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Child abuse and neglect in institutional settings, cumulative lifetime traumatization, and psychopathological long-term correlates in adult survivors: The Vienna Institutional Abuse Study

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ABSTRACT

Child maltreatment (CM) in foster care settings (i.e., institutional abuse, IA) is known to have negative effects on adult survivor's mental health. This study examines and compares the extent of CM (physical, emotional, and sexual abuse; physical and emotional neglect) and lifetime traumatization with regard to current adult mental health in a group of survivors of IA and a comparison group from the community. Participants in the foster care group ($n = 220$) were adult survivors of IA in Viennese foster care institutions, the comparison group ($n = 234$) consisted of persons from the Viennese population. The comparison group included persons who were exposed to CM within their families. Participants completed the Childhood Trauma Questionnaire, the Life Events Checklist for DSM-5, the PTSD Checklist for DSM-5, the International Trauma Questionnaire for ICD-11, and the Brief Symptom Inventory-18 and completed a structured clinical interview. Participants in the foster care group showed higher scores in all types of CM than the comparison group and 57.7% reported exposure to all types of CM. The foster care group had significantly higher prevalence rates in almost all mental disorders including personality disorders and suffered from higher symptom distress in all dimensional measures of psychopathology including depression, anxiety, somatization, dissociation, and the symptom dimensions of PTSD. In both groups, adult life events and some but not all forms of CM predicted PTSD and adult life events partly mediated the association of PTSD and CM. Explanations for the severe consequences of CM and IA are discussed.

1. Introduction

Child maltreatment (CM) is a worldwide phenomenon with severe consequences for survivors and for society, creating great challenges for health care systems (Gilbert et al., 2012; Shaw & Jong, 2012). CM includes various types of violence such as sexual, emotional and physical abuse and/or emotional and physical neglect (Vachon, Krueger, Rogosch, & Cicchetti, 2015). It is estimated that 35% of the US population is exposed to some form of emotional abuse, followed by almost 16% of physical and 11% of sexual abuse (Centers for Disease Control and Prevention (CDC), 2015). There is consensus that CM poses a great risk for the later adult's mental health including various problems such as posttraumatic stress disorder (PTSD), depression, anxiety, substance abuse, and personality disorders to name only the most common negative outcomes (Kessler et al., 2010). The extent of these abusive acts may

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vary, both in quantity and in quality (Finkelhor, Ormrod, & Turner, 2009). Being a survivor of CM also comes with a higher risk of revictimization in later life (Widom, Czaja, & Dutton, 2008). This seems also to be the case for children who were raised in institutions such as foster care settings (termed here Institutional Abuse - IA). For example in Austrian Catholic institutions, between the late 1940s until the 1980s there are many reports that children were exposed to complex interpersonal childhood trauma including various forms of abuse and neglect (Lueger-Schuster et al., 2013a, 2013b). In the present study, we aimed to assess the trauma history and current mental health in a group of adult survivors of IA and to compare the associations of trauma and mental health to a comparison group.

Ideally, institutions such as foster care homes should take care of children, who were confronted with childhood adversities in their families of origin such as abuse, neglect, parental problems, or the loss of parents. They should offer safety, social support, and healthy living conditions to aid the child's recovery from a traumatic past (Brännström, Forsman, Vinnerljung, & Almquist, 2016). However, institutions were and sometimes still are also characterized by psychosocial deficiencies, such as the frequent change of caregivers and little emotional and social support, putting the child at risk of psychosocial deprivation (Merz & McCall, 2010). The likelihood of CM in institutions may be increased by the separation from other social environments, a strong hierarchal form of the organization with the child placed at the lowest level, the dependency on caregivers, who sometimes are not adequately trained to cope with challenging behaviors, little access for the children to social support from outside the system, and a lack of functioning control mechanisms to protect children's rights (MacLean, 2003; Reilly, 2003). The experience of such institutional conditions may create feelings of betrayal, powerlessness, and stigmatization with the potential to harm the child's healthy development (Wolfe, Jaffe, Jette, & Poisson, 2003). Betrayal trauma theory (Freyd, 1994) can not only be applied to individual perpetrators but also to institutions (Smith & Freyd, 2014). Institutional betrayal is characterized by an environment in which CM is more likely, inadequate responding to disclosure of CM, and the inability to escape from the abusive environment. Wright et al. (2016) found that institutional betrayal independently predicted posttraumatic stress when controlling for lifetime trauma history. Findings supporting this mechanism were also reported in cross-sectional national studies of IA that reported severe long-term effects on mental health of survivors not only including various mental disorders, but also a broad spectrum of psychosocial impairments (Fitzpatrick et al., 2010; Lueger-Schuster et al., 2013a, 2013b).

Despite these institution-specific adverse effects, the larger amount and extent of the abuse and neglect experienced in such institutions may also account for its detrimental consequences. Survivors of IA were not only exposed to traumatic events in childhood before foster care, but then often reported a cumulative and prolonged exposure to various forms of CM taking place at the same time in the institution (Lueger-Schuster et al., 2013a, 2013b). Non-institutional CM seems more restricted in frequency and variety of types of CM a single individual is exposed to compared to IA (cf. Centers for Disease Control and Prevention (CDC), 2010). So far, there is some evidence for a dose-response relation for non-institutional CM between cumulative CM and mental health problems such as PTSD, depression, but also physical pain, relational problems, and lower levels of occupational functioning (Steine et al., 2017). Furthermore, a review found differential associations between types of early life stressors and adult psychopathology reporting that physical, sexual, and emotional abuse as well as unspecific neglect showed clearer associations with later adult mental disorders than for example physical neglect (Carr, Martins, Stingel, Lemgruber, & Juruena, 2013).

The path from CM to adult psychopathology, however, is complex and children and adolescents who experienced CM are also at risk to experience more life events during their adulthood (LaNoue, Graeber, Hernandez, de Warner, & Helitzer, 2012; Widom et al., 2008). While there exists a large body of research on revictimizing life events, such as sexual revictimization in adult survivors of sexual abuse in childhood (Classen, Palesh, & Aggarwal, 2005), the power of CM in predicting non-victimizing adult life events is less well documented. However, there is some evidence suggesting that CM is also associated with a higher risk of exposure to non-victimizing events, such as serious accidents (Widom et al., 2008). LaNoue et al. (2012) found that adult traumatization, including victimizing and non-victimizing events, partially mediated the power of CM predicting depressive symptoms. Even though these traumatizing events will likely contribute to adult psychopathology, it is not yet clear how adult life events mediate the association of IA with mental health problems in adult survivors (Carr et al., 2010; Lueger-Schuster et al., 2013a, 2013b).

To our knowledge, no study has been conducted that directly compared childhood trauma and adult life events with regard to current adult mental health in a sample of survivors of IA and a community sample including persons who were exposed to CA within their families. Thus, we first aimed to compare the foster care group with the comparison group regarding trauma exposure and expected to find higher rates within the group of adult survivors of childhood IA compared to the comparison group. We secondly aimed to investigate the current mental health status of adult survivors of IA and to compare these rates to the comparison group. Moreover, we expected to find a subgroup within the comparison group that reported high rates of CM. We then compared this severe-maltreatment comparison subgroup to the foster care group in order to find specific associations of IA and mental health as compared to CM and mental health. Finally, we aimed to find the predictive power of the five types of child maltreatment, as identified by the CTQ (i.e., physical, emotional, and sexual abuse; physical and emotional neglect), for current psychopathological distress, taking into account the effects of adult life events. We hypothesized that both, child maltreatment as well as adult life events would predict adult psychopathology. We aimed to identify the extent to which adult life events mediated the prediction of psychopathology by child maltreatment, i.e. in how far the effects of re-traumatization account for the correlation between child maltreatment and adult psychopathology.

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