

The Impact of Child Abuse in Community Institutions and Organizations: Advancing Professional and Scientific Understanding

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Although child abuse by family members has received considerable scientific and professional attention, knowledge on the impact of abuse committed by perpetrators in (nonfamilial) community organizations and institutions is lacking. We present a conceptual framework derived from child abuse studies, the authors' collective clinical experience with adult survivors of nonfamilial abuse, and two independent panels of abuse survivors, practitioners, and researchers familiar with the impact of such abuse. The framework identifies abuse-related factors that contribute to harmful outcomes, and dimensions of harm associated with such acts. Implications of the conceptual framework are discussed in relation to professional education and practice guidelines, policy and prevention initiatives, and research needs.

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In recent years publicized accounts of allegations of past and recent child abuse have been made in almost every type of institution serving children in the community, including churches (Disch & Avery, 2001), schools (Anderson & Levine, 1999), nursery schools (Kelley, 1994), sports (Brackenridge, 1997), and voluntary organizations (Potts, 1992). These allegations, as well as high-profile criminal and civil actions, have created considerable confusion and

antipathy among the public and professionals alike (Jenkins, 1996), with some community members justifiably having difficulty believing that trusted institutions could have committed these offences in the first place. Consequently, debate persists as to whether acts of abuse committed long ago warrant such public recognition and redress, or whether the allegations could be motivated by financial gain. In the meantime mental health professionals are faced with case-loads of individuals with significant impairments presumed to stem directly or indirectly from past abuse (Barter, 1999; Silverman, Reinherz, & Giaconia, 1996).

Educational and vocational institutions; religious and spiritual institutions; sporting, cultural, and recreational organizations; and special needs facilities are part of every community, and in the vast majority of cases they operate in a safe and caring manner. When allegations of child abuse, either past or present, publicly emerge from one of these settings they are the exception, not the rule. Nonetheless, media reports, public lawsuits, and survivors' accounts of such experiences have brought attention to the need for more research and prevention initiatives in this area (Colton, Vanstone, & Walby, 2002; Trickett & Schellenbach, 1998).

Estimates of this phenomenon are difficult to come by and vary widely, depending on the definition of "institution," the type of child maltreatment (e.g., sexual, physical, emotional abuse and neglect) and the source of data. In a study involving national data, Nunno (1992) found 158 reports of maltreatment per 1,000 children living in out-of-home settings (15.8%). In contrast, based on a survey of 2,869 young adults (16–24 years old) in the United Kingdom, Cawson, Wattam, Brooker, and Kelly (2000) report a rate of 0.3% who reported *sexual* abuse by a professional worker (mainly teachers); however, unlike Nunno's sample,

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few of these participants had been in foster care or other special needs facilities, and they reported on sexual abuse only. Yet another source of estimates derives from legal claims, such as Canada's 8,500 claims by Aboriginal people against the federal government, alleging physical, sexual, and other abuse (i.e., loss of culture and native language) stemming from placement in residential schools set up by the government and churches dating back to the turn of the century (Mahoney, 2001). Finally, U.S. incidence data of reported child abuse and neglect indicate that 1% of investigated cases involved child care providers and 0.2% involved residential facility staff (U.S. Department of Health and Human Services, 2002).

As in all forms of maltreatment, the actual incidence would likely be much higher if undetected or unreported cases were better known. Technology, for example, has created a new means of accessing vulnerable children through devices such as the Internet. In a phone survey study of 1,501 youth, 19% of regular Internet users between the ages of 10 and 17 in the last year received unwanted online requests involving sexual solicitation, pornography, and harassment (Finkelhor, Mitchell, & Wolak, 2000). Thus, preliminary estimates of incidence and prevalence of abuse of children and youth in nonfamilial settings suggest that such events constitute a small proportion of child protection reports to child welfare and the police, yet they constitute a significant challenge because of their unique dynamics and sometimes large numbers of victims and abusers (Gallagher, 2000).

Public outcry and political debate have led to a search for understanding and solutions to this growing concern among political, judicial, and research bodies in several countries (e.g., House of Parliament, 1998; Law Commission of Canada, 2000; National Research Council, 1993). Because of a general lack of scientific and descriptive information, however, governments have had to rely on public enquiries to gain a better understanding of the causes and consequences of child abuse in nonfamilial settings, to reduce the likelihood of future incidents, and to address the needs of survivors of past abuse.

This article is intended to spur scientific and professional involvement by examining significant factors and characteristics associated with child abuse in community institutions and organizations that contribute to harm among some victims. There is a great need to expand public and professional awareness of child abuse and neglect, and, even more so, the identification, processes, issues, and

outcomes of child abuse in institutions and community settings. To this end we propose a conceptual foundation for improving scientific study of the processes and harmful effects of this form of child abuse, which reflects more specifically the nature and role of the community institutions and social structures that contribute to harm.

METHOD OF REVIEW AND ANALYSIS

Because of the paucity of research studies and scientific models, we developed our framework from a consensus of opinion from diverse sources of information, including scientific studies and clinical descriptions, followed by detailed input from abuse survivors, practitioners, and researchers. As with the iterative process used in test construction, we first reviewed existing literature on the long-term effects of child abuse in familial and nonfamilial settings to derive initial categories and dimensions of harm, drawing as well from our collective clinical experience of more than 450 cases involving adult survivors of child abuse in institutions and organizations.¹ We identified 22 empirical studies on the long-term consequences of child abuse; however, none made specific reference to child abuse in institutions and organizations. Among the 15 studies in which different types of abuse were compared, the only distinction made was between abuse perpetrated by a family member (i.e., intrafamilial) and that by a non-family member (i.e., nonfamilial). In the few studies of nonfamilial abuse in which the relationship between the victim and the perpetrator was identified (e.g., stranger, acquaintance, or boyfriend), no consideration was given to how this relationship or association may have affected the victim (for reviews see Berliner & Elliot, 2002; Kolko, 2002; Wekerle & D. A. Wolfe, 2003). Therefore, we included clinical surveys and case reports of survivors of abuse by persons affiliated with community institutions and organizations to inform our initial model.

We next formed a panel consisting of 12 survivors of nonfamilial abuse and 12 professionals who were familiar with the issues and needs of survivors (i.e., 3 lawyers, 7 mental health practitioners, and 2 policy makers) that reviewed our preliminary findings and made further improvements and clarifications.² Lastly, a draft was circulated among a "virtual review panel" of 17 researchers and practitioners who volunteered to comment on the framework and conclusions.³ The resulting framework, formed on the basis of this collaborative effort, is intended to create a springboard for a more advanced understanding of the

unique impact of this form of abuse and the implications for mental health services and public policy. The framework is not an attempt to explain etiology or offender characteristics (Finkelhor's [1984] description of offender "preconditions" serves as a recognized model in this regard), but rather to account for additional or unrecognized harm resulting from child abuse, harm that is interconnected with the important role of trusted institutions. Specifically, the goals of this article are (1) to describe the dynamics of child abuse in relation to the diverse roles of contemporary institutions and organizations; (2) to develop a framework for understanding the impact of child abuse in nonfamilial settings, including key dimensions of harm and factors contributing to harm; (3) to illustrate how the framework accounts for the nature of harm associated with various community institutions and organizations (e.g., churches, schools, sports, and recreational groups), and (4) to consider implications of these findings for science and practice.

THE DYNAMICS OF CHILD ABUSE IN CONTEMPORARY INSTITUTIONS AND ORGANIZATIONS

When child abuse was first brought to public and professional attention it was believed to occur primarily within the family context, with parents as perpetrators (Kempe, Silverman, Steele, Droegenmueller, & Silver, 1962). Gil (1975) expanded this definition by explaining that child abuse can occur at three levels: intrafamilial, institutional, and societal. The definition of "institutional abuse" at the time, however, referred primarily to settings in which almost every aspect of the child's life is controlled by the institution and by the same single authority (referred to as a "total institution"; Goffman, 1961). Although total institutions were relatively common in the 1950s and 1960s, current institutions seldom fit within Goffman's original definition (Penhale, 1999). Furthermore, Goffman did not consider the broader social context in which institutions exist (Powers, Mooney, & Nunno, 1990). Perhaps most important, the total institution perspective did not consider other types of community institutions and organizations in which child maltreatment may occur, an omission which became more evident in the early 1980s (Finkelhor, 1984). Therefore, we have expanded the settings beyond their traditional parameters to include community organizations and other established social institutions that are not necessarily residential in nature but reflect more accurately the reality of child abuse in today's society.

For this article we adopted Gallagher's (2000) definition of institutional abuse (because abuse by adult caregivers is uniquely different from that by peers, abuse by peers is not included in this definition): "The sexual, physical, or emotional abuse of a child (under 18 years of age) by an adult who works with him or her. The perpetrator may be employed in a paid or voluntary capacity; in the public, voluntary, or private sector; in a residential or non-residential setting; and may work either directly with children or be in an ancillary role" (p. 797). Central to this definition is the notion that child abuse involves the inappropriate use of power and authority, which has the potential to harm children's ongoing development and future well-being (D. A. Wolfe, 1999), regardless of setting. Such acts may also include a failure to protect the child from harm or meet minimal standards of care, as in established definitions of child neglect. Furthermore, regardless of setting and perpetrator, child abuse is seldom a single event but rather a process with multiple implications. That is, the nature and impact of child abuse changes over time and in relation to previous abuse, and typically involves a chronic situation in which there is differing intensity during different phases of the individual's involvement (Cicchetti, Toth, & Maughan, 2000). This important transactional process underlies much of the following discussion of harm stemming from abuse by a trusted individual.

A FRAMEWORK FOR UNDERSTANDING THE IMPACT OF CHILD ABUSE IN NONFAMILIAL SETTINGS

Theoretical explanations for the harmful effects of child abuse take into account developmental processes and how they might interact with the particular pattern and trauma of maltreatment, including the setting (e.g., familial or nonfamilial) and the child's relationship to the offender. Finkelhor and Browne's (1985) early conceptualization of harm resulting from child abuse has guided the field, especially in terms of looking beyond symptom expression to the underlying psychological dynamics that form the core of the psychological injury (i.e., traumatic sexualization, betrayal, stigmatization, and powerlessness). Powerlessness, for example, refers to the situation whereby the child's will, desire, and sense of self-efficacy are thwarted and rebuked, and it is often linked to fears, worries, and depression. Such feelings may not be identified until years later, once the individual reaches an age whereby he or she can recognize this betrayal dynamic as the source of feelings of self-blame, guilt, and powerlessness (Williams, 1994).

Clinically, these dynamics contribute to the trauma-related outcomes most commonly reported in the literature on the long-term effects of child sexual and physical abuse: posttraumatic stress disorder (PTSD), depression, suicide, sexual promiscuity, susceptibility to repeat abusive acts, attempts to gain power over others, and poor academic performance (Briere, 1992; Brown, Cohen, Johnson, & Smailes, 1999; Gold, Lucenko, Elhai, Swingle, & Sellers, 1999; Lange et al., 1999; Oddone-Paolucci, Genuis, & Violato, 2001; Tyler, 2002).

More recently, developmental psychopathology has considered how sexually or physically abusive acts can affect children's development diversely and progressively over time (Cicchetti & Lynch, 1995). This explanation places children's experiences in a broader context that includes their perception of the emotional climate of their families or caregivers, their previous experiences with conflict and abuse, their interpretations of violence and maltreatment, and their available coping abilities and resources to countermand stress and inadequate care giving. Related to this developmental viewpoint are the effects of two independent dimensions of life threat and social betrayal associated with trauma experiences. Life-threatening situations may lead to symptoms of fear, anxiety, hyperarousal, and intrusive memories, whereas social betrayal is associated with symptoms of dissociation, amnesia, numbing, and abusive relationships (Freyd, 1997; Wekerle & D. A. Wolfe, 2003).

Although there is considerable overlap in the types of acts that constitute child abuse in the family and those types in community institutions and organizations, the dynamics of these diverse settings differ in important respects. The long-term effects of child abuse in nonfamilial settings, as will be discussed, are linked to the nature of the relationship with the abuser and the institution, effects such as loss of faith, loss of culture, or restriction of academic, athletic, or other personal goals.

The two central features of the framework—contributors to harm and dimensions of harm—are described below, based on existing literature on abuse in both familial and nonfamilial settings, as well as on input from professionals and from abuse survivors who sought help. We also consider the manner in which such harm is unique or similar to that experienced by victims of abuse by family members. It is important to note that these dimensions are not intended to describe all of the various symptoms that may

emerge subsequent to abuse, but rather to identify patterns and constructs that can inform future research and practice.

FACTORS CONTRIBUTING TO HARM

Studies of child physical and sexual abuse and neglect have confirmed that certain aspects of such experiences and the environment in which they occur further influence adjustment difficulties over the life course (Kamsner & McCabe, 2000; Kaplan, Pelcovitz, & Labruna, 1999). Factors that have received the most empirical support in terms of affecting the degree of harm or the pace of recovery from *intrafamilial* child abuse and neglect include characteristics of the abusive experiences, such as age of onset and the severity and nature of child abuse (Manly, Kim, Rogosch, & Cicchetti, 2001); the victim's relationship to the offender (Berliner & Elliot, 2002); methods to reduce resistance and disclosure (Kendall-Tackett, Williams, & Finkelhor, 1993); postabuse events, such as how the family and other adults respond to child abuse disclosures (Brewin, Andrews, & Valentine, 2000; Conte & Schuerman, 1987; Kendall-Tackett et al., 1993); and the child or adolescent's psychological resources (Smetana et al., 1999; McGloin & Widom, 2001). Extrapolating from these findings, our conceptual framework includes four important factors, identified through discussion with survivors, practitioners, and researchers, which may contribute to the degree of harm resulting from abuse in nonfamilial, community settings. Examples from well-known institutions and organizations are used to illustrate these dynamics.

Significance and Role Within Society

Community institutions and organizations usually serve important functions, such as education, religious practices, and social services, that help the community to thrive. When an institution or organization is highly valued, the community typically holds both the establishment and its members in high esteem. For example, communities rightfully hold educational institutions and those who work within these institutions in high esteem, and parents readily transfer their authority to teachers, principals, and other school personnel. Accordingly, children may be particularly vulnerable to abuse by individuals within these institutions whom they (and others) put in positions of trust and authority. When a child is abused, efforts at disclosure may be thwarted by the strong community support for the

institution, as well as the resources and power of the institution itself (Ligezinska et al., 1996). Furthermore, most institutions and organizations are public in nature, in contrast to the more private nature of the family, which may leave the person more exposed (currently and in the future) to a wide variety of people who know what happened. Related to the degree of public exposure is the size of the community itself, with smaller, closely tied communities (e.g., bound by cultural, ethnic, or religious identities) sometimes posing formidable resistance to reintegrating the child or adult victim.

Role of the Perpetrator Within the Setting

The role that a perpetrator plays within an institution relates both to a child's vulnerability to abuse and to the consequences and aftermath. Adults and children tend to trust certain individuals because of those individuals' positions and expertise within a respected institution (e.g., teacher, minister, or scout leader). Such implicit trust carries added risk, because parents are less likely to scrutinize the activities of such well-respected individuals, and children are more likely to "do as they're told" and not question authority (Falkenhain, Duckro, Hughes, Rossetti, & Gfeller, 1999).

For example, religious leaders are often considered representatives of God, so children may be taught from a young age to treat their authority and position with respect. Other individuals connected to religious organizations, such as Sunday school teachers, youth leaders, and choirmasters are also considered trustworthy by virtue of their strong affiliation with the organization. This position of authority can affect children's willingness or ability to disclose abuse, out of fear that they will not be believed, that they are at fault, or that if they tell they will lose the adult's favor, that their marks or other status may suffer, or that the offender will make life difficult for them (Hyman, Zelikoff, & Clarke, 1988). Similarly, the extent to which a child feels that an adult has a great deal of power and authority relates to his or her fear of retaliation or rejection (Penfold, 1999). In sports, for example, the coach or leader is typically well liked by fellow group members or teammates, leading children to fear that they will not be believed or that they will lose the respect and friendship of their peers (Brackenridge, 2001). Some children and youth fear that disclosure will jeopardize their aspirations or interfere with their special training or opportunities, fears

that lead them to accommodate themselves to the circumstances (Bowker, 1998).

Degree and Nature of Child Involvement With the Institution or Organization

Children who are highly involved with an institution or organization may have more difficulty avoiding or stopping abuse than those who are less involved. Perpetrators not only have more opportunity to overcome the child's resistance, but also have more opportunity to take advantage of the child's commitment, desire to participate, and similar circumstances. Children who value a certain sporting or musical skill, for example, are usually willing to spend more time with their tutors and seek out their approval and involvement. They may tolerate an abusive situation so that they do not have to stop participating in an activity that they enjoy, or so that they may obtain a goal they are working towards (Brackenridge, 2001).

Similarly, if the child's association with the institution is a mandatory one (actual or perceived), he or she may feel powerless to complain or escape (Kennedy, 2000). The child also may be less likely to disclose abuse for fear of having to return to the institution and face the perpetrator, or may simply assume that whatever occurs at the setting must be "normal" (Irwin & Roll, 1995). Coupled with the degree of involvement is the influence and power some organizations have on the child or on his or her family. A perpetrator may use his or her position within the organization to obtain the child's compliance; alternatively, the perpetrator may use subtle coercion by telling children that such acts are "the will of God," or that God will punish them if they do not do what they are told. Like abuse in family settings, explicit threats are often not necessary, because the child has been raised to never question the authority of religious leaders (Kennedy, 2000).

An illustration is drawn from the literature on children's involvement with special needs organizations, which is frequently nonvoluntary and sometimes outside the control of their parents. In some cases the very reason that children come to the attention of special needs organizations may make them more vulnerable to abuse, make it more difficult for them to report abuse that has occurred, or cause others to question their credibility when they do disclose abuse. For example, research has shown that children who are deaf or hard of hearing are at an increased risk of sexual abuse, even more so than children with other disabili-

ties, likely as a result of their difficulty understanding or verbalizing episodes of abuse (Sullivan & Knutson, 1998). Other disadvantages that bring children to the attention of special needs organizations, such as family problems or past abuse, may make children more vulnerable to abuse and may also make it difficult for them to report abuse. Paradoxically, behaviors that led to their out-of-home care can undermine their disclosure credibility.

Abuse and Postabuse Events

As is the case with familial abuse, circumstances surrounding abusive incidents and what happens afterwards can have a profound impact on the victim's well being. The use of the institution's power structure, rules, or belief system to gain a child's trust or maintain silence often leaves the victim feeling disillusioned and betrayed by the institution or organization (De Fuentes, 1999). Moreover, the child (or adult survivor) may be involved in criminal or civil investigations that challenge his or her view of events and, in some circumstances, include allegations or charges against the victim. At any point in this process the child's allegations may not be believed, or the institution may support the perpetrator's denial.

Similarly, a perpetrator may have used the child's religious beliefs to frighten him or her into silence, or the child may be aware that his or her acts were in some way sinful or against religious beliefs (i.e., a child may not disclose abuse because he or she fears religious condemnation for participating in forbidden, sinful acts, even though they were not consensual; Rossetti, 1995). Further obstacles include the likelihood that the alleged perpetrator will be believed over the word of the child, or that child victims and their families may be rejected by their religious community, leaving them feeling alienated, humiliated, and stigmatized. The loss of community support during such a stressful time makes it difficult for the family to help their child deal with the trauma associated with both the abuse and the disclosure, presuming family members believe and support the victim (Farrell & Taylor, 2000).

Finally, the institution's response to allegations of abuse by individuals within its organization can also add to the trauma experienced by victims and survivors. Priests, ministers, and other religious leaders may be transferred to other communities to continue their ministry without acknowledgment of their actions, resulting in further feelings of self-blame or injustice on the part of victims (Feld-

thusen, Hankivisky & Greaves, 2000). Educational districts also face difficulties responding to allegations of abuse by a teacher in part because of well-meaning safeguards that protect teachers from malicious complaints lodged by students and parents (Anderson & Levine, 1999). On the other hand, the existence of a well-delineated disclosure protocol and investigation policy may reduce the harmful fallout from true or false allegations (Ontario Ministry of the Attorney General, 2000).

Dimensions of Harm

Dimensions of harm highlight specific issues that may distinguish survivors of abuse in nonfamilial as opposed to familial settings, dimensions based largely on qualitative data provided by our panels.⁴ In general, such differences emerge in relation to the function and purpose of the setting where the abuse had occurred, and are associated with betrayal by the valued social institution and loss or impairment of its role in the child's life. These dimensions share much in common with Finkelhor and Browne's (1985) traumagenic dynamics; however, there are important elements in nonfamilial settings that warrant an expanded analysis. Therefore, we first describe each dimension in relation to familial abuse and then provide more in-depth consideration of the distinctive aspects of abuse in community institutions and organizations. Based on clinical studies and qualitative reports, examples illustrate these distinctions in various settings (i.e., educational, religious, sporting, recreational, and special needs services and facilities).

Betrayal and Diminished Trust. Victims of abuse by family members emphasize the pain of betrayal and the undermining of their ability to judge if an individual is trustworthy (Davis, Petretic-Jackson, & Ting, 2001). Such diminished trust is often accompanied by fear of intimacy, which together have a profound effect on interpersonal relationships. In addition to these symptoms, victims abused by someone connected to an institution or organization in our samples reported that betrayal often extends beyond the interpersonal realm to include the social institution to which their abuser belonged. Their trust is further eroded when they have been disbelieved or the original institution or other institutions (such as the judicial system) handled the situation poorly. Over time, survivors described a global loss of trust that generalizes to

other institutions sanctioned by society, a loss which they attributed to the continued lack of preventative and remedial measures.

For example, incidents of physical or sexual abuse by trusted religious leaders and other individuals affiliated with the organization might destroy a child's belief that the world is a safe place (Bottoms, Shaver, Goodman, & Qin, 1995). Similar to victims of abuse by family members, such children have difficulty reconciling how a trusted religious figure could commit such acts, a difficulty which compromises their sense of safety: What once made sense no longer makes sense, and what was once safe is no longer safe. Abuse survivors have explained that this loss of a sense of safety causes the world to seem chaotic or unstructured (Silver, Boon, & Stones, 1983). Some children try to compensate for this loss by reorganizing their world, an effort which might include self-blame, self-destructive or age-inappropriate behaviors, or in some cases acting out their anger and rage by abusing others (Fater & Mullaney, 2000). Moreover, when a religious leader or a member of the clergy or religious order perpetrates child abuse, it is often found that the victim's belief in or perception of God, spiritual practices, attendance at religious services, and trust in religious representatives is severely negatively affected (De Fuentes, 1999). Victims, particularly children, have difficulty separating the offending clergy from the religious organization or God; they may feel that God failed to protect them, and may fear further abuse if they return to the church. This sense of betrayal can cause a crisis of faith that may destroy a victim's comfort with and belief in important religious rituals, symbols, or icons; in other cases he or she abandons faith entirely (McLaughlin, 1994).

Shame, Guilt, and Humiliation. Adult survivors of abuse in both familial and nonfamilial settings report feeling that they were somehow responsible for the abuse (Kamsner & McCabe, 2000; Silverman et al., 1996). They feel that they did something to cause the abuse at the time, experience guilt for having not done more to stop the abuse, or both. Individuals who were unaware at the time that they were being abused may also experience feelings of shame and humiliation once they realize what happened, particularly if they were "willing" participants. Survivors also feel conflicted if they derived any pleasure or special attention from the abuse; this increases their feelings of shame, guilt, and self-blame (Penfold, 1999).

Similarly, some children abused in nonfamilial settings misattribute such acts to their personal faults or weaknesses, thereby increasing their feelings of shame and humiliation (Burgess, Hartman, McCausland, & Powers, 1984). In other cases they may receive special attention and benefits from the abuser, leading to an inaccurate self-image and further humiliation. Moreover, children who attempt to discuss the events with others (either to disclose or to question its appropriateness) may find themselves at odds with their families or important community institutions, which may seek to protect the accused in an effort to protect the role of the setting.

In sporting and recreational settings, for example, children and adolescents strive for special attention or rewards (e.g., scholarships, special privileges) through their involvement. If abuse occurs, qualities that make these organizations valuable to a child's development can sometimes turn into obstacles to disclosure. If a child discloses abuse he or she may be ostracized by fellow teammates or group members, thus losing his or her sense of team identity at an already difficult time (Brackenridge, 2001). If the perpetrator has been an important figure in the community, or if the organization is significant to the community, then the victim may be shocked by the rallying of support for the perpetrator. The victim may be labeled a "whistle blower" or a liar and as a result be further victimized. Even when the victim is acknowledged, the organizational response may be one of minimization, with the perpetrator simply being transferred or given a warning. As a result of the abuse and postabuse events, a child's confidence, self-esteem, and ability to trust are eroded. He or she may show a decline in performance (both within and outside of the organization), which subsequently may interfere with his or her future achievements. Understandably, these children may experience a loss of interest in and pleasure from activities that were once very important in their lives (Brackenridge, 1997).

Fear of or Disrespect for Authority. In both familial and nonfamilial settings, fear of or disrespect for authority may result directly from abuse or more indirectly from subsequent events, such as disclosure, reporting, and court proceedings (Ligezinska et al., 1996). While children are taught to respect and obey adults in positions of authority, perpetrators often abuse their authority to coerce and manipulate them through threat or reward of course grades, positions on a

team, and similar control. As a result, children may fear individuals in positions of authority or may lose respect for them as a result of their abuse of power; others may feel powerless to stop the abuse, resulting in symptoms of depression, anxiety, and PTSD (V. V. Wolfe, Gentile, & D. A. Wolfe, 1989). In addition to direct harm, the disclosure process and subsequent events may cause some victims to form a negative perception of authority figures (i.e., feeling retraumatized by the investigation and legal process) or feel devalued because of lack of credibility ascribed to children within the criminal justice system, especially when little effort is made to provide needed help for their own recovery (Ligezinska et al., 1996). Again, these obstacles are similar to those faced by children abused by family members, but are often distinguishable in terms of their expression.

For example, children abused in educational settings may be left with feelings of shame, worthlessness, confusion, and guilt (Dolmage, 1995). They may also experience PTSD or related symptoms, including avoidance of school and fear associated with educators; loss of trust in or fear of adults, especially educators; loss of interest in school; denial of or refusal to discuss the traumatic event; nightmares; and excessive crying (Hyman et al., 1988). As parents, survivors may be retraumatized when they send their children to school, fearing that they, too, will be victimized. A failure on the part of the institution to act may also compromise the importance of an education and associated interest in learning and achievement. Such feelings may continue into adulthood and prevent victims and survivors from obtaining the same level of education or employment they might have otherwise obtained.

Avoidance of Reminders. Like victims of familial abuse (Oddone-Paolucci et al., 2001), survivors of abuse in institutions and organizations spend considerable effort trying to avoid any reminders of their abusive experience that may trigger painful flashbacks. Consequently, their lives are often disrupted or impeded. For example, some individuals who were abused in a church setting described avoiding anything related to church and religion; in the process they lost their faith in God to protect their well-being. Similarly, victims of abuse by teachers described being unable to attend school, or being afraid to send their children to school due to reminders and fears. What stands out in these patterns is that avoidance of reminders, in effect, cre-

ates a loss of connection to significant community functions that at one time had meaning in their lives.

When abuse occurs within a special needs organization victims face similar obstacles to disclosure, such as fear that they will not be taken seriously or believed, particularly those victims with a history of mental health or behavior problems (Howlin & Clements, 1995). If they report the abuse but are not believed, they may face repercussions from both the perpetrator and other staff within the institution. Children may also choose not to disclose the abuse for fear that the consequences of disclosing will be worse than enduring the abuse (e.g., placement in a residential facility). As has been the case with other types of nonfamilial abuse, the effects of abuse occurring in special needs facilities can be institution-specific, effects such as a sense of isolation and general mistrust of “helping” institutions and organizations. This problem compounds the difficulty in accessing therapy and support, because all counselors may be seen as untrustworthy and potentially abusive.

Injury and Vicarious Trauma. Physical and psychological injuries stemming from abuse by either familial or nonfamilial offenders contribute to secondary forms of trauma and self-destructive behavior, ranging from self-abuse to suicidal attempts (Browne & Finkelhor, 1986). In addition, harm that occurs as a result of abuse within institutions and organizations is not restricted to the victim's trauma alone. Other children in the institution are often aware of the abuse, even if they themselves are not abused, and may exist in a state of perpetual fear of becoming the next victim (Irwin & Roll, 1995), much like child witnesses to domestic violence (Grych, Jouriles, Swank, McDonald, & Norwood, 2000). As well, families of victims and survivors of institutional abuse often suffer various consequences, which they may fail to acknowledge. Parents may feel a mixture of guilt, shame, and humiliation regarding their actions or inactions, perhaps blaming themselves for failing to recognize the abuse (Bennett, Hughes, & Luke, 2000). Moreover, postabuse events after disclosure or discovery cause a great deal of tension in the family as each family member tries to cope not only with the child's difficulties but also with his or her own reaction. In some circumstances current or future family members may be the direct recipients of abusive behavior by the prior victim (Oddone-Paolucci et al., 2001). Even in the absence of such behavior, adult survivors are often eyed with fear and

recrimination because of others' beliefs that they may turn to abusing others—a life sentence that many survivors feel imprisons them and further blocks attempts at closeness and trust (Fater & Mullhaney, 2000). Finally, current and future family members may suffer vicarious symptoms connected to the abuse itself, such as their own loss of faith, distrust of organizations, or feelings of betrayal, guilt, or anger.

IMPLICATIONS FOR SCIENCE AND PRACTICE

Reports from clinicians, researchers, and survivors of child abuse in institutions and organizations have identified an important social problem that has long been ignored, denied, or minimized. Yet both public and professional understanding of child abuse that occurs in institutions and organizations is based on unrepresentative information, such as media reports of investigations and arrests, which leads to an incomplete picture of the circumstances surrounding such incidents. The lack of empirically based knowledge about this topic has important implications for science and practice, as illustrated below in relation to education and practice guidelines, policy and prevention initiatives, and future research.

Education and Practice Guidelines

Education and training efforts should be directed at the institutions themselves (e.g., staff, volunteers, and board members), as well as at community professionals who provide services to survivors. Communities should ensure an ongoing commitment to training and awareness on this topic, rather than superficial or isolated efforts. A starting point for education would be to have institutional leaders clearly name the problem within their settings and verbalize a commitment to redress past abuse (Nunno & Motz, 1988). Education and training also need to be directed to front-line professionals and include expanded assessment and intervention strategies that more fully capture the unique nature of the abuse and the long-term consequences. Furthermore, training needs to be interdisciplinary to ensure the collaboration necessary among the justice, health, mental health, social service, and education sectors.

The evolving field of child abuse in institutions and organizations has considerable implications for mental health services and forensic assessments, such as criminal and civil court hearings. Survivors of abuse often need more specific

and prolonged treatment than what is typically available, and some must first overcome their distrust of professionals (Penfold, 1999). In the context of criminal hearings a judge or jury may need to understand delayed disclosures, and continuing contact with the abuser in some instances. At the sentencing stage a mental health assessment may help the court understand the long-term impact of the abuse on all areas of functioning, such as mental health, employment, relationships, education, health, and family functioning. Legal proceedings may trigger flashbacks and other trauma-related symptoms that further undermine current adjustment and family functioning. Some of the mental health problems suffered across the lifespan may be disguised by attempts to avoid reminders of the abuse, problems such as fear or disrespect for authority, substance abuse, loss of faith, and so on, which require careful assessment and differential diagnosis.

Policy and Prevention Initiatives

Drawing an analogy to the stages of change based on other aspects of human behavior (Prochaska, DiClemente, & Norcross, 1992), we may say that society is slowly progressing from precontemplation to contemplation of the seriousness of abuse. That is, while there is still a great deal of denial and minimalization, there is also an increasing awareness of the scope of the problem and the need for widespread societal change. Nonetheless, considerable effort remains if the goal of prevention is to be met. First and foremost, steps to prevent future occurrences of abuse by persons affiliated with community organizations must be taken. Some examples are improved screening and supervision of staff, putting policies in place to deal with transgressions, and community awareness programs (Law Commission of Canada, 2000). Efforts to develop safeguards within community settings must recognize the vulnerability and power imbalance inherent in this issue. Safeguards may include better training and awareness programs for adults as well as youth, policy and protocol development for dealing with disclosures and collaborating with police and child protection services, and more responsive community agencies and justice professionals that promote safety, accountability, and healing from abuse.

Future Research

This introductory description of the impact of child abuse in community institutions and organizations has identified

important factors presumed to be connected with abuse in such settings. We caution, however, that the themes concerning the dimensions of harm and factors affecting harm stemming from child abuse in institutions and organizations must undergo empirical inquiry before conclusions are made with regard to similarities to other forms of abuse. Future research must test hypotheses raised here as to the critical variables that may predict different life outcomes for survivors, based not only on abuse characteristics but also on the societal and institutional responses. We further caution that it is not the trusted institutions themselves that commit these offences but rather certain individuals associated with them. It is not our intention to blame community institutions, which would engender further mistrust and suspicion.

The dimensions of harm and the framework herein are based on samples of survivors who have either sought treatment, or have chosen to go public to discuss their experiences. Studies are needed that include known victims who did not experience the same degree of harm (or were minimally affected) to see if the framework also accounts for their outcomes. Currently, there are few data regarding child abuse victims who were less affected or unaffected by these experiences, which data would inform us of the specificity of our model and unknown mediating variables. Moreover, the model may fit better for some types of settings than for others.

We could not conclude from the present qualitative findings that child abuse per se is linked to psychological harm, even though this link appears to be supported by survivors' identification of contributors to harm. In a meta-analytic review of the effects of child sexual abuse among college students, for example, family environment was confounded with the effects of abuse (Rind, Tromovitch, & Bauserman, 1998). Although we could not control for family environment and other possible explanations for adult outcomes, the influence of genetic contributors to adjustment outcomes was not confounded, because persons unrelated to these adults abused them in childhood (i.e., they were not suffering from psychological disorders or behaviors passed down by abusive parents). Additional methodological issues and challenges to this research include the influence of other life events (other than abuse), the interactive and cumulative nature of the impact of abuse across the lifespan (which makes connections to original abusive acts sometimes difficult and indirect), and possible biases in making historical attributions for current functioning.

Although children are no longer housed in institutions in large numbers, the need remains to protect them from offenders who disguise their actions within community institutions and organizations. A national study is needed to examine the processes and mechanisms through which such abuse may occur and to raise awareness of the potential of such acts on development and long-term adjustment. At the same time, efforts to develop effective assessment and intervention protocols for survivors should be more widely available and tailored to the needs of this varied population (Briere & Elliott, 1997).

NOTES

1. Each author had conducted extensive clinical assessments of individuals either known to have been abused or alleging such experiences (approximate numbers of individuals: D. A. W. [125]; P. G. J. [225]; J. L. J. [30]; S. E. P. [110]). Many of these assessments stemmed from civil lawsuits against individuals and organizations. We discuss possible bias in this pool in the final section.

2. This panel was formed from two primary sources. The university's Centre for Research on Violence Against Women and Children contacted local mental health practitioners and lawyers who work with survivors of abuse. The Law Commission of Canada also sent representatives to the panel who were familiar with legal and policy issues pertaining to this form of abuse. Adult survivors were invited both by the Centre and by the Law Commission, and included past litigants and clients. In a letter, invitees were told:

We would like to invite you to attend a two-day gathering aimed at developing a greater understanding of child abuse in community organizations and institutions. A team of researchers, sponsored by the Law Commission of Canada, has organized a two-day gathering to share our work and obtain informal feedback on what we feel are important issues that have not received sufficient attention. You have been invited because of your experience, either direct or indirect, with child abuse and survivors of child abuse. We feel it is important to obtain feedback from a broad range of individuals, with different types of experience. We have invited survivors of abuse, clinicians, academics, and other professionals who we believe will be able to provide us with additional insight into the impact of child abuse.

3. The virtual review panel was formed from responses to a posting (Child Maltreatment Listserv, July 11, 2001) asking for volunteers interested in reviewing a conceptual paper on the impact of child abuse in institutions and organizations. Names and affiliations of this panel are available on request. A statement of experience and interest in this topic was requested to ensure expertise on this topic (all 17 selected panel members had clinical, professional, or research experience, or some combination of

such experience, with survivors of nonfamilial abuse, and were not lay public). When they received the draft manuscript they were told that it was prepared as a springboard for further input and research, and that the purpose at this stage was to provide another level of “expertise” to the conceptualization and findings reported in the paper.

4. In the section on dimensions of harm we cite representative studies of the long-term impact of abuse that primarily involved familial samples. We also cite studies of nonfamilial samples whenever possible; however, because of the limited number of empirical investigations of this issue, we relied heavily on qualitative information provided to us through our various panels. These dimensions have not been empirically validated, but rather are intended to guide such studies.

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