Child Sexual Abuse within the Roman Catholic Church in Spain:

A Comparative Study of Abuse Characteristics, Faith and Mental Health

Abstract

The sexual abuse of children by members of the Roman Catholic Church has become the focus of heightened concern in Spain in recent years. The main objective of the current study was to compare a sample of 29 adult victims of child sexual abuse at the hands of representatives of the Spanish Catholic Church to a similar group of 94 victims of child sexual abuse committed by others outside the Church. An ad-hoc battery of questions divided into five sections was created: (a) participant's general personal information, and questions regarding their faith, religion and belief system; (b) sexual victimization by the Church; (c) sexual victimization committed by other persons; (d) other forms of caregiver victimization experiences; (e) psychosocial problems. The results show that most of the victims are pubescent males, who experience serious contact sexual abuse, including high levels of penetration, by a priest or pastor. Victims of child sexual abuse by the Church suffer multiple social and mental health problems and a greater reduction in their faith in God and the Church. The results obtained in this first study to focus on the phenomenon of child sexual abuse by the Catholic Church in Spain are relevant enough to continue working on this area and tailor specific intervention and prevention programs for these victims.

Keywords: child sexual abuse, Catholic Church, developmental victimization, Spain, faith

Introduction

Child sexual abuse (CSA) by clergy has existed throughout the history of the Roman Catholic Church (Doyle, 2003), but most cases have only come to light very recently. Historically, when Church leaders have been informed of incidents of sexual abuse the immediate reaction has been to minimize both the incident itself and the extent of abuse among the clergy population (White & Terry, 2008), for reasons related to their abuse of power, and the need to project an image of moral perfection, among others (Dale & Alpert, 2007). While attempts have been made to quantify the prevalence of CSA in the general population (see for instance the last meta-analysis on this issue by Barth, Bermetz, Heim, Trelle, & Tonia, 2013), data regarding CSA by the Catholic Church are scarce and inconsistent (Keenan, 2012).

The most substantial study to date is the John Jay Report (John Jay College, 2004, 2006; Terry et al., 2011), which was commissioned by the US Conference of Catholic Bishops as part of the response to public scandals. Public knowledge of the sexual abuse crisis in the Catholic Church peaked in 2004, when the report by the John Jay College of Criminal Justice showed that a total of 10,667 individuals made allegations of CSA by priests in the US from 1950 to 2002. The total number of priests alleged to have carried out abuse in this survey was 4,392, meaning that rates of alleged abuse ranged from 3% to 6% of Catholic priests in different regions of the US. Regarding the victims, most of them were between the ages of 11 and 14, and there was a significant difference between genders, with four out of five alleged victims being male. This is the opposite of patterns seen in the general population, where approximately three times as many females are abused as males (Pereda, Guilera, Forns, & Gomez-Benito, 2009). The greater abuse of boys than girls in the US Catholic Church likely reflects the fact that priests, ministers and youth leaders have a much greater opportunity to abuse boys than girls, given the activities and

contact they maintain with male children (Parkinson, 2014). Findings that the percentage of female victims increased in the 1990s, when access to female youth also increased, support the role of opportunity (Terry & Freilich, 2012). In addition, some priest-offenders rationalize their abusive behavior on the basis that sexual activity with boys is not a breach of their vow of celibacy whereas sexual relations with a woman would be (Lothstein, 2004). The age of the victims is also older than in the general population. Again, this is likely to be a matter of opportunity (see the review on situational opportunity theories of crime by Wilcox & Cullen, 2018).

Other European countries have published studies with similar results, such as Germany (Dressing et al., 2019; Rassenhofer, Zimmer, Spröber, & Fegert, 2015) and the Netherlands (Langeland, Hoogendoorn, Mager, Smit, & Draijer, 2015), confirming the existence of what seems to be a widespread problem mainly affecting pubescent males worldwide. In Spain, interest in this topic has recently increased. The problem of CSA by the clergy became public in 2016, when a journalist from one of the most well-known newspapers in the country revealed multiple accusations against several members of schools of the Marist Brothers and the lack of response by the institution when they became aware of these accusations (Pereda, Segura, & Sicilia, 2020). As mentioned above, most cases within the Church have usually come to light after broad public media coverage, discussion and inquiry have been initiated (Böhm, Zollner, Fegert, & Liebhardt, 2014). We are now at this point in Spain.

Regarding the consequences of clergy-perpetrated sexual abuse, these seem to be similar to those reported by victims of CSA by other people not associated with the Church (Fogler, Shipherd, Rowe, Jensen, & Clarke, 2008). CSA induces strong feelings of betrayal and mistrust in the victim (Isely, Isely, Freiburger, & McMackin, 2008; Rossetti, 1995). Disbelief and secrecy

accompanying sexual abuse by religious figures increase the risk of developing depression, shame, and learned helplessness in victims (McGraw et al., 2019).

However, clergy-perpetrated sexual abuse can be conceptualized as an interactive dynamic process between perpetrators, survivors and the religious community (Fogler et al., 2008). Thus, in addition to the similarities with other forms of abuse, some authors (Farrell & Taylor, 2000; McLaughlin, 1994) have noted symptoms of spiritual and theological crisis and therefore advocated that it should be studied as a separate entity. The trauma derived from the sexual abuse shatters the core beliefs in a benevolent, controlled, and just world (Janoff-Bulman, 1992; Lerner & Miller, 1978), all of which are important aspects of spirituality.

The abuse of spiritual power by the perpetrator is commonly a key feature of sexual abuse committed by clergy or consecrated representatives. The priest represents the voice of God and the abuse is often committed in the name of God (Isely et al., 2008), using objects and religious symbols. It has been stated that a believer's relationship with God can be compared psychologically with other forms of attachment (Granqvist, Mikulincer, & Shaver, 2010). Thus, this relationship is often based on the belief that God is going to protect you, and when God does not prevent sexual abuse this basic assumption of security is broken and the believer may think that this relationship has been destroyed (Smith, 2004). On the other hand, since the perpetrator represents the Church, so many victims assume that the Church as a whole is the one who has harmed them, and they therefore avoid the pain of attending it (McLaughlin, 1994). The signs, symbols and rituals of the Church become stimuli that involve intrusive images of what happened (Rudolfsson & Tidefors, 2014). In addition, rather than receiving acceptance and support from their religious community, survivors of clergy-perpetrated sexual abuse often report being excluded or ostracized by members of their community, probably in part due to the

determination to justify the system found among religious individuals in relation to allegations of sexual abuse within their institutions (Harper & Perkins, 2018).

It should be kept in mind that spirituality and religiosity play a role in the adjustment of adult survivors of CSA that has been highlighted in previous studies. Religiosity has been found to have the most powerful consistent positive relation with mental health in CSA victims, providing both emotional and cognitive support for dealing with the traumatic situation (Doxey, Jensen, & Jensen, 1997). Regarding spirituality, the more important these survivors considered it in their lives, the less they experienced depressive mood (Gall, Basque, Damasceno-Scott, & Vardy, 2007). Spiritual discontent has also been associated with greater psychological distress (Gall, 2006). In addition, anger at God has been found to be one of the strongest and most consistent predictors of poorer mental health in victims of CSA by the clergy (Pargament, Smith, Koenig, & Perez, 1998).

Aim of the Study

The sexual abuse of children by members of the Roman Catholic Church has in recent years become the focus of heightened concern in the national discourse in Spain. Thus, the main objective of the current study was to examine a sample of adult victims of CSA at the hands of representatives of the Spanish Catholic Church, who have been overlooked in the past, and compare them to a similar group of victims of CSA at the hands of others outside the Church. We compared these two groups based on their own reports regarding the following aspects: (a) CSA and perpetrator's characteristics; (b) Religion, spirituality and faith; (c); Other caregiver victimization experiences and their accumulation during childhood; (d) And, since reports on the health problems of persons who have been victims of sexual abuse by clergy are scarce in the scientific literature, the mental health and social consequences of the abuse.

Method

Participants

The sample comprised 123 adults (30 males and 93 females [24.4% and 75.6, respectively]) aged 19–68 years (M = 43.7, SD = 11.4). Two subgroups were identified: a) 29 adults who experienced CSA at the hands of a member of the Catholic Church (M = 51.3, SD = 11.3, 27.6% females) (hereafter referred to as 'CSA-Church'); and b) 94 participants (M = 41.4, SD = 10.4, 90.4% females) who experienced CSA at the hands of others (i.e., other acquaintances, family members, as well as an unknown perpetrator) (hereafter referred to as 'CSA-Other').

-Table 1-

Table 1 shows the sociodemographic characteristics of the participants. The two groups were comparable in terms of country of birth, marital status, education, and occupation. However, the groups differed significantly in terms of their distribution by gender, i.e., CSA-Other victims were more likely to be female (χ^2 = 47.456, $p \leq .001$, OR = 24.79, 95% CI [8.54, 71.95]) than CSA-Church victims. The groups also differed in terms of age. CSA-Church victims were significantly older ($t_{(121)}$ = 4.39, $p \leq .001$) than those CSA-Other victims.

Procedure

The current study had a cross-sectional design. The sample was recruited using a convenience and snowball non-probability sampling technique. First, Spanish associations and foundations specializing in CSA were identified, and the researchers encouraged them to disseminate the web address for the questionnaire to their clients. In another approach to recruiting participants, the researchers contacted victims who had publicly disclosed their experiences of CSA at the hands of Spanish Catholic Church representatives, and asked them to

answer the questionnaire, and to disseminate it. In a second phase, several media organizations were contacted. Various TV channels, newspapers and radio programs disseminated the questionnaire link and the phone number linked to it so that participants could conduct the survey by phone or in person. Participants were recruited in 2018 and 2019 according to the following inclusion criteria: adults who had experienced CSA at the hands of Spanish Catholic Church representatives or at the hands of others outside the Church; and who had sufficient language skills to understand the interviewer's questions. Written consent was obtained from all participants. No financial compensation was offered to participants. After the participants had decided to respond to the questionnaire via phone or in person, individual interviews were conducted by researchers with expertise in collecting data on violence against children (UNICEF, 2012). The current research followed the basic ethical principles of the Declaration of Helsinki in Seoul (World Medical Association, 2013), and was authorized by the Institutional Review Board of the study's home institution.

Measures

Due to the lack of previous studies in Spain assessing victims of CSA by the clergy, an ad-hoc battery of questions was created, divided into seven sections: (a) The first section included questions about the participant's general personal information (such as sex, age, place of birth, marital status), as well as questions regarding their faith, religion and belief system; (b) The second section of the instrument focused on sexual victimization by the Church (such as the age at which the abuse began, the religious position of the abuser, his sex and age); (c) The third section inquired about forms of sexual victimization committed by other persons not linked to the clergy; (d) The fourth section asked about other forms of childhood victimization that could have been directed at the victim by their parents or main caregivers (physical and emotional

abuse, neglect, among others). The second, third and fourth sections were based on the items included in the modules regarding sexual and caregiver victimization from The Juvenile Victimization Questionnaire (JVQ; Finkelhor, Hamby, Ormrod, & Turner, 2005). The items for each form of victimization were scored using a dichotomous (Yes =1, No = 0) format. Both the original (Finkelhor et al., 2005) and the Spanish adaptation (Pereda, Gallardo-Pujol, & Guilera, 2018) of the JVQ have demonstrated good psychometric properties regarding validity and test-retest reliability; (e) The fifth section referred to psychosocial problems of sexual abuse experiences based on the meta-analyses by Maniglio (2009), Chen et al. (2010), Hillberg, Hamilton-Giachritsis, & Dixon (2011), and were grouped into internalizing problems (depressive disorders, anxiety disorders, posttraumatic stress disorder, obsessive compulsive disorder, panic attacks, phobias); externalizing problems (substance abuse, antisocial behavior, violent behavior, running away); sexual problems (sexual difficulties and sexual promiscuity); social problems (revictimization in adulthood, prostitution, sexual assault perpetration); suicidal phenomena (self-harm and suicidal ideation and behavior); and other problems (sleep disorders, eating disorders). The last two sections were not used in the present study.

Statistical Analyses

SPSS v.26 was used for all data analysis, with the level of statistical significance being set at $p < .05$. Univariate analyses were computed to describe the characteristics of the sample (i.e., means, standard deviations, median, interquartile range, frequencies, and percentages) regarding all examined variables. The relationship between CSA groups and sociodemographic data, CSA characteristics, and faith was analyzed using the chi-square test (χ^2), Student *t* test, or Mann-Whitney *U* test, as appropriate. To compare CSA groups in terms of the number of caregiver victimization experiences or reported mental health and/or social problems, Fisher's

exact test, Student *t* test, chi-square test (χ^2), or Mann-Whitney *U* test were applied, when appropriate. Since CSA chi-square test (χ^2) showed statistically significant differences between CSA groups in terms of gender, caregiver victimization experiences and mental health and social problems, Odds Ratios (*OR*) were computed. The *OR* was considered statistically significant when its 95% confidence interval (CI) did not include the value 1, and was interpreted as follows: values below 1 indicated a higher prevalence among males and CSA-Church victims, while values above 1 indicated a higher prevalence among females and CSA-Other victims. Finally, the extent to which the CSA group might predict mental health and/or social problems was examined by means of logistic regression. After controlling for gender, age and the number of caregiver victimizations experienced, the CSA group variable was entered in the second step (the 'CSA-Church' group being the reference category). The Hosmer and Lemeshow test indicated a good fit to each regression model.

Results

Child Sexual Abuse and Child Sexual Abuse Perpetrator Characteristics

Adults who experienced CSA at the hands of Spanish Catholic Church representatives reported that this victimization started at a mean age of 12 years old (*SD* = 3.3, from ages 5 to17) and finished at a mean age of 14 (*M* = 14.4, *SD* = 4.9, from ages 7 to 31). Regarding victimization at the hands of others, CSA started at approximately 7 years old (*M* = 6.7, *SD* = 3.8, from ages 0 to17) and finished at a mean age of 12 (*M* = 11.6, *SD* = 5.9, from ages 3 to 40). In both cases, there was a significant difference in timing between the two groups. CSA-Other victims experienced CSA at an earlier mean age ($U = 404.00$, $p \leq .001$) than CSA-Church victims. The same pattern was found for the end of this type of child victimization ($U = 785.00$, $p = .004$).

As shown in Table 2, both CSA groups indicated that the most prevalent CSA type involved physical contact, e.g., inappropriate touching or masturbation. In both cases, more than three quarters had experienced this type of CSA (79.8% and 79.3% for CSA-Church and CSA-Other, respectively). The second most prevalent type of CSA involved the perpetrator introducing an object into the victim or forcing the victim to introduce something into the perpetrator (58.6% and 43.6% for CSA-Church and CSA-Other, respectively), either via the oral, vaginal, and/or anal route. A further 13.8% of CSA-Church victims and 23.4% of CSA-Other victims reported CSA experiences that did not involve physical contact, i.e., sexual propositions, flashing, pornography exposure and/or sexual behavior/activity by the perpetrator in the presence of the victim. Finally, 3.8% and 8.5% victims of CSA (CSA-Church and CSA-Other, respectively) did not remember the type of sexual abuse they had experienced. As can be seen in Table 2, the percentages sum to more than 100%, which means that some of the participants had experienced more than one type of CSA during their childhood, in the worst cases involving the two most prevalent types of CSA.

-Table 2-

Most adults from both groups reported that the perpetrator was a male (100%, $n = 29$ CSA-Church; and 98.9%, $n = 93$ CSA-Other, respectively). Cases in which the perpetrator was a female were uncommon (3.4%, $n = 1$ CSA-Church; and 5.3%, $n = 5$ CSA-Other).

Regarding the number of perpetrators, adults who experienced CSA at the hands of others ($M = 1.66$, $SD = 1.38$, ranging from 1 to 10 perpetrators) reported a significantly higher mean number of perpetrators ($U = 1013.00$, $p = .34$) than those who experienced CSA at the hands of Church representatives ($M = 1.21$, $SD = 0.79$, ranging from 1 to 5 perpetrators).

Concerning the role of the perpetrator, for those who experienced CSA at the hands of Church representatives 62.1 % (n = 18) were priests or pastors, 27.6% (n = 8) were consecrated (monk, nun, abbot, friar, brother), 6.9% (n = 2) were laic (catechist, religious teachers, people dedicated to social solidarity), and 3.4% were a deacon/cardinal. Half of the participants (51.1%, n = 48) who reported CSA at the hands of others indicated that a family relative was the perpetrator (i.e., brother, sister, cousin, grandparent, nephew or niece). A fifth of them (20.2%, n = 19) reported that the perpetrator was a family friend. Of the remaining cases, 16% (n = 15) of the alleged perpetrators were the victims' father, 10.6% (n = 10) were an unknown person, 8.5% (n = 8) a neighbor, 7.4% (n = 7) a professional such as a babysitter, teacher, doctor, policeman or psychologist, 6.4% (n = 6) the victim's friend, 4.3% (n = 4) their mother and their mother's partner, and finally in 3.2% (n = 3) of the cases the victim's partner was the perpetrator. Again, for both CSA groups the percentages sum to more than 100%, meaning that some individuals reported more than one perpetrator.

Religion, Spirituality and Faith

Approximately 30% of each group (n = 9, 31.0% CSA-Church; and n = 30, 31.9% of CSA-Other) reported believing in a religion or a particular belief system. Most of them indicated that Christianity (n = 6, 66.7% CSA-Church; and n = 22, 73.3% CSA-Other) was their religion. However, more than half of each group defined themselves as contrary to any religion or not being religious at all (n = 18, 62% of CSA-Church; and n = 55, 58.5% of CSA-Other). Both groups showed similar percentages in terms of their attendance at religious services. Three quarters of each sample reported never attending (n = 22, 78.6% CSA-Church; and n = 69, 74.2% CSA-Other), and between 14.3% (n = 4) and 18.3% (n = 17) of them only attended special or important festivities (CSA-Church and CSA-Other, respectively). The remaining

participants indicated that their attendance at religious services varied from more than 4 times per year to more than once per week (n = 2, 7.1% CSA-Church; and n = 7, 7.6% of CSA-Other) or preferred not to answer.

Table 3 shows the CSA groups' perceptions about the impact that sexual victimization has had on their faith in God and in the Catholic Church. Those who experienced CSA at the hands of Spanish Catholic Church representatives reported higher levels of impact on their faith in the Catholic Church (*Cramer's V* = 0.542, $p \leq .001$) or God (*Cramer's V* = 0.299, $p = .048$) because of the CSA experience, than those who experienced CSA at the hands of others.

-Table 3-

Caregiver Victimization Experiences and Accumulation

All interviewed adults, from both CSA groups, had experienced at least one type of caregiver victimization during their childhood. However, adults who experienced CSA at the hands of others (M = 2.95, SD = 1.91, ranging from 1 to 8 different kinds of victimization experience) reported a significantly higher mean number (U = 357.00, $p \leq .001$) of caregiver victimization experiences than CSA-Church victims (M = 1.72, SD = 1.03, ranging from 1 to 8 different kinds of victimization experience).

Table 4 shows the different types of caregiver victimization experienced by victims from both CSA groups. Psychological/emotional abuse, physical abuse and neglect from inappropriate adults in the home were the three most common forms of caregiver victimization reported by the participants. The CSA groups only differed in terms of the incidence of psychological/emotional abuse, meaning that victims of individuals outside the Church were 3 times more likely to report this caregiver victimization experience than were victims of Catholic Church representatives (χ^2 = 5.822, p = .016, OR = 3.28, 95% CI [1.21, 9.87]).

-Table 4-

Mental Health and Social Problems

The prevalence of mental health and social problems differed between CSA groups. Only 3.2% and 17.2% of CSA-Other victims or CSA-Church victims, respectively, reported a lack of problems as a consequence of the sexual victimization experience (*Fisher's exact test* = 7.194, p = .018, *OR* = .16, 95% CI [.04, .71]). Adults who had experienced CSA at the hands of others (M = 4.83, SD = 4.12, ranging from 0 to 14 different kinds of problem) reported a significantly higher mean number of mental health and social problems ($t_{(121)}$ = -2.634, p = .01) than those who experienced CSA at the hands of the Church (M = 7.10, SD = 4.03, from 0 to18 different kinds of problem).

Internalizing problems (i.e., depressive disorders, anxiety disorders, posttraumatic stress disorder, obsessive compulsive disorder, panic crisis, phobias), sexual problems (i.e., sexual difficulties and sexual promiscuity) and other problems (i.e., eating and sleep problems) were the most prevalent mental health issues identified in both groups of victims following the CSA experience (see Table 5). For those adults who experienced CSA at the hands of others at least three thirds of the sample reported such problems, while for those who had experienced CSA at the hands of the Church around 60% of them reported such problems. At least one third of the victims, in both groups, reported experiencing mental and social problems because of CSA.

-Table 5-

When analyzing the distribution of different kinds of mental health and social problems, only internalizing problems differed significantly in prevalence between groups. CSA-Other victims were more than 4 times more likely to report this type of mental problem than CSA-Church victims (*Fisher's exact test* = 9.254, p = .007, *OR* = 4.42, 95% CI [1.61, 12.12]).

Table 6 shows results of the regression analyses that were performed after controlling for gender, age and the number of caregiver victimization experiences to examine the effects of belonging to each group (CSA-Other compared with CSA-Church) on the prediction of mental health and social issues (Step 2).

Overall, the number of types of caregiver victimization was the main predictor for mental health or/and social problems. Otherwise, for any of the 6 logistic regressions the CSA variable was significant.

Regarding the regression analysis for social and other problems and suicidal phenomena, the model was significant, but the CSA variable was not a significant predictor. The number of incidents of caregiver victimization variable was significant for these problems, meaning that victims of CSA who had accumulated more victimization experiences at the hands of their caregivers were more likely to report social problems, i.e., revictimization, prostitution, and sexual assault perpetration (*OR* = 1.44, 95% CI [1.13, 1.85]), other problems, i.e., sleep disorders and eating disorders (*OR* = 1.38, 95% CI [1.04, 1.85]), and suicidal phenomena, i.e., self-harm and suicidal ideation and behavior (*OR* = 1.34, 95% CI [1.06, 1.69]) than those with lower levels of caregiver victimization.

The regression analysis for externalizing problems showed that although the model was not significant, the number of incidents of caregiver victimization variable was significant, meaning that victims of CSA who had accumulated more victimization experiences at the hands of their caregivers were more likely to report externalizing problems (*OR* = 1.25, 95% CI [1.01, 1.56]). For the internalizing problems variable, the regression model was statistically significant. However, no variables were significant. Finally, neither CSA group nor covariates contributed significantly to the variance in sexual problems.

-Table 6-

Discussion

This is the first study in Spain comparing a sample of adult victims of CSA at the hands of a representative of the Roman Catholic Church with other victims of CSA. The results show that there are many similarities between these two groups, but that the effects on religiosity are far more serious for adult victims of CSA by the Church. In addition, the characteristics of the abuse seemed to differ between the two groups, as did the prevalence of other experiences of caregiver victimization.

Child Sexual Abuse and Child Sexual Abuse Perpetrator Characteristics

Similar to observations made in previous studies carried out in other European countries (Dressing et al., 2019; Langeland et al., 2015; Rassenhofer et al., 2015), the sample of CSA-Church victims was predominantly male, whereas CSA-Other victims were overrepresented by females. Some authors have explained this result by referring to the ease with which the clergy have had access to men/boys in their daily activity, as well as aspects related to homosexuality (McGraw et al., 2019). However, other authors have minimized the focus on this difference and argued that female victims have not yet come forward publicly and therefore there is a bias towards a higher frequency of male victims (see a review of all these aspects in van Wormer & Berns, 2004). At the same time, the results indicate that a large proportion of the victims faced abuse at a postpubertal age, at around 12 years on average, and this shows the ephebophilic tendency of the perpetrators in this context (Cimbolic & Cartor, 2006). In turn, the sexual abuse reported can be considered severe, including behaviors with physical contact and a significant percentage of cases in which penetration or the introduction of objects was achieved, similar to that reported in other studies (see the review by Dressing et al., 2017).

Religion, spirituality and faith

Less than a third of the victims of CSA considered themselves to have religious beliefs, mainly in Christianity, with no differences between victims of the Church and victims of other individuals. More than half of each group defined themselves as contrary to any religion or not at all religious. Also, both groups showed similar percentages in terms of their low attendance at religious services. These results, not surprisingly, show the rejection of and bad image that the Catholic Church has had for a number of years, mainly related to sexual abuse scandals around the world (Saez, 2015). It is also possible, however, that those victims more critical of the Church were those who participated in the study. Thus, the characteristics of the sampling procedure do not allow us to generalize these results to other victims of CSA by the Church. These victims attribute the negative impact on their beliefs in the Catholic Church, and marginally in God, to the abuse they suffered. The use of religious symbols, objects or images, or the victim's own beliefs about committing sexual abuse, is a specific feature of this form of victimization, and can lead to spiritual damage (Isely et al., 2008).

The Negative Consequences of the Accumulation of Victimization Experiences

The experience of CSA has been related to many different individual and social problems (Chen et al., 2010; Hillberg et al., 2011; Maniglio, 2009), and the results of the present study support its negatives consequences. Both groups of victims presented a wide variety of difficulties mainly related to internalizing problems (i.e., depressive disorders, anxiety disorders, posttraumatic stress disorder, obsessive compulsive disorder, panic crisis, phobias), sexual problems (i.e., sexual problems and promiscuity) and other problems (i.e., eating and sleep problems).

However, overall, these problems were not related to the role of the abuser, i.e., belonging to the Church or not, but to the accumulation of victimization experiences at the hands of caregivers. Previous studies have warned about the importance of caregiver victimization in the development of psychosocial problems (Finkelhor, Ormrod, & Turner, 2009). In this sense, it was not who was responsible for the sexual abuse but the accumulation of child victimization experiences that had an effect on mental health and social problems, suicidal phenomena, and other problems (sleep and eating disorders) in the current sample. The effects of poly-victimization have been stated in previous studies, both in children and adolescents (Lätsch, Nett, & Hümbelin, 2017; Soler, Paretilla, Kirchner, & Forns, 2012; Turner, Shattuck, Finkelhor, & Hamby, 2017), and also in adults (Elliott, Alexander, Pierce, Aspelmeier, & Richmond, 2009; Mitchell, Moschella, Hamby, & Banyard, 2019).

Limitations

The small sample size is the main limitation of this study. However, the disclosure of the problem of sexual abuse on the part of the clergy presents a formidable challenge in itself, especially in a traditionally Catholic country, where the Church and political power have been so interrelated (Díaz-Salazar Martín, 1990). The priest-perpetrator is not only a trusted and honored figure in Catholic countries, but is by virtue of ordination a direct representative of God on Earth. This makes it very difficult to speak up publicly against them. In addition, a large number of cases have been settled through large sums of money in return for secrecy clauses in other countries (Gavrielides, 2012), and probably also in Spain. Notransversal or causal relationships between the abuse experience and the negative consequences could be established. It would have been interesting to include not only caregiver victimization experiences but also a comprehensive list of victimization experiences, which would allow for a more complete picture

of the victims. In addition, even though much effort was made to include as many victims as possible (by contacting associations, victims, mass media) it is more than possible that only those victims who are more critical of the Church, or who have a less strong faith in the Catholic Church, and those who have not received any compensation regarding their victimization, were more likely to participate in our study.

Conclusion

Although sexual abuse is not restricted to the Catholic Church, with all religious denominations being affected (Plante & Daniels, 2004; Witt, Brähler, Plener, & Fegert, 2019), the sexual abuse of children in Spain is a problem affecting many victims and their beliefs. Our results show the need to include the Catholic identity and all of its features in the therapeutic setting (Collins, O'Neill-Arana, Fontes, & Ossege, 2014). More research investigating sexual abuse in other religions and denominations and comparing the outcomes with both Catholic survivors and the general population is needed (McGraw et al., 2019).

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Table 1.

Sociodemographic characteristics

Variable	Total (n = 123)		CSA-Church (n = 29)		CSA-Other (n = 94)	
	n	%	*n*	%	*n*	%
Country of birth						
Spain	112	91.1	27	93.1	85	90.4
Other countries	11	8.9	2	6.9	9	9.6
Education						
Primary school	3	2.5	1	3.4	2	2.2
Secondary school	7	5.7	1	3.4	6	6.5
Vocational training program	14	11.5	1	3.4	13	14.0
Pre-university studies	15	12.3	5	17.2	10	10.8
Vocational training (higher)	12	9.8	2	6.9	10	10.8
University	35	28.7	9	31.0	26	28.0
Grad school or PhD level	36	29.5	10	34.4	26	28.0
Occupation						
Employee	68	60.7	16	57.1	52	61.9
Self-employed	15	13.4	3	10.7	12	14.3
Student	2	1.8	-	-	2	2.4
Housekeeper or caregiver	4	3.6	1	3.6	3	3.6
Unemployed	10	8.9	4	14.3	6	7.1
Retired	6	5.4	3	10.7	3	3.6
Disabled or unable to work	7	6.3	1	3.6	6	3.6
Marital status						
Single	32	26.0	6	20.7	26	27.7
Married	53	43.1	13	44.8	40	42.6
Domestic partner	12	9.8	-	-	12	12.8
Separated and/or divorced	25	20.4	10	44.4	15	15.9
Widowed	1	0.8	-	-	1	1.1

Note: Due to missing data, the sample size varies in some cells.

Table 2.

CSA characteristics and CSA perpetrator characteristics for each group.

Variables	CSA-Church (n = 29)		CSA-Other (n = 94)	
	n	%	*n*	%
Type of CSA				
Without physical contact	4	13.8	22	23.4
With physical contact	23	79.3	75	79.8
Penetration				
Perpetrator to victim	13	44.8	33	35.1
Victim to perpetrator	4	13.8	8	8.5
Do not remember	1	3.4	8	8.5

Note: Percentages sum to more than 100% since a participant can report more than one type of CSA.

Table 3.

CSA distribution based on the perceptions about the impact of CSA on participants' beliefs in God and in the Catholic Church.

Variables	CSA-Church (n = 29)		CSA-Other (n = 94)	
	n	%	*n*	%
CSA impact on participants' beliefs in the Catholic Church				
None	7	24.1	59	62.8
A little	1	3.4	3	3.2
Moderate	2	6.9	1	1.1
Considerable	2	6.9	16	17.0
Extreme	16	55.2	8	8.5
Prefer not to answer	1	3.4	7	7.4
CSA impact on participants' beliefs in God	10	34.5	60	63.8
None	3	10.3	5	5.3
A little	2	6.9	2	2.1
Moderate	5	17.2	11	11.7
Considerable	8	27.6	10	10.6
Extreme	1	3.4	6	6.4
Prefer not to answer				

Table 4. Type of caregiver victimization (percentage) and comparison between CSA groups.

Variables	CSA-Church (*n* = 29)		CSA-Other (*n* = 94)		Statistics
	n	%	*n*	%	*OR*
Physical abuse	8	27.6	40	43.5	-
Psychological/emotional abuse	6	22.2	44	48.4	3.28
Custodial interference/family abduction	2	6.9	11	12.1	-
Neglect due to parental incapacitation	-	-	17	18.3	-
Neglect due to parental absence	-	-	13	14.4	-
Neglect due to presence of inappropriate adults in home	5	17.2	32	35.2	-
Neglect due to unsafe environment	-	-	13	14.0	-
Neglect due to lack of hygiene supervision	-	-	13	14.4	-

Note: Due to missing data the sample size varies in some cells.

Table 5. Mental health and social problems for each CSA group.

	CSA-Church (n = 29)		CSA-Other (n = 94)	
	n	%	*n*	%
Internalizing problems	19	65.5	84	89.4
Externalizing problems	10	34.5	42	44.7
Suicidal phenomena	11	37.9	50	53.2
Sexual problems	18	62.1	72	76.6
Social problems	8	27.6	44	47.3
Other problems	17	58.6	70	74.5

Table 6. Logistic regressions of mental health and social problems

Variables	Internalizing problems		Externalizing problems		Sexual problems	
Step 1	Model χ^2 (2) = 9.626* Nagelkerke's R^2 = .128		Model χ^2 (2) = 7.476 Nagelkerke's R^2 = .079		Model χ^2 (2) = 4.886 Nagelkerke's R^2 = .057	
Step 2	Model χ^2 (3) = 11.008* $\Delta\chi^2$ (1) = 1.382 Nagelkerke's R^2 = .145		Model χ^2 (3) = 7.487 $\Delta\chi^2$ (1) = 0.011 Nagelkerke's R^2 = .079		Model χ^2 (3) = 4.970 $\Delta\chi^2$ (1) = 0.084 Nagelkerke's R^2 = .058	
	Wald F	*OR*	*Wald F*	*OR*	*Wald F*	*OR*
Female gender	0.212	1.41	0.300	0.74	1.182	1.87
Age	0.915	0.98	2.597	0.97	0.053	1.01
Number of incidents of caregiver victimization	1.626	1.28	4.086*	**1.25**	1.229	1.16
CSA-Other	1.395	2.32	0.011	1.07	0.085	1.20

Note. Significance is shown by multiple asterisks: * p <.05, ** p < .01, *** p <.001

In bold, *OR* with confidence intervals that did not include the value 1.

Table 6 cont. Logistic regressions of mental health and social problems

Variables	Social problems		Suicidal phenomena		Others	
Step 1	Model χ^2 (2) = 17.154*** Nagelkerke's R^2 = .176		Model χ^2 (2) = 9.769** Nagelkerke's R^2 = .102		Model χ^2 (2) = 11.099* Nagelkerke's R^2 = .123	
Step 2	Model χ^2 (3) = 17.477*** $\Delta\chi^2$ (1) = 0.323 Nagelkerke's R^2 = .179		Model χ^2 (3) = 9.770* $\Delta\chi^2$ (1) = 0.001 Nagelkerke's R^2 = .102		Model χ^2 (3) = 11.262* $\Delta\chi^2$ (1) = 0.163 Nagelkerke's R^2 = .125	
	Wald F	*OR*	*Wald F*	*OR*	*Wald F*	*OR*
Female gender	1.144	1.90	0.689	1.58	2.568	2.52
Age	2.053	1.03	0.025	1.00	0.178	0.99
Number of incidents of caregiver victimization	8.650***	**1.44**	6.106*	**1.34**	4.829*	**1.38**
CSA-Other	0.321	1.44	0.001	0.980	0.161	0.78

Note. Significance is shown by multiple asterisks: * p <.05, ** p < .01, *** p <.001

In bold, *OR* with confidence intervals that did not include the value 1.