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Religious Victims of Sexual Abuse

Lisa Rudolfsson

Victims of Sexual Abuse: Psychological Consequences

Before turning the focus to religious victims of sexual abuse, prevalence of sexual abuse, and psychological consequences for the victim will be outlined.

Prevalence

Worldwide, a review of 55 studies from 24 different countries showed the prevalence of child sexual abuse to range from 8 to 31% for girls and 3 to 17% for boys (Barth, Bermetz, Hein, Trelle, & Toina, 2013). In clinical populations, the number of people who have been sexually abused increases considerably. For example, in a study on patients with anorexia

L. Rudolfsson (✉)
Gothenburg Research Institute (GRI), University
of Gothenburg, Gothenburg, Sweden
e-mail: Lisa.Rudolfsson@gri.gu.se

nervosa, 48% reported a history of child sexual abuse (Carter, Bewell, Blackmore, & Woodside, 2006), and in a study on patients with psychosis, 36.2% had experiences of sexual molestation or rape (Thompson et al., 2010).

Taking into account sexual abuse that occurs when the victim is an adult, United Nations estimates that 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or sexual violence by a non-partner (not including sexual harassment) at some point in their lives. Some national studies conclude that up to 70% of women have experienced physical and/or sexual violence from an intimate partner during their lifetime. In addition, adult women account for 51% of all human trafficking victims detected globally. Women and girls together account for 71%, with girls representing nearly three out of every four child trafficking victim. Nearly, three out of every four trafficked woman and girl are trafficked for the purpose of sexual exploitation (http://www.unwomen. org/en/what-we-do/ending-violence-against-women/facts-and-figures).

Although sexual abuse of boys is believed to be underreported, in comparison with girls being abused (e.g., Andersen, 2009), most studies found females to be abused at 1.5–3 times the rate for males (Finkelhor, 1994). Accordingly, the disproportion found in research reflects a true gender difference, that is, it is more common for girls and women to be sexually abused than it is for boys and men. However, the disproportion could also be understood in light of gender stereotyping and Western view of masculinity and femininity. Men may be more encouraged than women to deny their vulnerability, which might make it even more difficult for boys and men to disclose being victimized (Andersen, 2009; Tidefors Andersson, 2002).

Some differences have been noted between women and men who have been sexually abused, in the consequences for their health and well-being. For example, some studies have found that women tend to internalize their emotional pain while men tend to externalize it (Sigurdardottir, Halldorsdottir, & Bender, 2014). Sexual abuse, however, leads to increased rates of psychiatric disorders and emotional suffering in both women and men (e.g., Fergusson, McCloud, & Horwood, 2013).

Psychological Consequences of Victimization

People who have been sexually abused as children often retain experiences of betrayal by caregivers, broken trust, misuse of power, and boundary violations (e.g., Herman, 1992). Abused individuals tend to develop negative models about self and others that may lead to relational difficulties and difficulties regulating emotions (e.g., Romans, Martin, Anderson, O'Shea, & Mullen, 1995).

Trauma reactions such as depression, anxiety, and post-traumatic stress disorder (PTSD) have been noted to be prevalent among those who have been sexually abused (e.g., Wilson & Miller, 2016). Self-blame, feelings of loneliness, suicidal thoughts, and guilt are other negative consequences (Glenn & Byers, 2009; Wilson & Miller, 2016). Furthermore, victims of sexual abuse frequently report sexual problems, such as difficulties trusting sexual partners, experiencing dissociative episodes or flashbacks of abuse during sexual activity, and feelings of shame concerning sexuality (Browne & Winkelman, 2007; Hall, 2008; Herman, 1992). Assaults involving penetration, longer duration, and higher frequency of abuse, greater force, incest, and a close relation between the victim and the perpetrator have been associated with more severe trauma reactions (Lemieux & Byers, 2008; Ullman, 2007). Socio-cognitive factors, such as social support and attribution of blame, have also been found to influence the victim's psychological adjustment after the abuse (Esnard & Dumas, 2013; Rakow, Smith, Begle, & Ayer, 2011).

In clinical, empirical, and theoretical literature shame on a more general level has been emphasized as a central emotional consequence for individuals who have been sexually abused (Fiering & Taska, 2005; Fiering, Taska, & Lewis, 2002). Especially in cases of child sexual abuse, the abuse often takes place in secretive contexts. Many victims report that the perpetrator of the abuse has blamed them for the abuse, and that they sometimes have been explicitly threatened to keep silent. Such situations may endorse the victim's feelings of shame and guilt (e.g., Fiering et al., 2002). Shame is also often a consequence if the victim has been physically stimulated to feel pleasure during the abuse, as is often the case in child sexual abuse (Tidefors Andersson, 2002). Shame, concerns about the stigmatizing nature of sexual abuse, and fears about how others may respond have been found to

hinder many victims from talking about their traumatic experiences and from seeking help (e.g., Fiering & Taska, 2005).

Research into the long-term consequences of sexual abuse has rapidly expanded since the 1980s. In some ways, the literature has created an image of the victim as an individual who is consistently psychologically damaged (Runtz & Schallow, 1997). Although it is true that having been sexually abused is strongly associated with psychological suffering and psychiatric disorders, it is important to note that reactions vary and that not all victims are traumatized (Maniglio, 2009). Studies show that two out of three victims of sexual abuse will need therapeutic intervention (Hennum, 2004; referred to in Andersen, 2009; Kendall-Tackett, Williams, & Finkelhor, 1993).

To understand how some individuals are able to recover from severe suffering, the term resilience is often used. One aspect that has been associated to individuals showing more resilience is if the victim of sexual abuse is able to make some kind of meaning of the abuse, as a part of their history (e.g., Grossman, Cook, Kepkep, & Koenen, 1999).

Religion is one way in which individuals can make meaning to what has happened to them. Different ways of making meaning through turning to faith, however, can affect the individual in either positive or negative ways (e.g., Pargament, Koenig, & Perez, 2000).

Victims of Sexual Abuse: Consequences on Faith

As the effects of sexual abuse are becoming better known, so is awareness of the potential consequences of sexual abuse on the victim's faith. This section will begin with the human search for meaning in relation to traumatic experiences, thereafter, sexual abuse and the potential consequences on the victim's faith will be discussed. As many studies have shown that the victim's relation to God is influenced by having been sexually abused, sexual abuse and the potential consequences on the victim's image of God will be discussed.

The Search for Meaning and Struggles for a Religious Understanding

When faced with trauma and suffering, such as being sexually abused, an individual's sense of meaning and control are challenged (e.g., Spilka, Hood, Hunsberger, & Gorsuch, 2003). One dimension of working through an overwhelming trauma is to find a way in which the individual can make sense of what has happened, and possibly find some kind of meaning in it (Harvey, Orbuch, & Weber, 1990; Park, 2013).

The individual's search for meaning can be conceptualized as efforts to understand life experiences by constructing a coherent and consistent interpretation, which is perceived as meaningful and adequate to the specific event or situation (Ganzevoort, 1998). The need to find meaning can also be understood as the need for a functional system of meaning making; to comprehend the world, people require a system of meaning that can help them to navigate and organize their perception of events and offer them a sense of purpose and direction in life (Park, Edmondson, & Hale-Smith, 2013). For many people, religion performs the role as a system of meaning quite well, especially in times of crises (e.g., Park, 2005).

Because trauma can disrupt the individual's sense of purpose and meaning in life, the victim can come to struggle to understand the trauma from a spiritual point of view (e.g., Jordan, 1995). Traumatic experiences that demand more resources for coping, than the individual perceives that they have ability for, may disrupt their system of meaning and, thus, affecting their capacity to handle their psychological needs. In that way, victimization can fracture victim's fundamental assumptions and lead the victim to question both the balance between good and evil in the world and their religious beliefs (e.g., Jordan, 1995). The struggles for a religious understanding of the trauma suffered can include anger, despair, confusion, guilt, and sometimes complete withdrawal. If the victim is unable to maintain their faith, they may be further burdened with guilt (Rudolfsson & Tidefors, 2014; Smith, 2004). Besides the psychological consequences that victims may suffer, the abuse may therefore also result in a religious trauma (Rosetti, 1995).

However, trauma may also function as a catalyst for personal and spiritual growth (what is often referred to as post-traumatic growth/PTG),

since it may result in a search for a new meaning and purpose (e.g., Decker, 1993). The effect that victimization can have is therefore manifold, including feelings of abandonment, betrayal, doubt, and shame, but it can also bring the possibility for personal growth through the struggle to understand and find meaning in what has happened (Smith, 2004).

Victimization and Faith

There are consistent indications that religion can play a vital role in coping with negative life events (e.g., Young, Cashwell, & Shcherbakova, 2000), including dealing with the aftermath of having been sexually abused (Rudolfsson & Tidefors, 2014, 2015). However, depending on the individual's specific beliefs the same event can be interpreted in various ways. Within the field of religious coping, religion is sometimes discussed as both a resource and as a burden. This means that positive forms of religious coping have been associated with greater psychological well-being, whereas negative forms of religious coping have been associated with the individual reporting more psychological stress (e.g., Pargament et al., 2000).

Several researchers have pointed to the role that spirituality may play for some victims of sexual abuse, when learning to live with their experiences (Farrell, 2009; Gall, 2006; Lemoncelli & Carey, 1996; Rudolfsson, 2015). For the religious victim, who feel that religion is relevant to their lives, negative forms of religious coping such as disappointment or anger with God may serve as signs of distress in their coping with current stress. In addition, positive forms of religious coping, such as seeking spiritual support from others or a loving God may serve as supplementary resources for victims' coping with stress (e.g., Gall, 2006).

Some researchers have suggested that multiple victimization may have a greater impact on religious beliefs than single victimization. For example, Falsetti, Resnick, and Davis (2003) suggest that those who experience multiple traumas have a greater struggle with grasping the meaning of what happened to them and the meaning of their lives. Furthermore, studies have shown that victims of religion-related abuse (i.e., perpetrated by a representative for the religious community) display more depressive symptoms, more anxiety, hostility, psychoticism, paranoid ideation, and

somatization than individuals who suffered either no abuse or an abuse that was not religion-related (Bottoms, Nielsen, Murray, & Filipas, 2003). It seems that, in some cases, religiousness may be a moderator of the development of post-traumatic stress and other mood disorder symptoms and their associated disorders; found on the Axis I in diagnostic manual DSM (Walker, Reid, O'Neill, & Brown, 2009).

As a person attempts to recover from a traumatic event, the domains of psychological trauma and spirituality seem to interact with each other (e.g., Smith, 2004). Sexually abused individuals often display a great complex of trust problems (e.g., Herman, 1992). If the victim is a member of a religious congregation, there is a risk that the lack of trust may be generalized to the ministry, to the congregation, and to God (e.g., Moran, 1994). Previous studies suggest that childhood sexual abuse tends to damage the victim's faith, both individual and corporate forms of religion (Walker et al., 2009), and several studies indicate that having been sexually abused is negatively associated with religious involvement, such as participation in church activities (Ben-Ezra et al., 2010; Hall, 2008).

Some studies have found that victims of sexual abuse, who were able to use their faith to make meaning out of their experiences typically do so outside the context of organized religion, turning to individual spirituality for make meaning (e.g., Ryan, 1998). In two Swedish studies on Christian victims of sexual abuse (Rudolfsson & Tidefors, 2014, 2015), the respondents partly attributed their reluctance to attend Church to descriptions of how the Church had become a place where their memories of the abuse were triggered. The hymns used and the symbolical language (e.g., sacrificial lambs, the minister's authoritative position, and an insensitive use of the concept of forgiveness) was described as provoking, evoking feelings of shame and guilt, and as making the respondents feel set apart and excluded from the other congregants. These results are in line with previous studies on Christian victims of sexual abuse (Imbens & Jonker, 1992; Kane, Cheston, & Greer, 1993; Moran, 1994). The conflict of feeling angry at, and betrayed by, God while at the same time longing for Him might also make it hard for victims to participate in Church activities; this is sometimes described as the victim being caught in a theological conflict (Farrell, 2009).

Lemoncelli and Carey (1996) argue that, for the religious victim, if spiritual dimensions of the abuse are not addressed the psychological wounds may not be healed. In a study by Farrell (2009), existential and spiritual traumas were identified in Christian victims of sexual abuse perpetrated by priests or other religious figures. These trauma characteristics had profoundly challenged the abused individual's faith, beliefs, and image of God. It was described as if the abuse had challenged the victim's view of life itself. Moreover, because of the sexual abuse the victims described feelings of a spiritual emptiness, as well as a profound search for answers at the very core of their trauma. These uniquely religious and existential trauma characteristics are currently not covered in diagnostic manuals, and although the participants in Farrell's study had undergone psychological treatment, their trauma symptoms seemed unchanged (Farrell, 2009). These results are in line with another study by Rudolfsson and Tidefors (2014) where Christian victims of sexual abuse described searching for a meaning in what had happened to them, as well as described the psychological and religious consequences of the abuse as intertwined and not possible to separate.

People who have been sexually abused report more anger toward God than people who have not been abused, and further, they tend to feel that God is more distant from them (e.g., Kane et al., 1993). Consequently, many studies have found that the victim's relation to God is influenced by having been sexually abused (Farrell, 2009; Ganje-Fling & McCarthy, 1996; Imbens & Jonker, 1992; Kane et al., 1993; Rudolfsson & Tidefors, 2014). However, although sexual abuse might lead to a distrust in God, many victims still voice a need for a religious dimension in their lives as well as a longing for a more comforting relation to God (Farrell, 2009; Kane et al., 1993; Rudolfsson & Tidefors, 2014). This could be understood in light of attachment theory and god image.

Victimization and Images of God

First, it should be stated that the studies focusing on victim's god image have been conducted among adult victims, where the abuse that the participants suffered occurred many years ago. Consequently, there is a lack

of research focusing on children or on abuse that occurred recently. Furthermore, a vast majority of the research has focused on Christian victims.

Viewing sexual abuse and faith through attachment theory can illustrate how a person's image of God can be affected by victimization. According to attachment theory, the child needs proximity to a protective adult for its survival, hence, a biological bond between the infant and its caregiver evolves to maintain this proximity and prevent separation. The main goal of the infant is to seek protection and closeness and to build a secure base from which the world can be explored and a safe harbor to which the child can return if frightened. Love, security, and predictability from the caregiver promote development and offer the child prerequisite to handle exploration and separation without fright. However, regardless of whether the caregiver responds adequately to the child's needs, the infant will attach to whatever support is available (Ainsworth, 1985; Bowlby, 1977, 1980, 1988). The child's tendency not to see that a parent can be cruel or neglectful is explained by Freyd (2003, 2008) as the child becoming blind to betrayals in order to maintain the attachment bond.

As the child grows older the attachment to its caregiver is no longer in need of proximity in the same way as when the child was an infant. Instead, the attachment becomes represented intrinsic as symbolic representations of the child's experiences of its primary caregiver. This is referred to as symbolic attachment representations (e.g., Ross, 2004). The interaction between the child and its caregiver creates what is called internal working models of self and others. These internal working models then function as a compass according to which the world is understood and interpreted and according to which self-esteem and expectations in other relationships are built (Bernier & Meins, 2008). In that sense, attachment is transactional as the quality of the infant's attachment to its primary caregiver informs all coming relationships in the child's, and later adult's, life.

Some researchers have conceptualized the individual's relation to God as an attachment relationship (Birgegard & Granquist, 2004; Kirkpatrick, 1992, 1998; Kirkpatrick & Shaver, 1990). The love that is experienced in the relationship with God seems to be similar to the prototypical attachment of a child to an adult attachment figure (Granqvist, Mikulincer, & Shaver, 2010). Additionally, an individual's relation to God seems to serve

many of the same functions as close relationships to a caregiver: providing a secure base and a safe harbor. The individual may also demonstrate attachment-characteristic behavior toward God, such as proximity seeking and separation anxiety at times where God is perceived as distant (Miner, 2009). The proximity to God is not a physical proximity as with caregivers, rather, the individual's relation to God is conceptualized as a symbolic attachment representation based on internal working models.

Rizutto (1979) distinguishes between god concept and god image. The individual's god concept is based on a cognitive understanding of God; closely tied to theology and what is being taught about God in the religious community. God image, on the other hand, is based on the individual's experience of God, built on the quality of attachment and the individual's internal working models. For most people, god concept and god image are compatible, that is, what is being taught about God is also how God is experienced. However, for victims of child sexual abuse the concept of God as almighty and loving may not be compatible with the experience of a God who did not intervene to stop the abuse. In a previous study (Rudolfsson & Tidefors, 2014), one victim of child sexual abuse described how she, as a child, had prayed at nights for God to stop the abuse. The experience of God not hearing her and helping her led to feelings of abandonment, and further, to struggles to understand who God was; the God that was spoken about in Church was not the same God that she had experienced.

Focusing on God as a symbolic attachment representation and victims of sexual abuse, the relationship to God often seems to be based on the expectation that, just as parents are supposed to, God will be protective in times of difficulty or fear. When victimized, this basic agreement of trust is often felt to be breached. Victims of sexual abuse may come to feel utterly abandoned and betrayed, not only by humans, but also by the supposedly good God that allowed the abuse to take place (Ganje-Fling & McCarthy, 1996; Imbens & Jonker, 1992; Kane et al., 1993; Rudolfsson & Tidefors, 2014; Russell, 1999; Wilson & Moran, 1998). Furthermore, religious beliefs that perceive God as almighty can lead the individual to feel dependent and powerless, and sexually abused individuals sometimes seem to transfer their feelings toward the perpetrator to God (Doehring,

1993). This could lead to a struggle with an image of God as cold and indifferent, unforgiving, or harsh, and punitive (Walker et al., 2009).

The sometimes contradictory feelings of being angry at, and betrayed by, God while at the same time seeking closeness to, and comfort from, God can be understood through attachment theory. In the same way, As a dependent child needs to protect its view of its parents in order to maintain the attachment bond (Freyd, 2003, 2008), the same might occur in the religious victim in relation to God. In the previously referred interview study with Christian victims of sexual abuse (Rudolfsson & Tidefors, 2014), although the respondents expressed anger towards God this anger was also described as difficult to define and as threatening the respondent's bond to God. Doubting God and expressing anger toward Him can therefore be seen as both frightening and threatening; the inner bond to God might not be able to withstand it, while the victim of abuse may not know how to live without that bond. To struggle with doubt and anger as a result of feeling abandoned by God, while at the same time being afraid to express such feelings, is a heavy burden to carry (Rudolfsson & Tidefors, 2014).

Some studies suggest that the child's age when the abuse begins influences how the victim's relation to God is affected (e.g., Gall, 2006). In other words, if the victim is abused at an older age they may already have had time to form a symbolic attachment representation of God prior to the abuse, which enables them to use their relationship with God as a source of comfort in a way that children who are abused at an earlier age may not have the ability for. Other studies have shown that if the victim is uninvolved in religion as children they were better able to turn to organized religion for comfort as adults (e.g., Grossman, Sorsoli, & Kia-Keating, 2006).

However, a majority of the studies on sexual abuse, consequences on faith, and god image is conducted in Christian contexts and being a victim in another religious context may differ. Not the least, not all religions are as attachment-based as Christianity where, among other things, the symbolic language emphasizes God's parental role by naming Him Father. Therefore, the commonalities and differences of victimization across contexts will be addressed.

Religious Victims of Sexual Abuse: Commonalities and Diversities Across Contexts

The vast majority of research concerning religious victims of sexual abuse and consequences on faith have been conducted in Christian contexts. Consequently, there is a lack of studies focusing on differences and commonalities between religions. However, some studies have focused on similarities and diversities of religious coping across religions. In this section, these studies will be outlined. Specific challenges will be discussed, where reactions from faith communities, the role of sexual moral, family structure, shame, and lack of knowledge will be highlighted.

Religious Coping and Diverse Religions

In a review of more than 1600 studies, Koenig, McCullough, and Larson (2001) found that religious beliefs and practices were consistently positively associated with health outcomes. However, some studies have found that religion can also be the source of negative experiences and even trauma (e.g., Exline, Yali, & Sanderson, 2000), not the least this has been found in studies focusing on sexual abuse perpetrated by religious authorities. Each religion has specific beliefs and rituals, which respond to the different stressors of individual believers, in varying contexts. Consequently, religions differ in the manner in which they correlate with mental health and, furthermore, within religions variance occur between individuals as well as between different situations and stressors.

Religious coping can be defined as a form of coping that is inherently derived from religious beliefs, practices, experiences, emotions, or relationships (Abu-Raiya & Pargament, 2015). Positive forms of religious coping reflect a secure relationship with God, a belief that there is a greater meaning to be found, and a sense of spiritual connectedness with others. Negative forms of religious coping instead reflect a view of the world as threatening, religious struggles to find and conserve meaning in life, and a spiritual struggle with the relation to God (e.g., Pargament, 1997). However, as with religious victims of sexual abuse, the vast majority of research

on religious coping and its correlates to mental health have been focused on Christian populations (e.g., Gall & Guirguis-Younger, 2013). As such, these findings might not be generalizable to individuals of other faiths.

As previously discussed, meaning making can play a profound role in an individual's coping process. However, tentatively, personal meaning may play a larger role in secular societies whereas in a religious society where meaning is consistently, not restricted to situations, and referred back to religious principles, meaning making may differ. In such societies, the strength of an individual's faith may be more important (Aflakseir & Coleman, 2009). Another difference that can be seen between societies possibly affecting meaning making is that, for example, Muslim and Asian cultures, tend to emphasize the collective over the individual, whereas European countries and the US emphasize the individual over the collective (e.g., Al-Krenawi & Graham, 2000). It is reasonable to assume that such differences between religions and societies affect both how the individual search for and possibly attribute meaning. As such, depending on the society and religious community that the sexual abuse occurs, it is likely to have effect on how the victim is able to understand and cope with what has happened.

Although a meta-study by Abu-Raiya and Pargament (2015) only found twelve empirical studies focusing on the relation between religious coping and well-being among Muslims, similar patterns as in Christian samples were found; some forms of religious coping are beneficial to Muslim's health, whereas others seem to be harmful. For example, in a study by Ai, Peterson, and Huang (2003) positive religious coping (e.g., benevolent religious reappraisals) was associated with higher levels of optimism, while negative religious coping (e.g., punishing God) was associated with lower levels of hope and greater experience of trauma.

The previously mentioned meta-study (Abu-Raiya & Pargament, 2015) found only seven empirical studies focusing the link between religious coping and well-being among Jews, three focusing on Buddhists, and only one study focusing on Hindus. Lazar and Bjork (2008) found that, among Jews, religious leader and God support were negatively related to emotional distress and positively related to life satisfaction. Phillips et al. (2012) found that, among Buddhists, meditation, mindfulness, and intentional morality, among other things, is to be considered positive Buddhist coping

strategies, whereas fatalistic karma, appraisals of being a bad Buddhist, and the experience of it not being easy to be a Buddhist is to be considered as negative Buddhist religious coping strategies. Tarakeshwar, Pargament, and Mahoney (2003) found that, among American Hindus, God-focused coping (e.g., trying to put ones actions together with God) were associated to higher life satisfaction, whereas religious guilt, anger, and passivity (e.g., realizing that God cannot answer all prayers) were associated to lower scores on life satisfaction as well as higher scores on depressive symptoms.

More research on religious coping across religions is needed, however, the studies available all provide some evidence that some forms of religious coping (i.e., reflecting benevolent reappraisals) might be beneficial for the believer's mental well-being, whereas others (i.e., reflecting religious struggles) might be harmful (Abu-Raiya & Pargament, 2015). In that sense, the results are similar to ones found in studies among Christians.

However, as previously mentioned, several studies indicate that having been sexually abused is negatively associated with religious involvement, such as participation in church activities, and studies also suggest that childhood sexual abuse tend to damage both individual and corporate forms of religiousness among victims. The results found on religious coping, among people who have not been sexually abused, may therefore not be applicable.

It should be stated that some studies on victims of sexual abuse and faith include respondents from different religions. Although they seldom focus specifically on differences and similarities across religions and although they are most often conducted among victims in Western societies, they do show similar consequences on the victim's faith across religions (e.g., Elliott, 1994). However, there is a need for more empirical research focusing on religious coping among victims of sexual abuse across religions.

In the next sections, the specific challenges across cultures and contexts will be discussed, highlighting reactions from faith communities, the role of family structure, sexual moral, shame, and lack of knowledge.

Specific Challenges: Secondary Victimization

Since the 1970s and early 1980s, focus on sexual abuse has increased in Western societies (e.g., Fortney, Levenson, Brannon, & Baker, 2007), however, the literature examining cultural variables in relation to sexual abuse is more recent, gaining greater attention within the past 15–20 years. When an individual face trauma and search for religious meaning and comfort, this is not solely a personal, or intra-psychic, process. It is also part of a reciprocal process between individuals (e.g., Park, 2005). In addition to prayer, religious individuals often seek religious support (from religious leaders and other parishioners) when trying to understand and overcome traumatic events (e.g., Pargament et al., 2000). In a previous Swedish study (Rudolfsson, Tidefors, & Strömwall, 2012), a majority of the 421 responding clerics (72.9%) reported that they had met victims of sexual abuse in their clerical work. This result is consistent with another study (Rudolfsson & Tidefors, 2009) in which 77% of the responding clerics had met victims of sexual abuse. These findings indicate that many victims of sexual abuse seek guidance and support from their congregations, when trying to learn to live with what has happened.

In two previous studies, built on interviews with Christian victims of sexual abuse (Rudolfsson & Portin, 2018; Rudolfsson & Tidefors, 2015), the respondents described that being a victim of sexual abuse made them feel different and sometimes excluded from their Christian congregation. They wished for a Church that would validate their experiences and a need for rituals that could acknowledge their hurt. Flynn (2008) found in a study, of Christian women who had been sexually abused, that the impact of the abuse was less stigmatizing when the faith communities validated the abuse and created psychological confirmation by showing belief and support for the women. The respondents in Flynn's study stressed their need to feel loved by the other parishioners, which in turn offered them a way to regain their trust in the congregation.

Compared with other forms of religion-related maltreatment (e.g., intra-familial abuse in a religious family) cases of child sexual abuse involving religious authorities as perpetrators, involve more sexual abuse, more

men than women perpetrators, and more and older victims, who, compared to younger children are presumably freer of adult supervision (Bottoms, Goodman, Tolou-Shams, Divak, & Shaver, 2015; Bottoms, Shaver, Goodman, & Qin, 1995). Much of the research on religion-related sexual abuse has focused on the Roman Catholic Church. The scandals of child sexual abuse perpetrated by clergy within the Catholic Church has also prompted an increased awareness about the importance of the reactions of others at disclosure.

Several studies show that victims of sexual abuse are often afraid to disclose their experiences out of fear of negative reactions from others. Previous research has also shown that victims often blame themselves for the abuse and that many feel ashamed of what they have been through (e.g., Fiering & Taska, 2005). The therapeutic effect of disclosing having been a victim of sexual abuse seems to depend on whether the victim feels that the one listening is empathetic and supportive. Some studies have even shown that if the one listening does not show empathy and support, the victims' psychological suffering might increase (e.g., Patterson, 2010). In the literature, this is referred to as secondary victimization and describes the risk that disclosure can increase and exacerbate the traumatic experience of being sexually abused (Campbell & Raja, 1999; Patterson, 2010).

Examples of secondary victimization are if the victim feels that her/his story is met with disbelief or if the one listening is cold and distant (Campbell, 2005; Patterson, 2010). Being met with these attitudes can increase the victims' feelings of shame and anger, and further, increase the risk of the victim blaming her/himself for what has happened (e.g., Maddox, Lee, & Barker, 2011). In an interview study with Christian victims of sexual abuse, the respondents described that when their experiences were not validated it was like being abused once again (Rudolfsson & Portin, 2018).

Within the Catholic Church, many victims of clergy-perpetrated abuse have reported secondary victimization. Few priests, within the Catholic Church, were arrested or processed through the criminal system, as bishops were more likely to try to help the abusers, rather than punish them. In line with this, the diocesan leaders focused primarily on the well-being of the priests who had perpetrated the abuse, with little or no discussion about the harm caused to victims. The Church's failure to address the problems

in a timely and appropriate manner, undoubtedly caused further harm and suffering to the victims (e.g., Terry, 2015).

Professional literature places great importance on disclosure for its effect on the victims' ability to cope with the abuse (e.g., Nofziger & Stein, 2006). One variable likely to influence disclosure is the religious and cultural background of the victim as specific culturally dominant values and characteristics may affect the disclosure patterns (e.g., Fontes & Plummer, 2010).

Specific Challenges: Family Structure, Sexual Moral, Shame, and Lack of Knowledge

Because a majority of sexual abuse is perpetrated within the family, the importance of family structure needs to be addressed. As previously mentioned, some cultures are characterized by a collective emphasis in which the welfare of the group (i.e., family) take precedence over the welfare of the individual, whereas Western cultures are often characterized by individualism (e.g., Nassar-McMillan & Hakim-Larson, 2003). For example, collectivism profoundly shapes the structure of many Arab families, including parent–child roles (e.g., Haboush & Alyan, 2013), however, not restricted to Arab families.

Despite its differences, many religions share an emphasis on the importance of family, honor, and daughters' virtue (Ajrouch, 2004; Moran, 1994). Although collectivist cultures might offer an extended social support, if the well-being of the family is prioritized before personal good and if the parent–child relation is structured hierarchal, children may be expected to make sacrifices to benefit the family (e.g., Khalaila, 2010). Many religious families are characterized by a hierarchal and patriarchal structure as respect for parental authority, especially the father's, is highly valued (Erickson & Al-Timimi, 2001; Imbens & Jonker, 1992; Moran, 1994). Furthermore, in some cultures, the family's honor is upheld by the modesty of daughters, sisters, and wives (e.g., Ajrouch, 2004). One consequence of such family structures might therefore be that, especially girls, can find themselves lacking in resources in the event that sexual abuse occurs (Haboush & Alyan, 2013). This is particularly true in cases where

the perpetrator of the abuse is a male member of the family (e.g., Imbens & Jonker, 1992). The role of the man as the head of family, and as the protector, might also make it hard for boys, in such contexts, to disclose being a victim of sexual abuse (e.g., Andersen, 2009).

Attitudes toward disclosure of sexual abuse have been related to traditional gender stereotyping, as individuals with a more traditional view of gender roles are more accepting toward violence against women (Fitzpatrick, Salgado, Suvak, King, & King, 2004). Furthermore, less traditional views of gender have been related to a non-blaming attitude toward the victim (Simonson & Subich, 1999). The traditional family structure and the tendency to prioritize the well-being of the group over the individual, found in many religious groups, may hinder disclosure of sexual abuse out of concerns about shaming the family particularly if the perpetrator of the abuse is a family member (Abu Baker & Dwairy, 2003; Haboush & Alyan, 2013). Disclosing abuse may, in such cases, be viewed as a defiant act that can warrant repercussions. This, in turn, might exacerbate the risk that the victim relies on self-blame and justification to understand and cope with the abuse (e.g., Abu-Ras, 2007). While all children may fear blame and abandonment, if they should disclose being a victim of intra-familiar sexual abuse, the strong reliance on family found in many religious groups may exacerbate this fear (Haboush & Alyan, 2013).

Relating to the importance of family, honor, and shame are attitudes toward sexuality. Many religious groups hold restricted views on sexuality that endorse only heterosexual relations and advocate no sex before marriage (Songy, 2007; Weatherhead & Daiches, 2010). Previous research shows a tendency among some religious groups to silence any discourse related to sexuality in general and to sexual violence. This tendency might be particularly challenging when boys and men are victims of sexual abuse perpetrated by a man, since this particular abuse involves a religious taboo, a religious condemnation of homosexual relations (e.g., Zalcberg, 2012).

Furthermore, some religious groups tend to shy away from providing their children with sexual education partly because of religious influences, partly because of larger cultural sanctions against open discussions about something that is considered as a personal matter. This tendency, of some religious groups and families, to fall into silence on the topic of sexuality

offers a unique challenge as silence tends to breed silence (Haboush & Alyan, 2013). If a child is being taught that sex is associated with something dirty or shameful, a taboo, and something one should not talk about it decreases the likelihood of children disclosing sexual abuse (Erickson & Al-Timimi, 2001; Kulwicki, 2002). Because shame on a general level has been emphasized as a central emotional consequence for individuals who have been sexually abused, there is a risk that a religious view of sexuality as shameful could exacerbate the victim's tendency to blame themselves for the abuse, viewing themselves as disgraceful and morally ruined through the abuse (Farrell, 2009; Haboush & Alyan, 2013; Imbens & Jonker, 1992; Moran, 1994).

As several trauma reactions such as depression, anxiety, and PTSD have been noted to be prevalent among those who have been sexually abused, the stigma attached to mental health problems, in many religious groups, also need to be addressed. Internationally, stigma has been found to be a primary barrier to seeking mental health care (World Health Organization, 2001). Being part of a religious community has been found to sometimes hinder the individual from seeking clinical professional help. Furthermore, previous research shows that many religious individuals seek help from clergy, before seeking clinical help (Koenig, 2009).

However, clergy as helpers, and as a resource for victims, has received less attention in research than have clergy as perpetrators of abuse (e.g., Rudolfsson, 2015). Previous research indicates that caring for victims of sexual abuse is associated with discomfort and insecurity (e.g., Goldblatt, 2009) and, further, studies in Christian samples show that many representatives of the Church feel unprepared and report a lack of knowledge about how to care for victims of sexual abuse within their congregations (Bruns et al., 2005; Rudolfsson & Tidefors, 2009, 2013). Consequently, some studies have highlighted that it could be important for clergy to be able to recognize such reactions and the victims' need for psychiatric care (Milstein, Middel, & Espinosa, 2017; Noort, Braam, van Gool, & Beekman, 2012; Rudolfsson & Portin, 2018).

Some studies have shown that victims of sexual abuse benefits from meeting with other victims, and the need for a safe psychological safe, where the victim can find rest from the negative thought related to the abuse has been stressed (e.g., Kaplan, 2006). It has also been suggested that

the religious community could function as this safe space, by for example, offering restitution rituals (Rudolfsson & Portin, 2018). However, these suggestions are based on studies with individuals who had suffered abuse that occurred outside Church, that is, not by a representative for the religious community. The suffering and pain of victims of abuse perpetrated by a representative for the Church raises even more challenging questions in regard to the congregation as a safe space. How the congregation could possibly function as a safe space for such victims, needs further investigation. Representatives of the religious community should not treat psychiatric symptoms, and need to be aware when a victim's reactions exceed their competence and, in such cases, refer the victim to a clinical specialist. Furthermore, even when referrals do not need to be made, if a representative of a religious community wants to offer care to victims of sexual abuse, knowledge about sexual abuse, and its consequences need to be acquired, including the risk of secondary victimization (Rudolfsson & Portin, 2018).

Conclusion and Practical Implications

This chapter has outlined the psychological consequences of being sexually abused as well as the potential consequences on the victims' faith. Commonalities and diversities in religious coping across religions have been outlined, and specific challenges across contexts have been discussed. Below are the conclusions and practical implications of this work.

- Worldwide, the prevalence of child sexual abuse range from 8 to 31% for girls and 3 to 17% for boys. In addition to this, studies estimate that 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or sexual violence by a non-partner at some point in their lives. More girls and women are sexually abused than are boys and men.
- Trauma reactions, such as depression, anxiety, and PTSD are prevalent among those who have been sexually abused. Self-blame, feelings of loneliness, suicidal thoughts, and guilt are other negative consequences,

and shame has been emphasized as a central emotional consequence for individuals who have been sexually abused.

- Trauma can disrupt the individual's sense of purpose and meaning in life and the victim can come to struggle to understand the abuse from a spiritual point of view. The struggles for a religious understanding of the trauma suffered can include anger, despair, confusion, guilt, and sometimes complete withdrawal. If the victim is unable to maintain their faith, they may be further burdened with guilt. Besides the psychological consequences that victims may suffer, for the religious victim, the abuse can therefore also result in a religious trauma.
- Childhood sexual abuse tends to damage the victim's faith, both individual and corporate forms of religiousness, and having been sexually abused is negatively associated with religious involvement, such as participation in church activities. Victims of sexual abuse, who were able to use their faith to make meaning out of their experiences, typically do so outside the context of organized religion, turning to individual spirituality for make meaning.
- Many studies have found that the victim's relation to God is influenced by having been sexually abused. People who have been sexually abused report more anger toward God than people who have not been abused, and further, they tend to feel that God is more distant from them. However, although sexual abuse might lead to a distrust in God, many victims still voice a need for a religious dimension in their lives as well as a longing for a more comforting relation to God.
- The sometimes contradictory feelings of being angry at, and betrayed by, God while at the same time seeking closeness to, and comfort from, God can be understood through attachment theory. In the same way, as a dependent child needs to protect its view of its parents in order to maintain the attachment bond, doubting God and expressing anger toward Him can be seen as both frightening and threatening. The victim's inner bond to God might not be able to withstand it, while the victim of abuse may not know how to live without that bond.

- Each religion has specific beliefs and rituals, which respond to the different stressors of individual believers, in varying contexts. Different religions, therefore, differ in the manner in which they correlate with mental health and, furthermore, within religions variance occur between individuals as well as between different situations and stressors.
- Depending on the society and religious community that the sexual abuse occurs, it is likely to have different effect on how the victim is able to understand and cope with what has happened. Although more research on religious coping across religions is needed, the studies available suggest that some forms of religious coping, reflecting benevolent reappraisals, might be beneficial for the believer's mental well-being, whereas others, reflecting religious struggles, might be harmful.
- When an individual face trauma and search for religious meaning and comfort, this is not solely a personal, or intra-psychic, process. It is also part of a reciprocal process between individuals. In addition to prayer, religious individuals often seek religious support, from religious leaders and other parishioners, when trying to learn to live with what has happened. Professional literature places great importance on disclosure for its effect on the victims' ability to cope with the abuse.
- The therapeutic effect of disclosing having been a victim of sexual abuse seems to depend on whether the victim feels that the one listening is empathetic and supportive. Some studies have even shown that if the one listening does not show empathy and support, the victims' psychological suffering might increase. This is referred to as secondary victimization.
- Examples of secondary victimization are if the victim feels that her/his story is met with disbelief or if the one listening is cold and distant. Being met with these attitudes can increase the victims' feelings of shame and anger, and further, increase the risk of the victim blaming her/himself for what has happened. Within the Roman Catholic Church, many victims of clergy-perpetrated abuse have reported secondary victimization, and the Church's failure to address the problems in a timely and appropriate manner undoubtedly caused further harm and suffering to the victims.
- Family structure can influence the victim's ability to disclose sexual abuse. Many religious families are characterized by a hierarchal and patriarchal structure as respect for parental authority, especially the

father's, is highly valued. In cultures where the family's honor is upheld by the modesty of daughters, sisters, and wives, especially girls can find themselves lacking in resources in the event that sexual abuse occurs. The role of the man as the head of family, and as the protector, might also make it hard for boys, in such contexts, to disclose being a victim of sexual abuse.

- Many religious groups hold restricted views on sexuality that endorse only heterosexual relations and advocate no sex before marriage. There is a tendency among some religious groups to silence any discourse related to sexuality in general and to sexual violence, and some religious groups tend to shy away from providing their children with sexual education. If a child is being taught that sex is associated with something dirty or shameful, and something one should not talk about it decreases the likelihood of children disclosing sexual abuse. There is also a risk that a religious view of sexuality as shameful could exacerbate the victim's tendency to blame themselves for the abuse, viewing themselves as disgraceful and morally ruined through the abuse.

- Many religious individuals seek help from clergy, before seeking clinical help. However, many representatives of the Church feel unprepared and report a lack of knowledge about how to care for victims of sexual abuse within their congregations.

- Some studies have shown that victims of sexual abuse benefits from meeting with other victims, and the need for a safe psychological safe, where the victim can find rest from the negative thought related to the abuse has been stressed. It has also been suggested that the religious community could function as this safe space by, for example, offering restitution rituals. However, these suggestions are based on studies with individuals who had suffered abuse that occurred outside Church, that is, not by a representative for the religious community. The suffering and pain of victims of abuse perpetrated by a representative for the religious community raise even more challenging questions in regard to the congregation as a safe space. How the congregation could possibly function as a safe space for such victims, needs further investigation.

- Representatives of the religious community should not treat psychiatric symptoms, and need to be aware when a victim's reactions exceed their competence. In such cases, referrals to a clinical specialist need to be

made. Even when referrals do not need to be made, if a representative of a religious community wants to offer care to victims of sexual abuse, knowledge about sexual abuse and its consequences need to be acquired, including the risk of secondary victimization.

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