Child Abuse & Neglect 38 (2014) 52–64

Contents lists available at ScienceDirect

Child Abuse & Neglect

Institutional abuse of children in the Austrian Catholic Church: Types of abuse and impact on adult survivors' current mental health

Brigitte Lueger-Schuster*, Viktoria Kantor, Dina Weindl, Matthias Knefel, Yvonne Moy, Asisa Butollo, Reinhold Jagsch, Tobias Glück

Faculty of Psychology, University of Vienna, Liebiggasse 5, 1010 Vienna, Austria

ARTICLE INFO

Article history:
Received 19 June 2013
Received in revised form 22 July 2013
Accepted 25 July 2013
Available online 7 September 2013

Keywords:
Institutional abuse
Childhood abuse
Clerical abuse
PTSD
Mental health

ABSTRACT

The aim of this study was to explore the nature and dimensions of institutional child abuse (IA) by the Austrian Catholic Church and to investigate the current mental health of adult survivors. Data were collected in two steps. First, documents of 448 adult survivors of IA ($M = 55.1$ years, 75.7% men) who had disclosed their abuse history to a victim protection commission were collected. Different types of abuse, perpetrator characteristics, and family related risk factors were investigated. Second, a sample of 185 adult survivors completed the Posttraumatic Stress Disorder Checklist (PCL-C) and the Brief Symptom Inventory (BSI). Participants reported an enormous diversity of acts of violent physical, sexual, and emotional abuse that had occurred in their childhood. The majority of adult survivors (83.3%) experienced emotional abuse. Rates of sexual (68.8%) and physical abuse (68.3%) were almost equally high. The prevalence of PTSD was 48.6% and 84.9% showed clinically relevant symptoms in at least one 1 of 10 symptom dimensions (9 BSI subscales and PTSD). No specific pre-IA influence was found to influence the development of PTSD in later life (e.g. poverty, domestic violence). However, survivors with PTSD reported a significantly higher total number of family related risk factors ($d = 0.33$). We conclude that childhood IA includes a wide spectrum of violent acts, and has a massive negative impact on the current mental health of adult survivors. We address the long-term effects of these traumatic experiences in addition to trauma re-activation in adulthood as both bear great challenges for professionals working with survivors.

Introduction

In recent years, considerable scientific attention has focused on child maltreatment committed by various types of perpetrators such as family members, acquaintances or strangers (Lacelle, Hebert, Lavoie, Vitaro, & Tremblay, 2012; Lev-Wiesel, Amir, & Besser, 2005; Pereda, Guilera, Forns, & Gomez-Benito, 2009; Snyder, 2000; Stith et al., 2009), and on the long-term consequences of this maltreatment (Gilbert et al., 2009; Raphael & Widom, 2011; Widom, Czaja, Bentley, & Johnson, 2012). Although there is substantial research on the abuse crisis in the Catholic Church from legal, sociological, theological, and policy perspectives (Pilgrim, 2011, 2012), to date the psychological impact of child maltreatment committed in clerical organizations and institutions has scarcely been investigated (Flanagan-Howard et al., 2009; Wolfe, Jaffe, Jette, & Poisson, 2003). Goffman (1987) defined institutional abuse (IA) as abuse that takes place in settings in which the child is controlled in almost every aspect by an institution or a single authority. However, such an explanation tends to overlook that IA also

* Corresponding author.

0145-2134/$ – see front matter © 2013 Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.chiabu.2013.07.013

takes place in wider institutional and social contexts. Thus, Wolfe et al. (2003) specified IA as an inappropriate use of power and authority, including the potential to harm a child's well-being and development. The setting is interchangeable, and includes community institutions and other established social institutions that are not necessarily residential in the first place (Sullivan & Beech, 2002).

Different kinds of abusive acts and settings

Previous research concentrated on sexual abuse of children (CSA) by Catholic priests (John Jay College, 2004) but disregarded the wider view of different types of violence (e.g. physical violence, emotional violence). As other maltreatment experiences in institutional settings would also be harmful, this approach may exclude a significant portion of victims. There is some evidence that CSA in the Catholic Church differs from CSA in the general population. For instance, 81% of the victims of abuse by representatives of the Catholic Church were male (Terry, 2008), which contrasts with the results of an Australian study on the general population consisting of 2688 participants in which 80.1% of the victims were female (Cutajar et al., 2010). Perez-Fuentes et al. (2013) reported 75.2% female victims of CSA in a US national study. So far, only few attempts were made to differentiate various types of violence against children by representatives of the Catholic Church and the impact on adult survivors' later life (Sullivan & Beech, 2002; Terry, 2008). Stein (2006) and Ellonen & Poso (2011) suggested a profound examination of these issues to increase the understanding of the nature of IA. Diverse psychological processes and experiences are considered to link IA to a poor adjustment capability in adulthood (e.g. Flanagan-Howard et al., 2009). In a systematic literature review Wolfe et al. (2003) identified traumatization, betrayal, stigmatization, disrespect for authority, and avoidance of reminders of the abuse as relevant factors for this poor adjustment following IA.

Impact on mental health

In a large US national epidemiologic study, the effects of different types of childhood physical abuse (CPA) on later mental health and the associations with psychiatric disorders were examined. A prevalence of 8% for CPA was found, with a higher offense rate against female than against male victims. Most participants that experienced CPA were also exposed to CSA and childhood neglect (76%) before the age of 18. Of the participants in the study at least 84% had a history of at least one psychiatric disorder. The overall prevalence of any psychiatric disorder was higher than in individuals without CPA (Sugaya et al., 2012).

For survivors of IA in religiously affiliated residential institutions in Ireland, Fitzpatrick et al. (2010) demonstrated that survivors who self-rated CSA as their worst experience reported the highest rates of mental health and psychosocial problems in later life followed by survivors of CPA. Survivors of childhood emotional abuse (CEA) reported the fewest problems. Persons who experienced a combination of CSA and CPA reported poorer health in adulthood compared to survivors of either CSA or CPA (Bonomi, Cannon, Anderson, Rivara, & Thompson, 2008).

A number of disorders during the life span may be considered as consequences of CSA, such as PTSD, substance abuse, depression, specific phobia, and other medical conditions (Cloitre, Cohen, Edelman, & Han, 2001). Survivors tend to mitigate symptom distress by using maladaptive methods of self-regulation such as dysfunctional behavioral patterns or suicidal ideations to ease the pain (Kendler et al., 2000; Owens & Chard, 2003). Moreover, PTSD was shown to highly correlate with a history of childhood maltreatment which included both CSA and CPA (Oswald, Heil, & Goldbeck, 2010).

The evidence for the impact of these violent acts on mental health is striking, especially when looking at the long-term effects (Widom, 1999). Wolfe, Francis, and Straatman (2006) found that in a sample of 76 men who had experienced IA in a religiously affiliated institution, 42.1% met the DSM-IV criteria for PTSD, 21.1% for alcohol abuse, and 25% for mood-related disorders. Also, 66.2% of the sample suffered from sexual problems, and half of the sample had a history of criminal involvement. In an Australian sample of 147 men who had experienced CSA, clinically relevant psychopathological symptoms were 10 times higher when compared to a control group of men from a community sample (O'Leary, 2009). Smith and Freyd, 2013) point out that the experience of betrayal stemming from a relationship necessary for survival adds uniquely to the risk of later mental health problems.

Risk factors for later development of PTSD

Furthermore, risk factors present before the abuse in terms of the development of mental health problems in later life also need to be considered. There are a number of family related risk factors for developing PTSD in later life (Koenen et al., 2002). Brewin, Andrews, and Valentine (2000) reported that factors such as a lower socio-economic status, previous adverse childhood experiences, and a history of prior traumatization increase the risk for the later development of PTSD. Prior victimization was also reported to be a risk factor for later CSA and CSA-related PTSD symptoms (Boney-McCoy & Finkelhor, 1995).