

# Key messages from research on institutional child sexual abuse

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### Key messages

The term ‘institutional child sexual abuse’ is used to distinguish child sexual abuse (CSA) in an institutional context from that occurring in the family or other settings. It can take place in a wide variety of settings where individuals are in a position of power and trust in relation to children.

Many cases of non-recent CSA have been linked to institutions, with the abuse often not being disclosed for many years.

Institutional CSA may be perpetrated by a single individual on a single victim, but those who commit abuse in an institutional setting frequently have multiple victims. Institutional CSA can also involve several people committing abuse within the same institution, and includes abuse by peers in the context of an organisational culture of abuse.

People who perpetrate abuse in institutional settings may use threats and force, but often ‘groom’ their victims to gain compliance and ensure their silence. Grooming includes the use of rewards, favouritism, alienation from friends and family, and the normalisation of abusive activities. Similar tactics are used on families, colleagues and others in the organisation, to secure access to victims and prevent detection.

Many institutions have compounded the abuse through cultures of denial, secrecy and self-protection. Institutions have frequently sought to protect themselves rather than protecting the victims of abuse.

Experiencing CSA in any context can have long-term negative impacts. For survivors of institutional abuse, there may be further issues to be considered: being let down by an institution can compound their sense of betrayal, for example, and reduce their trust in other organisations.

While overall more girls than boys are victims of CSA, many survivors of abuse in institutions are male. This has implications for practitioners in understanding the potential impacts on male victims, and the availability of gender-sensitive support that meets the needs of boys and men.

Within institutions, factors that may help keep children safe – or expose them to greater risk – include the quality of relationships with staff, staff ratios, the size of establishments, the physical environment, the population mix, staff training and the extent to which institutions are open to input from external agencies. Besides requiring rigorous recruitment and selection processes, organisations need to build an open culture where safeguarding is seen as everyone’s business, children have safe spaces and positive relationships with several staff members, and opportunities for abuse to occur are minimised.

Our ‘Key messages from research’ papers aim to provide succinct, relevant information for frontline practitioners and commissioners. They bring together the most up-to-date research into an accessible overview, supporting confident provision of the best possible responses to child sexual abuse.

## What is meant by institutional child sexual abuse?

The term ‘institutional child sexual abuse’ is used to distinguish CSA in an institutional context from that occurring in the family or other settings. It can take place in any setting where there are individuals in a position of power and trust in relation to children. However, most of the available research about institutional CSA relates to sports and youth justice settings, residential care, schools and religious institutions.

Institutional CSA has become a topic of major concern in recent years largely because of high-profile cases of CSA linked to institutions. However, the term ‘institutional abuse’ was first used in the 1970s (Gil, 1975) when the concerns were largely about CSA in residential care settings, particularly those where children’s lives were completely controlled by the institution (Wolfe et al, 2003). Later definitions applied a broader understanding of what is meant by ‘institution’, incorporating both residential and non-residential settings – for example, by defining institutional abuse as:

**‘The sexual, physical, or emotional abuse of a child (under 18 years of age) by an adult that works with him or her. The perpetrator may be employed in a paid or voluntary capacity; in the public, voluntary or private sector; in a residential or non-residential setting; and may work either directly with children or be in an ancillary role’** (Gallagher, 2000:797).

Those who commit CSA in an institutional setting frequently have multiple victims (Sullivan et al, 2011). More recent understandings of institutional CSA include the ways that organisational cultures can facilitate, perpetuate and compound abuse, which may be committed by individual or multiple abusers (peers as well as adults) (Blakemore et al, 2017). This has been an additional focus of recent and current inquiries such as those in Australia and the UK (Royal Commission into Institutional Responses to Child Sexual Abuse, 2013; Independent Inquiry into Child Sexual Abuse, 2015). Following the Savile disclosures, there has been a vast increase in public and policy concern about the role of institutions in responding to CSA (e.g. Smith, 2016).

The ways in which people think and talk about CSA have changed over time, and this influences the way that offenders, victims and survivors are understood and responded to. Lovett et al (2018) describe a range of discourses, from those of *deflection* (where abusive behaviour is dismissed or minimised), *denial* (where the harm done by abuse is denied) and *disbelief* (where there is outright rejection of the idea that abuse could have occurred) through to discourses of *power* and *belief* (where the abusive use of power is recognised and survivors’ testimony believed).

All these discourses can be seen in discussions of and responses to institutional CSA, which is often associated with disbelief and denial from both the institutions themselves and people connected to them. When abuse has been uncovered, institutions have frequently sought to protect themselves rather than the victims of abuse (IICSA Research Team, 2017). Many cases of non-recent CSA have been linked to institutions, with the abuse often not being disclosed for many years.

## The extent of institutional abuse

Despite increased awareness of institutional CSA, there is little accurate information on how much abuse occurs in institutional settings and how many children are victims. Studies attempting to estimate prevalence have used different definitions, and most have focused on abuse within particular institutions (e.g. churches) or jurisdictions (e.g. Australia, Canada), so that findings cannot be reliably generalised or transferred to other contexts (IICSA Research Team, 2017).

Furthermore, available statistics are likely to underestimate rates of abuse because they rely on disclosure or detection. Disclosure rates for all types of CSA are low (Priebe and Svedin, 2008; Radford et al, 2011; Allnock and Miller, 2013), and the culture and dynamics of power and abuse within institutional settings create further barriers to disclosure and detection (Leland Smith et al, 2008). When survivors of institutional CSA do disclose, this frequently happens many years later (O’Leary and Barber, 2008; Parkinson et al, 2009).

However, in the 2015–16 Crime Survey for England and Wales – the first edition of this survey to ask adults whether they were abused as a child and by whom – 7% of all adults reported experiencing some form of sexual assault before the age of 16. Sexual assaults by a ‘person in position of trust or authority’ (e.g. teachers, doctors, carers or youth workers) accounted for 6% of the total (Office for National Statistics, 2016).

Much of the available information about the experience of institutional abuse draws on the testimony of survivors of non-recent abuse, and there has been relatively little research into contemporary institutional abuse. However, important insights have been gained into the children and young people at greatest risk, the behaviour of those who perpetrate abuse, the responses of institutions, and the organisational factors that can increase the risk of abuse.

## Victims of institutional abuse

A wide range of children and young people can be victims of institutional CSA, but there appear to be some differences – including gender differences – in risk factors. While CSA overall is more commonly experienced by girls than boys, many survivors of institutional CSA are male (Sullivan and Beech, 2002). In the 2015–16 Crime Survey for England and Wales, adult male survivors of CSA were almost three times as likely as adult female survivors to report being abused by ‘a person in a position of trust or authority’ (Office for National Statistics, 2016). And offender studies have found that institutional and other ‘extra-familial’ offenders are more likely to abuse male victims, or both male and female victims, than those who abuse in family settings (Moulden et al, 2007; Sullivan et al, 2011).

There also appear to be gender differences according to the type of institution, with boys more likely than girls to be abused in Christian institutions and in secure residential settings (Heath and Thompson, 2006; John Jay College of Criminal Justice, 2004; Parkinson et al, 2009; Sayer et al, 2018). The availability of boys in these settings may help to account for this, with more boys than girls in secure residential settings and more roles for boys in churches (e.g. as choir or altar boys). There is currently a lack of published research on institutional CSA within other religions.

Some studies have suggested that girls are more likely than boys to be abused in the context of elite or organised sport (Leahy et al, 2002), in residential care (Timmerman and Schreuder, 2014) and in non-residential schools (Gallagher, 2000; Shakeshaft and Cohen, 1995). However, this differential may be due in part to boys being less likely to disclose abuse in these settings (Artime et al, 2014; Shakeshaft, 2004; O’Leary and Barber, 2008). Recent disclosures of CSA in football (Taylor, 2017) suggest that more up-to-date research is needed.

Although young children can be abused in institutional settings including nurseries (Finkelhor et al, 1988; Kelley et al, 1993; Wonnacott, 2010; Wonnacott, 2013), known victims of institutional CSA are, on average, older than those abused in other settings (Fischer and McDonald, 1998; Gallagher, 2000; Parkinson et al, 2009). This may be partly because older children are more likely to have unaccompanied involvement with some institutions, such as youth and sports organisations. Some studies

suggest that victims of institutional CSA may experience more severe abuse (Magalhães et al, 2009) over a longer duration (Spröber et al, 2014), and are more likely to be abused by multiple offenders than those abused in family settings (Barter, 1999; Gallagher, 1999).

Disabled children, who are at greater risk of abuse generally, are also more vulnerable to CSA in institutional settings. Reasons for this include being more likely to be users of a range of residential and non-residential care services, including personal care (Miller and Brown, 2014). There is no specific research into whether factors such as ethnicity and sexual orientation affect children and young people's vulnerability to institutional CSA.

### People who perpetrate institutional abuse

There is no clear picture from research as to differences between those who sexually abuse children in institutional settings and other CSA offenders. One comparative study found that those convicted of institutional CSA were less likely to have previous sexual convictions than other extra-familial offenders, but they were otherwise similar in terms of their own previous experience of sexual or physical abuse, mental health problems, substance abuse, sexual preoccupation or emotional identification with children (Sullivan et al, 2011). However, another study found that those who abused children with whom they worked had more education, lower levels of psychopathy or antisocial personality disorder, and fewer problems with drug or alcohol use than other extra-familial offenders (Turner et al, 2014).

Wortley and Smallbone (2006) distinguished between three types of individual who commit CSA. *Serial offenders* are described as chronic and habitual offenders who manipulate situations to gain access to victims and facilitate abuse. *Opportunistic offenders* abuse in situations and settings where there is a low likelihood of detection. *Situational offenders* are characterised as impulsive, and offend in environments that present the opportunity for abuse. While this typology may not incorporate all those who abuse within institutions, it is useful as a reminder of the importance of considering situational features which may increase the risk of abuse occurring (Irenyi et al, 2006).

## The dynamics of institutional abuse

Institutional CSA needs to be understood in the context of the dynamics between factors relating to those who perpetrate abuse, the victims, and the institution itself (Blakemore et al, 2017). Survivors of institutional abuse often describe their abusers in terms of the power and control they exerted over them. The sources of perpetrators' power may be personal (e.g. related to their age, gender, size, reputation, personality, expertise) and/or associated with their role or status (Wurtele, 2012). Many victims of institutional abuse describe the 'charisma' their abusers possessed (Green, 2001; Mart, 2004; Smith and Freyd, 2013).

In sporting organisations, for example, coaches can exert a great deal of power over children, by virtue of their role and because their power and control is sustained by the motivations of young athletes to succeed (Brackenridge, 2001; Brackenridge et al, 2008). A coach can control many aspects of a young athlete's life, including medical treatment, diet, social activities and sexual behaviour, and such control is normalised within training regimes (Brackenridge and Fasting, 2002). The dynamics of abuse in sports, involving dependency, abuse and guilt, have been likened to those of domestic violence and may be similarly difficult to escape (Brackenridge, 2010).

In religious settings, the power of those who abuse may be enhanced by their position as 'God's representatives' (van Wormer and Berns, 2004; Wurtele, 2012). Abuse by a trusted and admired mentor or spiritual leader can leave victims with a profound sense of betrayal (Mart, 2004; Wolfe et al, 2003).

People who commit CSA commonly 'groom' their victims into abuse – for example, through the use of rewards, favouritism, alienation from friends and family, and the normalisation of abusive activities – and within institutions the impact of grooming behaviours may be strengthened (Gallagher, 2000; Van Dam, 2001). Gallagher (1999) used the term 'entrapment' to describe the process, which takes different forms in different contexts: in sport it may involve the manipulation of a young person's commitment and dreams of achievement (Brackenridge and Fasting, 2005), while in a church setting it is likely to include manipulation of beliefs and the use of doctrine and symbolism to legitimate abuse

(Farrell and Taylor, 2000; Isely et al, 2008; Spröber et al, 2014).

Similar tactics are used to groom families, colleagues and others in the institution, in order both to secure access to victims and to prevent detection (McAlinden, 2006). For example, parents' aspirations for their child to succeed in sport may be manipulated to further silence the child.

A key feature of the dynamics of institutional CSA is the behaviour of the institution itself, both in failing to prevent the abuse and in its response to disclosure. The trauma of the abuse is frequently compounded by responses from people associated with the institution, who find it impossible to believe that such abuse can have occurred or who deny the abuse in order to protect the institution (IICSA Research Team, 2017). Disclosures from survivors have frequently been met with denial, concealment and victim-blaming by institutions seeking to protect themselves from litigation or loss of reputation (Spröber et al, 2014). This institutional behaviour can re-victimise survivors and traumatise them further (Astbury, 2013).

## The impact of institutional abuse

CSA in any setting is strongly associated with adverse outcomes across the life course; these include physical health problems, poor mental health and wellbeing, externalising behaviours such as substance misuse, 'risky' sexual behaviours, offending, difficulties in interpersonal relationships, socio-economic impacts including lower levels of education and income, and vulnerability to re-victimisation as both children and adults (Fisher et al, 2017; Office for National Statistics, 2017).

Not all survivors experience such outcomes, however. Several factors contribute to victims' resilience to the impacts of CSA, including levels of self-esteem or self-efficacy, the development of positive coping strategies and the support they receive from other people in their lives (Allnock and Hynes, 2012). The poorest outcomes tend to be for those whose sexual abuse is combined with other concurrent adversities and/or forms of maltreatment (Finkelhor et al, 2007) or is compounded by further abuse across the life course (Scott et al, 2015).

As with victims/survivors of other forms of CSA, the risk and resilience factors for those who experience institutional abuse vary according to their individual circumstances and other life experiences, the context and nature of the abuse, and the intersection between these (Hecht and Hansen, 2001; Blakemore et al, 2017).

Some specific issues for understanding the impacts of institutional abuse include the following:

- ▶ **Social and historical contexts.** Survivors of institutional abuse may disclose or seek support many years after the initial abuse. Their experience of abuse and their interpretation of and response to it are shaped by the context in which it occurred – for example, the reasons they were in the institutional setting and the character of the institution (Blakemore et al, 2017).
- ▶ **Prior experience of non-institutional abuse.** Some children (e.g. those in residential care or custody) may previously have been abused in other contexts, such as within the family (Sayer et al, 2018).



- ▶ **Sense of ‘institutional betrayal’.** All CSA represents a betrayal of trust. The sense of betrayal may be compounded if the victim feels betrayed not only by the person/people who abused them but also by the institution itself (Smith and Freyd, 2013). Institutional betrayal is associated with increased levels of anxiety, trauma symptoms and dissociation for victims of abuse, especially when they have trusted and been dependent on their abusers (Smith and Freyd, 2013). For example, the abuse of children by priests and others in churches has been described as ‘a unique betrayal’ (Guido, 2008) which harms victims’ spiritual wellbeing by undermining their previously deeply held beliefs (Walker et al, 2009; Wurtele, 2012; Mart, 2004; Wolfe et al, 2003).
- ▶ **Impact on help-seeking.** The sense of betrayal and mistrust of organisations and authorities may make some survivors unwilling to seek support from other organisations (Breckenridge et al, 2008; Kantor et al, 2017).
- ▶ **Concepts of masculinity.** Many survivors of institutional abuse are male, and this has implications for both the abuse’s impact on them and the availability of appropriate support (Brackenridge, 2001; Hartill, 2014). Dominant concepts of masculinity portray men as ‘naturally’ strong, active, autonomous beings, so male survivors may feel extreme shame over their victimisation – making them reluctant to disclose or seek support, and affecting their self-image, mental health and relationships (Fogler et al, 2008; Easton et al, 2014).
- ▶ **Impacts on people close to the victim.** Blakemore et al (2017) describe institutional CSA’s ‘vicarious impacts’ on the lives and wellbeing of those connected to victims/survivors, such as family members, friends, partners and children (Roberts et al, 2004). These impacts can be experienced both in the immediate aftermath of abuse and many years later (Morrison et al, 2007). For example, victims’ family members may experience grief, guilt, shame, and rage at having been unable to prevent abuse, having not recognised its occurrence, or having contributed to the victim’s engagement in the institutional context where the abuse occurred (Bennett et al, 2000).

## Preventing institutional abuse

As awareness of institutional abuse has grown, so has interest in finding more effective ways of preventing it. Much of the focus has been on trying to prevent individuals with the potential to abuse from obtaining paid or voluntary positions where they have access to children. However, while stringent staff recruitment and selection procedures are valuable, they can only be part of the solution: potential perpetrators are difficult to identify and most do not have previous offences (Erooga, 2009).

While some people who perpetrate institutional abuse join organisations with deliberate intent to commit CSA, others will only do so in situations where there is little surveillance and few behavioural guidelines (Wortley and Smallbone, 2006; Colton et al, 2010; Sullivan and Beech, 2004; Terry and Frielich, 2012). Particularly high-risk organisations are those in which adult power and influence over children (and other adults) is unchecked and there is a culture of complicity, and those that are relatively ‘closed’ to external monitoring or influence.

In their evidence review on the sexual abuse of young people in custodial institutions, Sayer et al (2018) identified situational factors that can help keep children safe. Noting that certain types of culture (e.g. those that are ‘macho’, ‘closed’ and hierarchical, and punitive rather than rehabilitative) are particularly associated with the incidence of abuse, they cited the importance of high staff-to-children ratios, smaller establishment sizes, staff training, the existence of trusting relationships with staff, children enabled to raise concerns or problems, staff able to identify victimisation, and an openness to input from external agencies. The physical environment (e.g. having safety measures such as CCTV in place) and the population mix (e.g. ensuring an appropriate mix of genders and histories among the children in an institution) were also noted as important factors.

Similarly, Erooga et al (2012) highlighted the importance of rigorous recruitment and selection processes, and of organisations building an open culture where safeguarding is seen as everyone’s business, children have safe spaces and positive relationships with several members of staff, and there are organisational processes in place (such as co-working, supervision and whistleblowing procedures) to minimise the opportunities for abuse to occur.

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