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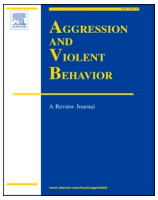

The impact of institutional child abuse: A systematic review using Reflexive Thematic Analysis

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ABSTRACT

Institutional child abuse has several negative impacts, including effects on mental health, well-being and interpersonal relationships. There is a need to understand this complex form of abuse occurring in an out-of-home setting. The current review aims to understand the literature base regarding the impact of institutional child abuse and to identify areas where further research is needed. Consequently, a systematic review was conducted, which captured quantitative and qualitative methods. This resulted in 58 papers being included. The papers captured the impacts of institutional abuse, covering physical abuse, sexual abuse, emotional abuse and neglect (i.e., a failure to be adequately cared for). These were then analysed using a qualitative methodology, specifically Reflexive Thematic Analysis. Several factors, such as prior abuse, were reported to exacerbate the impact of institutional abuse, whereas secure attachment was noted as a protective feature. Responses to disclosure appear to have an important role in recovery. Areas important for further research included understanding the role of protective factors and how they impact future outcomes, but to do so alongside an acknowledgement and greater exploration of negative impacts.

1. Introduction

Limited research has explored the consequences of abuse in institutional settings. These settings are defined here as out-of-home care settings involving an overnight stay that fall under the supervision of a formal body, such as a Local Authority or Church. They include Children's Homes and foster care placements. The lack of research is of interest (Lueger-Schuster, Kantor, et al., 2014, Lueger-Schuster et al., 2018, McGee et al., 2020), particularly when considering the broader research interest in child abuse more generally. However, there are complicating factors when considering institutional abuse and trying to determine impacts. For example, a raised proportion of children placed in institutional care have had adverse childhood experiences prior, with some studies placing this at almost three-quarters (Havlicek & Courtney, 2016). This results in a cumulative impact of multiple traumas for those who then experience abuse in an institutional setting (Carr et al., 2010).

The cumulative impact of multiple traumatic events is of significance when considering the impact of institutional abuse, as initial placement in the institution may, in itself, act as a form of trauma and result in a range of negative impacts (e.g., Hunter, 2001). For example, being placed in the care of strangers may result in children showing 'strange detached' behaviours. This concept has long been applied to the impact of child sexual abuse (Alexander, 1992). Abuse by an individual responsible for their care may also impact the child's attachment to that caregiver. Disruption of this relationship could then result in an insecure form of attachment, which is related to negative psychological symptoms (Briere et al., 2017). This understanding can be applied to the impact of placement in an institutional setting *and* institutional abuse to explain how disruptions to caregiver/child relationships resulting from institutional abuse are likely to negatively impact an individual's future psychological well-being. For example, Wolters (2008) identified how those reporting abuse in institutional settings were less trusting, had a more negative outlook on life, and were also suspicious and mistrusting of authority.

When considering the impact on trust, *Betrayal Trauma Theory* (Freyd, 1994) becomes useful to consider. It has been noted that interpersonal trauma, as opposed to non-interpersonal trauma such as natural disasters, can have particularly detrimental effects due to the betrayal involved in the breaking of the assumptions of social relationships (Freyd, 1994). According to *Betrayal Trauma Theory* there are two dimensions of trauma that influence resulting symptoms. These are a threat to life or fear and social betrayal. Birrell and Freyd (2006) argued

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that when a trauma includes both dimensions, the most severe symptoms occur. This theory may therefore be of use when considering the impacts of institutional child abuse where feelings of betrayal (Wolfe et al., 2006) and fear (Bode & Goldman, 2012) are noted. Betrayal Trauma Theory may therefore be useful in explaining why several symptoms have been reported following institutional abuse including anxiety, depression, somatisation, and PTSD symptoms (Lueger-Schuster et al., 2018). Regarding the latter, this is a common outcome following child abuse outside of institutional settings (Maniglio, 2009), and within such settings (Lueger-Schuster, Kantor, et al., 2014). This demonstrates similarity between both experiences, but PTSD symptoms are considered likely more severe among those who experience abuse in an institutional setting when compared to abuse in a home setting (e.g., Euser et al., 2014).

Nevertheless, not all individuals who have reported institutional abuse later suffer from all the negative effects reportedly associated with such abuse (Lueger-Schuster, Weindl, et al., 2014; Sheridan & Carr, 2020). Therefore, being resilient appears important in moderating and/or absolving the negative impacts of institutional child abuse. Resilience is defined as being able to achieve despite significant adversity (Jaffee et al., 2007). Several resilience factors are captured in the literature in relation to institutional abuse such as task-oriented coping and factors external to the individual (e.g., Lueger-Schuster, Weindl, et al., 2014; McGee et al., 2020). This supports the importance of resilience when considering institutional child abuse but the delineation of these factors is not currently well understood.

One factor of particular salience in the development of negative outcomes or resilience, following institutional abuse, is arguably the response to disclosure (McTavish et al., 2019). The influence of disclosure has been explored in more depth when considering the abuse that occurs in a non-institutional setting. For example, in a survey of child sexual abuse survivors, Ullman (2007) reported that 44.9 % of individuals noted that they felt better after disclosure, with 15 % noting that they felt worse. The importance of social support in the role of disclosure is further substantiated by Colton et al. (2002) who found, in a sample of survivors of child sexual abuse in residential institutions (n = 24), that most reported having no help, not being taken seriously or punished for disclosing. Thus, the disclosure of abuse is clearly an important factor to consider and one that requires more detailed exploration.

There remains a need to draw together the evidence that informs current understandings to try and understand the complexity of institutional abuse, the impacts, the role of resilience and the potentially influencing role of disclosure. The current systematic review aims to achieve this by considering the status of the literature base.[1]

2. Method

A systematic review of the literature was conducted, guided by PRISMA guidelines (Prisma, 2009), which applied a Reflexive Thematic Analysis to the analysis.

2.1. Procedure

Key terms were identified based on the aim of the review: (Child* Abuse* OR Child* Maltreatment* OR Institutional* Abuse* OR Child* Physical* Abuse* OR Child* Sexual* Abuse* OR Child* Emotional* Abuse*) AND (Care OR Juvenile* Detention* OR Borstal* OR Institution* OR Church* OR School* OR Detention* Centres* OR Industrial* Schools* OR Out Of Home* OR Group Homes* OR Secure* Boarding* OR Authority* Care* OR In Care OR Institutional* OR Prison* OR Young* Offenders*). The search was limited to words that were included in the abstract. No date limits were set, although the final year under review was set as 2022. Only studies including human participants were explored. The following databases were included PsycINFO, Medline, Cochrane Library, ERIC and CINAHL complete.

2.2. Exclusion criteria

Exclusion criteria comprised, 1.) The paper was a duplicate; 2.) The research did not refer to the psychological effects of sexual abuse, physical abuse, emotional abuse, neglect (i.e., a failure to be adequately cared for) or disclosure of these experiences; 3.) This abuse did not occur in an institutional residential setting (however, studies where a subsample of participants reported abuse in a residential setting were included, for completeness); 4.) The abuse occurred when the individuals were over the age of 18; 5.) The research was not empirical evidence (i.e., primary research); and 6.) The paper was not written or accessible in English.

2.3. Inclusion criteria

These comprised papers including the key terms noted and human participants, published up to 2022, and not meeting any of the exclusion criteria. To consolidate current knowledge, all methodological approaches were included in the review (i.e., quantitative and qualitative, including case studies).

Abstracts were initially screened to examine whether they fitted the criteria. Details of included articles can be found in Table 1. The number of included and excluded studies can be seen in Fig. 1.

2.4. Approach to analysis

Reflexive Thematic Analysis (RTA) was applied to ensure the position of the researcher was fully acknowledged and accounted for in the analysis. RTA is an *approach* to Thematic Analysis (TA) (Braun et al., 2018; Braun & Clarke, 2006, 2019) and not restricted to data-type when producing a synthesis of knowledge. There is increasing recognition that RTA is misunderstood in the literature and yet is an important approach to Thematic Analysis (Braun & Clarke, 2019; Byrne, 2022) and one that makes the researchers' active role in the production of knowledge much clearer. RTA was used to allow for consideration of both qualitative and quantitative methods, as they appeared in the papers identified in the review. The four core domains of RTA outlined by Braun and Clarke (i.e., Orientation to data; Focus of meaning; Qualitative framework, and Theoretical frameworks) were attended to. In applying these domains, we adopted an *inductive* approach (i.e., Orientation to the data domain) where the researcher takes a more flexible approach and allows codes and themes to emerge from the data. Importantly, it does not bring a conceptual or theoretical model to the data reviewed. By using a reflexive approach there was a recognition therefore of the role of the researcher's position as part of the review process. This was considered important so the review of the data was free of biases and did not attempt to draw on theories that, ultimately, may not apply to this novel area of research. This component was considered key. In addition, we adopted a *semantic* approach to analysis (i.e., Focus of meaning domain) to draw out themes that were readily and explicitly evidenced. This allowed for a more descriptive analysis to be undertaken, where the researcher did not deviate from the findings articulated by the papers and where we did not seek to apply a researcher driven/theory-informed connection (e.g., latent analysis). We also adopted a clear *critical component* (i.e., Qualitative framework domain) by focusing on the topics arising and organising themes around this. Finally, the approach allowed for a *realist, essentialist approach* (i.e., Theoretical framework domain) to determine themes by presupposing that there was objective data to be extracted. Essentially this approach is a means of being more explicit about the method used and the researchers approach to the data,

[1] Throughout this paper, the terms victim and survivor are used interchangeably, reflecting the use of both terms in the included literature (e.g., Carr et al., 2010; Spröber et al., 2014).

Table 1
Articles included in the systematic review and their participant sample.

Article	Sample and method	Core findings
Benedict et al. (1996)	78 children with reported maltreatment in foster care and 229 non-maltreated controls. Included male and female but no population numbers provided. Data collected from social service records.	Children sexually abused in care were more likely to have mental health and developmental problems identified. Physical abuse and neglect were not related to child health and functioning.
Benzola (1997)	Male who spent the majority of his childhood in the foster care system. Case study – self report.	The individual described the emotional abuse he experienced by his foster father and how this made him feel 'different' and he later experienced difficulties in education and relationships.
Black et al. (2019)	Aboriginal survivors of institutional child sexual abuse who had also experienced cultural abuse in being removed from their home and culture. Information was gathered from survivors and facilitators. The number of participants not noted. Appears to be women included but not confirmed. Data was self-report using surveys and interviews.	This article focused on describing the findings of a Cultural Healing Program (CHP). Engagement in the programme was reported to create a feeling of safety and a positive impact of connecting with others and developing a sense of belonging was noted. The importance of visiting significant cultural sites and empowerment by elders was also indicated.
Bode and Goldman (2012)	10 adult males with reported abuse in residential care as a child. Interview data.	Nine out of the ten participants reported to feel that child sex abuse (experienced in residential care) had a negative impact on their educational development, opportunities, and achievements.
Bruskas (2013)	101 women who had been placed in foster care during childhood. Data based on self-report questionnaire.	Adverse Childhood Experience total correlated negatively with psychological health variables. ACEs before foster care were significantly associated with this. When adding ACEs during foster care and number of placements into each model, only ACEs before care continued to be significantly associated.
Bundy (2006)	Participants who reported institutional abuse in Australia, who had resided in state and church run orphanages. Data based on feedback and discussions with participants. No indication of sex given.	Participants completed meetings and workshops with counsellors and eight 3-hour drama workshops with former residents. Taking part in a drama workshop exploring their experiences reportedly allowed them to act differently towards themselves and gain insight into their relationship with themselves and others.
Carlisle and Rofes (2007)	Six participants bullied at boarding school (out of a non-probability sample of 15 men bullied at school). Case history informed approach using a 12 item qualitative questionnaire.	Everyone described being bullied as having a significant impact. Other results were not distinguished between boarding and non-boarding school bullying. Case examples of boarding school bullying were included. One reported enjoying company prior to the bullying, but after became introverted, reporting symptoms of obsessive-compulsive disorder, and bullying a 'defenceless' boy. Also noted high levels of anxiety and nightmares about being back in boarding school. Another reported telling his parents and a teacher. He reportedly took to bullying his brother and another pupil. He reported being scared, isolated, depressed, and very quiet.
Carr et al. (2009)[a]	247 adult survivors of institutional abuse (135 male). Interview data including diagnostic interviews, but also completed questionnaires measuring trauma, quality of life, Global Assessment of Functioning (GAF), parenting satisfaction scales and experiences in close relationships.	The most positive profile in relation to the outcomes was found in those with a secure attachment style, with the dismissive group having a similar profile. The most negative profile was found in those with a fearful attachment (and like those with a preoccupied attachment style).
Carr et al. (2010)[a]	247 adult survivors of institutional abuse (135 male). Same study as Carr et al. (2009) but focused here on using a childhood trauma questionnaire and modules from diagnostic interviews for mental health and personality disorder.	The rate of psychological disorders was over 80 %. Anxiety, mood, and substance use disorders most common. Elevated rates of trauma symptoms and insecure adult attachment style noted and worse for those experiencing institutional and intra-family abuse.
Carr et al. (2019)	Survivors of historical institutional abuse in Scotland (N = 225 of which 76 were female) who reported to The Scottish Child Abuse Inquiry. Data extracted from witness statements using a coding frame developed from a thematic review of a subsample of 52 statements.	Negative outcomes were reported to include: psychosocial adjustment (96 %), mental health (84 %), and physical health (43 %). It was noted that the impact of institutional abuse on future outcomes relating to psychosocial impacts was mediated by risk (e.g., number of care placements, negative factors in the childcare environment, number of birth family adversities, and number of neuro-developmental disorders) and protective factors (e.g., supportive relationships, constructive coping, useful skills such as academic or sporting, effective coping, and effective legal actions). The relationship between institutional abuse and mental health was mediated by risk factors only. The relationship between institutional abuse and physical health was not mediated by risk or protective factors.
Colton et al. (2002)	24 self-selecting individuals who reported abuse in residential institutions (two female). Data collected via interview.	Themes included the factors: motivation for disclosure, the effectiveness of help, and support and issues of power and gender. In relation to disclosure, it was suggested that financial compensation was not the primary motivation, and victims had a strong desire to see the perpetrators held accountable. Some

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Table 1 (*continued*)

Article	Sample and method	Core findings
		individuals did not disclose and had led a reasonable life and did not wish to revisit this abuse Others thought about their abuse constantly. Participants frequently reported that they did not wish to be known as victims.
Cook et al. (1993)	A male individual with Autism who had experienced physical abuse in a residential school. Case study.	The individual initially resisted returning to the school after family visits and lost a large amount of weight before disclosing that a teacher had hit, slapped, and punched him. This resulted in changes in behaviour such as increased anger and experiencing symptoms of trauma.
Feely (2010)	28 individuals reporting abuse in industrial schools. Includes men and women. Ethnographic case study.	Fifteen individuals left school with their literacy needs met or partially met. Thirteen left with little or no literacy. It was suggested that a caring relationship played a pivotal role in the development of literacy skills.
Fernandez and Lee (2017)	669 individuals who were previously in out-of-home care alongside interviews with 92 participants, and 20 focus groups with 77 participants. Self-report surveys.	Abuse experienced from peer and adults. Negative impacts of abuse in care lasted into adulthood. Those who experienced all forms of abuse reported more negative outcomes.
Finlay (2010)	93 male youths sentenced to custody, aged 16 to 19. Secondary data analysis of quantitative and qualitative data, including questionnaires and interviews.	Coping strategies used to deal with peer aggression were aligned with adaptive responses of individuals who have experienced child maltreatment or exposure to domestic violence. Protective features of the institutional environment and the role of staff mediated the impact of peer aggression.
Fitzpatrick et al. (2010)[b]	247 adult survivors of institutional abuse (135 male). As for Carr et al., 2010, 2009.	Those who had experienced sexual abuse had experienced the most forms of abuse and had the highest PTSD scores along with alcohol, substance use, antisocial personality disorder and life problems. Those who suffered physical abuse were the group with the second highest level of difficulties, with emotional abused individuals the best adjusted.
Flanagan-Howard et al. (2009)[b]	247 assault survivors of institutional abuse (135 male). As for Carr et al., 2010, 2009.	Individuals who reported sexual abuse as their worst form of abuse reported higher levels of re-enactment in childhood compared to those reporting physical or emotional abuse. Individuals who reported physical abuse as their worst experiences reported higher levels of coping by complying in adulthood when compared to other forms of abuse. Traumatisation, re-enactment, coping by complying and avoidant coping decreased from past to present. Spiritual

Table 1 (*continued*)

Article	Sample and method	Core findings
		disengagement and positive coping increased.
Glück et al. (2017)[c]	220 adult survivors of child abuse in a foster care setting. Over half were men (59.8 %). Self-report questionnaires.	Anger rumination was important in the relationship between PTSD symptoms and anger. Trait anger was not directly connected to any form of maltreatment.
Goldman and Bode (2012)	10 female volunteers reporting child abuse in orphanages. Interview study.	These individuals perceived the abuse, specifically sexual abuse, to have had negative impacts on their educational achievement, development, and opportunity. Also reported an impact on their own children. They noted consequential impacts on their self-esteem, wellbeing, and success.
Graves (2015)	Claimant questionnaires from plaintiff attorneys of 47 cases. Not all abuse was in a residential setting. Thematic analysis undertaken, with no commentary on sex.	Survivors of clergy-perpetrated abuse reported being afraid to disclose. The delay before disclosure and person the abuse was disclosure to varied. Long term impacts included anxiety and depression, trauma related symptoms, loss of faith, substance abuse, and sexual problems.
Guy (2011)	5 former foster youths (four women, one man). Qualitative review of their narratives.	All abused in the care system. They talked in detail about experiences but responses were 'succinct' and 'without reflection' when discussing their abuse. Relationships were important strength factors, though not necessarily with adults, but with peers and siblings. Resiliency helped by their ability to reflect on painful experiences.
Hermenau et al. (2011)	38 children living in orphanages in Tanzania. Half were boys (53 %). Interview study that included the administration of self-report questionnaires.	Violence in the orphanage was a stronger correlate of poor mental health when compared to violence experienced in a former home school or neighbourhood. This form of violence also was positively related to aggression at a later time point. There was follow up study of psychotherapeutic treatment, using the same sample. A reduction in experiences of violence and PTSD was found.
Hermenau et al. (2014)	35 children placed in institutional care in their first 4 years of life and 35 place in institutional care after the age of four matched on age and sex (19 male and 16 female in each group). Interview study that also administered self-report questionnaires during the interview.	Results suggested that individuals who were institutionalised earlier in life experienced greater adverse experiences whilst in institutional settings and had a greater variety of mental health issues when compared to those institutionalised later in life.
Hermenau et al. (2015)	28 children from institutions whose carers participated in a training workshop aimed at improving care quality and reducing maltreatment. 14 children were female. Interview study, with self-	In relation to physical maltreatment, this reduced from 50 % (t1) to 18 % (t3), there was significantly less physical maltreatment at point t3 when compared to t1. They were also lower at t1

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Table 1 (*continued*)

Article	Sample and method	Core findings
	report measures applied as part of this.	compared to t0. No significant difference was found in relation to emotional abuse at time points, whereas depression changed significantly over time. In addition, lower internalising and externalising problems scored were found at later time points. The same pattern was found for aggressive behaviour.
Jackson (2013)	Male survivor of institutional abuse. Case study.	The story of a man who left school illiterate, but later became an expert rugby player and was reunited with his mother. He went on to fight for the rights of children.
Kantor et al. (2017)[c]	220 survivors of institutional child abuse, foster care. Same sample as Glück et al. (2017).	The PTSD-intrusion scale and the depression scale significantly predicted mental health service use.
Knefel and Lueger-Schuster (2013)[d]	229 individuals who had appealed to the commission of the Catholic Church for foster children following abuse. 177 of these were men. Self-report questionnaires.	Overall, 52.8 % participants met the criteria for PTSD according to ICD-10 when compared to the ICD-11 proposal (17 % for PTSD only; 38.4 % for PTSD and Complex PTSD). In the updated version of PTSD, gender effects were neutralised. Rates of CPTSD were 21.4 % (women 40.4 % and men 15.8 %). Those survivors who were diagnosed with CPTSD reported institutional abuse for a longer time.
Knefel et al. (2015)[d]	229 adult survivors of childhood institutional abuse. Same sample as for Knefel and Lueger-Schuster (2013).	It was noted that all participants had reported at least one form of institutional abuse (physical, sexual, and emotional).
Liebenberg and Moore (2016)	105 adult survivors of clerical institutional childhood abuse. Type of institution not explicitly noted although reformatories and industrial schools are explored throughout the introduction. Of the sample 52 were men. Self-report questionnaires and qualitative interviews.	Exploratory Factor Analysis indicated five components of the RRC-ARM in this sample and good application to this sample as a measure of resilience.
Lueger-Schuster, Kantor, et al. (2014)[e]	448 individuals reporting institutional abuse (75.7 % men), using a document analysis. There was a further sample of 185 adult survivors (141 men), completing self-report measures.	Wide diversity of abuse reported, with 83.3 % reporting emotional, 68.6 sexual, 68.3 % physical. PTSD was reported by 48.6 %, with 84.9 % reporting clinically relevant symptoms.
Lueger-Schuster, Weindl, et al. (2014)[e]	Reported on the 185 adult survivors from Lueger-Schuster, Kantor, et al. (2014). Compared within group (76.2 % male) based on symptom severity.	Most survivors reported severe mental health problems, with well known protective factors not associating with mental health.
Lueger-Schuster et al. (2018)[c]	220 adult survivors of institutional child abuse who had been placed in foster care during childhood. Included general population comparison group exposed to maltreatment by their families (n = 234). Same survivor sample as Glück et al. (2017) and Kantor et al. (2017).	Those in the foster care group reported higher levels of all forms of maltreatment, also reporting higher rates of depression, alcohol, and substance use dependency, anxiety, PTSD, and maladaptive personality. Those in the foster care group had higher levels of familial abuse prior to placement.
McGee et al. (2020)	17 adult survivors of childhood/adolescent adversity and maltreatment in institutional settings, defined as residential welfare settings. Sample comprised 10 females. Interview study.	Themes relating to future adversity including abuse and neglect emerged, along with harsh regimes, detrimental perceptions, and interactions (e.g. stigma), re-exposure and reminders, failure of system and society, and the cycle of abuse. Resilience themes were broad and included individual characteristics, internal and external resilience, social support, goals and adaptive belief systems and access to services.
Meladze (1999)	A male individual who grew up in a state run foster home. Autobiographical case study.	The individual reports sexual confusion, anger, anxiety, and effects on self-esteem.
Moore et al. (2019)	105 adult survivors of institutional child abuse in Ireland. Interviews and self-report questionnaires (52 men).	Several factors (e.g., problem focused coping, altruism, defiance, and social and community inclusion) contributed to mental wellbeing in this sample, though family support and spirituality did not in the quantitative analysis though spirituality was captured by three sources in the qualitative analysis.
Moore et al. (2020)	27 individuals who lived in residential care during childhood (18 were men). Not all disclosed abuse by an adult in care. Interview study.	Qualitative analysis revealed that peer victimisation in residential care resulted in hypervigilance. The consequences of peer victimisation were reported to be long lasting. It was noted that problems with identification of problematic behaviour impacted disclosure of peer abuse in relation to sexual harassment whilst feeling there was not access to trusted others impacted disclosure of adult abuse.
Moore et al. (2017)	Survivors of institutional child abuse in industrial schools or reformatories (N = 22, 2 of whom were men). Interview study.	Survivors reported negative initial help seeking experiences in Ireland. This led to self-management of impacts. Indication of impacts related to depression, nightmares, and flashbacks were noted. Giving evidence to the Residential Institutions Redress Board (RIRB) was described by participants as distressing. Motivation to help children and family financially was a motivation for disclosure. Specific events and life experiences were important in triggering help-seeking behaviour. Peer support was reported to be important in terms of signposting to formal intervention. Barriers to help seeking included insensitivity of professionals and lack of clear boundaries.
Murphy (2009)	Male individual who reported child abuse in care. Phenomological inquiry on	He reported physical, sexual, and emotional abuse, both in orphanages and schools he

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Table 1 (*continued*)

Article	Sample and method	Core findings
	data obtained from case notes from therapy.	attended, by both staff and other pupils including a female member of the clergy.
Nagamitsu et al. (2011)	A six-year-old girl living in residential care as a result of sexual abuse at home. Utilised a caregivers report for analysis.	The individual experienced seizures. These seizures continued for 2 years and reportedly stopped following the disclose of sexual abuse perpetrated by a boy at the residential home.
Nixon et al. (2002)	47 females reporting abuse in a range of settings including within family or foster care. Semi-structured interviews.	These women reported 'considerable' childhood sexual abuse by family members or carers whilst they were in foster care. They were also victimised by others, such as "pimps, other prostitutes and intimate-partners".
Rassenhofer et al. (2015)	927 victims of abuse in settings including boarding schools and children's homes (65 % were men). Victims could provide letters, emails or phonecalls. A descriptive analysis was employed.	Greater levels of abuse were reported in the church data set when compared to children's homes or schools. 45 % of individuals reported some form of psychosocial problems resulting from their abuse. Only 22 % raised the issue of compensation. Level of abuse reported differed between reports to the two services.
Rusch et al. (1986)	160 residents of an institution for those with learning disability. Compared 80 who had not been physically abused to 80 who had. Reported no difference in sex composition. A review of documents (medical, programme reports) was undertaken.	Those who were abused demonstrated higher levels of self-injurious behaviour and non-verbal behaviour compared to the non-abused group. In a discriminant analysis, aggression was a strong differentiating factor between the groups.
Saha et al. (2013)	15-year-old boy placed in boarding school. Case study.	Reported abuse at home and at boarding school, with an attempted strangulation by an older pupil. Following this the individual was reportedly traumatised and refused to stay in the boarding school.
Salazar et al. (2011)	513 participants had been in out-of-home care (232 men). Self-report questionnaires.	Pre and during care maltreatment were predictive of depressive symptoms. Maltreatment was associated with lower levels of social support. A significant partial mediating effect was found on the effects of pre and during care maltreatment on depressive symptoms. It was also found to be a moderator and with significant social support x maltreatment interactions. Social support had a protective relationship with depressive symptoms for those who had few pre-maltreatment experiences. For during care, maltreatment depressive symptoms were lower at higher levels of maltreatment for those with low versus moderate to high social support.
Schaverien (2011)	One male individual and one female placed in boarding school. Narrative review of their cases.	The female individual reported a negative experience referred to as an 'initiation'. She reportedly mentioned this with no emotion and would not have expanded on the detail if she were not asked more about it. It is reported that she had not considered sending her own children to boarding school and after talking about her experiences began to understand why. She maintained a positive attitude to life and was successful. The male individual was reported to be clinically depressed, but not wanting medication. His wife had identified his emotional isolation. He too had experienced negative incidents at boarding school. He had not reported this to anyone before he was middle aged.
Sheridan and Carr (2020)	9 survivors of historical institutional abuse, from several residential institutions. Five were men. Interview study.	Two subordinate themes emerged: Survivor identity and Engendering growth. Participants captured a rejection of their survivorship by others. In relation to engendered growth, it was noted that temporal changes such as entering parenthood or specific events such as abuse disclosure promoted positive change. Continued distress was also reported.
Spröber et al. (2014)	265 individuals abused in schools, 351 abused in residential care and 434 abused in unspecified institutions. Over half the sample were men (59.8 %). Used testimonials provided to an Independent Commissioner, with hotline phonecalls the source of data, descriptively analysed.	This study explored the differences between institutional abuse in Roman Catholic, Protestant and non-religiously affiliated institutions. It was found that the level of psychiatric diagnosis was similar between groups. However, more psychological problems were found in those abused in a Protestant institution.
Stewart (2016)	8 individuals formerly in foster care. Included 7 women. Interview study.	One participant reported disclosing their abuse at the time to a Foster Care Worker but frequent changes in workers made it difficult to establish trust. None of the workers reportedly investigated the participants' claims. Abuse in foster care reportedly had a lasting impact on self-worth, self-esteem, and the management of emotions.
Sullivan et al. (1992)	72 hearing impaired individuals who attended a residential school (51 males), who had been sexually abused at a residential school. Included a control group of 37. Used a behavioural checklist completed by staff at the residential home to examine the provision of therapy.	Those who received therapy demonstrated fewer behavioural problems than those who did not. For boys there was a reduction in several challenging behaviour indices when compared to non-treatment group. For girls who received treatment there were lower scores on challenging behaviour indices and some emotional elements when compared to no treatment group.

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Table 1 (*continued*)

Article	Sample and method	Core findings
Sutinah and Aminah (2018)	500 children residing in orphanages and caregivers from each of the five orphanages included. No indication of breakdown by sex. Interview study.	It was noted that those who were subject to abuse in the institutional setting used a range of approaches to try and avoid further abuse including keeping quiet, avoiding the perpetrator, and trying not to break the rules.
Villegas and Pecora (2012)	1068 participants who have previously been in foster care (361 male). Interviews, including structured diagnostic interviews were applied, along with case record review.	Ethnicity did not predict adult mental health whereas gender, mothers' mental health, age of entrance into child welfare, number of placements, maltreatment whilst in care, and preparedness for leaving care were predictive.
Weindl et al. (2020)[c]	220 participants who reported childhood abuse in foster homes. Same survivor sample as Glück et al. (2017), Kantor et al. (2017) and Lueger-Schuster et al. (2018).	Self-esteem mediated the impact of emotional regulation on trait anger and on anger rumination.
Weindl et al. (2018)[c]	220 participants who reported childhood trauma in foster care. Same survivor sample as Glück et al. (2017), Kantor et al. (2017), Lueger-Schuster et al. (2018) and Weindl et al. (2018).	Prolonged childhood trauma was associated with reduced self-efficacy and self-esteem and difficulties in emotional regulation.
Weindl and Lueger-Schuster (2018)	46 survivors of maltreatment in foster care settings. Of these, 28.3 % were female. Self-report scales and interviews applied.	Using mix-method approach it was found that lower emotional self-esteem presented in the survivors compared to a normative sample. Several positive and negative attitudes towards the self were noted in the qualitative analysis. Events such as childbirth were related to positive attitudes for one participant, for example. The analysis also captured the maintenance of self-confidence during placement. Others reported more negative attitudes towards themselves. More positive attitudes about oneself and emotions were noted in those with higher levels of emotional self-esteem and more negative attitudes noted in those with lower emotional self-esteem.
Wissink et al. (2018)	176 case files of children with reported abuse who received state care. Case file analysis. Of the sample, 91 of those reporting sexual abuse were female.	A quarter cited the perpetrator to be a step/foster parent. Two thirds of abused children disclosed their abuse by telling someone, rather than it being identified by others.
Wolfe et al. (2006)	76 men reported abuse in a residential institution. Clinical interview, psychological tests and a structured diagnostic interview was applied.	DSM-IV criteria were met for current PTSD (42 %). This was followed by mood disorders (25 %) and alcohol disorders (21 %). Over one-third presented with chronic sexual problems, and over one half had a history of criminal behaviour.
Wolters (2008)	10 therapists working with individuals who have suffered institutional abuse. A phenomenological exploration.	Individuals who reported institutional abuse were harder to work with, more 'damaged', were less trusting, and had higher shame.
Wortham (2000)	Autobiographical narrative of a woman placed in boarding school.	Reflected on the interactional positioning accomplished when telling an autobiographical narrative. It is observed, for example, that when discussing abuse in boarding school, the participant is said to 'position' themselves as vulnerable and in need of support.

NB: [a,b]Same sample but analysed different parts of a dataset. Part of commissioned work by Commission to Inquire into Child Abuse (CICA); [c, d, e,] Same sample but analysed distinctly, focusing on different components.

which we sought to apply here, allowing the review to be more readily replicated by others.

In addition, and to enhance further the need to be transparent in process, NVivo was used to code areas of each article that were considered relevant to the research aims. This included any area of the article referring to data or research *originating* in that article. Consequently, literature reviews and speculations that you would find in discussions were not included. The focus was on original observations so that themes could be considered comprehensively. The use of RTA in conjunction with this allowed us to adopt a more independent and unbiased role, free from any theoretical preference or bias, and to be transparent in our approach.

3. Results

3.1. Inter-rater reliability

Inter-rater reliability of themes development is not recommended for RTA (Braun & Clarke, 2019). Consequently, developed themes were reviewed via discussion with a colleague separate from the research to encourage reflection.

3.2. Quality assessment

Following PRISMA (2009) guidelines, the risk of bias in included studies was examined. Ten included studies were case studies, so were not included in the quality assessment. Due to a small body of research, they were still included in the final review. The Newcastle-Ottawa Scale (NOS) for assessing study quality demonstrated some level of variety in the quality of these studies. For example, the sample size was justified in only 10 studies and only 11 studies used validated measures of investigative reports to measure institutional abuse. Due to the limited number of studies in this area and the limited literature supporting the use of quality assessment to remove studies, all studies were included in the final analysis of themes, with a clear recognition of the diversity of method being highlighted.

3.3. Reflexive Thematic Analysis results

Nine overall themes were developed from the 58 papers included. These are presented in Fig. 2 and detailed next, with examples of supporting literature included to illustrate.

Superordinate theme 1: Institutional abuse may result in lasting effects on well-being and behaviour. The impacts of institutional abuse including several negative aspects, comprised of the following five subordinate themes: (1a) *Negative impact of institutional abuse on mental health and well-being* (Benedict et al., 1996; Carr et al., 2010; Carr et al., 2019; Fernandez & Lee, 2017; Glück et al., 2017; Graves, 2015; Lueger-Schuster et al., 2018; Moore et al., 2020; Rassenhofer et al., 2015;

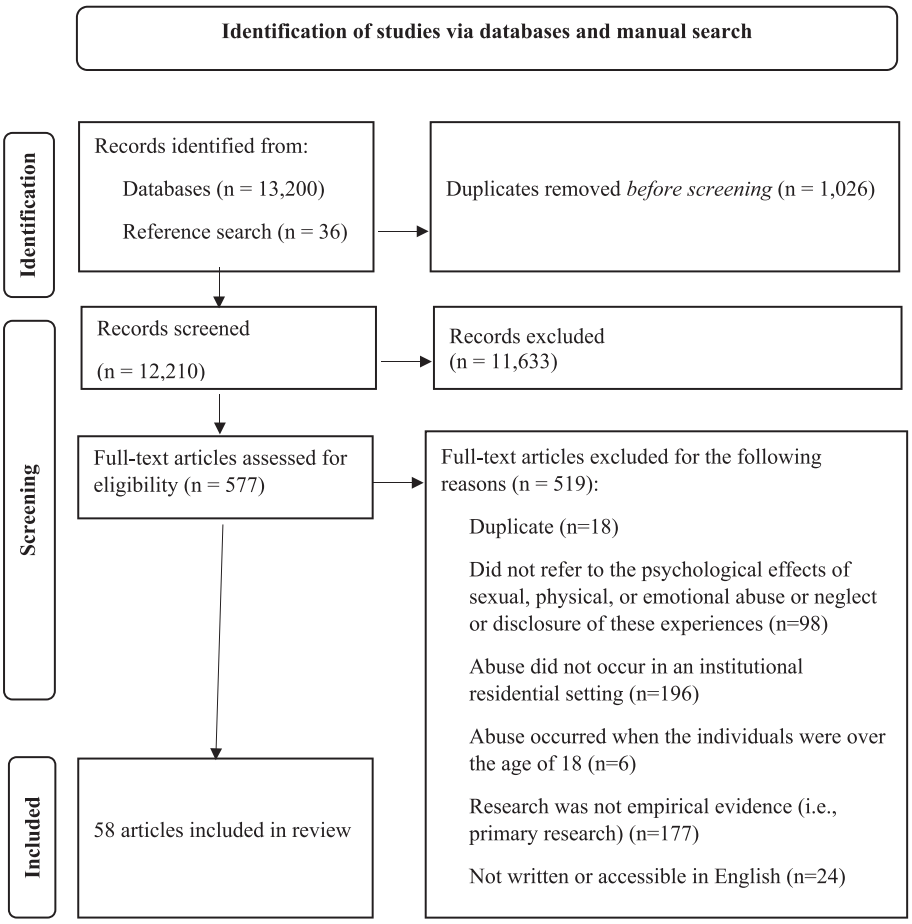

Fig. 1. PRISMA Flow chart of included studies.

Salazar et al., 2011; Sheridan & Carr, 2020; Stewart, 2016; Weindl et al., 2018; Weindl et al., 2020; Weindl & Lueger-Schuster, 2018). These may be long-lasting (Schaverien, 2011) and include depression (Carlisle & Rofes, 2007; Hermenau et al., 2011; Spröber et al., 2014; Wolfe et al., 2006), anxiety (Carr et al., 2010), and self-injurious behaviour (Rusch et al., 1986). Impacts have also been reported to include feelings of powerlessness, helplessness, loneliness, isolation, and low self-esteem (Bruskas, 2013; Carlisle & Rofes, 2007; Fitzpatrick et al., 2010; Meladze, 1999; Murphy, 2009; Schaverien, 2011; Wolters, 2008); (1b) *Potential negative impact of institutional abuse on behaviour*. Behavioural changes included increased aggression (Carlisle & Rofes, 2007; Hermenau et al., 2011; Rusch et al., 1986) reduced engagement in pleasurable activities (Cook et al., 1993) and an increased in risky behaviours (Fitzpatrick et al., 2010); (1c) *A relationship between institutional abuse and resulting trauma symptoms*, including PTSD (Carr et al., 2010; Cook et al., 1993; Hermenau et al., 2011; Wolfe et al., 2006), Complex PTSD (Flanagan-Howard et al., 2009), and individual symptoms of trauma such as avoidance of reminders of early trauma and dissociation (Carr et al., 2010); (1d) *Negative thoughts about self and others*, which may occur following institutional abuse, such as impacts on the way individuals view and judge themselves. This included feeling unworthy of affection and warmth, feeling alone, and/or questioning their ability to recognise who is good and who is bad (Murphy, 2009); (1e) *Institutional abuse influencing a survivors' sexual behaviour*. Over two-thirds of the sample experienced sexual problems in their relationships and nearly half were experiencing sexual difficulties at the time of the research (e.g., hypersexuality, hyposexuality, feelings of inadequacy, and related difficulties; Wolfe et al., 2006). This also included confusion about sexual orientation in 27.5 % of individuals who reported institutional abuse (Wolfe et al., 2006).

Superordinate theme 2: Loss of trust in others. This included feeling a sense of betrayal and loss of trust (Wolters, 2008), extending beyond interpersonal into loss of faith and devaluation of the church (Wolfe et al., 2006). This extended to suspicion and mistrust of authority (Wolters, 2008).

Superordinate theme 3: Negative impact on future life chances. This included negative impacts on areas such as relationships, employment, and education, comprising three subordinate themes, as follows; (3a) *Negative impact on future relationships and attachments*. This included relationship problems (Rassenhofer et al., 2015), sexual problems in relationships (Wolfe et al., 2006), a use of aggression in relationships (Wolfe et al., 2006), and feeling emotionally distant from partners (Schaverien, 2011). Intimate relationships were also identified as potentially serving as a trigger for trauma symptoms (Murphy, 2009). However, it must be noted that this may be influenced by the nature of institutional care itself rather than the abuse alone, with frequent changes in those around them making it difficult to form bonds (Benzola, 1997). Importantly, not all individuals who experienced institutional abuse reported problems, with Schaverien (2011) highlighting evidence for successful marriages; (3b) *Negative impacts on future employment*. When compared to children abused in a non-institutional setting, those abused in an institutional setting were less likely to be employed and were less resourceful in terms of employment (Wolters, 2008); (3c) *Negative impacts on education*, which appeared for several reasons including, the individual's feelings, situational factors, and the influence of other negative impacts, such as mental health. For example, those who reported institutional abuse reported more adjustment problems in school compared to those who did not (Benedict et al., 1996). It was also felt by women, but less commonly in men, that this had an inter-generational impact on their children as they were less able

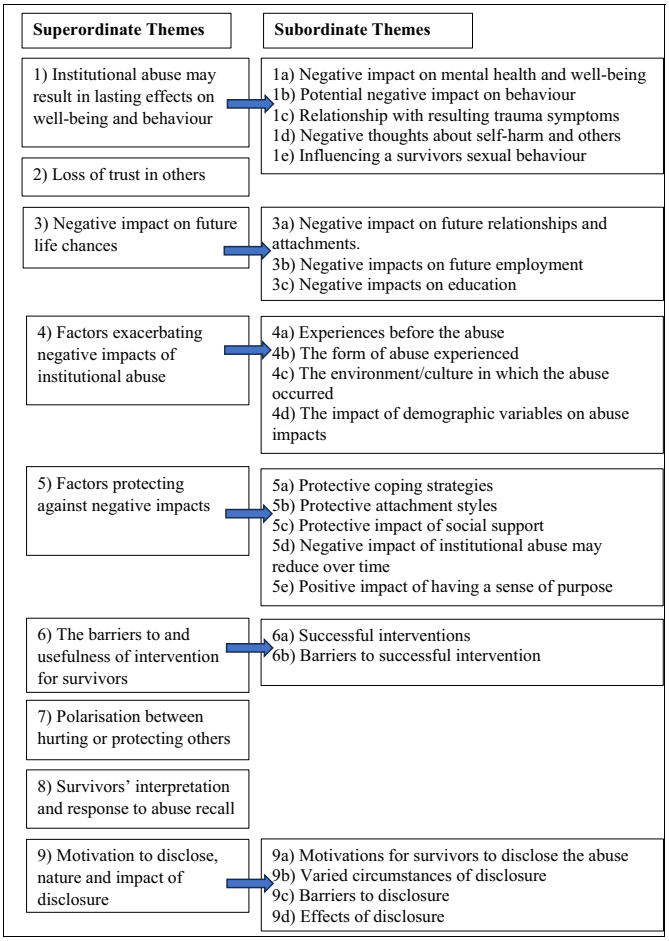

Fig. 2. Superordinate and subordinate themes from the Reflexive Thematic Analysis.

to help them with schoolwork (Bode & Goldman, 2012; Goldman & Bode, 2012). Education was also negatively impacted by feeling different from others (Benzola, 1997), feeling rebellious (Bode & Goldman, 2012), and experiencing a lack of concentration (Goldman & Bode, 2012). Situational factors played a further role in education impact, such as lack of opportunity in the institutional setting (Bode & Goldman, 2012; Goldman & Bode, 2012). Thus, education may not only be impacted by institutional abuse but also by placement in an institutional setting itself. Finally, other negative impacts, such as negative impacts on well-being, also influenced education such as lack of trust in others and fear (Bode & Goldman, 2012), depression, anxiety, and fear of male authority in women (Goldman & Bode, 2012). Notably, some individuals who reported institutional abuse were able to complete their education and some reported that their experiences of abuse gave them the drive to do so (Bode & Goldman, 2012).

Superordinate theme 4: Factors exacerbating negative impacts of institutional abuse. This comprised four subordinate themes; (4a) One factor – *Experiences before the abuse* – was noted to influence the extent to which a survivor of institutional child abuse experienced the full range of negative impacts. Numerous negative childhood events were reported prior and multiple forms of abuse were often reported (Nixon et al., 2002). For example, physical and emotional abuse (Saha et al., 2013), exposure to domestic violence (Saha et al., 2013), critical parenting (Carlisle & Rofes, 2007), being upset at being placed in care (Wolters, 2008), parental imprisonment (Benedict et al., 1996), parental substance use (Benedict et al., 1996; Saha et al., 2013), and parental psychiatric problems (Benedict et al., 1996). These negative experiences were thought to result in a cumulative effect, with trauma symptoms being more common in those who reported interfamilial abuse and institutional abuse when compared to those who had reported institutional abuse only (Carr et al., 2010); (4b) *The form of abuse experienced* also presented as an important factor. It was indicated that institutional sexual abuse may lead to the most negative impact on mental health and PTSD symptoms (Benedict et al., 1996; Fitzpatrick et al., 2010). In addition, those who reported sexual abuse had the highest re-enactment scores when compared to those who reported severe physical and emotional abuses, meaning they more frequently re-enacted their abuse on others (Fitzpatrick et al., 2010). However, the quality of long-term relationships was reported to be improved for those who reported sexual abuse in an institutional setting when compared to those who reported emotional or physical abuse (Fitzpatrick et al., 2010). In addition, the research suggested that Complex PTSD (C-PTSD) was more common in individuals who reported institutional abuse for an extended period (Knefel & Lueger-Schuster, 2013). However, the duration of perpetrator contact was not found to impact whether they experienced PTSD or not (Lueger-Schuster, Weindl, et al., 2014); (4c) *The environment/culture in which the abuse occurred* was also an important developed theme. Survivors of institutional abuse commented on the environment of the institution in which this abuse occurred. For example, referring to it as a place where decisions are made for them (Wortham, 2000). The challenges of living in an institution and its negative impact on education were also noted (Feely, 2010); (4d) *The impact of demographic variables on abuse impacts* revealed a sex difference in trauma symptoms. Women were more likely to report C-PTSD when compared to men. However, no sex differences were found concerning later PTSD (Knefel et al., 2015). Women who had reported institutional abuse had higher rates of a lifetime diagnosis of panic disorder with agoraphobia. However, men had significantly higher rates of lifetime diagnosis of alcohol

dependence (Carr et al., 2010). The age of the victim did not appear to influence PTSD as the age of the first experience of institutional abuse was similar between those with no PTSD symptoms, mid-level symptoms, and the highest levels of PTSD (Lueger-Schuster, Kantor, et al., 2014).

Superordinate theme 5: Factors protecting against negative impacts. This comprised six subordinate factors, as follows; (5a) *Protective coping strategies*. Whilst survivors used a variety of coping strategies, some were more successful than others. For example, higher resilience, optimism, and task-orientated coping were more likely to be found in those with no, or low, levels of PTSD symptoms after suffering institutional abuse when compared to those with higher levels of PTSD symptoms. However, emotional orientated coping and pessimism were lower in those with no or low levels of PTSD, rather than high levels of PTSD symptoms (Lueger-Schuster, Kantor, et al., 2014). Finally, avoidant coping was not found to be an effective coping strategy (Benzola, 1997); (5b) *Protective attachment styles*, with a secure attachment serving as a protective factor and related to being more likely to still be married to or cohabiting with their first partner when compared to those with other attachment styles (i.e., fearful, dismissive, or preoccupied) (Carr et al., 2009). In addition, mental health issues such as current anxiety and mood disorders, personality disorders, trauma symptoms, and lifetime alcohol dependency were lower in individuals who had secure or dismissive attachments when compared to fearful or preoccupied attachments (Carr et al., 2009); (5c) *Protective impact of social support,* which appeared to protect against some of the negative impacts of institutional abuse (e.g. Liebenberg & Moore, 2016; McGee et al., 2020; Moore et al., 2019). Positive social support led to increased trust in others (Jackson, 2013) and self-esteem (Murphy, 2009). However, this relationship may be complex. For example, perceived social support did not differ between groups with no symptoms of PTSD and those with higher levels of PTSD symptoms (Lueger-Schuster, Kantor, et al., 2014). However, social support was found to partially mediate the relationship between institutional abuse and depressive symptoms (Salazar et al., 2011). This relationship may also be impacted by the quality of the support as inconsistent support was reported to be a risk factor for negative outcomes by some participants (Guy, 2011); (5d) *Negative impact of institutional abuse may reduce over time*. For example, traumatisation and re-enactment decreased over time (Flanagan-Howard et al., 2009). However, spiritual disengagement increased. Positive coping also increased over time whereas coping by complying (e.g., by complying with the wishes of those in authority) and avoidant coping decreased (Flanagan-Howard et al., 2009); (5e) *Positive impact of having a sense of purpose* was identified as a means of assisting the survivors of institutional abuse to overcome some negative impacts. For example, having something consistent in their lives, such as sports (Jackson, 2013), becoming a parental figure (Guy, 2011) gaining part-time employment (Benzola, 1997), and an education (Guy, 2011). This sense of purpose resulted in increased feelings of autonomy and increased self-esteem (Guy, 2011; Jackson, 2013); (5f) *Perceived strength factors*, with a small group of survivors reporting to having drawn strength from their experiences. For example, some survivors reported that difficulties experienced in care and the resultant lack of trust made them strong and resilient (Guy, 2011). In addition, a group of survivors of bullying in institutional care noted that this gave them strengths they would not otherwise have had (Carlisle & Rofes, 2007).

Superordinate theme 6: The barriers to and usefulness of intervention for survivors. This comprised two subordinate themes, as follows; (6a) *Successful interventions*. A drama workshop was reported to be useful in allowing survivors to gain insight into their relationships with themselves and others (Bundy, 2006). Another intervention in which therapists demonstrated empathetic understanding, active listening, congruency, and unconditional positive regard, along with changes to the care environment, such as banning physical punishment, lead to reductions in PTSD symptoms. However, no reduction in depression or internalising and externalising problems was reported (Hermenau et al., 2011). Finally, a psychotherapeutic intervention was found to reduce behavioural problems in boys and girls (Sullivan et al., 1992); (6b) *Barriers to successful intervention* included several issues to account for (Kantor et al., 2017), including issues in the formation of relationships with the therapist and lack of motivation. This included the need to avoid dependency (Schaverien, 2011), with a therapeutic alliance harder to gain compared to those abused in a non-institutional setting. There was also less autonomy evidenced in their choice to seek therapy and slower therapeutic change, with a greater impact on therapists when compared to individuals abused outside of an institutional setting (Wolters, 2008). Fear, lack of self-esteem, and lack of trust also impacted engagement with intervention (Black et al., 2019).

Superordinate theme 7: Polarization between hurting or protecting others. Some individuals chose to hurt others and replicate their abuse to others, such as bullying siblings or peers (Carlisle & Rofes, 2007; Schaverien, 2011). Some survivors expressed concern that they may hurt others (Schaverien, 2011), whereas some individuals strove to protect others. This included disclosing their abuse as a means of stopping further abuse (Colton et al., 2002).

Superordinate theme 8: Survivor's interpretation and response to abuse recall. Several reflections on survivors' experiences of institutional abuse were captured. For example, recognising the negative impact this had on them (Schaverien, 2011) and expressing confusion about how someone could commit such abuse. The abuse led some individuals to consider why this had happened to them (Benzola, 1997; Meladze, 1999; Murphy, 2009). In addition, not all survivors initially identified their experiences as abuse (Schaverien, 2011).

Superordinate theme 9: Motivation to disclose, nature and impact of disclosure. Not all individuals who experienced institutional abuse later disclosed this and for some abuse was uncovered through abuse indicators (e.g. Wissink et al., 2018). Four subordinate themes were identified here, as follows; (9a) *Motivation for survivors to disclose the abuse* they experienced in an institutional setting varied (Moore et al., 2017) and included motivations that were to improve the survivors' future and those that were to protect others (e.g. Sutinah & Aminah, 2018). Only one fifth of individuals who suffered institutional abuse reported that compensation was a motivation (Rassenhofer et al., 2015). Other motivations included overcoming past trauma, for acknowledgement of harm, or to see justice brought to the perpetrator not for themselves but the future protection of others (Colton et al., 2002); (9b) *Varied circumstances of disclosure*. Disclosure could commonly occur years after the abuse (Colton et al., 2002), with detail often given only when asked (Schaverien, 2011), and often limited (Guy, 2011). In some instances, there was little emotion associated with disclosure (Schaverien, 2011), whereas other disclosure was characterised by intense emotion (Murphy, 2009). Reluctance to talk and display emotional reactions during disclosure were higher in those with PTSD symptoms, but the urge to talk did not differ (Lueger-Schuster, Kantor, et al., 2014); (9c) *Barriers to disclosure* were noted. Those still in an institution had difficulties where the abuse of power remained present (Colton et al., 2002). Other barriers included not being taken seriously (Benzola, 1997), stigma, having no help, fearing punishment, being perceived as a potential abuser (Colton et al., 2002), and feeling the need to be independent (Schaverien, 2011). On occasion, no action was taken by parents (Carlisle & Rofes, 2007), which reportedly acted as barriers to further disclosure. Despite this, some positive responses to disclosure were noted, such as that occurring within an empathetic and unconditional therapeutic relationship (Murphy, 2009); (9d) *Effects of disclosure* was also generated, although detailed studies were limited. Despite this, it was noted that disclosure may result in re-traumatisation, shock, and disorientation, specifically when being approached by investigators exploring claims of abuse via letter. For some, negative life impacts, such as suicide attempts or use of illicit substances, were attributed to the stress of discussing their abuse during an investigation (Colton et al., 2002). Lack of respect for authority and a poor outlook on life attributed to silence and inaction following abuse (Wolfe et al.,

2006), victimisation felt as a result of nothing being done (Colton et al., 2002) and anger at the lengthy process of making a claim (Wolfe et al., 2006) were all noted.

4. Discussion

The developed themes illustrated the negative impacts of institutional child abuse on the victim including on their mental health and well-being, their trust in others, and their future life chances (e.g., Carr et al., 2010; Rassenhofer et al., 2015; Wolfe et al., 2006). It was also indicated that factors, such as the form of abuse and experiences before abuse, may exacerbate the impact of the abuse, whereas positive coping strategies and secure attachment may protect against these negative impacts (e.g., Carr et al., 2009; Carr et al., 2010; Lueger-Schuster, Kantor, et al., 2014). The nature and extent of disclosure was also identified as important and multifaceted, with the nature controlled by the environment, circumstances of the victim and their motivation. Disclosure is an important feature to capture since this clearly impacts on responding and yet it is commonly neglected as an intervention/response strategy requiring detailed review in order to assist victims and prevent future re-traumatisation by a challenging response to their disclosure.

Several of these themes would appear in line with relevant theory. For example, when applying Betrayal Trauma Theory (Freyd, 1994) to the impact of institutional abuse, this may explain why institutional abuse results in future problems in making connections with others, based on the severing of attachment bonds and feelings of betrayal. This was supported in the themes of *loss of trust in others*, *barriers to successful intervention,* and *negative impacts on future relationships and attachments*. These themes indicate that institutional abuse may have negative impacts on the way survivors interact with others in the future, which serves to sever access to support and factors that could promote improved recovery. The subordinate theme of *protective attachment styles* also highlighted the importance of secure attachment styles to protect against the negative impacts of institutional child abuse and to promote recovery.

The impact of attachment on core beliefs regarding the self, the world, and others (Skarzynska & Radkiewicz, 2014) may also help to explain the developed theme of *negative thoughts about the self and others*, where victims disclosed being unable to tell who is 'good' and who is 'bad' (Murphy, 2009). This suggests victims are at risk of developing future unhealthy relationships with others and it could also promote isolation and a lack of trust. However, this theme was based on a limited amount of detail and did not explain the underlying mechanism that caused these feelings or the impacts that they had in great depth. It would therefore be useful to explore in future research to what extent the survivor's view of the world is altered following institutional abuse. This would appear key since cognitive changes and perceptions about the self, others and the world are recognised core features of trauma responding, particularly with more complex responding.

The review certainly highlights the applicability of theory to explain the impacts of institutional abuse, whilst also identifying areas where further research and understanding are needed. For example, the theme *polarization between replicating abuse towards others or trying to protect them* indicated that some individuals go on to hurt others following their abuse whereas others actively avoided this and made efforts to protect others from the same abuse they experienced. The current literature base does not explain what underlies the polarization in this theme and the specific mechanisms that could explain this. This would be a useful avenue for future research to explore. This also fits with a need to better understand the impact of the institutional environment on the outcomes following institutional abuse, to determine if this is a factor that promotes more enduring impacts. Whilst the environment has been shown to impact individuals who experience institutional abuse (Wortham, 2000), it is not yet clear how this translates to *exacerbating* the impacts of institutional abuse and how, if at all, this differs from abuse occurring in a home setting.

The review has highlighted some further implications for research. For example, whilst the importance of past experiences before placement in care was noted in the literature (e.g., Lueger-Schuster, Weindl, et al., 2014), the review has identified the need for a clearer idea of how these pre-existing factors may play a *role* in terms of their effect on future experiences of institutional abuse and the resulting consequences. It has also identified the need to further explore the role that social support plays in recovering from institutional abuse as a result of the mixed findings. This all directs to the need to identify with more clarity the specific mechanisms that drive positive change, recovery and those that exacerbate challenges. The identification of this beyond a descriptive review would be a means by which interventions could be refined and recovery targeted earlier.

4.1. Limitations

There are several limitations to this review that should be noted. First, the definition of maltreatment differed between papers and in the measures of maltreatment, which causes challenges when comparing findings. The diversity in definition is an artefact of the research area where samples are diverse across locations. Nevertheless, this indicates the importance of providing clear definitions of the research to potential participants so that abusive behaviours are not excluded because a participant has not considered them to be abuse previously. Second, the broad range of methodologies used could be considered a weakness of the review in terms of impacts on reliability. However, the decision was made to include the full range of methodologies and samples to provide a comprehensive insight into current research themes and provide further understanding in regard to factors of relevance and those where further rigorous analysis was needed. More specificity would be welcome in future research, perhaps where there is a focus on the contribution of case studies versus qualitative and quantitative inquiry. However, the current review has aimed to demonstrate the sheer diversity in methods applied since this provides an outline of the state of this research and where the areas of future research should perhaps focus. There is a need, for example, for more longitudinal inquiry, less focus perhaps on the subjective reporting of others (e.g. case reports), and caution with the temptation to carve up datasets since this affords a perspective that perhaps there is more research than there is when in fact we are observing the same dataset being analysed in different ways/split up. Consideration of Table 1, for example, demonstrates thirteen papers produced from five datasets, albeit with different elements analysed and/or approach taken to analysis, with five of these generated from one dataset with the others comprising just two papers from each of the remaining datasets. Whereas this did not impact on the themes produced for the current review, as the focus was on original contributions in papers and a qualitative approach taken to analysis, owing to the carving up of the data this approach clearly reduces the amount of novel data that could be captured. It also highlights another element where this research area needs to develop, arguably less data-carving. It would have certainly impacted if a quantitative approach was taken to analysis and is an issue for future researchers to be aware of.

Finally, but still connected to method, a further acknowledgment is the correlational nature of the available research, which makes cause and effect impossible to establish. As noted, there is a need for more longitudinal inquiry in this area, and one that captures the complexity of participant history (e.g., Flanagan-Howard et al., 2009; Lueger-Schuster et al., 2015). Consequently, the current review is able to capture descriptive themes only, with a need for future research to capture in more detail comparisons across samples using other methodological approaches, and to consider the importance of identifying the mechanism(s) via which impacts emerge.

5. Conclusion

The impacts of institutional abuse are clearly diverse and the research area has considerable gaps in sample, measures and methods. There are several factors seeming to exacerbate the negative impacts of institutional abuse, such as experiences before entering the institution, the institutional environment, external factors, and the role of disclosure. The research also speaks to a more limited extent to protective factors in terms of the elements that could promote/facilitate some recovery for victims. Overwhelmingly, victims are indicating and focusing on the negative impacts on their lives. This is important to acknowledge, with a clear research effort not to downplay or side-line negative impacts in the search for protective factors; it is not the case, for example, that the majority of victims are communicating 'personal growth' following their abuse experiences. These reports appear in the minority. Although important they should not dominate the focus of future research, which should consider equally negative impacts and the protective factors that may potentially advance recovery.

CRediT authorship contribution statement

Rebecca Ozanne: Formal analysis, Methodology, Writing – original draft, Writing – review & editing. **Jane L. Ireland:** Conceptualization, Methodology, Supervision, Writing – original draft, Writing – review & editing. **Carol A. Ireland:** Conceptualization, Supervision, Writing – original draft, Writing – review & editing. **Abigail Thornton:** Conceptualization, Supervision, Writing – original draft, Writing – review & editing.

Declaration of competing interest

The authors do not have any interests to declare that impact on this submission.

Data availability

No data was used for the research described in the article.

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