

**An Exploratory Study on Mental Health, Social Problems and Spiritual Damage in
Victims of Child Sexual Abuse by Catholic Clergy and Other Perpetrators**

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The study was supported by a grant from the Ministry of Economy, Industry and Competitiveness (MINEICO) [DER2017-85269-C3-2-P] and the Catalan Institution for Research and Advanced Studies (ICREA Academia 2016) to Noemí Pereda, Principal Investigator.

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Abstract

The Catholic Church has faced a large number of complaints against its representatives for sexual crimes that involved children and adolescents as victims. The objective of this study was to characterize the dynamics of this type of event, its characteristics, and its effects in terms of mental health and social consequences, as well as the spiritual damage generated. The sample comprised 182 victims from Spain and Chile, divided into three mutually exclusive groups ($n = 40$ committed by a representative of the Catholic Church; $n = 85$ by a family member; $n = 57$ by a perpetrator outside the family and the Church). The results show that victims of child sexual abuse (CSA) by a representative of the Catholic Church and other perpetrators are similar in many respects (e.g., religiosity, characteristics of the abuse, and mental health and social problems), but that the effects on religiosity are more serious for victims of the clergy, affecting their belief in God. Finally, the extreme decline in belief in God, due to CSA, is an important predictor for most mental health and social problems. Our results show the need to include the Catholic identity, faith and spirituality in the therapeutic context.

Keywords: child sexual abuse; Catholic Church; victims; spiritual damage; Spain; Chile.

An Exploratory Study on Mental Health, Social Problems and Spiritual Damage in Victims of Child Sexual Abuse by Catholic Clergy and Other Perpetrators

Child sexual abuse (CSA) is a serious form of interpersonal victimization, with a prevalence close to 19% in women and 8–10% in men worldwide (Pereda et al., 2009). Although historically the focus has been on abuse that occurs in the family context, research in recent decades has begun to study CSA that takes place in other contexts, and particularly in religious environments (Dressing et al., 2017). Victimization in a religious context is not well documented, but research on the magnitude of this phenomenon shows a significant number of victims (Keenan, 2012), ranging from 0.2% in a sample of adults in Germany (Witt et al., 2019), to 3% in adult males in the Netherlands (Langeland et al., 2015).

It is important to note that ecclesiastical sexual abuse and that which occurs within the family present similarities. Regarding the relationship between victim and perpetrator, authors such as Granqvist et al. (2010) have revealed that the place given to God, as a figure of attachment, is endowed with many parental attributes. A study by the Commission of the Pontifical Catholic University of Chile Chile (2020) that analyzed the crisis in the Catholic Church in Chile revealed victimization strategies based on the use of a bond of trust and emotional closeness, as well as abuse of authority by the offender. All of this establishes an isomorphism with abusive family functioning, where circles close to the priest tend to manifest blind trust, being unable to identify what is happening (Keenan, 2012).

Another important issue of abuse concerns the psychological and social isolation in which the victims find themselves, similar to when abuse originates from a member of the family nucleus (Batoool & Abtahi, 2017). The priest is a figure of moral authority in whom the parishioners place their trust (Bessone, 2017). Consequently, the victims of priests find themselves trapped in an abusive situation perpetrated by a representative of Christian morality, to whom the victim's own family normally gives total respect and trust. This makes

victims live the victimization experience in secret, for fear of the social consequences that its disclosure and visibility entails, such as denial, blaming, punishment and social rejection (Ullman, 2002).

The consequences of this experience are also similar to those reported by victims of CSA by people outside the clergy (Fogler et al., 2008), generating strong feelings of betrayal and mistrust (Isely et al., 2008). The lack of credibility and the secrecy that accompany sexual abuse by the clergy increase the risk of developing depression, shame, and learned helplessness (McGraw et al., 2019). Research has revealed vulnerability, shock, as well as feelings of shame, guilt and impotence in those who have experienced this victimization (Varona & Martínez, 2015), enhanced by reactions from the Church itself, which tends to deny, minimize and justify the abuse (Pinto-Cortez & Garrido, 2020). Rassenhofer et al. (2015) pointed out that 45% of victims of sexual abuse by the clergy in Germany reported psychological and social problems derived from sexual abuse in ecclesiastical settings, while Dressing et al. (2019) found fear and depression in about 12% of victims. Lueger-Schuster et al. (2014) identified the presence of post-traumatic stress disorder in 48.6% of adult survivors of sexual abuse by clergy in Austria.

Child sexual abuse by representatives of the Church can be conceptualized as a dynamic process between the perpetrator, the victim and the religious community (Fogler et al., 2008). Some authors (Farrell & Taylor, 2000) have found important symptoms of spiritual and theological crisis, justifying why this form of abuse should be specifically analyzed. The abuse of spiritual power exercised by the perpetrator is commonly a key characteristic of sexual abuse committed by clergy or consecrated persons, where spirituality and religiosity play a relevant role in the psychological adjustment of the victims. The priest represents the voice of God and, in many cases, abuse is committed in the name of God (Isely et al., 2008), even using objects and religious symbols.

A believer's relationship with God can be psychologically linked to other forms of attachment and is based on the belief that God will protect you (Granqvist et al., 2010). When God does not prevent sexual abuse, this basic assumption of security breaks, and the believer may think that their relationship with God has been destroyed. Feelings of anger toward God are one of the most powerful and consistent predictors of poor mental health in victims of sexual abuse by representatives of the Church (Pargament et al., 1998). This damage is generalized and affects the relationship of the victim with the religious institution (Smith, 2004). The perpetrator represents the Church, so many victims assume that the Church as a whole is the one who has harmed them, and they avoid the pain of attending it by moving away from it (McLaughlin, 1994). The signs, symbols and rituals of the Church become stimuli that carry intrusive images of what happened (Rudolfsson & Tidefors, 2014), and cause reliving of the trauma.

The Purpose of the Study

The Catholic Church in Spain and Chile has faced numerous public complaints that have plunged it into a scandal of enormous proportions (see the analysis by Pinto-Cortez & Garrido, 2020 on the Chilean case, or that of Sáez, 2015 on the situation in Spain), but academic research on the matter remains scarce.

Considering the similarities and the differences found in the characteristics and dynamics of CSA by representatives of the Catholic clergy, as well as the meager literature aimed at accounting for the mental and spiritual damage suffered by their survivors, this article aims to analyze these aspects using information provided by the victims themselves. To achieve this objective, an exploratory quantitative study was conducted aimed at comparing the characteristics of the experience of CSA and the perpetrator, faith and spirituality, mental health, social problems, and spiritual damage, in victims of CSA by the clergy and people outside the ecclesiastical environment.

Method

Participants

Considering the difficulties of recruiting survivors of ecclesiastical CSA for research purposes (Böhm et al., 2015), a non-probability convenience sampling was used. The final sample comprised 182 adult victims of CSA, mostly women (76.4%), aged between 19 and 68 years ($M = 41.3$, $SD = 10.9$). Three mutually exclusive groups were created, selecting those cases of CSA perpetrated only at the hands of: 1) the clergy ($n = 40$) (CSA Church), (b) a family member, e.g., father, mother, partner, other family member ($n = 85$) (CSA no Church Intrafamilial), and (c) a perpetrator outside the family and the ecclesiastical environment, e.g., professional, friend, family friend, unknown ($n = 57$) (CSA no Church Extrafamilial), excluding those cases that had experienced CSA by more than one of the actors in the previous groups ($n = 48$). The sociodemographic characteristics of each of the groups are presented in Table 1.

Table 1. *Sociodemographic Characteristics*

Variable	CSA Church ($n = 40$)		CSA no Church Intrafamilial ($n = 85$)		CSA no Church Extrafamilial ($n = 57$)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age	48.5	11.8	38.9	9.6	39.7	9.8
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Gender						
Females	11	27.5	80	94.1	48	84.2
Males	29	72.5	5	5.9	9	15.8
Country of birth						
Spain	27	67.5	44	51.8	27	47.4
Chile	10	25.0	32	37.6	25	43.9
Other countries	3	7.5	9	10.6	5	8.8

Education						
Primary or secondary school	3	7.5	12	14.1	2	3.6
Vocational training program	1	2.5	10	11.8	1	1.8
Pre-university studies	6	15.0	8	9.4	9	16.4
Vocational training (higher)	2	5.0	3	3.5	5	9.1
University	14	35.0	25	29.4	26	47.3
Grad school or PhD level	14	35.0	27	31.8	12	21.8
Occupation						
Employee or self-employed	30	75.0	72	84.7	40	71.4
Student	-	-	2	2.4	1	1.8
Housekeeper or caregiver	1	2.5	5	5.9	5	8.9
Unemployed	4	10.0	3	3.5	8	14.3
Retired	3	7.5	1	1.2	1	1.8
Disabled or unable to work	2	5.0	2	2.4	1	1.8
Marital status						
Single	10	25.0	29	34.1	17	29.8
Married or domestic partner	18	45.0	41	48.8	31	54.4
Separated and/or divorced	12	30.0	13	15.3	9	15.8
Widowed	-	-	1	1.2	-	-
Sexual orientation						
Heterosexual	28	75.7	71	85.5	47	83.9
Homosexual	8	21.6	4	4.8	3	5.4
Bisexual	1	2.7	8	9.6	6	10.7

The groups did not differ significantly in most of the sociodemographic variables studied, with the exception of age and gender. Posthoc analyses of ANOVA tests indicate that victims of sexual abuse by the clergy were significantly older than the participants of the other two groups ($F(2, 178) = 13.004, p \leq .001$). Participants in each group also differed significantly regarding gender ($\chi^2 = 69.722, p \leq .001, Phi = .619, p \leq .001$).

Instruments

Based on previous publications in this area, an ad hoc battery of questions was generated, organized into seven sections, of which the following were used: (a) General personal information about the participants, as well as questions regarding their faith, religion and belief system; (b) Information related to the issue of sexual victimization by the clergy; (c) Forms of sexual victimization committed by other people not related to the clergy and

characteristics associated with the victimization and the perpetrator, based on the Spanish adaptation (Pereda et al., 2018) of the Juvenile Victimization Questionnaire (Finkelhor et al., 2005); (d) Mental health and social problems of CSA experiences based on meta-analyses by Maniglio (2009), Chen et al. (2010) and Hillberg et al. (2011); and (e) Information about the victim's spirituality, based on the Spiritual Injury Scale (Lawson et al., 1998).

Procedure

To recruit study participants, we began by identifying organizations that work with victims of sexual abuse in both Spain and Chile (i.e., Fundació Vicki Bernadet, Acogida Betania in Spain, and Red de Sobrevivientes, No + Abuso Sexual Infantil in Chile), inviting any adult who had experienced sexual abuse in their childhood to participate. These organizations were asked to share the link to the survey among potential participants, also requesting that they publish this link on their web pages and social networks. The support of survivors who have made their victimization public was requested to help disseminate the survey. This study followed the ethical principles of the Declaration of Helsinki (2013), the Code of Professional Ethics of the College of Psychologists of Chile (College of Psychologists of Chile, 1999), and the Code of Ethics of the Official College of Psychology in Catalonia (COPC, 2015), and was approved by the Bioethics Commission of the University of Barcelona, in which this research took place.

Statistical Analysis

The statistical package SPSS Statistics, version 26, was used, significance level of 0.05 was applied. Descriptive statistics were calculated through univariate analyses (means, standard deviations, frequencies and percentages), aimed at determining the sociodemographic characteristics and characteristics of abuse, spiritual damage and mental health and social problems in each of the groups studied. Bivariate analyses were used to compare the study populations in relation to the sociodemographic variables and those related

to abuse, spiritual damage, and mental and social health problems (i.e., Chi-square, *Fisher-Freeman-Halton Exact Test*, ANOVA, posthoc analyses of ANOVA). When significance was shown, *Cramer's V* or *Phi* statistics were computed in order to quantify the association between variables (i.e., .10 for small, .30 for medium, .50 for large effect size, Cohen, 1988). Since the bivariate analyses found no significant differences between the CSA groups 'no Church Intrafamilial' and 'no Church Extrafamilial', we decided to combine these two groups. Hence, further analysis will compare the CSA Church group and CSA no Church group (i.e., intrafamilial and extrafamilial). The groups did not differ significantly in most of the sociodemographic variables studied, with the exception of age ($t(179) = -5.090, p \leq .001$) and gender ($\chi^2 = 67.866, p \leq .001, Phi = -.611, p \leq .001$), the participants of the CSA Church group were older in age with a higher percentage of men ($M = 48.5, SD = 11.8, 72.5\%$ male, respectively) than in the CSA no Church group ($M = 39.2, SD = 9.7, 9.9\%$ males, respectively).

Ordinal logit regression models were estimated to examine the associations between the CSA group (CSA Church versus CSA no Church) and the perceived impact on their beliefs in God due to the experience of CSA. Multiple logistic regressions were used to examine the effects of predictor variables (i.e., CSA group and perceived impact of CSA on participants' beliefs in God) on the dichotomous dependent variable (e.g., presence or absence of externalizing problems). We controlled each logistic regression for sociodemographic variables (i.e., gender and age), and in the same step we entered both the impact of CSA on participants' belief variables (i.e., moderate and extreme) as dummy variables (the no change group being the reference category) and the categorical CSA group variable (the CSA Church group being the reference category). The *Odds Ratio (OR)* measure was considered statistically significant when its 95% confidence interval did not include 1.

Model goodness-of-fit was tested (Hosmer and Lemeshow) for each regression suggesting good model fit in all cases.

Results

Faith, Religion, and Belief System

A total of 57.9% of participants in the CSA Church group, 62.2% in the CSA Intrafamilial group, and 61.4% in the CSA Extrafamilial group identified with a religion or belief system, with no significant differences between them. Within these groups, 75.0% of CSA Church, 82.8% CSA Intrafamilial, and 90.0% CSA Extrafamilial indicated Christianity as a religion, also with no difference between groups; 71.8% CSA Church, 67.9% CSA Intrafamilial, and 72.7% CSA Extrafamilial indicated that they never attended religious services, while the rest indicated that they attended the most important festivals with greater assiduity (i.e., more than four times a year or weekly). When asked about their degree of religiosity, more than half of the victims of child sexual abuse in the three groups (56.4% CSA Church, 57.9% CSA Intrafamilial, and 50.9% CSA Extrafamilial) answered that they were against religion or not religious at all, while the rest considered themselves somewhat or quite religious (30.7% CSA Church, 39.7% CSA Intrafamilial, and 43.6% CSA Extrafamilial) or deeply religious (12.8% CSA Church, 2.4% CSA Intrafamilial, and 5.5% CSA Extrafamilial). On “To what extent is religion (and/or God) a source of strength and comfort for you?”, 58.8% CSA Church, 48.5% CSA Intrafamilial, and 57.7% CSA Extrafamilial answered some or a lot, while the rest answered not at all or slightly. Regarding the extent to which faith was present in all areas of their life, 41.1% CSA Church, 45.5% CSA Intrafamilial, and 32.0% CSA Extrafamilial disagreed or totally disagreed, while 58.8% CSA Church, 54.6% CSA Intrafamilial, and 68.0% CSA Extrafamilial agreed or totally agreed with that situation.

Only the victims of sexual abuse from the intrafamilial and extrafamilial groups showed a slight statistically significant difference in terms of the frequency at which they attended religious services (*Fisher-Freeman-Halton Exact Test* = 7.789, $p = .044$, *Cramer's V* = .243, $p = .043$).

CSA Characteristics and CSA Perpetrator Characteristics

As shown in Table 2, at least half of the CSA victims in each group indicated that the abuse had lasted a year or more. The three groups did not differ significantly in terms of the distribution of duration of abuse, type of sexual abuse experienced (i.e., with or without physical contact, penetration), or the number or gender of the perpetrators.

Table 2.

CSA Characteristics and CSA Perpetrator Characteristics

Variables	CSA Church ($n = 40$)		CSA no Church Intrafamilial ($n = 85$)		CSA no Church Extrafamilial ($n = 57$)		Statistics
	n	%	n	%	n	%	χ^2
Length of the CSA							2.784
Sporadic	15	37.5	28	35.4	24	50.0	
1 year or more	25	62.5	51	64.6	24	50.0	
Type of CSA							
Without physical contact	6	15.0	18	21.2	10	17.5	0.754
With physical contact	31	77.5	73	85.9	47	82.5	1.368
Penetration							
Perpetrator to victim	17	42.5	30	35.3	15	26.3	2.848
Victim to perpetrator	4	10.0	5	5.9	4	7.0	0.871 ^a
Perpetrator's gender							
Male	40	100.0	82	96.5	56	98.2	1.156 ^a
Female	1	2.5	6	7.1	3	5.3	0.899 ^a
Number of perpetrators							1.849
1	33	84.6	66	79.5	41	73.2	
2 or more	6	15.4	17	20.5	15	26.8	

Note: Percentages sum to more than 100% since a participant can report more than one type of CSA. Missing cases are not reported in the table. ^a Given that 20% of the expected frequencies were less than 5, Fisher's exact test was calculated. No significant differences were found.

Perceived Impact of CSA on Participants' Beliefs in God

Table 3 shows participants' perceptions about the impact that the CSA experience had had on their belief in God, spiritual damage, and mental health and social problems. The groups showed statistically significant differences in the perceived impact of CSA on their belief in God (Fisher-Freeman-Halton Exact Test = 21.993, $p = .003$), with small effect sizes (*Cramer's V* = .255, $p = .003$). Specifically, when making 2x2 comparisons, differences were only observed between the CSA Church and CSA Intrafamilial groups in relation to the perceived impact of CSA on their belief in God (*Fisher-Freeman-Halton Exact Test* = 18.818, $p \leq .001$, *Phi* = .396, $p \leq .001$) and between CSA Church and CSA Extrafamilial (*Fisher-Freeman-Halton Exact Test* = 13.963, $p = .005$, *Phi* = .384, $p = .005$). The CSA Intrafamilial and CSA Extrafamilial groups showed no differences regarding the impact of abuse on their beliefs in God. In relation to spiritual damage, in general, CSA had a similar impact on the groups' spirituality, with the exception of the item "You worry about your doubts or your lack of belief in God", where the groups CSA Church and CSA Intrafamilial showed significant differences (*Fisher-Freeman-Halton Exact Test* = 7.424, $p = .042$, *Phi* = .257, $p = .034$).

Table 3. *Perceived Impact of CSA on Participants' Beliefs in God and Mental Health and Social Problems*

Variables	CSA Church (<i>n</i> = 40)		CSA no Church Intrafamilial (<i>n</i> = 85)		CSA no Church Extrafamilial (<i>n</i> = 57)		Statistics
<i>Beliefs in God</i>	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	χ^2
CSA impact on participants' beliefs in God							21.993** a, b, c
None	12	30.0	56	65.9	37	64.9	

A little	5	12.5	4	4.7	4	7.0
Moderate	4	10.0	7	8.2	2	3.5
Considerable	5	12.5	8	9.4	6	10.5
Extreme	13	32.5	7	8.2	6	10.5
<i>Spiritual Damage</i>	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Anger or resentment blocks your peace of mind						6.898
Never	9	23.7	14	17.1	8	14.5
Sometimes	17	44.7	37	45.1	22	40.0
Often	10	26.3	16	19.5	18	32.7
Very often	2	5.3	15	18.3	7	12.7
You feel sad or you experience grief						7.291 ^a
Never	4	10.5	3	3.7	3	5.5
Sometimes	21	55.3	35	42.7	21	38.2
Often	9	23.7	23	28.0	18	32.7
Very often	4	10.5	21	25.6	13	23.6
You feel that life has no meaning						3.412
Never	16	42.1	28	34.6	22	40.0
Sometimes	16	42.1	29	35.8	17	30.9
Often	3	7.9	13	16.0	9	16.4
Very often	3	7.9	11	13.6	7	12.7
You feel desperate or hopeless						3.027
Never						
Sometimes	12	31.6	16	19.8	11	20.8
Often	18	47.4	46	56.8	28	52.8
Very often	3	7.9	10	12.3	6	11.3

	5	13.2	9	11.1	8	15.1	
You feel that God or life has treated you unfairly							1.513
Never	15	40.5	29	36.3	17	34.0	
Sometimes	13	35.1	31	38.8	19	38.0	
Often	2	5.4	7	8.8	6	12.0	
Very often	7	18.9	13	16.3	8	16.0	
You worry about your doubts or your lack of faith in God							8.119 ^{a, b, e}
Never	28	73.7	58	70.7	36	67.9	
Sometimes	6	15.8	20	24.4	14	26.4	
Often	4	10.0	-	-	1	1.9	
Very often	-	-	4	4.9	2	3.8	
You think about death							8.868
Never	12	31.6	18	22.2	9	17.0	
Sometimes	9	23.7	37	45.7	18	34.0	
Often	8	21.1	15	18.5	15	28.3	
Very often	9	23.7	11	13.6	11	20.8	
<hr/>							
<i>Mental health and social problems</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	
<hr/>							
Any type of problem	33	82.5	78	92.9	53	94.6	4.269 ^a
<hr/>							
Internalizing problems	29	72.5	72	85.7	47	83.9	3.399
Externalizing problems	14	35.0	35	41.7	21	37.5	0.573
Suicidal phenomena	12	30.0	42	50.0	22	39.3	4.730
Sexual problems	24	60.0	55	65.5	41	73.2	1.934
Social problems	10	25.0	31	36.9	26	46.4	4.592

Other problems	26	65.0	61	72.6	36	64.3	1.342
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Note: ^a Given that 20% of the expected frequencies were less than 5, Fisher's exact test was calculated. Missing cases are not reported in the table. Significance is shown by asterisks * $p \leq .05$, ** $p \leq .01$, and *** $p \leq .001$. Differences between groups ^b (CSA Church * CSA no Church Intrafamilial), ^c (CSA Church * CSA no Church Extrafamilial), ^d (CSA no Church Intrafamilial * CSA no Church Extrafamilial) ^e 0.5 added for empty cells to calculate the adjusted chi-square and Phi.

Mental Health and Social Problems in CSA Victims

Between 83 and 95% of the victims indicated having experienced some type of psychosocial problem (see Table 3). Neither the mean number of mental health and social issues (CSA Church $M = 5.1$, $SD = 4.0$; CSA Intrafamilial CSA $M = 6.3$, $SD = 3.8$; CSA Extrafamilial $M = 6.0$, $SD = 3.6$) linked to the CSA experience nor the percentages of those who reported experiencing any kind of problems differed between groups ($F(2, 177) = 1.520$, $p = .222$; *Fisher-Freeman-Halton Exact Test* = 4.269, $p = .101$, respectively). The most prevalent problems encountered by the victims of CSA in the three groups were internalizing problems (i.e., depressive disorders, anxiety disorders, posttraumatic stress disorder, obsessive compulsive disorder, panic attacks, phobias), sexual problems (i.e., sexual difficulties and sexual risk behaviors) and other problems, including sleep disorders and eating disorders. The groups did not differ significantly in the distribution of reported mental and social health problems (i.e., internalizing problems, externalizing problems, social problems, sexual problems, suicidal phenomena, or other problems).

Does CSA Predict an Impact on Victims' Beliefs in God?

Using an ordinal logistic regression (proportional odds model), we found that victims of CSA by Church representatives were at a significantly greater risk of reporting a greater impact of CSA on their beliefs in God, compared to those who experienced CSA outside the Catholic Church context ($\chi^2(1) = 17.997$, $p \leq .001$, *Nagelkerke* = .11). Victims of CSA by Church representatives were 4 ($OR = 4.28$, 95% $CI = [2.18-8.40]$) times more likely to see their beliefs in God impacted due to the abuse compared to the other CSA victims.

Does the Perceived Impact on Beliefs in God Predict Victims' Mental Health and Social Problems?

Table 4 shows predictors (i.e., CSA impact on participants' beliefs variables and the CSA group variable) of lifetime mental health and social problems based on the results of logistic regression analyses, adjusted for sociodemographic variables including gender and age. The perceived impact on victims' beliefs in God due to CSA was a significant predictor for experiencing most of the mental health and social problems analyzed. The findings showed that the perception of an extreme impact of CSA on participants' beliefs in God compared to those who did not perceive any impact was the most common and significant predictor in most of the logistic regressions.

Table 4. *Logistic Regression Models Identifying Impact of CSA on Participants' Beliefs in God and the CSA Group Associated with Mental Health and Social Problems*

	Total problems	Internalizing problems	Externalizing problems	Suicidal phenomena	Sexual problems	Social problems	Other problems
Predictor	<i>OR</i>	<i>OR</i>	<i>OR</i>	<i>OR</i>	<i>OR</i>	<i>OR</i>	<i>OR</i>
Females (versus males)	1.52	1.23	0.90	1.87	0.78	1.64	2.25
Age	0.99	1.00	0.98	1.00	1.02	1.04	1.01
CSA no Church (versus CSA Church)	3.63	2.89	1.37	1.76	4.15	2.64	1.37
Moderate CSA impact on victims' beliefs in God (versus no impact)	2.74	2.16	0.83	1.10	2.88	0.53	3.48
Extreme CSA impact on victims' beliefs in God (versus no impact)	5.23	3.51	1.97	2.66	4.87	1.85	4.26
Model χ^2 (5)	9.888	8.963	6.526	11.360*	16.286**	15.112**	16.384**
<i>Nagelkerke R²</i>	.12	.08	.05	.09	.13	.11	.13

Note: Significance shown by asterisks * $p \leq .05$, ** $p \leq .01$, and *** $p \leq .001$.

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

Regarding the regression analysis for the suicidal phenomena, sexual and other problems, in these three cases the model was significant. For suicidal phenomena, the impact of CSA on participant's beliefs in God was a significant predictor. The results showed that victims who perceived an extreme impact on their beliefs in God because of CSA were more than 2 ($OR = 2.66$, 95% CI [1.22–5.79]) times more likely to develop these types of problems than those who did not perceive any changes in their beliefs in God due to CSA.

For sexual problems, an extreme impact of CSA on participant's beliefs in God and having experienced CSA outside of the Catholic Church context were significant predictors. Thus, those who perceived an extreme impact on their beliefs in God and who experienced CSA at the hands of either Intrafamilial or Extrafamilial perpetrators outside of the Catholic Church were almost 5 ($OR = 4.87$, 95% CI [1.84–12.92]) and 4 ($OR = 4.15$, 95% CI [1.32–13.04]) times more likely to report sexual problems compared to those who did not perceive any changes in their beliefs in God due to CSA and who experienced CSA at the hands of Church representatives, respectively. This regression was the only one in which the CSA group variable was statistically significant.

Regarding other problems (i.e., sleep and eating disorders), the impact of CSA on participants' beliefs in God was a significant predictor, showing that those who perceived either a moderate or extreme impact on their beliefs in God were more than 3 ($OR = 3.48$, 95% CI [1.13–10.68]) or 4 ($OR = 4.26$, 95% CI [1.66–10.97]) times more likely to develop these types of problems than those who did not perceive any changes in their beliefs in God due to CSA. This regression was the only one in which a moderate perceived impact of CSA on the participants' beliefs variable was statistically significant. Moreover, the regression model was not statistically significant for

internalizing problems. However, in this model, an extreme impact of CSA on participants' beliefs in God was significantly associated with internalizing problems. Those who perceived an extreme impact on their beliefs in God were more than 3 ($OR = 3.51$, 95% CI [1.12–11.01]) times more likely to report any type of problem (identified as presence or absence of any of the problems analyzed) or internalizing or suicidal problems compared to those who did not perceive any changes in their beliefs in God due to CSA.

The regression model was not statistically significant for externalizing problems or total problems, and neither were any of the predictors (i.e., CSA impact on participants' beliefs variable and the CSA group variable). In addition, the regression analysis for social problems showed that the model was significant, however the age covariable was the only one showing significance ($OR = 1.04$, 95% CI [1.01–1.08]). None of the predictor variables showed significance for the presence of any type of problem, externalizing or social problems.

Discussion

The present study is one of the first studies comparing a sample of adult victims of CSA by a representative of the Catholic Church (clergy), with victims of abuse by people outside the clergy, both in the intrafamilial and extrafamilial context.

The results obtained show that victims of sexual abuse by the clergy and by other perpetrators are similar in many aspects. This comparison is important, given that today, many conclusions have been drawn from cases of sexual abuse by representatives of the Catholic Church without a scientific basis, generating myths and false beliefs regarding this issue (Plante, 2019). In this study, no differences were found regarding the characteristics of the abuse, with all groups mostly describing experiences involving physical contact and male perpetrators over a long period. Previous studies have also

shown that risk predictors for Catholic Church sexual abusers are similar to those used in the general sex-offender population (Perillo et al., 2008). Sexual abuse by the clergy does not appear to be qualitatively different from abuse that occurs in other contexts. In the sample studied, the prevalence of mental and social health problems derived from sexual abuse by the clergy was much higher than that found in the few studies that have analyzed this issue. The psychological distress derived from the experiences of victimization was similar in the three groups, particularly affecting internalizing, sexual and other problems, including sleep disorders and eating disorders. Reviews have confirmed that the effects of sexual abuse are similar in victims of institutional abuse, including those of the Catholic Church (Blakemore et al., 2017). It should be noted that sexual abuse by the clergy is characterized by dynamics of betrayal, secrecy, abuse of power, and contexts in which disclosure is considered prohibited by the victim (Doyle, 2003). Gallagher (1999) suggests that in contexts of extreme dependence and powerlessness the dynamics of institutional CSA may be better described by the term 'entrapment'. This dynamic is very similar to that occurring in domestic abuse (Finkelhor & Browne, 1985), and would explain the similarities in the adverse effects that have been found. However, we found that the effects in the field of sexuality were greater in victims of sexual abuse by people outside the Church. Our results do not allow us to explain this finding, which should be addressed in future studies.

Although no differences were initially found between the groups regarding their current religiosity and religious practices, significant differences were found in the impact that the abuse by Catholic Clergy had had on their belief in God compared to the other groups. This is consistent with other studies (Farrell & Taylor, 2000) that revealed the spiritual and theological crisis associated with this type of victimization, where victims see their relationship with God as fractured (Smith, 2004). Abuse in religious

institutions, and particularly by religious leaders, has been described as a ‘unique betrayal’ (Guido, 2008) due to the spiritual manipulation of victims via the use of religious icons, symbols, practices and sentiments (Spröber et al., 2014). Although these results are suggestive, future research should replicate the current study with larger samples and analyze in-depth what it appears to be a process of “loss of Faith in God”. Fishers et al. (2017) found that the Church's response to the revelations of sexual abuse involved minimizing or denying it, or even asking the victims to forgive and forget what happened, without any repercussions for the perpetrator. This has generated deep spiritual confusion among the victims, and caused them to question their belief system and belief in God. The combined impact of religious sentiment, secrecy and betrayal appears to be associated with adverse impacts on the spiritual wellbeing of survivors (Wolfe et al., 2006).

The impact that sexual abuse has on victims’ belief in God appears to predict mental health problems, especially those linked to internalizing symptoms, suicidal phenomena, sexual problems and other problems (i.e., eating and sleeping disorders). The experience of CSA may eliminate the protective effect of belief in God, one of the resources that victims have to deal with their adverse experiences in life (Ganje-Fling et al., 2000). The protective effect of religiosity, spirituality and belief on mental health in the face of experiences of violence has been seen in previous studies (Gall et al., 2007). Thus, strong religious faith and spiritual growth have been shown to be particularly important in the recovery and healing process of CSA survivors (Wright et al., 2007). Belief in God could be understood as a mediating variable (Etchebarne et al., 2008) between CSA and psychological and social problems in adulthood. Review studies have confirmed the moderating role of religiousness/spirituality in the development of posttraumatic symptoms and other anxiety symptoms (Walker et al., 2009). But it seems

that its effect ceases to be protective when the abuse has been perpetrated at the hands of a representative of the Church itself or, ultimately, of God. Thus, the relationship between ecclesiastical abuse and the damage produced in the victim is not expressed directly, making it necessary to consider intermediate variables that modulate its effect. Given that religious organizations are dedicated to the development of the faith and spirituality of their members, they should also acquire the commitment to collaborate in the process of healing the faith of the victims of sexual abuse within their bosom. Our results show the need to include the Catholic identity and all its characteristics in the therapeutic context (Collins et al., 2014; Easton et al., 2019).

Limitations and Future Research

The small sample size, especially for the child sexual abuse victims by Catholic Clergy, is a limitation of this study. Publications that have analyzed bigger samples of victims have counted with the support of the Church (e.g., the French Inquire in France), and the Government (e.g., The Commission to Inquire into Child Abuse or Ryan Commission in Ireland) or have being conducted in non-traditionally Catholic countries (such as the studies by the John Jay College in the US). The problem of CSA by a representative of the Catholic Church in Spain and Chile has not been only silenced by the Church, but by the whole society for years (Díaz-Salazar Martín, 1990). The research participants were not randomly selected, they volunteered to participate due to their interest, without any other obvious incentive or reward. Thus, their responses may not be representative of all victims, and consequently, results should not be generalized. Future studies should explore and apply effective recruitment strategies to gather more participants. Studies with more participants should analyze whether the decline in beliefs in God due to CSA by a representative of the Catholic Church (versus CSA by other perpetrators) plays a mediator role between the CSA group and mental health and

social problems. In addition, an ad hoc battery of questions was created to evaluate participants' mental health and social problems. Although items were obtained from previous metanalyses, the psychometric properties of the used scale have not yet been studied. The current results should be interpreted with caution. An important variable that was not explored is gender and sexual identity concerns, such as compromised masculinity and confused sexual orientation, which have been found in previous studies of victims of sexual abuse by the Catholic Church (Easton et al., 2019). This could be very relevant given the negative and condemning view of sexuality that the Catholic Church has, especially regarding homosexuality (Yip, 2003). Since most clergy victims are male, and nearly all reported perpetrators are male, the domain of gender identity should be a critical area in further studies.

Conclusion

The present study documents and describes the impact of CSA by the Catholic clergy in a sample of adults. Acknowledging the noted limitations, the findings of this study provide insights that can be used to support effective responses to victims/survivors. The study found that CSA by the clergy may bear similarities with the impacts and underpinning dynamics of intrafamilial and extrafamilial abuse. Evidence of the potential spiritual impact of CSA suggests the need to consider it an important intervention target for clinical and pastoral counseling.

Disclosure of Interest. All authors declare that they have no conflicts of interest.

Ethical Standards and Informed Consent. All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation at the University of Barcelona and with the Helsinki Declaration of 1975, as revised in 2000, and 2013. Informed consent was obtained from all patients for being included in the study.

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