



Posttraumatic growth, spiritual damage, and psychosocial and mental health problems in survivors of clergy-perpetrated child sexual abuse: A mixed methods approach

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ABSTRACT

Introduction: Although clergy-perpetrated child sexual abuse (CSA) implies severe traumatic repercussions for the victims, they may also experience posttraumatic growth (PTG) deriving from the need to deal with the trauma suffered. This PTG is associated with the processes of recovery, healing, and empowerment.

Objective: Applying a mixed methods approach to analyse PTG outcomes and to explore experiences of PTG in survivors of Spanish clergy-perpetrated CSA and its relation with psychosocial, mental and spiritual suffering.

Participants: Thirty-one survivors ($M = 51.6$ years; $SD = 12.4$) in the quantitative stage of the research, and seven ($M = 49.3$; $SD = 8.9$) in the qualitative stage.

Methods: A sequential explanatory mixed methods study design was applied using standardized questionnaires and semi-structured interviews. Descriptive, correlation and thematic analyses were conducted. The quantitative and qualitative data were integrated.

Results: Positive associations were found between PTG and psychosocial and mental health problems ($r = 0.53$; $p < .01$), damage to faith in God ($r = 0.43$; $p < .05$) and damage to faith in the Church ($r = 0.48$; $p < .01$). Three themes emerged from the qualitative data that explained, expanded, and complemented the quantitative results, highlighting the relationship between damage and growth and the specific meanings of PTG from the perspectives of the survivors.

Conclusions: This study shows that survivors may develop PTG in the course of the processes of psychological suffering, spiritual transformation, and meaning-making of traumatic experiences.

1. Introduction

1.1. Clergy-perpetrated child sexual abuse

In recent decades, clergy-perpetrated CSA has become an important issue all over the world (Dressing et al., 2017). It is regarded as a form of both institutional childhood abuse and spiritual abuse, as it is perpetrated by a representative of the Church, the Christian

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faith, and God (Wolfe et al., 2003). Spirituality seems to have a positive relation with mental health in CSA survivors by providing both emotional and cognitive support for dealing with the trauma (Gall et al., 2007). However, there is also evidence that CSA affects spirituality, trust in a higher power, and trust in life (Walker et al., 2009). In terms of mental health and psychosocial problems, the consequences of clergy-perpetrated CSA do not seem to differ from those reported by victims of CSA at the hands of other figures unrelated to the Church. But clergy-perpetrated CSA survivors reported greater damage to their faith in God and faith in the Church than those abused by others (Pereda et al., 2022). Several authors consider this kind of victimization as a unique betrayal (Guido, 2008) that may cause profound spiritual damage (Isely et al., 2008).

Survivors of clergy-perpetrated CSA often have to deal with exclusion and ostracism by their community, which tends to reject and deny the victim's narratives of sexual abuse perpetrated by a sector of society that is synonymous with moral authority and trust (Harper & Perkins, 2018). This adds to the stigma and taboo surrounding CSA, making victims feel guilty, ashamed, and silenced. This dynamic of the context of abuse promotes secrecy and increases the survivor's sense of powerlessness and helplessness (Blakemore et al., 2017), and represents a serious obstacle to the emotional and cognitive processing of the traumatic experience, exerting a significant effect on posttraumatic outcomes. From this perspective, the experiences and processes of meaning-making in survivors of clergy-perpetrated CSA concerning their spiritual world and philosophy of life may be unique. For this reason, it has been established that clergy-perpetrated CSA should be studied as a singular entity (Fogler et al., 2008).

1.2. Posttraumatic growth

Research suggests that struggling with trauma can generate psychological changes in cognitive, emotional, and attitudinal areas, which may in turn promote the self-perception of personal growth. This growth is usually characterized by a change in values, life attitudes, and other issues that may generate subjective well-being. Whether this growth occurs in a small area or as a holistic process (as occurs in the aftermath of a trauma) it is termed posttraumatic growth (PTG) (Tedeschi & Calhoun, 1995).

The development of PTG, understood as positive for the person, is not a direct effect of trauma, but entails a cognitive processing of the traumatic experience in a way that promotes meaning-making and an awareness of the value both of the experience and of life itself (Linley & Joseph, 2004). So, when a central distressing and disruptive event breaks down the person's assumptive core beliefs, this adaptative processing is usually crossed by phases of intrusive and deliberate rumination, emotional distress management, and coping, but is needed to rebuild the survivor's assumptive world (Janoff-Bulman, 1999; Tedeschi et al., 2018). Tedeschi and Calhoun (1996) identified five growth constructs through factor analytic processes: relation to others, new possibilities, personal strength, spiritual change, and appreciation of life. With these constructs, the authors designed the first version of the Posttraumatic-Growth Inventory (PTGI). The PTGI has a short version (PTGI-SF; Cann et al., 2010). Both of them have been extensively used and validated for the study of this phenomenon in a range of traumatic experiences such as severe health problems and illness, bereavement, accidents, natural disasters, war and armed conflict, and so on (Linley & Joseph, 2004).

Though research into PTG in the area of interpersonal violence is limited, a variety of studies have reported the development of PTG in adult survivors of interpersonal trauma such as intimate partner violence, sexual assault, rape, and physical assault during adulthood (Elderton et al., 2017), and also in experiences of physical, emotional, institutional abuse and neglect in childhood (Pajón et al., 2020; Sheridan & Carr, 2020). Other studies also note the development of PTG in CSA survivors (Kaye-Tzadok & Davidson-Arad, 2016) and specifically in clergy-perpetrated CSA survivors (Easton et al., 2013; Saltzman et al., 2015).

1.3. Relation between PTG, mental health and spirituality

A positive relationship has been found between the development of PTG and the presence of sequelae from trauma, such as posttraumatic stress disorder (PTSD) (Shakespeare-Finch & Lurie-Beck, 2014), and a variety of symptoms (Eisma et al., 2019). This relationship has been reported previously in community samples (Tiamiyu et al., 2016). Most authors highlight the importance of the centrality of the event and its impact on identity (Boals & Schuettler, 2011), and suggest that PTG appears regardless of the presence of other mental health problems such as depression, anxiety or psychosis (Dekel et al., 2012; Mazor et al., 2019). Specially, when there is a meaningful cognitive process and construction of a comprehensive narrative of the traumatic experience (Jirek, 2017).

It has been suggested that spirituality and religiosity have a role in how people respond to interpersonal trauma through positive processes (Schultz et al., 2010). Most studies show that spiritual and religious values often help survivors in dealing with the aftermath of trauma, and that, along with a willingness to challenge existential issues, are frequently associated with PTG (Shaw et al., 2007).

Finally, PTG is understood and explained from the theory of eudaimonic well-being, which is related to the construction of a purpose, self-realization, and meaningful life that leads to well-being (Tedeschi et al., 2018), in contrast to a hedonic pathway of well-being which is related to psychological functioning or adjustment (Durkin & Joseph, 2009; Joseph & Linley, 2005; Ryan & Deci, 2001). This conceptualization of growth and well-being is similar to the one proposed by the recovery model in mental health, focusing on purpose and the meaning of life, personal aims and projects, building and maintaining relationships, taking part in the community, and ultimately feeling the fullness of life regardless of the presence of psychiatric symptoms and psychosocial problems (Shepherd et al., 2008; Slade et al., 2019; Swarbrick, 2012).

1.4. Aim of the study

Given the growing interest in clergy-perpetrated sexual abuse, academic institutions in Spain have recently initiated empirical and rigorous research into the issue applying a victimological and psychological perspective (Pereda & Segura, 2021). The general aim of

this research was to develop a more thorough understanding of the phenomenon of PTG as experienced by survivors of Spanish clergy-perpetrated CSA through a sequential explanatory mixed methods approach. The objectives at the quantitative study stage were to assess PTG as an outcome, and to examine its relationship with psychosocial and mental health problems, and with the perception of spiritual damage derived from the victimization. The objectives of the qualitative study stage were to examine the quantitative results in greater depth, in order to show how survivors experience PTG as a process in their personal stories related to the victimization, including its relationship with their mental, psychosocial and spiritual distress, and applying the dimensions and factors of PTG defined by previous theoretical and empirical studies.

2. Methods

2.1. Design

A sequential explanatory mixed methods study design was applied (Creswell, 2015). Quantitative and qualitative data were collected separately (in the first and second stages respectively), analysed, and integrated (Brannen & O'Connell, 2015) in search of a more comprehensive understanding of the experiences of PTG in clergy-perpetrated CSA survivors. Following Creswell (2015), the quantitative results were explained through the qualitative results, in a process of interpretation in which the qualitative data were used to expand upon the quantitative data. Qualitative data facilitated an in-depth exploration of the way in which the individuals perceive the relationship between their experiences of abuse, the damage suffered, and posttraumatic growth. The result of this analysis made it possible to expand, complement, and draw new conclusions on the quantitative results. Moreover, qualitative analysis provided nuances and revealed phenomenological aspects that contribute to a deeper understanding of quantitative results (Fig. 1).

2.2. Quantitative outcomes

2.2.1. Participants

Initially, 38 adult survivors of clergy-perpetrated CSA were recruited for this study, but 7 were excluded from the quantitative analyses due to missing data. Thus, 31 participants ($M = 51.6$ years; $SD = 12.4$), mostly men ($n = 21$; 67.8 %) and born in Spain (96.8 %) participated in the study. The mean age of onset of the sexual abuse was 11.8 years old ($SD = 3.2$, range: 5 to 17 years), and the abuse lasted a mean of 2.5 years ($SD = 3.8$, range: 0 to 16). Seven participants (22.5 %) also suffered sexual abuse by at least one other person outside the Church context. Most participants had experienced sexual abuse with physical contact (83.9 %; $n = 26$). Seventeen (54.8 %) had suffered another type of child victimization (e.g., neglect, physical and emotional abuse) from caregivers. Twenty-nine (93.5 %) had disclosed their experience to someone and 15 (48.4 %) had reported the victimization to an authority. Regarding the level of impact of the notification on the well-being, participants showed a mean of 2.7 ($SD = 3.3$), ranging from 0 (the most negative impact) to 10 (the most positive impact).

2.2.2. Instruments

For the quantitative study, several instruments were applied. Due to the lack of previous studies in Spain assessing victims of CSA by the clergy, an ad-hoc questionnaire was developed, segmented into different sections (Pereda & Segura, 2021). This questionnaire facilitated the collection of sociodemographic data as well as details regarding both sexual and other types of childhood victimization. Furthermore, three distinct instruments were used to assess the variables under study.

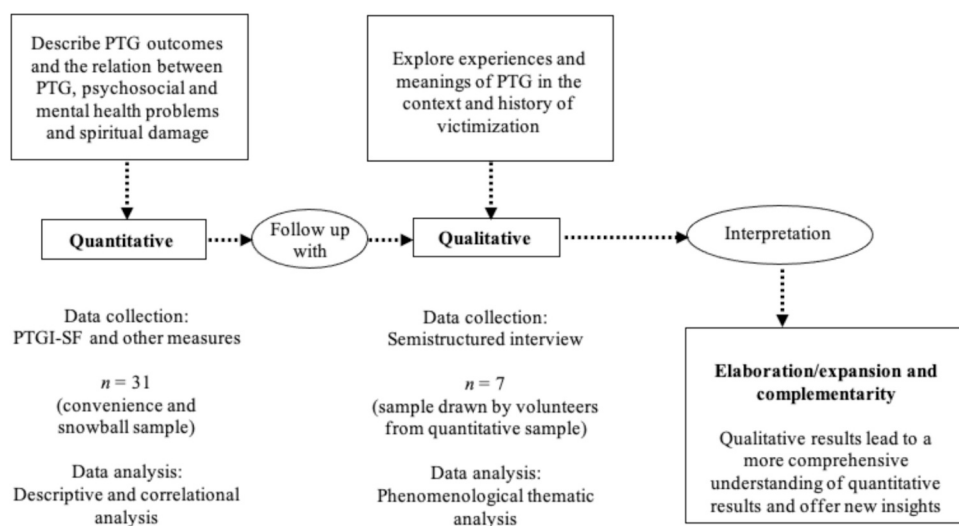


Fig. 1. Flowchart of the sequential explanatory mixed methods design.

2.2.2.1. Posttraumatic growth. The most recent Spanish validation of the PTGI-SF for CSA survivors (Sicilia et al., 2022) was used to assess PTG. The 10-item and 5-factor scale included two items from the PTGI in each dimension, like the original short version model (Cann et al., 2010): “relation to others” (items 8 and 20), “new possibilities” (items 7, 11), “personal strength” (items 10 and 19), “spiritual change” (items 5 and 18), “appreciation of life (items 1 and 2)”. All items were scored on a 6-point Likert scale ranging from 0 = “I did not experience this change as a result of my crisis” to 5 = “I experienced this change to a very great degree as a result of my crisis” (scale range: 0 to 50). Sicilia et al. (2022) reported excellent internal consistency for the total score ($\alpha = 0.90$) and adequacy for each dimension, with values ranging from 0.70 to 0.79 in CSA survivors.

2.2.2.2. Psychosocial and mental health problems. An ad-hoc checklist of psychosocial and mental health problems related to sexual abuse experiences based on three meta-analyses (Chen et al., 2010; Hillberg et al., 2011; Maniglio, 2009) was administered. Nineteen different problems were described, including: depression, anxiety, posttraumatic stress and obsessive-compulsive disorders, panic attacks, phobias, substance abuse, antisocial behavior, violent behavior, running away, sexual problems, revictimization in adulthood, prostitution, sexual assault perpetration, self-harm and suicidal ideation and behavior, sleep disorders, and eating disorders. To assess the presence or absence of these problems, all items were scored on a dichotomous scale. The total score ranged from 0 to 19, with higher scores indicating a higher number of problems reported. Sicilia et al. (2022) showed that the checklist scores exhibited an excellent internal consistency for CSA survivors ($\alpha = 0.83$).

2.2.2.3. Self-perceived spiritual damage. Self-perceived spiritual damage derived from the sexual victimization experience was assessed using two ad-hoc items asking about the effect of the sexual abuse on respondents' faith in the Church and their faith in God, respectively. Both items were scored on a 5-point Likert scale ranging from 1 = “None” to 5 = “Very much”.

2.2.3. Procedure

In a first quantitative stage, participants were recruited using a convenience and snowball non-probability sampling technique, from October 2018 to April 2019. The following inclusion criteria were applied: adulthood, experience of clergy-perpetrated CSA, and sufficient language skills in Spanish to understand the survey questions. The researchers contacted Spanish organizations, professionals and activists working on CSA, victims who had publicly disclosed their experiences of CSA, and several media organizations including TV channels, newspapers, and radio programs, which disseminated the information so that participants could conduct the survey by phone or in person. Participants were informed that their data would be recorded anonymously and confidentially. No financial compensation was offered for taking part in the study. Quantitative data were collected online by the research team. The study followed the basic ethical principles of the Declaration of Helsinki and was authorized by the Institutional Review Board (IRB00003099) of the first author's institution.

2.2.4. Data analysis

Descriptive statistics were calculated in order to obtain the sociodemographic data, characteristics of sexual or other types of victimization, PTG, psychosocial and mental health problems, and self-perceived spiritual damage. The relationship between PTG and psychosocial and mental health problems, as well as self-perceived spiritual damage, was tested by Spearman's correlation coefficient, and so deviation from normality of the variables required non-parametric analysis. All analyses were conducted using JASP 0.16.3.

2.3. Qualitative outcomes

2.3.1. Participants

Seven of the 31 participants of the quantitative study, four men and three women; age range 38–64 years ($M = 49.3$; $SD = 8.9$), were interviewed regarding their experiences of PTG after victimization, and regarding the sequelae, the social support received, the coping strategies applied and their feelings of spirituality. The mean age of onset of the sexual abuse was 11.7 years old ($SD = 1.8$, range: 9 to 13 years), and the abuse lasted a mean of 4.7 years ($SD = 3.2$, range: 2 to 11). The contexts of the perpetration of abuse were the priest's office or home, boarding school, the church, the family home, and holiday camps run by the institution. All the participants had suffered sexual abuse involving physical contact, and in four cases the abuse included penetration.

These seven participants had all attended psychological or psychiatric services at some point in their lives due to the consequences of the victimization. All of them had informed close family or friends of their victimization experiences and had reported the abuse to an authority, including the Catholic Church. Most of them did not maintain their catholic faith or engage in any form of catholic religious practice. They did not attend catholic religious activities and had no positive interactions with representatives of the Church. On the contrary, all of them rejected the role of the Catholic Church. In both the quantitative and qualitative stages, the majority of participants experienced clergy-perpetrated CSA during the '70s and '80s, which means they endured these experiences before the end of the Spanish dictatorship or in the years immediately following.

2.3.2. Techniques

2.3.2.1. Semi-structured interview. To achieve the qualitative goals, semi-structured in-depth interviews were conducted (Braun & Clarke, 2006). The interviews followed a script that included questions on the following topics: (a) the history of the victimization experience and the context in which it occurred; (b) the psychological and social impact of victimization; (c) disclosure, social

reactions from the environment, and perceived social support; (d) the experience of spirituality and spiritual damage derived from the victimization; (e) experience and personal meaning of posttraumatic growth.

2.3.3. Procedure

Those who voluntarily provided their email address were asked to participate in a second qualitative stage of the research comprising face-to-face semi-structured in-depth interviews. Of these, seven finally agreed to be interviewed. The interviews were conducted from September 2019 to January 2020 by the first author. Participants decided where the interviews should take place (mainly, their home or private institutional office) and lasted from 90 to 180 min. Participants were informed that their data would be recorded with an audio recorder, anonymously and confidentially. All of them provided written consent and permission for the recording and transcription of the interviews. Individual interviews were conducted and transcribed by the first author.

2.3.4. Data analysis

In accordance with the specific objectives of the research, thematic analysis (Braun & Clarke, 2006) was used to identify narratives that might lead to a deeper understanding of the relation and interaction between psychosocial and mental health suffering, damage to faith and PTG, as determined by the previous quantitative results, using a top-down strategy. Units of analysis were identified and codified into different themes in accordance with the quantitative results and the theoretical framework of PTGI factors (i.e., relation to others, new possibilities, personal strength, spiritual change and appreciation of life).

In a deductive way, the original five dimensions of the PTGI and PTGI-SF guided the process of identifying, analyzing, and interpreting the experiences of PTG in relation to participants' psychosocial and mental health problems, even in those who reported no PTG. Narratives of presence and absence of PTG were identified and compared with the individual PTGI scores (using T value (Sicilia et al., 2022)). To identify particular PTG experiences and meanings in CSA survivors, we selected units of analysis based on the total PTGI score and its dimensions. Additionally, our selection of these units was guided by the correlations between the PTGI scores and those on the psychosocial and mental health problems checklist as well as variables referring to self-perceived spiritual damage (i.e., faith in Church damage and faith in God damage).

These qualitative analyses were performed using Atlas.ti 22.1.0 and Excel 2021.

2.3.5. Rigor

To enrich the analysis, and ensure authenticity and representativity, the results were interpreted in an iterative triangulation process during the qualitative analysis, made by all the authors to define the qualitative main topics (Levitt et al., 2018). Following Riessman (2008), the results were presented to another expert in the area of CSA healing and qualitative research, who validated the analysis by testing its plausibility, persuasiveness, and pragmatic use. The interviews were interpreted and illustrated within their context using thick description (Ponterotto, 2006). The stories obtained were sufficiently rich, diverse, and relevant for the study of the research question, and so methodological integrity was a principle of this study (Levitt et al., 2021). Moreover, theoretical saturation was achieved (Flick, 2009). The analysis was presented transparently with the use of verbatims (Yardley, 2000) and confidentiality was guaranteed by the use of pseudonyms. The verbatims were translated from Spanish to English.

Finally, quantitative and qualitative findings are presented separately according with Mixed Methods Article Reporting Standards (Levitt et al., 2018) and then integrated during the discussion. Specifically, the qualitative results were used to expand on the quantitative results and extend the comprehension of the meaning of PTG in CSA survivors.

Table 1

Descriptives of PTG, psychosocial and mental health problems and self-perceived spiritual damage.

| PTG dimensions | <i>M (SD)</i> | Range |
|--------------------------|---------------|-------|
| RO | 3.3 (3.7) | 0–10 |
| PS | 4.9 (3.2) | 0–10 |
| NP | 3.9 (3.7) | 0–10 |
| SC | 2.2 (3.0) | 0–10 |
| AL | 4.5 (3.7) | 0–10 |
| Variables (whole scales) | <i>M (SD)</i> | Range |
| PTG | 18.8 (15.0) | 0–49 |
| PMHP | 5.3 (4.1) | 0–15 |
| FCD | 3.6 (1.8) | 1–5 |
| FGD | 2.8 (1.8) | 1–5 |

Note: RO = Relating to others; NP = New possibilities; PS = Personal strength; SC = Spiritual change; AL = Appreciation of life; PTG = Posttraumatic growth; PMHP = Psychosocial and Mental Health Problems; FCD = Faith in Church Damage; FGD = Faith in God Damage; *M* = Mean; *SD* = Standard Deviation.

3. Results

3.1. Quantitative outcomes

Descriptive results of PTG outcomes, psychosocial and mental health problems and self-perceived spiritual damage are displayed in Table 1.

To analyse the relations between the study variables, the PTGI-SF factors and the total score were correlated with PMHP, FCD, and FGD. Significant positive associations were found between PTG total score and PMHP, FCD, and FGD; between PMHP and the PTGI-SF factors RO, NP, AL; and between FCD, FGD and the PTGI-SF factors NP, PS, AL. SC did not correlate with any variable studied. All the correlation coefficients are shown in Table 2.

3.2. Qualitative outcomes and integrated results

The theoretical framework, the dimensional model of PTG, and the quantitative results of this study were used to initiate the thematic analysis.

First, in order to integrate quantitative and qualitative data, the quantitative results of PTG, PMHP, FDC and FDG reported by each participant in the quantitative study were displayed in Table 3.

Second, three predominant themes were identified in the participants' stories according to quantitative variables and results through a top-down strategy: (a) absence of growth; (b) psychological suffering and personal growth; (c) faith damage and spiritual growth.

3.2.1. Absence of growth

This theme refers to stories and narratives of not experiencing any personal growth derived from struggling with the psychosocial effects and sequela provoked by the clergy-perpetrated CSA experience, that is, not experiencing posttraumatic growth.

Most participants in the qualitative stage reported posttraumatic growth, but three of them did not. Pedro and Manuel, who obtained the lowest scores on the PTGI-SF of the entire sample ($T = 44$ and $T = 42$ respectively), denied having experienced any sensation of PTG: "No. I don't think so. No, quite the opposite, there's nothing good about abuse – abuse cannot bring growth..." (Pedro). Pedro spoke about the damage to his relationship with his children that the experience of victimization had caused: "Showering together, I've never liked it. Hugging them naked, in the shower, it hasn't been a... no, no... with children, I've always had the fear of, I don't know how to tell you, that it might be interpreted as... I don't know, well, the abuse is there again. So, it's like saying: not this. No. I think I have some marks left there, some big scars, no, they won't go away" (Pedro). This narrative talked about the stigmatization of being abused and the possibility of being marked or signed as a potential abuser. Moreover, it conditioned the nature of the relationship between him and his children, crossed by feelings of fear to show physical parental affect.

Manuel started a recovery process due to the politicization of his experience making it public in local newspapers and in the psychotherapy process. In his forties, did not recognize a process of PTG, although he mentioned his present process of learning to identify his emotions and feelings, and starting to learn to feel and know who he is – something that he had never known before. It was not a comparison to a time before, but an explanation of how to build an identity related to the capacity for feeling, that he never built during his childhood and adolescence: "It means, learning to feel. (...) You feel very vulnerable because you start to live and feel (...) of course, then maybe you start to have a much more conscious life... but the fact is that you haven't lived the previous one" (Manuel). He explained how this was incompatible with a healthy relationship with his children, also, and how it made him live without enjoying.

The third participant who did not report PTG was Jaime, who had higher PTGI-SF scores than Pedro and Manuel ($T = 53$) but lower than the rest of the participants of the qualitative study. This contradiction between the quantitative score and qualitative answer was reflected and included in his narrative. His initial answer to the question of whether he had experienced any process of growth was a firm "No, no" (shaking his head). He then spoke about the facilitators and barriers to improving his well-being and quality of life:

"I will be clear (...) if I had a job, I would stabilize. My trauma would be there, but I would have a different type of life, that would help me. But I don't have anything, I haven't got a job, I can't see my son, I don't have him. So, what do you expect? Pfff..." (Jaime). Indeed, Jaime established a direct relationship between the PTG and his psychosocial well-being, related to psychosocial aspects of his

Table 2

Spearman's rank correlation coefficients between factors and total scores of the PTGI-SF with psychosocial and mental health problems checklist score and self-perceived spiritual damage.

| | RO | PS | NP | SC | AL | PTG |
|------|--------------------------|-------------------------|--------------------------|------|---------------------------|--------------------------|
| PMHP | 0.46^{**} | 0.31 | 0.51^{**} | 0.34 | 0.78^{***} | 0.55^{**} |
| FCD | 0.31 | 0.46[*] | 0.46[*] | 0.32 | 0.42[*] | 0.48^{**} |
| FGD | 0.23 | 0.42[*] | 0.39[*] | 0.23 | 0.46[*] | 0.43[*] |

Note: RO = Relating to others; PS = Personal strength; NP = New possibilities; SC = Spiritual change; AL = Appreciation of life; PTG = Posttraumatic growth; PMHP = Psychosocial and mental health problems; FCD = Faith in Church Damage; FGD = Faith in God Damage.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

Table 3

Direct scores of factors and total PTGI-SF, T scores of PTG (based on Sicilia et al. (2022)), and direct scores of PMHP, FCD, and FGD.

| | RO | NP | PS | SC | AL | PTG | T | PMHP | FCD | FGD |
|--------------------|----|----|----|----|----|-----|----|------|-----|-----|
| Pedro (male) | 5 | 1 | 5 | 0 | 0 | 11 | 44 | 1 | 5 | 5 |
| Manuel (male) | 0 | 3 | 4 | 0 | 2 | 9 | 42 | 1 | 1 | 1 |
| Tania (female) | 1 | 9 | 3 | 4 | 10 | 27 | 55 | 13 | 5 | 5 |
| Jaime (male) | 3 | 5 | 5 | 4 | 7 | 24 | 53 | 8 | 3 | 2 |
| Isabel (female) | 9 | 9 | 9 | 3 | 9 | 39 | 64 | 6 | 5 | 5 |
| Maria (female) | 8 | 10 | 9 | 4 | 9 | 40 | 65 | 12 | 5 | 3 |
| Juan (male) | 10 | 8 | 9 | 0 | 9 | 36 | 62 | 8 | 5 | 5 |

Note: RO = Relating to others; PS = Personal strength; NP = New possibilities; SC = Spiritual change; AL = Appreciation of life; PTG = Posttraumatic growth; T = T scores of PTG (based on Sicilia et al., 2022); PMHP = Psychosocial and mental health problems; FCD = Faith in Church Damage; FGD = Faith in God Damage.

life, such as having a nice job, or having healthy contact with his relatives and good friends, especially his son.

3.2.2. Psychological suffering and personal growth

This theme refers to the narratives that talked about life's suffering and the effects and sequela derived from clergy-perpetrated CSA trauma, and its relation to the process of personal growth derived from struggling with these negative psychosocial consequences.

All participants reported considerable psychological suffering, indicating substantial psychosocial and mental health problems that persisted at the time of the interview, most of which had lasted for many years.

Participants who reported fewer problems in quantitative reports not only reported less PTG in the PTGI-SF and their stories, but also their stories showed narratives of dissociation. For example: "You spend 15 or 20 years without living. Without living, because you haven't... you've spent 20 years in the world of ideas, without... without knowing if you love a person or not. Or... if you are sad, or what... because you have repressed yourself" (Manuel). Manuel talked about his incapacity to know what he felt for a lot of years of his life till he started his healing process, and the difficulties that he and his family had in expressing mutual feelings and emotional support, an important psychosocial issue that exacerbated the negative effects of the abusive experience and his no opportunities to tell someone, a reference adult, what he was leaving, due to shame and guilt.

In contrast, participants who reported normal but higher levels of PTG in the qualitative interviews, and moderate-high levels of PTG in the PTGI-SF compared with the quantitative sample (T ranging between 62 and 65), presented higher direct PMHP scores (range 6–13). Indeed, they explained both their experiences of suffering and growth deriving from struggling with the abuse.

Regarding experiences of suffering, "destruction" was a term commonly used by most of the participants, as well as "death" or "suicide", which appeared in narratives about sequelae and prolonged life effects. Tania described the consequences of the victimization in her life as follows: "The abuse tore me apart. And the result was another destruction of me", referring to negative effects in important psychosocial aspects of her life such as marriage, motherhood, and health. In a similar way as Jaime: "Apart from this deep sadness, the idea of suicide... they have destroyed my life", and Juan: "Because thoughts of suicide, for example, recur every day. (...). But it hurts you, it destroys you inside, well, the lack of support, the silence destroys you", referring to the suffering derived from the social reactions such as rejection, blaming, victimization, and the unavailability of social support, after his disclosure. Maria, in an act of projection of her feelings, stated: "Every child who has been raped, or who has suffered sexual abuse, has been killed". She also mentioned a "suicide attempt" that she lived as a turning point that made her disclose the abuse. Another widespread feature of the narratives of suffering was a feeling of guilt and shame, as Isabel explained: "The feeling of guilt is, well... guilt... responsibility or collaboration or whatever you want to call it, in my case, it was very strong". As well as Tania: "Because the victims are left with... look, the sense of guilt is brutal. You can't imagine how much I cleaned up today because you were coming. And I know that there's no problem, but it is the feeling of, pfff... How scary, how horrible. And it has everything to do with that 'shit'. And I no longer feel ashamed, but I feel guilty, all the time." Finally, the "feeling of being weird" about oneself and others generates the perception of being judged and stigmatized: "You are a strange person in the eyes of others, who do not understand what is wrong with you, because you are strange" (Maria), "I have always felt alone, I have always felt strange" (Tania), and "I think they see me as a weird person" (Jaime).

Added to narratives about psychological and emotional sequelae, the same participants also reported narratives of PTG regarding the dimensions that were correlated with PMHP in the quantitative results ("relating to others", "new possibilities" and "appreciation of life"). These narratives reflect the coexistence and interrelation of psychological suffering and PTG.

Most participants described the coexistence of this suffering and growth in their social and intimate relationships. Juan expressed this contradictory feeling: "That trust you have in people has been so contaminated that it doesn't let you lead a normal, balanced life, feeling accompanied, well, it's a brutal sentence (...). And there is not going to be a day in my life that I don't suffer a little bit, even if it is only for a little while". At the same time, he expressed his experience of growth deriving from the struggling with the consequences of the abuse he suffered: "The recognition of people, how they talk to you, and the support you receive from people as well. A hug can heal

you, reconcile you with your past with your people, and meet them again. And beautiful things, well, all the people I've met, all the support I've had from wonderful people. Reconnecting with my friends, reconciling with my past". He valued how the passing of time gave him opportunities for reconstructing social relationships and receiving social support from old friends and new people, a net of accompaniment.

Participant's stories revealed narratives of "gratitude" for the things made possible by the process of transformation deriving from the victimization. For example, Isabel said that she would never have engaged in certain projects, such as an association to help other victims if it had not been for her own experience and for her determination to be active and to value new things: "But I think a large part is thanks to the abuse – not to the abuse itself, but to the process of overcoming it. So, that process, if the abuse hadn't happened, I wouldn't have gone through it... It's just... That, unintentionally, although it shouldn't be like that, thanks to all the experiences, I am the way I am. And I'm happy to be who I am. You know? I think I'm a better person, I think I value things, that perhaps I would not value if the abuse had not happened". Isabel was an activist, a public figure who created an association to fight against clergy-perpetrated CSA, and that was an important aim in her life. In the same vein, Maria emphasized her gratitude for her life and for all the things she has been through: "I can say that, although I might cry when I remember things, I consider myself very lucky. Yes, I think that I have improved as a person and that I wouldn't know what I now know if hadn't lived through that. Maybe I would be very different. (...) I always tell my children, if I am who I am, it's thanks to my experiences". The feeling of being a better person derived from struggling with the consequences of the abuse is a common narrative among more participants.

Some participants explained the coexistence of a conscious process of psychosocial and mental suffering and a desire to live and enjoy their lives each day and find value in them. In agreement with the narratives of other participants, Tania explained: "Most victims have no help. None. They die alone. They die... we die. People don't want to see that. My life expectancy is less than that of a normal person. And, if I haven't died it's because I had therapy. And because I've been taking antidepressants all my life, and I won't be able to give them up in my fucking life. I prefer to die sooner, intoxicated with antidepressants than to give them up". She was emphasizing how the abusive experience is a social determinant of physical and mental health. She also expressed that her desire to live life to the full is a learning process and makes her value her own life, in contrast to her attitudes before her internal change: "I value every minute of my existence. Each one, each one. Something that did not happen to me before is that I enjoy everything. Everything. Because you see, I enjoy not being afraid".

3.2.3. Faith damage and spiritual growth

This theme refers to the narratives about the process of loss of faith in God and the Church and its relationship with posttraumatic growth derived from the struggling with the effects and sequela of clergy-perpetrated CSA. It constitutes a specific and particular dimension of what psychological suffering and personal growth involve. Despite that the PTGI-SF factor "spiritual change" was not quantitatively associated with the loss of catholic faith, the participants who reported faith damage in their narratives also mentioned experiences of spiritual growth. Moreover, consistent with the correlations found between faith damage and the factors "new possibilities", "personal strength" and "appreciation of life" in the PTGI-SF, participants also offered explanations of their spiritual growth, as part of personal growth, especially in the form of significant acts of kindness towards others and society as a whole, and a search for justice.

Regarding spirituality and religiosity, the factor "spiritual change" on the PTGI-SF yielded lower direct scores in the qualitative stage ($M = 1.6$; $SD = 1.9$) than in the quantitative stage ($M = 2.2$; $SD = 3.0$), especially for the item referring to a strengthening of religious faith, and in general high scores for the scales related to faith damage. Most participants spoke of their loss of faith in catholicism and God, and their loss of trust in the Church. Generally, they stated that their experience of abuse was an important reason, but not the only one, for this holistic damage to their spiritual and religious beliefs. The phenomenon of CSA is a systematic and global type of violence against children and adolescents and the unwillingness of the Catholic Church to accept responsibility, its archaic institutional values, and other offences committed by the institution have contributed to this process. Narratives of this kind were described by most participants. For example, Pedro: "I already told you that I left the Catholic Church (...) the catholic religion let me down (...) not only because of the issue of abuse". At the same time, they also held that the perpetrator and the Church as an institution have a huge responsibility for this loss of faith. To quote Tania: "Really, it would be very good for me to be a believer. But I can't believe. I can't, they took away my faith, I have no doubt". Nevertheless, she also explained new ways to experience spirituality for her, with many doubts and internal dissonance: "I have a brutal contradiction with myself there. I believe that I am spiritual but not religious. For example, the Hindu and Buddhist (...), I love it. (...) I'm convinced that you have to be loyal, and legal, and honest, and all that kind of stuff. Maybe the values of the Christian Church are the same, in theory. I don't know."

Juan described his experience in a similar way: "Well, he (the perpetrator) said that I had lost my faith, but in fact, he had ripped it out of me. And... and my family is catholic, and I respect the beliefs, right? But mine disappeared". Juan was told by the perpetrator in front of members of their religious community that he had lost his faith, something that Juan regarded as another abusive action designed to ostracize him, as then continued happening throughout his community, protecting the priest abuser and revictimizing him. Maria talked about her first reason for abandoning the catholic faith: "Well, I guess when I see that the Church... I think that the message of Jesus was not what is being given. (...) When it doesn't convince me". This explanation goes further than the abuse and the clergy-perpetrated CSA problem. Asked about her spiritual life, she spoke of her personal transformation to look for peace and security: "Hmm. I consider myself spiritual (...) I think of religion as a float (...) sometimes to help you swim a little, to get where I need to go, or when the sea is very rough, it gives me peace and security. Really, I embrace things that I see bring me spiritual support, things that help me". Maria explained his spiritual transformation and conversion to the Muslim religion but being open to other spiritual experiences.

Moreover, when Tania was asked about her spirituality, and whether it has helped her, she said: "Yes, it has helped me. And the joke

is that I have a brutal contradiction with myself there. (...) But since... aside from the fact that I'm not a believer, the feeling of serenity, of the people... Honesty, it seemed to me... (...) I'm spiritual but not religious, suggesting that individuals may distance themselves from catholic religious practices without entirely relinquishing spirituality in a more general sense. In the same vein as other participants, Tania understood her spirituality in terms of love and generosity towards others. Helping young people in situations of injustice and violence made her feel braver and stronger: "But I... I believe that I give everything that has to do with the spiritual thing... that is, I do it with people (...) I need to have the feeling that I'm doing something (...) I have made this my personal battlefield". Another common empowerment factor is to practice actions against others' pain, violence and abuse, and specifically against institutional abuse and CSA.

Similarly, to other participants of the qualitative stage, Juan stated that the perpetrator had stolen his faith and that his spirituality had been transformed: "(catholicism) is the faith of my elders, isn't it? It's where I grew up, and the values that have transcended the pain that I've experienced... is that of giving oneself to others. And, and... let's see, and my faith it's no longer a religious faith". He explained how this internal change and loss of faith had led him to think about how to plan and carry out acts with a social impact, including the prevention of sexual violence: "I believe in a social revolution, which is what Jesus defended, and in working for others (...). My faith is the human being, and my faith is a revolution. An educational and necessary revolution, and a fight for others, even at the cost of your privileges (...) but my faith is the fight for the rights of human beings and the defense of those most in need. Faith in God, let's see, I had it once, but the priest took it away from me. But then I am also critical, analytical, I have studied (...) And I have faith in humans. And in the fight of humans for other humans, not in a God" (Juan). Those narratives reflected hope, and the projection of human values as a substitute for religiosity, all within a broader humanistic spiritual dimension.

The stories of participants who had reported that their faith in the Church and God had been damaged contained narratives about constructing new ways and meanings of spirituality in order to be able to lead a valuable and peaceful life.

4. Discussion

The present study analysed the presence of PTG, psychosocial and mental health problems and spiritual damage in a sample of survivors of clergy-perpetrated CSA and explored the relationship between these three variables. The results obtained from the quantitative data and analysis were confirmed and explained in greater depth by the qualitative study conducted using an explanatory mixed method approach (Creswell, 2015).

The quantitative results showed that participants reported similar levels of PTG to those reported by survivors of clergy-perpetrated CSA in other countries (Easton et al., 2013; Saltzman et al., 2015). Also, in agreement with other studies (Isely et al., 2008; Pereda & Segura, 2021; Sheridan & Carr, 2020) participants reported high levels of psychosocial distress and spiritual damage, in relation to their faith both in God and in the Church. Moreover, a significant positive association between the degree of psychosocial and mental health problems and PTG was also found in this study. These results contrast with studies that found no relation between PTSD and PTG in CSA survivors (Kaye-Tzadok & Davidson-Arad, 2016) and a negative relation in female adult sexual assault survivors (Ullman, 2014). However, several review studies (Liu et al., 2016; Schubert et al., 2016; Shakespeare-Finch & Lurie-Beck, 2014) have found this positive relation between mental suffering and PTG in samples with different kinds of trauma, even in survivors of sexual assault and CSA (Kleim & Ehlers, 2009; Shakespeare-Finch & de Dassel, 2009), and corroborate the notion that posttraumatic symptoms may be positively related to PTG. A positive association between the damage to the faith, both in the Church and in God, and the PTG was also found. These results are at odds with those of previous research which have widely supported the idea that spirituality and religiosity are positively related to PTG for different types of trauma (Shaw et al., 2005). Other studies have also suggested that sexual violence survivors, such as victims of CSA, who preserve their spirituality, positive religious coping, and the image of a benevolent God may tend to develop more PTG than those who do not (Gall et al., 2007; Schultz et al., 2018). The results of the present study suggest that this relationship between spirituality and spiritual damage in survivors of clergy-perpetrated CSA in Spain may be different and needs to be explained. The findings of some studies, such as the research by Garrido-Hernansaiz et al. (2023), have raised important points about the assessment of spiritual change through the religious growth item of PTGI and PTGI-SF. They suggest that this measurement may not be suitable for cultures that are less religious, as it may not adequately capture the nature of spiritual change, which could be more existential than religious in such contexts, as proposed by Tedeschi et al. (2017) and Vázquez and Paez (2010). This underscores the need for culturally sensitive approaches when assessing spiritual change. It's necessary to recognize the unique context in Spain, where the Catholic Church plays a significant role in the management of educational, health, and social institutions (Sánchez Caballero & Bastante, 2018). Unlike some other regions where justice processes for survivors and their associated catholic institutions were promoted (Dressing et al., 2017), in Spain, the Catholic Church has been criticized for denying the systematic occurrence of child sexual abuse. This denial has, in turn, hindered the implementation of justice and reparation mechanisms for survivors. The reputation of the Catholic Church as an institution has suffered in Spain due to various factors (Bastante, 2020; Bayona, 2020). On one hand, the issue of CSA involving clergy members has eroded public trust, and on the other, corruption within the institution has been exposed (Fernández, 2022). Additionally, the Church's historical associations with policies during the Franco dictatorship have further contributed to its loss of recognition and social standing (Varona & Martínez, 2015).

Through the qualitative results it was possible to clarify and expand the quantitative results and complement them, focusing on the complexity of the processes, both in the patterns and in the diversity of the experiences of PTG. In the stories, and focusing on how to explain the quantitative results, three themes were identified: absence of growth, psychological suffering and personal growth, and faith damage and spiritual growth.

First, the participants in the qualitative sample who reported low levels of PTG reported that they had not experienced any growth derived from the sexual victimization. They also reported low levels of PMHP and variable levels of faith damage. One case presented

contradictory quantitative reports and narratives about his experience of PTG. In contrast, participants who reported higher levels of PTG also explained experiences of growth as a consequence of the process of elaboration of the traumatic experience over many years. Second, all the participants spoke of their psychosocial and mental suffering, even those who had reported low levels of PMHP. Third, all participants also mentioned their loss of faith in general, and faith in the Church especially. Some of them talked about their new conception of spirituality, while others manifested a conscious living spirituality that was connected with different dimensions of PTG. Finally, the narratives of participants suggested that the development of PTG was not only possible but was actually a part of the healing process, even in the presence of profound suffering and the experience of loss of faith in God.

Previous studies have analysed the joint and interconnected appearance of the consequences of struggling with CSA effects valued as positive or negative (Shakespeare-Finch & de Dassel, 2009). In our study, we found a relationship between distress and growth in the quantitative and qualitative results. This combination of apparently contradictory experiences may help to better understand this positive association between psychological and emotional distress and PTG. Indeed, theoretical proposals (Tedeschi et al., 2018) and empirical studies contend that not only are mental health problems compatible with the experience of growth (Dekel et al., 2012), but the effort to deal with them and their psychosocial consequences mobilizes this experience in a way that would not have existed without the process of elaboration of the trauma (Shakespeare-Finch & Lurie-Beck, 2014). This relationship observed in both quantitative and qualitative analyses supports the mental health recovery model thesis (Slade et al., 2019; Slade & Longden, 2015), and the conclusions of studies that confirm that PTG is possible even when the symptomatology associated with mental disorders is considered serious, as long as there is a cognitive and emotional ability for understanding and elaborating the experience (Mazor et al., 2018, 2019). In addition, our participants' descriptions of growth fit with the conception of PTG as a process that affects subjective well-being that is related not to functionality or the absence of distress, but rather to personal satisfaction and the meaning of living (Durkin & Joseph, 2009). Similarly, studies of resilience and PTG in the field of victimization suggest that high growth may be more beneficial than low distress symptoms when coping with trauma (Hamby et al., 2021).

A particularly important feature of this study was the experience of spiritual issues by survivors of clergy-perpetrated CSA, and its relationship with PTG. As observed in the quantitative results, damage to faith in God and in the Church was associated with the development of PTG; this finding appears to contradict those of most previous studies which relate religiosity and spirituality with a greater development of PTG (Ramos and Leal, 2013), also in victims of CSA by religious institutions (Fagin, 2015). The qualitative results were especially helpful for clarifying this association between damage to faith and PTG. In the same vein as previous studies (Guido, 2008; Isely et al., 2008) most participants reported a loss of faith in God deriving from two main issues: on one hand, sexual victimization and everything that surrounded it, such as the manipulation of the environment by the perpetrator, the mistreatment on the part of the institution, and the reaction of the clerical authorities to the disclosure; on the other, the vision of the Catholic Church as an archaic, retrograde and corrupt institution which instrumentalizes people through their faith. Moreover, all the participants, including those who preserved their faith in God, showed a loss of faith in the Church and its representatives. Added to this, most participants developed a new way of experiencing spirituality through other religions and belief systems, or even through philosophy. Those who did not report either the development of spirituality or damage to their faith considered that their rejection of the catholic faith constituted a great personal step forward, an act of rationality and liberation. These experiences of deconstruction and questioning of beliefs that open up new ways of understanding transcendent existential questions may be associated with PTG (Calhoun et al., 2000).

5. Limitations of the study

The current study has certain limitations that should be mentioned. The first is the common difficulty of accessing and recruiting participants for CSA abuse research, which is particularly marked in the case of clergy-perpetrated CSA in Spain. Regarding the quantitative analyses, the sample size may have affected the statistical power and effect size of the results. Second, due to the small sample size, gender differences were not analysed. This may have been an important issue since gender differences in the development of PTG have been found (see Vishnevsky et al. (2010) for a review). Nevertheless, the percentages of males and females in both the quantitative and qualitative analyses appear to be reasonably representative of survivors of clergy-perpetrated CSA (Pereda et al., 2020). Third, the use of convenience sampling as the recruitment procedure may have conditioned the quantitative results obtained. Since the participants may have been the victims of CSA who were most interested in the study, the representativeness of any given population cannot be assumed. Further, the nature of self-report methods may entail recall bias, social desirability, or poor data collection, even though the use of qualitative interviews may have mitigated these limitations. Finally, the qualitative findings were based on the researchers' interpretations of participants' narratives, which may be influenced by their own subjective experiences and assumptions.

All these issues must be taken into consideration in future research in the field of CSA in general, clergy-perpetrated CSA, and PTG. Furthermore, the study (both quantitative and qualitative) of the relation of PTG with variables such as rumination, event centrality, social support and resilience in adult survivors represents a challenge to researchers. Future quantitative studies with larger samples may allow us to obtain more representative populations.

6. Conclusions

The quantitative results suggest the possible existence of a positive association between psychosocial and mental distress and spiritual damage and the reporting of PTG. This association was stronger between PTG and PMHP than between PTG and variables of faith damage. The factors "new possibilities" and "appreciation of life" were the most strongly correlated with the different variables

analysed. These results were shown and explained through the diversity of narratives that participants told in the qualitative study. Moreover, the qualitative results helped to see how survivors of clergy-perpetrated CSA experienced processes of meaning-making from their suffering and faith damage and how they built their own meanings of PTG in a specific social and personal context. This process tends to be long-lasting and occurs with the healing of the trauma, although not necessarily with the disappearance of the distress. This study adds evidence to the previous research into the importance of the development of PTG for survivors of sexual violence during childhood, regardless of their subjective well-being or distress, and may have practical implications for the psychological interventions and accompaniment offered to CSA survivors. Finally, the use of a mixed methods approach enables us not only to validate and legitimize survivors' experiences but also to understand the processes of personal growth and to carry out a more person-centered evaluation and accompaniment, so as to promote and reinforce the development of PTG and wellness.

7. Policies and practical implications

The results of this study hold significant implications that extend beyond the specific context of Spain. They could serve as a reference for understanding similar situations in other countries with sociopolitical dynamics and a church's stance on CSA akin to that of Spain, such as Chile, as well as in regions where the Catholic Church has not undertaken measures to address and provide justice to survivors. The findings concerning the harm caused by CSA highlights the urgent need that governments compel the Catholic Church, and by extension, any institution working with children and adolescents, to implement policies aimed at recognizing and making amends to victims of CSA. Moreover, it is imperative for these institutions to establish comprehensive programs designed to prevent CSA practices and child abuse in general. Furthermore, the insights gained from this study, particularly the concept of PTG experienced by survivors in parallel with the harm endured, should be incorporated into the strategies employed by entities and professionals engaged in addressing CSA. This underscores the importance of taking a psychosocial approach that focuses on the individual, their support network, and their community. This holistic perspective can help facilitate the healing and growth of survivors and ensure a more protective environment for children and adolescents in the future.

CRedit authorship contribution statement

Laura Sicilia: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Writing – original draft, Writing – review & editing. **Maite Barrios:** Formal analysis, Methodology, Supervision, Writing – review & editing. **Noemí Pereda:** Formal analysis, Funding acquisition, Resources, Supervision, Writing – review & editing.

Data availability

Data will be made available on request.

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