Author's response to reviews

Title: Patterns of Child Sexual Abuse in Religiously-affiliated and Non-religiously-affiliated Institutions: Results of the Liaison Office of the Independent Commissioner for Victims in Germany

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Author's response to reviews: see over


Cover letter

Title of the first version of the manuscript:
Patterns of Child Sexual Abuse in Religiously-affiliated and Non-religiously-affiliated Institutions: Results of the Liaison Office of the Independent Commissioner for Victims in Germany

Revised title:
Child Sexual Abuse in Religiously Affiliated and Secular Institutions: A Retrospective Descriptive Analysis of Data Provided By Victims in a Government-Sponsored Reappraisal Program in Germany

First of all, we want to thank all reviewers for their detailed and constructive feedback. We have made major revisions of the manuscript.

General changes:

- We have edited the language.
- The title has been changed to clarify source of data, retrospective and descriptive characteristic of study.
- Keywords have been changed.
- Text has been reorganized, shortened.
- The establishment of a reporting system by the German government has been explained, our analysis looked at a subset of the data collected there.
- Methods (collection of data, statistical methods) have been described more detailed.
- Explorative and descriptive characteristic of the study has been emphasized.
- Qualitative data has been added.

Answers to reviewer 1: Danilo Baltieri

Thank you very much for your encouraging evaluation of our manuscript. In the following chapter we refer to your major concerns:

a) “The text is too long and the authors have repeated certain phases across the manuscript. I suggest an edition.”

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b) “The number of missing data is very high for certain variables. This compromises the quality of this paper and the interpretation of the data. There are variables with missingness rates at 50%!! I have two suggestions: to reduce the sample size by eliminating these missing data; or to suppress the variables with higher number of missing data. If the authors followed this recommendation, they should explain why they took one or another decision. In addition, with a cleaner sample, the authors could carry out more sophisticated analyses.”

c) “The authors reported that no specific instrument (or inventory) was used to diagnose this population, and that the interviewers were not trained to make diagnosis. Therefore, it is difficult to believe in these clinical pictures that were shown by the authors as consequences of sexual abuse. It is very well known that depression, anxiety disorders, and PTSD are common consequences of child sexual abuse but the way as these “disorders” were diagnosed in this study needs to be better clarified.”

We would like to answer to b) and c) together: In the revised version we have given more details about the establishment of the reporting system, the hotline and the collection of data: As a reaction to the scandal of sexual abuse in Germany, the government appointed an “Independent Commissioner for the Reappraisal of Child Sexual Abuse”, whose tasks was to gather information about past cases of child sexual abuse in both institutions and families and to develop a set of recommendations for Parliament and a Round Table regarding the provision of services for victims. The Independent Commissioner established a hotline to give all relevant people the opportunity to give information about past cases of sexual abuse and recommend prevention and intervention strategies. The staff of the hotline (more than 60 experienced therapists and counsellors) was supposed to listen to callers, callers were allowed to control the conversation and to choose what to talk about. Although standardized interviews would have been preferable with respect to statistical methodology, it was felt to be more important that victims be able to speak about whatever they themselves felt to be relevant. All information was documented in a template. The template implied categories and free text fields, that are relevant in the field of child sexual abuse (based on review of literature, expertise). It is important to keep this aspect in mind when analyzing and interpreting the findings.

Missing data: The suggestions you made are of course important and necessary to improve validity of data in a representative study when data has been collected by standardized assessment. In our study, this has not been the case; by giving the callers the chance to control conversation (to reduce suggestive influences) and creating an extensive template, we have not expected that callers would give “full” information (means: to cover all aspects of the template). Getting a “cleaner” sample with less missing values would
probably lead to a biased sample as we would just include victims that have given many
details about their experiences. But we have considered this aspect in the discussion (e.g.
emphasizing the descriptive characteristic of the study, mentioning that different amounts
of information were obtained for different categories of data). One strength of our study is
the sample size; even if there are much missing data concerning a category, the number of
information is still large in comparison to other studies.

“Diagnosis”: Thank you for this consideration, it was important to give more information
about process of data collection. In the table we have emphasized that the mental health
diagnosis were specified by victims (not by staff of the hotline). Besides to that we have
discussed that not all victims seek treatment and receive diagnoses; the rate in our sample
may in fact have underestimated the percentage of victims with such problems.

d) Was some strategy to detect feigned symptoms (or even lies) used for this
study? Ambiguous answers? improbable answers?

- We have addressed this issue in the discussion. As data selection was anonymously and
  people who called could decide what they wanted to tell, no validation of data could be
done. These limitations were imposed by the confidential nature of the issue under
investigation, by the ethical requirement of maintaining victims’ privacy, and by the duty
of the Independent Commissioner. As the liaison office had no authority to provide any
form of compensation, callers had no financial incentive to invent or exaggerate any of the
information that they provided.

Needs some language corrections before it is published:

An editor (native speaker) has improved the text.

Reviewer 2: Kate Walsh

Thank you very much for your honest feedback. It has helped us to improve the manuscript by
explaining the project and the data more detailed and to sharpen discussion and conclusions.

1. A stronger rationale is needed for comparing groups who reported abuse
within different organizations. The manuscript makes note of how abuse in the
Catholic or Protestant organizations could be associated with “toxic spirituality”
but as far as I can tell, spirituality and problems associated with spirituality were
not assessed. As currently framed, it is unclear what this manuscript adds to the
existing literature on sexual abuse. What does comparing abuse in these
different contexts tell us and how will it inform assessment, treatment, or
prevention efforts?

- In the revised manuscript we have specified why the inquiry into sexual abuse in Germany
paid special attention to institutions that were religiously affiliated. We have also clarified the concern of this explorative study: We wanted to find out whether the nature of the abuse and its effect on victims differed between religiously-affiliated and non-religiously affiliated institutions, and whether those who had experienced sexual abuse in religiously-affiliated institutions would show more difficulties adjusting to adult life than those who had been abused in secular institutions.

You are right, we have not assessed spirituality. But although we do not know spirituality of specific offenders or victims, the contexts where abuse has taken place has been influenced by values and rules of churches or of non-religiously affiliated institutions. In addition, we have added qualitative data that demonstrates similarities and differences between situations of abused children in different institutions. In chapter “discussion” we have added conclusions for prevention and intervention.

2. The methods for participant selection are also unclear. How is sexual abuse defined? Also, the statement on page 9 that “Just a few victims (2%.1 to 2.9%) in the Roman Catholic and non-religiously affiliated context groups reported actual cases of sexual abuse” is confusing. What did the other 97% report? False cases of sexual abuse? Other types of abuse? In reading the manuscript until that point, I thought the 1050 participants all reported some type of sexual abuse.

- To enable understanding of participant selection and character of data, we have explained the process of data collection more detailed. No definition of sexual abuse was presented. Due to task of Independent Commissioner, callers of the hotline could control conversation with staff; staff (experienced therapists/counsellors) documented what they have heard in a template. The impression “actual cases” was misleading and has been replaced by the term “ongoing abuse”.

3. The title of the manuscript states that child sexual abuse is a focus; however, all of the participants are older adults (mean age = 52.2 years). The manuscript analyzes the ages of participants currently, which tells us nothing about their abuse characteristics as they were likely abused many years prior. Are data available on age of respondents when abuse began and ended? What about length of time that elapsed between abuse experience and reporting informally (to family/friends) or formally (to authorities)?

- Following this consideration, we have changed the title into “Child Sexual Abuse in Religiously Affiliated and Secular Institutions: A Retrospective Descriptive Analysis of Data Provided By Victims in a Government-Sponsored Reappraisal Program in Germany”; retrospective and descriptive character of study is clarified as well as source of data. In addition, we have added information about points in time when abuse has been experienced; although we do not have exact information about age when abuse occurred, we can demonstrate by presenting this data that most victims refer to the past. Qualitative data describes disclosure of abuse.
4. On page 9, it is stated that there were no difference in the time of abuse. Defining time of abuse as past or current is odd in this adult sample and tells us very little about the actual timing of abuse. There is a large body of literature suggesting that characteristics of rape/sexual assault are different depending on whether the victim is a child, adolescent, or adult when the abuse occurred. Use age when abuse occurred or consider removing.

- It is true that characteristics of rape/sexual assault are different depending on age of victim. As we have not run a study with standardized instruments, but listened to what victims wanted to tell, we are not able to provide the exact data on age when abuse occurred for each participant. We found it interesting to hear that several participants tell that they are still experiencing abuse although they are now adults. These participants demonstrate that child sexual abuse can have consequences on building functional relationships and focus on live – long consequences. Participants who just reported on ongoing abuse and no abuse in childhood/adolescent were eliminated from sample. Some victims in our sample are > 18 years; so it is possible that they tell about “ongoing child sexual abuse”.

Were any individuals abused in more than one context? Is context defined as where the abuse took place or by whether the abuser was a member of a particular institution?

- In the result part we have added information about how many victims have been abused in more than one context. “Context” was in the template defined as “context where abuse has been experienced”; if a member of an institution has abused a child not in correlation with an institution, data was analyzed in an extra subset (e.g. a father who is a pastor and has abused his daughter).

5. The analyses focused on consequences of abuse on page 8 are limited in what they can tell us about mental health or emotional problems. As the authors rightly point out, these analyses focus on self-report of diagnoses. Many individuals do not seek treatment for emotional/mental health problems, so these analyses likely vastly underestimate mental health consequences.

- We agree with the reviewer and have addressed this problem in discussion.

Minor compulsory revisions
6. “Most of the victims were single (36.8%; N = 191).” Based on the numbers provided here, only slightly more than 1/3 were single, so most were NOT single. Please reword or correct.
7. On page 10, the manuscript notes that individuals abused in a non-religious institutional context reported fewer abusers. Does this mean several abusers were involved in the same incident or are these different incidents across the lifespan? Sexual revictimization (abuse by different perpetrators at different points in the lifespan) is an unfortunately common phenomenon, so it is unclear why individuals abused in a religious institutional context would be less at risk. The authors could consider discussing the validity of this finding and its potential implications.

We have discussed this finding more detailed.

Reviewer 3: Anne-Laure Simonnot

Thank you so much for your feedback!

Minor Essential Revision p13 in the text
"Several studies [e.g. 50] have revealed a high life prevalence (80 to 88%) of survivors of child abuse in institutions. Common psychiatric disorders are depression, anxiety disorders, PTSD, and substance abuse."
A part of this sentence is missing

We have corrected the sentence.