rossetti, 1995; Spröber et al., 2014). The combined impact of religious sentiment and seemingly sanctioned coercion and control appears to be associated with adverse impacts on the spiritual wellbeing of victims/survivors (Farrell & Taylor, 2000a, 2000b; Guido, 2008; Mart, 2004; Rossetti, 1995; Spröber et al., 2014; Wolfe et al., 2006).

Characteristics of abuse dynamics may also contribute to the vicarious impacts of institutional child sexual abuse. Evidence of secondary and vicarious trauma is noted for family members, friends, partners, children and support workers involved with victims/survivors in both the immediate aftermath of abuse and many years later (Morrison, Quadara, & Boyd, 2007; Roberts, O'Connor, Dunn, & Golding, 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 suggest that the harm associated with it is not restricted to victims'/survivors' trauma alone, but also extends to adverse outcomes experienced by family members and the wider community (Goode et al., 2003; Kline et al., 2008; Stout & Peters, 2011; Wolfe et al., 2006).

4.1. Limitations

As a rapid review, the present study is limited in comprehensiveness and coverage, being constrained to the specified terms of a commissioned work. The short timeframe for the review may mean more recent evidence may not have been included, and it was beyond the scope of the study to provide a detailed analysis of all potential mediating factors associated with abuse impact. Limitations of the present review also reflect characteristics of identified sources. There is a chief focus across sources on historic institutional abuse meaning some caution is needed in extrapolating research findings to current and future populations. Similarly, the majority of sources related to abuse in religious settings with far less attention to abuse occurring in non-religious organizations. Given the context of this review, significant reliance was placed on witness statements provided to Australian government inquiries reporting relevant raw data on the impacts of institutional care, including the experience of child sexual abuse. The descriptive nature of this data limits extrapolation and generality of the findings drawn from them. Across the quantitative studies reviewed, methodological issues, including sample bias and a reliance on cross sectional analysis and retrospective reports also warrant caution when extrapolating findings. These methodological issues encourage efforts to explore data linkage technologies and existing longitudinal studies as opportunities to provide prospective or long-term information on cumulative impacts.

4.2. Implications

Acknowledging the noted limitations and data gaps, the findings of this review provide insights that can be used to support effective responses to victims/survivors. The review has found that institutional child sexual abuse may have more similarities with the impacts and underpinning dynamics of intra-familial abuse as compared to other types of extra-familial abuse. Across the literature, evidence for institutional child sexual abuse has to date often been located and conceptualised as a form of extra-familial abuse – perpetrated by someone outside the family home. Findings presented herein indicate that understandings of impacts as variable, complex and potentially interwoven or underscored by a range of factors specific to abuse setting, dynamic and severity, highlight the need for victims to be supported by treatment that is contextually driven, holistic and responsive to changing need. Evidence of potential spiritual and vicarious impacts of institutional child sexual abuse suggest the need for responses to be cognisant of possibly distinct impacts of institutional child sexual abuse and the need for prevention, intervention and treatment responses to extend to the families and communities of victims/survivors. Likewise, evidence regarding 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 victims/survivors with organisations offering treatment and support.

Greater research on contemporary experiences of institutional abuse, in 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/survivors in the past, present and future.

Funding

This review draws upon work supported by the Australian Royal Commission into Institutional Responses to Child Sexual Abuse.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at <http://dx.doi.org/10.1016/j.chiabu.2017.08.006>.

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