The impact of institutional child abuse: Views of professionals

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ABSTRACT:

To build on previous literature in this area, the views of professionals working with those who report institutional abuse was sought using a Delphi method.

Professionals working with those who report institutional abuse, such as psychologists, social workers, and personal injury lawyers, were invited to engage in the Delphi study. Sixteen professionals completed the final round (with four rounds in total). This method was used to gain professional consensus on the considered impacts of institutional child abuse and what factors influence impacts.

Eight superordinate themes were developed, as follows; (1) Institutional abuse has lasting negative effects on wellbeing, functioning, and behaviour; (2) Loss of trust in others and the system is a potential outcome of institutional abuse; (3) Negative impacts on future life chances; (4) Negative impacts of institutional abuse are exacerbated by numerous factors; (5) Protective factors reduced negative impacts; (6) Psychological intervention is useful for survivors; (7) Positive and negative impacts of disclosure â€“ the response of others as important; and (8) Keep impacts individualised.

CUST_RESEARCH_LIMITATIONS/IMPLICATIONS__(LIMIT_100_WORDS) :No data available.

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CUST_SOCIAL_IMPLICATIONS_(LIMIT_100_WORDS) :No data available.

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RUNNING HEAD: INSTITUTIONAL CHILD ABUSE AND PROFESSIONAL VIEWS

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Abstract

Background: Institutional abuse is known to results in several negative impacts, although research into this area is limited with a need to better understand what may protect or exacerbate impacts.

Objective: To build on previous literature in this area, the views of professionals working with those who report institutional abuse was sought using a Delphi method.

Participants and Setting: Professionals working with those who report institutional abuse, such as psychologists, social workers, and personal injury lawyers, were invited to engage in the Delphi study. Sixteen professionals completed the final round (with four rounds in total). This method was used to gain professional consensus on the considered impacts of institutional child abuse and what factors influence impacts.

Results: Eight superordinate themes were developed, as follows; (1) Institutional abuse has lasting negative effects on wellbeing, functioning, and behaviour; (2) Loss of trust in others and the system is a potential outcome of institutional abuse; (3) Negative impacts on future life chances; (4) Negative impacts of institutional abuse are exacerbated by numerous factors; (5) Protective factors reduced negative impacts; (6) Psychological intervention is useful for survivors; (7) Positive and negative impacts of disclosure – the response of others as important; and (8) Keep impacts individualised.

Conclusions: The need for an individualised approach when working with those reporting institutional abuse was a salient finding.

Key words: Institutional child abuse; Impacts; Protective factors; Professional views; Delphi Method

Introduction

The long-term consequences of abuse and neglect in institutional settings on adult survivors are well acknowledged (e.g., Independent Inquiry into Child Sexual Abuse, 2020; Report of the Historical Institutional Abuse Inquiry, 2017) and capture several forms, such as physical, sexual, verbal, emotional and neglect. Institutional settings are defined here as those where a child is placed at least overnight in a location that falls under the authority of a formal body (e.g., Children's Homes, Residential Schools, Foster care, Industrial Schools). There is a marked tendency for literature to focus on the abuse perpetrated by family members and strangers, as opposed to perpetrators based within these institutional settings, including staff members (Lueger-Schuster, Kantor, & Weindl et al., 2014). This is surprising when it is accepted that the mental health impacts have consistency across settings. For example, Post Traumatic Stress Disorder (PTSD) is reported as a common outcome following abuse occurring both within and outside of an institutional setting housing children, along with a range of other trauma indicators (Lueger-Schuster, Kantor, Weindl et al., 2014; Rassenhofer et al., 2015; Spröber et al, 2014; Maniglio, 2009; Wolfe et al., 2006).

Indeed, the presence of mental health related symptoms has been well documented. In a large sample of 1,068 individuals aged between 20 and 49, maltreatment whilst in institutional care was a significant predictor of mental health symptoms (Villegas & Pecora, 2012). In addition, most victims of abuse in religiously affiliated institutions (73.6 to 80.2%) reported at least one psychiatric problem. In a sample of 1,050 victims of institutional abuse (including men and women) depressive episodes, post-traumatic stress syndrome, and anxiety or obsessive-compulsive disorders, were the most common self-reported diagnoses (Spröber et al., 2014). This evidence supports the likelihood that institutional abuse has the potential to result in a broader range of symptoms than PTSD alone.

This was further supported further by Lueger-Schuster et al. (2018) who explored the impact of abuse (sexual, physical, and emotional) and neglect in foster care settings, comparing 220 adult survivors of abuse in these settings to a comparison sample of 234 who were exposed to family-based child abuse. Those reporting abuse in foster care reported higher levels of anxiety, depression, somatisation, personality disorder (avoidant, compulsive, paranoid, borderline and anti-social), and PTSD symptoms. They also reported higher levels of all forms of abuse, higher levels of re-victimisation in adulthood and more abuse in their family of origin before placement in care, thereby evidencing increased cumulative abuse (e.g., Afifi et al., 2014).

Evidence for challenging behaviours linked to institutional abuse is also noted, including elevated levels of future offending (Wolfe et al., 2006), although this is also a marker of vulnerability and potentially a reason as to why they were placed in case. Whilst empirical research into the impact of institutional abuse on future behaviour is less researched, the concept is in line with broader criminological theory, such as *General Strain Theory* (GST: Agnew, 2001). GST would argue that when an individual experiences strain (in this instance exposure to abuse: Wemmers et al., 2018), this can lead to negative emotions, which then need to be managed effectively. If an individual experiences strain in the absence of effective coping strategies, they may resort to maladaptive coping such as criminal behaviour. There has been evidence for the applicability of GST to behavioural impacts following child abuse (Bunch et al., 2018; Watts & Mcnulty, 2013), but this has not been explored specifically in relation to the impacts of *institutional* abuse. Institutional abuse may be considered a particularly severe strain based on the negative outcomes it can promote, which include mental health (e.g., Lueger-Schuster, Weindl, & Kantor et al., 2014) and offending behaviour, for some (e.g., Wolfe et al., 2006). This is potentially due to such

settings housing children who are particularly vulnerable and who have already suffered strain in their pre-institutional settings.

Several factors may impact on the extent and impact of negative outcomes following institutional abuse. For example, Carr et al. (2019) reported on the importance of constructive coping and effective legal action in mediating the relationship between institutional abuse and later negative psychosocial impacts. Furthermore, the stress of disclosure was noted as related to impacts such as suicide attempts (Colton et al. 2002), thus highlighting the importance of better understanding the disclosure of institutional child abuse, where it is noted that survivors of this form of abuse frequently reported lack of support and some experienced punishment following disclosure.

However, research into the role of disclosure, what factors could serve to mitigate harm following abuse and what factors promote a more positive prognosis in relation to recovery remain under-researched. In addition, garnering the views of those working directly with the victims of institutional abuse is an absent feature of the literature and yet such individuals are likely to represent a rich source of information that could ultimately assist with understanding impacts in more detail, including the process of disclosure. Thus, the current study aimed to further an understanding of impacts by exploring the views of a range of professionals working in the area of institutional child abuse, with the aim of reaching a consensus view regarding the negative impacts of institutional abuse and factors that may exacerbate or protect against these impacts. The following predictions were made:

(1) Institutional abuse will evidence several negative impacts relating to mental health and wellbeing (e.g., Carr et al., 2010);

(2) Factors such as self-esteem and support will protect against the impacts of institutional abuse (e.g., Guy, 2011).

(3) Responses to disclosure will impact how an individual responds to their experiences of abuse (e.g., Colton et al., 2002).

Method

Design

A mixed method Delphi approach was used to explore consensus between 'experts' (Hsu & Sandford, 2007) and was designed following guidelines from Iqbal and Pipon-Young (2009). This method includes using multiple stages (rounds) of data collection, with each round building on the previous one (McKenna, 1994). Four rounds of data collection were employed for the current study. The first round was qualitative to allow for in-depth data-gathering free from the constraints of a quantitative approach. This was used to develop items to be included in the later rounds, where a consensus was sought, aided by a quantitative descriptive analysis.

Expert participants

Purposive sampling was used to recruit participants who had experience working with survivors of institutional abuse. The selection criteria included being a qualified and regulated Therapist[1], Social Worker, Personal Injury lawyer, Psychologist or related professional. Participants were required to have worked clinically with an individual and/or managed cases involving individuals who have reported institutional child abuse. All were asked to engage only if they felt confident in their professional opinion to the extent that they could discuss the effects of this abuse.

Forty individuals responded to the initial research advert and requested to participate. Table 1 includes the participant information at each round. This includes the number of participants included in each round, the mean years of practice, the number of cases worked

[1]There was no specific therapeutic modality considered; rather, it was a focus on qualified therapists that were members of a regulated therapeutic body.

with, and how many individuals were currently working with an individual who has reported institutional abuse.

<Insert Table 1>

Delphi procedure

This study was ethically reviewed and approved by the University *****. An initial research advert was sent via email and social media to reach participants who may meet the criteria to allow them to express their interest in taking part. The survey link for round one was then sent to all who responded. Round one commenced with qualitative questions relevant to the aim of the research and generated from a systematic review of the literature (blinded).

1. What types of negative effects of institutional/in care abuse do you see in those who have experienced this form of abuse?
2. Does the type of abuse impact the type of negative effects and if so, how?
3. What pre-existing vulnerabilities, if any, do you feel influence the effects of institutional/ in care abuse?
4. Does the type of abuse impact the pre-existing vulnerabilities that influence the effects of institutional/in case abuse and if so, how?
5. What can promote recovery and resilience following institutional/In care abuse?
6. Does the type of abuse impact the factors that promote resilience following institutional/ in care abuse, and if so, how?
7. What role, if any, does disclosure play in the effects of institutional/in care abuse?
8. Does the type of abuse impact the role of disclosure following institutional/ in care abuse and if so, how?

These questions were initially piloted by asking two professionals working in the area to check for validity and understanding. Each factor captured in round one was included as an

item in round two. This led to the creation of a list of items (See Table 2), which had been noted by professionals as important to each question. In the second round, the list of generated items was sent to the same individuals who completed round one. This round asked participants to rate their agreement on the importance of each item (using the scale; strongly agree, agree, disagree, strongly disagree). Participants were also allowed to add any items to the list that they felt had not been covered to improve the validity of these results. Due to the small response rate (n=15), this round was also opened to new participants (See Table 1 for the number of participants at each round). It was felt this was also important to allow for any further attrition over the course of the study. It is expected that this had negligible impact on results as participants were still given the opportunity at this stage to include new items and thus were not restricted. Following this round, responses were analysed to explore the consensus reached for each item. Items that reached 80% were seen to have met consensus (as suggested by Vosmer et al., 2009). In addition to this, the median (3.25 or higher) and standard deviation (less than 1) of each item were also explored to increase reliability where an item met each criterion to be included. The inclusion of standard deviation also reduced the impact of polarisation where mean and median may be misleading (Hsu & Sandford, 2007; Sharkey & Sharples, 2001).

In the third round, participants were asked to confirm that those items that had reached 80% consensus should be included in the list and those that did not should be excluded. This round asked them to rate their agreement on the importance of each item (i.e. strongly agree, agree, disagree, strongly disagree). Items that remained above 80% in this round were included. Those that did not were included in a final validation round, as a final check. The fourth and final round acted as a validation round as agreement on some items had fluctuated over the course of the research. Items not reaching 80% consensus of agreement were included in the item list. Participants were asked whether they agreed this

item was important to retain (using the dichotomous rating of 'yes/no'). Those that did not reach 80% agreement in this final round were excluded from the final list of items.

Results

Overall, 177 items met the criteria for consensus (See Table 2) by the final round. Agreement on *excluded* items ranged from 15-70% agreement. Missing data were explored at each quantitative round. Data were found to be missing at random (e.g., x^2(3715) =00, p=1.000). No difference in items included were found when inputting means using expectation maximisation to replace missing means. The generated items were analysed into themes using reflexive thematic analysis. The six steps of this analysis included becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining, and naming themes and finally writing these into a report (Braun & Clarke, 2018). This was facilitated using the computer software NVivo. This allowed for the grouping of data into themes.

<Insert Table 2>

Inter-rater reliability

Quantitative inter-rater reliability is not recommended for reflexive thematic analysis. However, for thoroughness, items and themes were reviewed by another researcher to generate discussion and reflection. Minor alterations were made based on discussion. This led to an additional subordinate theme *Impact on Emotions* being added to an overall theme.

Reflexive Thematic Analysis Results.

Eight superordinate themes were identified from these items, as follows.

Superordinate theme 1: Institutional abuse has lasting negative effects on wellbeing, functioning, and behaviour. Mental health issues such as anxiety and depression and negative impacts to sleep and coping were noted as potential outcomes. Within this theme, there were five subordinate themes; (1a) *Negative impacts on emotions*, comprising

challenges with emotional regulation difficulties and the development of negative emotions, such as shame and anger; (1b) *Resulting trauma symptoms*, including trauma symptoms, such as rumination of past abuse occurring following institutional abuse; (1c) *Raised risky behaviour*, including changes in behaviour capturing an increased use of aggression and violence and substance misuse; (1d) *Negative cognitive impact* indicated the potential detrimental impact of institutional abuse on cognitive development, for example, in poor problem-solving skills; and (1e) *Raised future vulnerability to victimisation*. This highlighted that victims of institutional child abuse may be vulnerable to future victimisation as a result of the cumulative impacts of multiple traumas and difficulties in judging the character of others.

Superordinate theme 2: Loss of trust in others and the system is a potential outcome of institutional abuse. This theme included items that captured the impact of institutional child abuse on trust. This included a sense of mistrust, a lack of trust in authority, mistrust of others and a fear of not being listened to.

Superordinate theme 3: Negative impacts on future life chances. This theme focused on difficulty maintaining future life chances and not fulfilling their full potential. The theme comprised three subordinate themes, as follows; (3a) *Negative impacts on education and employment*, with low achievement being highlighted as a potential consequence of institutional abuse; (3b) *Negative impacts on relationships*, capturing the negative impact that institutional child abuse could have on establishing and maintaining healthy relationships, with this further impacted on by a lack of understanding of interpersonal relationships

Superordinate theme 4: Negative impacts of institutional abuse are exacerbated by numerous factors. Within this theme it was noted that not all individuals will experience the same negative impacts and that there are several factors that may exacerbate impacts. Five subordinate themes were indicated; (4a) *A cumulative impact of experiences prior to the*

abuse. This included the impact of previous abuse and related areas, such as a lack of affection and how this later impacted on their institutional abuse experience. This also included the notion that these experiences may serve to 'normalise' institutional abuse experiences; (4b) *The nature of abuse experienced as relevant*. It was noted that many forms of abuse co-occur, with the severity of the abuse and response to it more impactful than the specific form of abuse on its own; (4c) *Survivors characteristics and pre-existing vulnerabilities can exacerbate harm*. This included evidence for poor coping, self-blame, and low self-esteem having the potential to increase the negative impacts of institutional child abuse, although there was no suggestion here of victims being blamed. Rather, the focus was on the victim's vulnerability and how this may have been exploited by perpetrators; (4e) *Unhelpful aspects of the environment/culture* playing a role. This included isolation from the outside world and lack of social support exacerbating the impacts.

Superordinate theme 5: Protective factors reduced negative impacts. Several factors were noted to reduce the negative impacts of institutional abuse, breaking down into four subordinate themes; (5a) *Secure attachments as protective*, either through having a key attachment figure or through using intervention to address attachment issues; (5b) *Existence of positive social support* as important to recovery. This highlighted the protective nature of a sense of belonging and access to support from those who are knowledgeable about abuse; (5c) *Environmental consistency as protective* both in relation to consistent rules being evidenced and consistent boundaries by caregivers; and (5d) *Receiving justice* as an important strength factor in relation to the perpetrator being held accountable by the justice system. This was considered helpful for recovery.

Superordinate theme 6: Psychological intervention is useful for survivors. This theme captured the benefits of effective psychological intervention on reducing the negative impacts of institutional abuse. Specifically, it was noted that interventions were strength

factors that helped individuals recover. Examples included psychotherapy and Acceptance and Commitment Therapy (ACT). No further detail was given in relation to the delivery or effectiveness of these interventions.

Superordinate theme 7: Positive and negative impacts of disclosure – the response of others as important. A clear division was captured in this theme, captured by two subordinate themes; (7a) *Disclosure has positive impacts* in relation to supporting the victim to feel empowered and heard, with it important to offer support and be empathetic; (7b) *Disclosure as negative and impacting on future engagement*. It was recognised that the response to disclosure could influence future engagement, with inaction and disbelieving noted as harmful responses.

Superordinate theme 8: Keep impacts individualised. The importance of having an individualised approach when attempting to understand the negative impact of institutional abuse was noted as important in relation to understanding negative impacts, pre-existing factors, strength factors, the impact of disclosure, and whether the form of abuse impacted these outcomes.

Discussion

Experts were able to reach consensus on several factors relating to the impacts of institutional child abuse, with eight superordinate themes developed, namely (1) Institutional abuse has lasting negative effects on wellbeing, functioning, and behaviour; (2) Loss of trust in others and the system is a potential outcome of institutional abuse; (3) Negative impacts on future life chances; (4) Negative impacts of institutional abuse are exacerbated by numerous factors; (5) Protective factors reduced negative impacts; (6) Psychological intervention is useful for survivors; (7) Positive and negative impacts of disclosure – the response of others as important; and (8) Keep impacts individualised.

The themes evidenced support for the prediction that institutional abuse would lead to several negative impacts relating to mental health and wellbeing (e.g., Carr et al., 2010). This is in line with what was expected based on previous literature, with mental health issues, trauma symptoms, and risky behaviour being highlighted as possible outcomes (Carr et al., 2009; Lueger-Schuster, Kantor, Weindl et al., 2014; Hermenau et al., 2011). The research also extended this to capture negative impacts on education (Bode & Goldman, 2012; Courtney & Dworsky, 2006; Goldman & Bode, 2012). We were able to add to this literature base by explicitly noting potential cognitive impacts and a role for the cumulation of negative factors promoting enhanced challenges, as specific themes.

Of particular interest was the finding that increased risk following institutional abuse was noted not only in relation to risk taking behaviour (e.g. offending, substance use), but also increased future vulnerability. There as a clear consensus on this noted by experts, which included the reported impact of *cumulative* traumatic events and the notion that some individuals may seek closeness in relationships that are, ultimately, risky for them. This links to previous literature concerning abuse that does not specifically occur in an institutional setting, which describes how child abuse perpetrated by a caregiver may result in challenges in attachment styles, with this increasing vulnerability to re-victimisation (Alexander, 1992). Connected to relationships, further negative impacts were also noted in relation to a loss of trust in others and the system, with this capturing those in authority. This is expected based on the sense of betrayal highlighted in the current literature (Lueger-Schuster et al., 2018). This is an important consideration as individuals experiencing abuse in an institutional setting may be surrounded by those in authority and have reported a lack of support and/or punishment as common outcomes of disclosure (Colton et al. 2002). This makes their future engagement in intervention a potential challenge as the need to move past difficulties in developing trust becomes a pertinent consideration and one that may serve as a barrier to

effective engagement in therapy, if attention it not placed upon it. Recognising the broad issues of 'problems with trust' therefore becomes important and highlights the multi-faceted nature of this for survivors. Developing trust should be expected to represent a treatment goal in its own right, and one garnered through consistency of approach, boundaries and the creation of realistic expectations about the changing nature of trust and what this encompasses. This also echoed the subordinate theme of *environmental consistency as protective* where consistency was identified as a core feature, including boundaries.

Some protective factors were recurrently commented on from experts. Self-esteem and support, for example, were both noted as protective against the impacts of institutional abuse, and thus supporting the specific prediction made in this regard and previous literature (e.g., Guy, 2011). Interestingly, whilst social support has been reported to play a role in recovery more generally (e.g., De Terte, Stephens, & Huddleston, 2014), it has not been found to play a direct key role following institutional abuse in some studies (e.g., Lueger-Schuster, Weindl, & Kantor et al., 2014). This highlights some complexities in the literature, indicating the need for further exploration of the mechanisms through which social support can be protective and when it may not be.

Other protective factors included the notion that receiving justice was found to be helpful to recovery. This supports the findings of Carr et al., (2019), who highlighted the importance of effective legal action in reducing negative impacts. This current study added to the need to consider protective factors in the broadest terms possible and to recognise that personal injury claims, for example, may represent an important part of the process of recovery for victims, particularly since it allows for a professional to effectively 'fight' a case on their behaviour and thus to model how there can be trust in a professional and/or a legal system. Of course, this may be negated by the outcome of the attempt at achieving justice, which in itself presents as a valuable area for future research to consider.

In addition to protective factors, the study also identified several factors considered to actively exacerbate the impacts of institutional abuse. These included negative experiences prior to placement in care and the impact of the specific forms of abuse. The latter included the perceptions of abuse, which is an important consideration to acknowledge. This was consistent with the need to individualise the impact experience without generalising it to 'all victims', as captured in the theme *keep impacts individualised*. The current study illustrated how individual's perceptions of abuse can impact future consequences, and that the most impactful form of abuse for one individual may differ from that of another. Recognising this diversity in experience is important and serves to place the 'individual' back into the experience as opposed to considering them part of a 'group'. Individualising victims is clearly important, not least because it aids recovery but also because it moves away from the depersonalisation that likely occurred from their perpetrators.

Finally, disclosure was a further important consideration in understanding reactions and in supporting the recovery of victims. Often neglected as a concept, the current study demonstrated how disclosure was multifaceted and could lead to a positive outcome (e.g. feeling empowered) and/or a negative impact that could impact on a victim's future engagement with professionals. The latter was supportive of the prediction that disclosure could impact on victim responding and was supportive of the limited previous literature in this area (e.g., Colton et al. 2002). Importantly, the research highlighted how the process of impacts does not end at the point the acts of abuse end but remains part of an ongoing process that could be impacted on further by the reactions of professionals/others to disclosures made. The importance of this for future engagement in therapeutic intervention and/or efforts to seek justice is an area that future research could perhaps consider, to assist with informing those who could serve as 'first responders' to a disclosure.

The current study is not without limitations though, that require acknowledgement, as follows:

- The study is relatively limited in scope accounting for the low sample size, which places limitations on how they may be generalised.
- The findings require further validation using another sample to determine consensus. The process of reaching consensus in a Delphi can certainly be impacted on by how consensus is reached – just because there was not *sufficient* consensus does not mean an item was not of value. Specifically, if half the sample considered an item important, but half did not, the item would be unlikely to reach the agreed value for inclusion (80%). Standard deviations were also explored in order to try and overcome this limitation, but nevertheless it is recognised that a strict application of consensus was applied.
- Although the study benefited from diversity in the range of professionals included, this could also have served as a criticism in that the role of therapists versus other professionals (e.g., social workers, advocates) are distinctly different and will arguably appear at different parts of the process of disclosure and/or recovery. The current study recognises this distinction in role as a potential limitation.

Nevertheless, the current study has been able to provide a richness of data using a sample that is rarely considered. In doing so, it has been able to highlight the wide range of negative impacts associated with institutional abuse, the importance of considering abuse as a process that does not end at the act(s) but can be further reinforced by issues of disclosure. The study has also highlighted the importance of considering a need to seek justice as well as engagement in psychological intervention for victims to support their recovery, recognising a role for protective factors and the importance of placing the 'individual' into the narrative of

abuse and seeking not to generalise responses so that they become lost in a 'group' of survivors.

Implications for practice

The following implications can be garnered from the findings:

- Ensuring the individual is retained in the narrative. Global statements concerning 'victims' and their shared experiences should be avoided, so individual experiences are heard and validated.
- A need to seek (not necessarily obtain) 'justice' may be as important to recovery as engaging in therapeutic intervention. Professionals should remain aware of the former and be appraised of the means by which this can be achieved via connection with appropriate services.
- Abuse is a process that has to account not only for the act(s) but the process of disclosure. The latter is essential in building trust in professionals and services, for victims. There should be an acceptance that disclosure experiences can be both positive and negative. The latter may form part of the facilitating factors for maintaining and/or exacerbating negative impacts.
- A full awareness of the range of potential effects is essential for services working with victims; this includes acknowledging impacts on psychological health and functioning but also on behaviour and lost life chances.
- Being aware of protective factors and working to maximise these can assist in reducing negative impacts, as can psychological intervention. Raising accessibility to intervention should therefore be considered an important factor.

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Table 1

Participant Information for Rounds One to Four.

Participants	Round 1	Round 2	Round 3	Round 4
Number of Participants	15	24 (10 from the original pool)	16	16
Percent of the sample retained from previous round	N/A	67% (from original sample)	67%	100%
Participant demographics				
Age	M=49.43, SD = 12.80 (Missing=1)	M=49.95, SD= (Missing=3)	M=51.92, SD = 11.76 (Missing=3)	M=51.92, SD = 11.76 (Missing=3)
Sex	Male = 7, Female = 7 (Missing=1)	Male=8 Female=13 (Missing=3)	Male = 5, Female = 8 (Missing=3)	Male = 5, Female = 8 (Missing=3)
Discipline				
Law	4	4	3	3
Social work	5	5	2	2
Therapy	2	7	6	6
Psychology	4	5	2	2

Not noted	0	3	3	3
Years of practise	M=23.07 SD=10.82	M=19.40, SD=11.34	M = 18.91, SD= 12.05	M = 18.91, SD= 12.05
Number of cases [2]	M=293.64 (1-2000)	M=219.89 (1-2000)	M = 154.67, (1-1000)	M = 179.00, (1-1000)
Number of cases for psychologists	M=26.00 (1-70)	M=23.50 (1-70)	M=4.00 (1-7)	M=4.00 (1-7)
Number of cases for social workers	M=5.66 (2-10)	M=193.33 (5-570)	M=570.00 (570[3])	M=570.00 (570[4])
Number of cases for solicitors	M=1033.33 (100-2000)	M=1033.33 (100-2000)	M=550.00 (100-1000)	M=550.00 (100-1000)
Number of cases for therapists	M=6.00 (6[5])	M=28.40 (6-60)	M=34.00 (6-60)	M=35.00 (20-50)
Currently working with a case	No = 6 Yes = 9	No=9 Yes=15	No = 5 Yes = 11	No = 5 Yes = 11

[2] Four participants in round 1, 3, and 4 and five participants in round 2 were not included in the means as their response was qualitative and simply indicated that they had worked with numerous cases.
[3] Only one social worker reported the number of cases for round 3 and 4
[4] Only one social worker reported the number of cases for round 3 and 4
[5] Two social workers were included in this round, the second gave a qualitative response noting there had been many cases.

Table 2

Items included in the Delphi Study which met over 80% consensus at the final round.

Item	% agreement at final round
Impacts of institutional abuse	
Increased anger	93%
Increased aggression	93%
Increased violence	80%
Increased use of violence to settle arguments	80%
Increased likelihood of criminality	88%
Increased delinquent behaviour	87%
Increased risk-taking behaviour	93%
Increased isolation	93%
Negative impacts on cognitive development	93%
Difficulty maintaining future life chances	80%
Not fulfilling full potential	87%
Low achievement	85%
A sense of mistrust	100%
Difficulty establishing relationships	100%
Difficulty maintaining relationships	100%
Fear of not being listened to	100%
Lack of understanding of inter-personal relationships	100%
Lack of closeness in relationships	100%
Seeing closeness even in those who may pose risk	86%
Parenting difficulties	87%
Difficulties with boundaries	93%
Anti-authoritarian attitudes	80%
Lack of trust in authority	100%
Insecure attachment styles	100%
Impacts to feeling of safety	93%
Difficulties with impulse control	93%

Emotional regulation difficulties	100%
Depression	93%
Anxiety	100%
Low self-esteem	100%
Self-harm	87%
Maladaptive coping	93%
Shame	93%
Embarrassment	100%
Alcohol addiction	80%
Drug addiction	84%
Development of personality disorders	86%
Self-blame	100%
Guilt	100%
Dissociation	93%
Flashbacks	87%
Post-traumatic stress disorder	80%
Rumination of past abuse	87%
Repeat victimisation	93%
There is cumulative impact of multiple negative experiences	100%
Vulnerability to grooming	93%
Negative impacts on sleep	93%
Sexual abuse cannot be isolated from the many other problems that these victims suffer	93%
It is hard to generalise, an individual approach should be used	100%
Mistrust of other people	100%
Poor problem-solving skills	81%*
Increased likelihood of later imprisonment	81%*

Whether the form of abuse effected the impacts

The form of abuse experienced (e.g., sexual/physical/emotional) impacts the negative effects of institutional abuse	87%
Sexual and physical abuse include a significant degree of emotional abuse	100%

The more serious the emotional impact of any of these forms of abuse, the more negative the outcome	100%
The victim's beliefs around the abuse are more important than the type of abuse	100%
It is hard to generalise, an individual approach should be used	100%
Sexual abuse may link more closely to effects of sexual nature (e.g., increased masturbation)	94%*
The response to the abuse is more important than the type of abuse	88%*

The importance of pre-existing factors

Being in the care system	100%
Lack of compassionate parenting	93%
Lack of affection as a child	93%
Lack of support	100%
Isolation from the outside world	100%
Previous trauma	100%
Previous abuse	100%
Poor attachments	100%
Child self-esteem (low self-esteem)	100%
Childs (poor) coping	92%
The importance of a cumulative effect	93%
It is hard to generalise, an individual approach should be used	100%
Pre-disposition to mental illness	88%*

Does the form of abuse impact which pre-existing factors are relevant?

The impact may be worse if the form of institutional abuse is the same as previous abuse in the home setting	92%
Lack of previous affection may lead to vulnerability to being groomed	100%
If a child has previously experienced extreme violence, they may not appreciate that the level of violence used in the institution is wrong.	93%
If a child has previously experienced sexual abuse, they may not appreciate that sexually inappropriate behaviour toward them in the institution is wrong.	100%
It is hard to generalise, an individual approach should be used	93%
Blaming themselves for being placed in care	100%

Strength factors

Access to specialist intervention	100%
Psychotherapy	85%
Cognitive affective processing	92%
Addressing attachment issues	93%
Work to increase self esteem	100%
Work to increase self-efficacy	100%
Working with staff who are knowledgeable of abuse	100%
Continuity of main carer	100%
A key attachment figure	100%
Consistent boundaries	100%
Consistent routines	100%
Increasing safety	100%
Building on the child's strengths so they feel good about themselves	100%
A sense of connectedness in the world	100%
Peer support	100%
Work or education outside of the institution	100%
Being believed	100%
An understanding it was not their fault	100%
Empathetic responses to disclosure	100%
Feeling understood by others	100%
Being informed about outcomes of court procedures against abusers and institutions	100%
Successful conviction of the perpetrator	93%
An individual assessment/formulation	100%
It is hard to generalise, an individual approach should be used	93%
Safety	100%
Care	100%
Justice	100%
Acceptance and Commitment Therapy (and the adolescent variation that incorporates developmental information)	92%

Create Code of Conduct for the institution all co-workers including the directors	100%
Provide child protection training sessions	100%
Provide training session on child rights for staff members and children also	100%
Access to a helpline	93%
Being employed	93%

Does the form of abuse experienced impact which of these strength factors is most important to the survivor?

It is hard to generalise, an individual approach should be used	93%
Any form of abuse can be detrimental	100%

What role, if any, does disclosure play in the effects of institutional/in care abuse?

Action following disclosure may be impacted by the relationship between the alleged abuser and the individual who it is disclosed to	93%
Lack of criminal conviction can result in despondency (e.g., low spirits)	93%
It will be harmful if they are not believed.	100%
Lack of action can result in lack of faith in adults to keep them safe	100%
It will be harmful if they are told they are not a reliable witness	100%
When there are aggressive defence proceedings in court	93%
It is critical in building self esteem	93%
It may be empowering	100%
It can make a child feel heard	100%
Reinforce that it is not acceptable to be abused	100%
It can be positive for them to believe they are helping others	100%
Important that the child is offered support	100%
The impact of disclosure may be dependent on the response	100%
It is hard to generalise, an individual approach should be used	93%
During the child abuse cases, response of adults is very important	100%
An investigation should be undertaken when a child reports abuse to a manager	100%
The impact of disclosure will be dependent on the client's psychopathology	81%*
It can cause psychological harm	87%*

Does the form of abuse experienced impact the effects of disclosure?	
It is difficult to generalise	93%
Staff or responsible people should notice or take into account all abuse forms and respond	100%
Set rules should be set for abusers	86%
It may be more likely that information about physical abuse is passed on	81%*