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Psychological consequences of child sexual abuse by church representatives and within church institutions - A Systematic Review

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Psychological consequences of child sexual abuse by church representatives and within church institutions - A Systematic Review

The psychological consequences of childhood abuse are diverse and often extend into adulthood. According to the World Health Organization (WHO, 2022) childhood abuse not only represents an extreme personal burden for the victims, but also poses a challenge for the healthcare system, as childhood abuse is linked to a variety of mental illnesses, showing a robust link between early adversity and a wide spectrum of mental health disorders. Child sexual abuse (CSA) has been described as having especially adverse effects on the future development of the victim (Kendall-Tackett, Williams, & Finkelhor, 1993).

In the early 2000s, media attention surged following the revelations of CSA cases within the Boston Archdioceses by investigative reporters of the Boston Globe newspaper. Their investigation exposed a systematic cover up of CSA cases by church officials, enabling further abuse. The revelations of the Boston Globe's "Spotlight" team sparked national outrage and initiated widespread legal and social repercussions (Slawson, 2017)., According to Terry (2015) these findings led to multiple large scale investigations and commissions, such as the *John Jay College* (JJC) report in 2004. The JJC investigation was initiated by the United States Conference of Catholic Bishops and included data from personal records of 97% of United States dioceses. Researchers of the JJC then gathered and analyzed CSA accusations against Catholic priests between 1950 and 2002. They found that 4.4% of Catholic priests under investigation were identified as alleged CSA perpetrators. Furthermore, the results indicated that the institution of the catholic church was partly aware of abuse cases and could be held accountable for not acting in the spirit of the victims. While public awareness of abuse by clerics has grown in recent years, much of it seemed to concentrate in an outrage against the accused institutions and perpetrators. Large-scale surveys like the JJC report have primarily sought to identify the extent and characteristics of abuse cases within church institutions and did not assess mental-health data from participants directly, but rather had to rely on diocesan records of abusive experiences.

Although no data on long-term mental health outcomes were collected during the JJC investigation itself, the researchers suggested that most abuse cases were characterized by unique dynamics of trust and power (JJC, 2004). They further stated that the special setting and the social and religious status of the perpetrators could lead to particularly severe consequences for the victims. In the last two decades since the publication of the JJC report, later conducted large-scale investigations outside the United Sates, such as the German MHG research project published in 2019, tried to assess the scope of CSA within Catholic structures and came to similar results. Even so, the personal experiences of victims and individual psychological effects of the abusive experiences could not be captured directly in these studies. In addition to these large-scale studies, a large body of scientific research has been published on the subject. Including a substantial number of studies that examined the psychological consequences of CSA by Christian clerics and abuse within church operated child-care institutions. However, the scope of these studies is broad, and their methodologies vary, leaving a gap in our understanding of the long-term effects of child abuse experiences in Christian settings. To address this gap, it is essential to synthesize the experiences of victims and provide a unified view of the psychological outcomes. A systematic review of the existing literature can achieve this by summarizing current research on the psychological effects of abuse within Christian settings and offering an overview of recent developments in the field.

Characteristics of child maltreatment

Abuse can manifest in various forms; each having associated clinical psychological effects. Norman et al. (2012) identified four key types of child maltreatment: *neglect*, *emotional and psychological abuse*, *physical abuse*, and *sexual abuse*. Neglect occurs when a caregiver fails to provide essential developmental resources leading to detrimental effects on a child's physical, emotional, and social development. Emotional and psychological abuse involve non-physical harmful behaviors, such as belittling or threatening, which impair a child's mental and social well-being. Physical abuse, on the other hand, refers to the intentional use of force to harm a child's health, development, or dignity and is often framed as punishment. Finally, sexual abuse includes situations where a child is involved in sexual activities it

does not completely comprehend, cannot consent to, or is developmentally unprepared for.

The term *Institutional abuse* (IA) was introduced by Gallagher (2000) and refers to maltreatment that occurs within organizational settings, such as schools, residential care facilities, or religious institutions, where individuals in positions of authority exploit their power over vulnerable populations. Lueger-Schuster et al. (2013) expanded this definition by highlighting that victims of IA were often exposed to multiple forms of abuse over a long period while being fully dependent on their perpetrators. Accordingly results of the JJC report suggest that most victims experienced multiple abusive offences, often over long durations.

Dynamics of abuse within a Christian setting

The role of religious power dynamics is frequently highlighted by survivors in social support networks, for instance in the *Survivors Network of those Abused by Priests* (SNAP). In Christian operated institutions, multiple victims reported severe physical abuse as a form of extreme discipline or punishment for perceived moral transgressions. Victims of sexual abuse by priests or other members of the clergy often described isolation and manipulation by their perpetrators to make them accessible to sexual abuse. Multiple reports included experiences of abusers falsely blaming victims for participating in the abuse and/or used religious justifications or threats to prevent disclosure. Identifying potential unique characteristics of child abuse within a Christian setting may help address the needs of survivors appropriately and provide effective support. Synthesizing qualitative research on survivor experiences could provide a comprehensive overview of adverse factors associated with the religious setting.

Victims reports also suggest that the concept of *betrayal trauma* could serve as a good framework for understanding possible causes and consequences of abuse in these settings. The term was introduced by the psychologist Jennifer J. Freyd (1996), to describe dynamics in cases of repeated abuse in which victims were dependent on their abusers. Freyd's original intent was to explain the maintenance of such long-lasting abusive relationships through dissociation and sometimes memory loss. However, her work could be well transferred to the current research interest, since later publications on betrayal trauma (Smith & Freyd, 2013, 2014) not only referred to interpersonal abuse

by trusted individuals, but were further extended to institutional settings. *Institutional betrayal* refers to victims' experiences of discreditation and a perceived lack of accountability by the institutions deemed responsible, after disclosing abuse experiences. The authors described experiences of betrayal as an enhancing factor for adverse outcomes related to experiences of abuse, specifically mentioning an increased likelihood for (complex) posttraumatic stress disorder symptoms. Similarly, a comprehensive inquiry to the Parliament of Victoria (Family and Community Development Committee, 2013) on the handling of abuse cases by religious and other non-governmental child organizations was titled *Betrayal of Trust*. In its response, the government (Parliament of Victoria, 2014) acknowledged that inadequate institutional responses had worsened victims' suffering. A systematic review could be suited to further evaluate betrayal trauma and institutional betrayal in the context of child abuse within Christian settings. Synthesizing victims' experiences of betrayal and institutional responses to abuse allegations may identify adverse effects on long-term mental health outcomes.

Similarly, Catholic priest and canon lawyer Thomas Doyle (2009) introduced the term *spiritual trauma*, attempting to identify the unique and special characteristics of sexual abuse of minors by religious authorities. Doyle's theory, based on his personal experiences of working with victims who were sexually abused by Catholic clerics, addressed fundamental issues within Catholic teachings and the hierarchical system of the Church. He stated that these factors created an environment that not only enabled the sexual abuse of children but further lead to particularly negative consequences. Additionally, he argued that victims were often taught from a young age that clerics held a higher position of power and moral authority, stemming from a perceived closer connection to God. Doyle stated that this strongly reinforced the imbalance of power between victim and perpetrator. He also mentioned catholic doctrine teaching loyalty to faith and the institution of the Church, which was instilled in victims from an early age. In this context, he critiqued that Catholic education typically ends during adolescence, before most young people begin to critically reflect on teachings and choose their own ethical guidelines. Lastly, he criticized the Church's handling of abuse allegations, asserting that the institution prioritized its own situation and thereby having been more supportive towards potential abusers than victims. Doyle described this as victims

being betrayed twice: first by the perpetrator, whom they were conditioned to see as a person of trust and authority, and second by the institution responsible for protecting them. In his view, these unique circumstances led to a loss of faith, feelings of guilt and shame, and isolation from religious communities and even families, resulting in radical changes to victims' worldviews by stripping away a spiritual dimension that once provided meaning and security.

Catholic priest and psychologist Joseph Guido (2008) followed a similar intent, describing clergy perpetrated sexual abuse as a unique form of betrayal, since victims, according to his experiences, perceived their abusers as some form of representation of God (*Alter Christi*), stating that this caused experiences of deep spiritual crisis, leading victims to question their faith, the nature of God, and their place within the Church.

Research by church officials, such as Doyle (2008) and Guido (2009), can provide valuable into the hierarchical structure of the Catholic church and may help identifying unique power dynamics. However, their research was based on personal experiences working with cleric-perpetrated CSA victims. The lack of empirical research leaves room for a risk of bias regarding the impact of spiritual changes in abuse survivors. A systematic review could critically evaluate these perspectives by synthesizing empirical findings on the spiritual consequences of abuse and survivors' individual perceptions of such changes.

Typical Mental Health Consequences of Child Abuse

Negative childhood experiences, as explored by Nelson et al. (2020), are characterized by an intense stress reaction to harmful incidents, which are usually categorised by the fact that they cannot be processed or respectively coped with successfully. These experiences have been shown to lead to neurobiological changes, such as alterations in the hypothalamic-pituitary-adrenal (HPA) axis and changes in brain structures like the amygdala and hippocampus (Heim et al., 2010; Smith & Pollack, 2020). Such changes dysregulate stress response systems, heightening sensitivity to future stress and increasing vulnerability to psychopathology. (Heim et al, 2010; Smith & Pollack, 2020). Similarly, the World Health Organization (WHO, 2022) stated that childhood maltreatment, can lead to impaired lifelong physical and mental health and can result in various psychological disorders.

Depression

According to the *International Classification of Diseases, 11th Revision* (ICD-11), depressive disorders are characterized by persistent feelings of sadness, reduced drive and a lack of interest or pleasure in previously enjoyed activities. Depressive disorders are often accompanied by other symptoms such as feelings of excessive guilt or low self-worth (WHO, 2018). A recently published umbrella review, including systematic reviews and meta-analyses, investigated the impact of multiple adverse childhood experiences on psychopathology in adulthood. Included studies frequently investigated the psychological outcomes of emotional, physical and sexual childhood abuse. The review concluded that childhood abuse significantly increased the risk of developing depressive symptoms in adulthood (Sahle, 2022). Another systematic review on the impact of child maltreatment on adult mental-health outcomes (Xiao et al., 2023) stated that psychological abuse often produces feelings of worthlessness and hopelessness, increasing the risk of developing mood disorders. Accordingly, Chaplin et al. (2021) showed that CSA victims were nearly twice as likely to experience depressive symptoms in adulthood.

Anxiety disorders

The ICD-11 defined anxiety disorders as adverse conditions that are marked by excessive fear or worry. They are further characterized by their persistent nature and negative impact on daily functioning (WHO, 2018). A network analysis of the long-term outcomes of CSA has found that adult survivors are at significantly enhanced risk of developing anxiety disorders, and that the severity of the abuse, such as penetration, further increased the risk (Li et al., 2023). Similarly, a meta-analysis (Norman et al., 2012) stated a strong correlation between childhood physical and emotional abuse and the later development of anxiety disorders, describing the unpredictable nature of the abuse as a key factor.

Posttraumatic Stress Disorder (PTSD) and Complex PTSD (CPTSD)

According to the latest revision of the ICD, PTSD is characterized by a set of key symptoms. These include (a) intrusions, such as vivid flashbacks or nightmares related to the traumatic event, (b) avoidance of reminders associated with the trauma, and (c) hyperarousal, which may include heightened alertness, sleep disturbances, difficulties

concentrating and an overall exaggerated startle response. Multiple researchers (Guerra et al., 2017; Norman et al., 2012; Xiao et al., 2021) described the relationship between traumatic events during childhood, such as abusive experiences, and the development of PTSD. The term CPTSD was newly introduced in the latest issue of the ICD-11 and is characterized by the core symptoms of PTSD, along with additional disturbances in self-organization. These include difficulties in regulating emotions, a negative self-concept marked by feelings of worthlessness or guilt, and persistent challenges in maintaining close relationships (WHO, 2018). A research article on the introduction of CPTSD in ICD-11 (Brewin, 2020) noted that multiple traumatization in a setting where escape is very difficult or impossible for the victim was associated with an increased likelihood of CPTSD. The article further mentioned prolonged childhood physical and/or sexual abuse as explicit examples for such risk factors.

Eating Disorders and Substance Abuse

According to Norman et al. (2012) childhood abuse survivors were nearly three times more likely to develop eating disorders, which the researchers associated with maladaptive coping. Similarly, Clark et al. (2023) found that harmful substance use was significantly increased among childhood abuse victims. They assumed that substance abuse frequently cooccurred with PTSD, as a maladaptive form of symptom management.

Personality disorders

Personality disorders (PD) are characterized by enduring disturbances in self- and interpersonal functioning. These dysfunctions often manifest in maladaptive emotional regulation and behavior, causing significant distress and impairment regarding interpersonal and social domains. The ICD-11 introduced a new dimensional approach to categorize PDs based on their severity and maladaptive trait domains (WHO-2018). Previous definitions classified PDs into distinct types, defined by characteristic behavioral patterns. These types included borderline PD (BPD), avoidant PD, antiscoial PD and dependent PD (WHO, 1992). A recent study on trauma-specific approaches for the prevention and treatment of BPD (Bohus et al., 2020) stated that nearly half of BPD patients seeking treatment also meet the diagnostic criteria for PTSD. These findings highlighted the prevalence of childhood abuse, including sexual abuse, as a significant

factor in the development of BPD, which was also described in two systematic reviews. In their research Porter et al. (2020) stated that BPD patients were significantly more likely to report at least one adverse childhood experience, compared to the general- and other clinical populations. Aquino Ferreira et al. (2018) reported that sexual abuse in particular increased the risk of developing a BPD.

Suicidal Behavior

Research by Sahle et al. (2022) indicated that adverse childhood experiences increased the risk of suicidal behavior among child abuse victims, reflecting the severe psychological toll of the experienced maltreatment. According to research on long-term outcomes of CSA, (Hailes et al., 2019; Norman et al., 2012) victims were particularly vulnerable to suicidal thoughts and behaviors.

Posttraumatic Growth

The concept of *posttraumatic growth* (PTG) was introduced by Calhoun and Tedeschi (1996), as a contrary to the focus on negative trauma outcomes. It describes the potential for personal development after traumatic experiences. According to the researchers (Tedeschi & Calhoun, 2004), PTG can be structured in five domains: *Improved relationships, increased personal strength, Recognition of new possibilities, Spiritual Growth* and *Greater appreciation for life*. They also emphasized that PTG can coexist with other negative trauma symptoms, which was further indicated in a study on female CSA survivors (Lev-Wiesel, Amir & Besser, 2004), that compared PTSD and PTG outcomes for female victims that were sexually abused by a family member and by a non-family member. The results showed that the first group, consisting of participants that experienced abuse by a family member, displayed higher levels of both PTSD and PTG. In relation to the current research interest, the question arises how child abuse by religious authorities or within religious environments potentially influences the development of PTG. Therefore, religious elements of abusive experiences could be of particular interest, since one of the five domains of PTG pertains directly to spiritual growth in victims.

Representativeness of current study situation

Over the last decades, psychological studies have predominantly been conducted in *Western, Educated, Industrialized, Rich, and Democratic* (WEIRD) countries, particularly in the United States, Canada, and Western Europe (Henrich et al., 2010; Rad et al., 2018). This overrepresentation has introduced a bias in the generalization of findings, as much of the research has been based on samples that do not represent a broader global population. This review seeks to apply these considerations to the current study sample. According to recent data, only 39.1% of the global Christian population resides in Europe and North America. The largest Christian populations are found in the United States (243 million), Brazil (213 million), and Mexico (107.9 million). Other countries with noteworthy Christian populations include Ethiopia, the Philippines, Nigeria, the Democratic Republic of Congo, Italy, Poland, and South-Africa. According to research (Milligan et al., 2016; Russel et al., 2024), countries with a high concentration of church-operated childcare facilities are primarily located in Sub-Saharan Africa, Latin America, and Southeast Asia, with Argentina, Brazil, Kenya, Uganda, and the Philippines frequently highlighted (World Population Review, 2024).

Research Gap and Objectives

Large-scale investigations have primarily aimed to estimate the prevalence and patterns of child abuse within Christian structures. While these studies provide valuable insights into the extent of abuse, they often lack data collected directly from survivors. As a result, findings on mental health outcomes are often not derived using validated psychological assessment instruments, limiting their reliability and depth. In contrast, a potentially substantial body of smaller scaled studies published over the past two decades may provide more detailed insights into the long-term psychological consequences of child sexual abuse (CSA) perpetrated by Christian representatives or within church operated childcare settings. A synthesis of these studies could provide an effective overview of commonly associated mental health outcomes and facilitate an assessment of their severity. Qualitative research, in particular, could provide critical insights into the individual experiences of victims, including adverse factors uniquely associated with religious settings. In addition to mental health outcomes, a systematic review could include information on the demographics of victims, allowing a comparison victims sexually abused by Christian representatives and victims of IA

within Christian-run childcare institutions. A systematic review could also address assumptions regarding the potentially heightened severity of abuse due to the religious office of perpetrators and the spiritual consequences of the abusive experiences, as suggested by researchers of the JJC investigation and Catholic researchers Doyle (2008) and Guido (2009). Moreover, it could evaluate existing findings in the context of theoretical frameworks such as betrayal trauma and institutional betrayal theory.

While several reviews have been published, their focus has tended to be too broad, often neglecting detailed examination of victims' experiences and psychological outcomes. For example, Dölling et al.'s (2016) meta-analysis of CSA within the Catholic Church briefly addressed health-related outcomes, but did not explore these negative outcomes in depth. Reviews examining the outcomes of institutional abuse often include victims from both religious and non-religious childcare settings, potentially obscuring the dynamics of abuse specific to Christian institutions.

Furthermore, existing publications strongly focused on child abuse within Catholic institutions. For example, the meta-analysis by Dölling et al. (2016) included studies on CSA in Protestant settings as reference data alongside non-religious institutions. Indicating a potential perception of CSA in church structures as a predominantly Catholic issue. The recently published ForuM study (2024) provided a comprehensive investigation of CSA within the Protestant Church in Germany, offering an opportunity to identify similarities and differences in abuse patterns and outcomes compared to existing literature on Catholic structures.

Finally, a global perspective on CSA within Christian structures remains underdeveloped. For example, Terry's (2015) review of CSA within the Catholic Church only included studies from Western countries, leaving substantial gaps in understanding the representativeness of findings for the global Christian population. Assessing, whether recent studies have improved in this regard could provide insights into generalisability of current research.

The identified research gap raised the following research questions:

1. What are the commonly reported psychological outcomes of child abuse across studies, and how has the severity of abuse been assessed?

2. What are the unique characteristics and adverse factors associated with child abuse in religious settings?
3. What is the current state of research on the topic? What types of studies have been published, and how representative are they of the global Christian population?

Based on existing literature, identified studies will be evaluated utilizing the following hypothesises:

A. Psychological outcomes of cleric perpetrated CSA and IA within Christian operated childcare facilities are more severe compared to child abuse in other settings
B. There exist unique characteristics and adverse outcomes due to the religious setting of the abuse and hierarchal church structures
C. Current publications on CSA within church structures and IA within church operated childcare facilities are limited to Western populations.

Methods

The PRISMA guidelines (Moher et al., 2009) were followed in conducting this systematic review. The initial steps involved defining the search interest, creating a search strategy, and selecting databases. Selection criteria and quality analysis methods were established to guide the selection and evaluation of studies, resulting in a narrative synthesis of the data.

Identification of Studies

To ensure a comparable search across different databases, collected content terms were categorized into four groups: abuse, outcomes, age, and clerical institutions. These categories were then combined using Boolean operators to ensure that each result contained at least one content term from each category.

(Neglect OR emotional neglect OR disregard OR inattention OR malnutrit OR starv OR emotional abuse OR psychological abuse OR verbal abuse OR shout OR threat OR ridicule OR devaluat OR

> physical abuse OR physical maltreatment OR injur OR hit OR beat OR child sexual abuse OR sexual trauma OR sexual assault OR molest OR rape OR punishment OR discipline OR sin OR cleans OR betray OR "betrayal trauma" OR exorcism) AND (mental health OR effect OR outcome OR psychological disorder OR disorder OR depression OR anxiety OR eating disorder OR substance abuse OR substance use OR trauma OR PTSD OR complex PTSD OR personality disorder OR suicid OR suicidal thought OR suicidal intentions OR suicidal behaviour) AND (child OR childhood OR young OR youth OR adolescent OR teen) AND (cleric OR clergy OR church OR catholic OR protestant OR "christian kindergarten" OR "christian daycare" OR "christian school" OR "christian camp" OR "child in care" OR orphanage OR nun OR priest OR pastor OR vicar OR minister OR altar boy)

This search strategy was implemented across four selected databases: PubMed, Web of Science, PsycINFO, and ATLA Religion.

Eligibility Criteria

Quantitative and qualitative studies were included if they addressed mental health-related or other psychological consequences for abuse victims within the context of church institutions with a Catholic or Protestant background, or if priests, pastors and other members of the clergy were identified as perpetrators. Victims had to be under the age of 18 at the time of the offense. Case studies were excluded for economic reasons. Publications written in English or German were eligible for the review. Publications that used the same data for different research questions were also included.

Results

Screening Process

The results for each database search were saved and collected in an Excel file to remove duplicate search results. The remaining 3,519 records that matched the search string were screened using a three-step process. First, 3,292 records were excluded because their titles did not match the general search interest. Second, the abstracts of the remaining 227 records were screened, after which 109 records were excluded. Additionally, 47 documents related to child abuse contained no information regarding a

church background in their abstracts. Therefore, a further screening step was conducted. The full texts of these 47 unclear records were searched for ecclesiastical terms using a keyword search (church, religious, cleric, priest, pastor, nun, Christian, Catholic, Protestant). In this additional step, 32 of the unclear records were excluded, leaving a total of 86 reports, of which 15 were inaccessible. This resulted in 71 eligible records for a full-text evaluation based on the inclusion and exclusion criteria. Finally, 29 documents were selected for the systematic review.

These documents included multiple studies that related to the same data sets. Three German studies (Dressing et al., 2019; Dreßing et al., 2019) analyzed data collected during a research project conducted by universities in Mannheim, Heidelberg, and Gießen (MHG) that examined personal files from all 27 Catholic dioceses in Germany to assess the prevalence and possible causes of CSA by Catholic priests in Germany. Three Austrian studies (Knefel & Lueger-Schuster, 2013; Lueger-Schuster et al., 2013 & 2014) referred to data collected by an independent victim protection commission established in 2010. Lastly, two studies on IA in Germany (Rassenhofer et al., 2014; Spröber et al., 2014) were both conducted by similar researchers and both included abuse participants from a government sponsored reappraisal program. This indicates a high likelihood of overlap, between these analyzed datasets, which should be considered when synthesizing these findings.

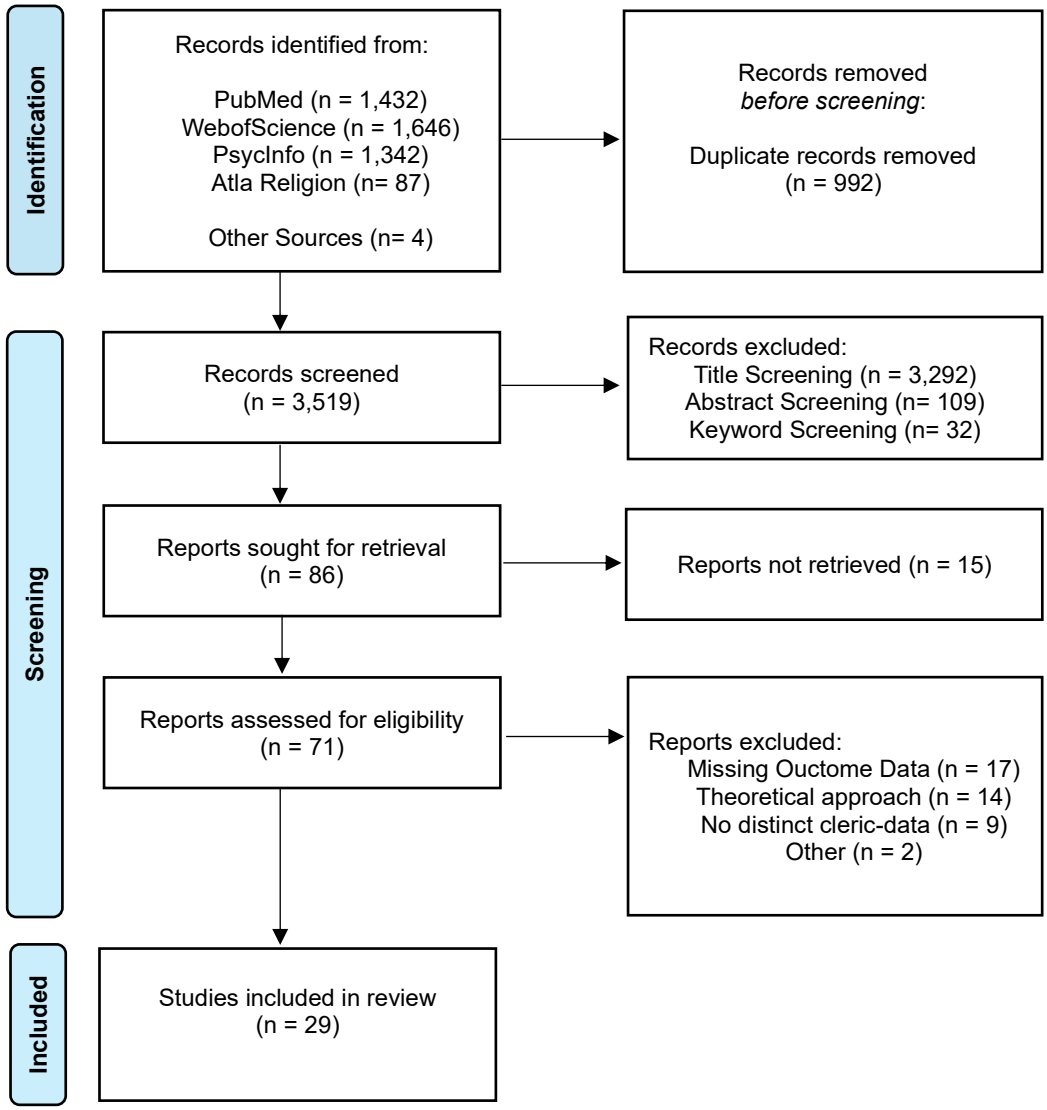

Figure 1. PRISMA Flow Chart

Study Risk of Bias Assessment

The quantitative studies were evaluated using an adaptation of the *Cochrane Risk of Bias Tool*. Originally designed to assess the quality of randomized controlled trials, Hoya et al. (2012) modified the tool to evaluate prevalence studies, with a focus on both external and internal validity. To better align with the current research topic, their evaluation method was further adapted, following a similar approach used by Carr et al. (2018) in investigating outcomes of IA in long-term care settings. For qualitative research the *Joanna Briggs Institute* (JBI) *Critical Appraisal Checklist* (JBI, 2020) for health-care practice and health outcome studies was applied.

Study Limitations

As described in table 1, the most common limitation of the reviewed studies was related to sample composition. The largest part of analyzed studies included participants who had already expressed a willingness to share their experiences publicly, such as through participation in abuse committees or victim networks and were therefor not representative for the total population of potential child abuse victims. Furthermore, six studies (Easton et al., 2016; Isely et al., 2008; Mart, 2003; Prues et al., 2019; Saltzman et al., 2015 & Shea, 2008) exclusively examined male samples. Another concern involved data collection methods. As described, multiple studies, particularly large-scale prevalence inquiries (Dressing et al., 2019; Dreßing et al., 2019, 2021; JJC, 2004; Rassenhofer et al., 2014), did not directly collect data from abuse victims. Instead, researchers often had to analyze personal files of accused clergy, relying on institutional documentation of abusive incidents. In the case of the JJC and MHG study, researchers did not have direct access to personnel files, instead data were collected by diocesan employees.

As displayed in table one, several limitations complicated the identification of abuse-specific consequences within church settings. Of the 24 quantitative studies, systematic reviews, and meta-analysis, only five (Pereda et al., 2022; Shea, 2008; Spröber et al., 2014; Stevens et al., 2019; Witt et al., 2022) included a control group comprising comparable victims from non-clerical settings. Three additional studies (Carr, 2018; Dölling et al., 2016; Lueger-Schuster et al., 2013) provided comparable reference data from other child abuse studies. Furthermore, ten of the 21 quantitative studies (see Table 1) did not use psychological questionnaires to assess mental health data. Finally, two studies (Carr et al., 2019; Knefel & Lueger-Schuster, 2013) and two systematic reviews (Blakemore et al., 2017; Carr et al., 2018) did not clearly differentiate data between victims of clerical and non-clerical perpetrators.

All qualitative studies examined relevant aspects of psychological outcomes related to IA and CSA within clerical settings. The studies met most of the JBI criteria, particularly regarding the correct implementation of qualitative research methods. However, none addressed the potential influence of the researchers on participants, which seems especially relevant in one study on spiritual changes in sexual abuse

victims of priests (Prusak & Schab, 2022), as one of the two researchers was a practicing Catholic priest.

Table 1

Assessment of study quality for quantitative studies, systematic Reviews and Meta-Analysis

Study	Score	1. Target Population Represen-tation	2. Sample Size	3. Control Group	4. Cleric specific	5. Direct Data Assess-ment	6. Case Definition	7. Psych. Question-naires	8. Same Mode of Data	9. Data Analysis	10. Church connec-tions
Reviews & Meta-Analysis											
Dölling et al., 2016	8/10	0	1	1	1	1	1	0	1	1	1
Terry, 2015	6.5/10	0	1	0	1	1	1	0.5	1	0	1
Carr et al., 2018	6/10	0	1	0	0.5	1	1	0.5	1	0	1
Blakemore et al., 2017	6/10	0	1	0	0.5	1	1	0.5	1	0	1
Large-Scale Studies & Reports											
John Jay College, 2004	7/10	1	1	0	1	0	1	0	1	1	1
MHG – Study, 2019	6/10	1	1	0	1	0	1	0	1	1	0
ForuM, 2024	8.5/10	1	1	0	1	1	1	0.5	1	1	1
Large-Scale Studies & Reports											
Knefel & Lueger-Schuster, 2013	8.5/10	1	1	0	0.5*	1	1	1	1	1	1
Lueger-Schuster et al., 2013	8/10	0	1	0.5	1	0.5	1	1	1	1	1
Lueger-Schuster et al., 2014	8/10	0	1	0	1	1	1	1	1	1	1
Carr et al., 2010	8/10	0	1	0	1	1	1	1	1	1	1
Spröber et al., 2014	8/10	0	1	1	1	1	1	0	1	1	1
Rassenhofer et al., 2014	5/10	0	1	0	1	0	1	0	0	1	1
Saltzman et al., 2015	8/10	0	1	0	1	1	1	1	1	1	1
Other quantitative Studies											
Witt et al., 2022	9/10	1	0	1	1	1	1	1	1	1	1
Prues & Rettenberger, 2019	7/10	0	0	0	1	1	1	1	1	1	1
Pereda & Segura, 2021	6.5/10	0	0	0	1	1	1	0.5	1	1	1
Pereda et al., 2022	7/10	0	0	1	1	1	1	0	1	1	1
Mart, 2004	7/10	0	0	0	1	1	1	1	1	1	1
Stevens et al., 2019	7.5/10	0	0	1	1	1	1	0.5	1	1	1
Shea, 2008	7/10	0	0	1	1	1	1	1	1	1	0

Note. *Participants had appealed to a commission of the catholic church and a federal commission for foster children. A total of 280 participants (234 church & 46 federal) participated in the questionnaire study

Table 2

Assessment of study quality for qualitative studies

Study	Score	1. Philo-sophical persp. & research methods	2.Research Methods & Research Question	3.Research Methods and Data Collection	4.Research Methods & Data repr. & analysis	5.Research Methods & Inter-pretation	6. Theo-retical & Cultural Location	7.Influence of Re-searchers addressed?	8.Adequate Represen-tation of participants	9. Ethics	10. Con-clusions from data
Easton et al., 2016	8	1	1	1	1	1	0	0	1	1	1
Carr et al., 2019	7	0	1	1	1	1	0	0	1	1	1
Isely et al., 2008	8	1	1	1	1	1	0	0	1	1	1
Perry et al., 2006	7	1	1	1	1	1	0	0	1	0	1
Sicilia et al., 2024	8	1	1	1	1	1	0	0	1	1	1
Prusak &Schab, 2022	8	1	1	1	1	1	0	0	1	1	1

Study Design and Demographic Characteristics

As displayed in table 3, included studies were published between 2004 and 2024, with one study (Stevens et al., 2019) analyzing data from the late 1970's that was assessed in a U.S. college sample. As shown by the mean age at time of data assessment, all studies retrospectively assessed abusive experiences. The study sample included four literature reviews, consisting of three Systematic Reviews and one Meta-Analysis. Three studies analyzed personal files of Catholic and Protestant clerics to identify perpetrators and victims. The rest of the sample consisted of seventeen quantitative and five qualitative studies, and one mixed-methods approach.

Table 3

Study descriptives

Study	Data Collection	Church sample size	Mean age at data assessment	Age range	Male abuse victims
United States					
John Jay College, 2004	1950-2002	10,667	-	-	81.0%
Easton et al., 2016	2010	205	52.0	27-78	100%
Isely, 2008	-	9	-	31-67	100%
Mart, 2004	-	25	-	23-53	100%
Saltzman et al., 2015	2011	300	52.3	26-78	100%
Shea, 2008	-	29	50.9	19-70	100%
Stevens et al., 2017	1970's	19	21.8	17-35	63%
Germany					
MHG, 2019	1946-2014	3,677	-	-	62.8%
ForuM, 2024	-	1,582	Born 1959*	-	55.3%
Prues & Rettenberger, 2019	-	21	-	-	100%
Rassenhofer, 2014	2010-2014	626	55.3	16-80	62.8%
Spröber, 2014	-	534	55.3	19-89	63.8%
Witt, 2022	-	7	68.1	-	28.6%
Austria					
Knefel & Lueger-Schuster, 2013	2010-2013	185	55.8	24-80	77.3%
Lueger-Schuster et al., 2013	2010-2014	448	55.1	25-80	75.7%
Lueger-Schuster et al., 2014	2010-2014	185	56.3	26-80	76.2%
Spain & Chile					
Pereda &segura, 2021	-	38	51.1	24-67	65.8%
Spain					
Sicilia et al., 2024	-	7	49.3	38-64	57.1%
Pereda et al., 2022	-	40	48.5	-	72.5%
Canada					
Perry et al., 2006	1998	7	59.9	51-69	42.9%
Ireland					
Carr et al., 2010	2000-2010	247	60.1	40-83	54.7%
Poland					
Prusak & Schab, 2022	-	5	28.6	27-30	0%
Scotland					
Carr et al. 2019	1931-2013	107	58.5	-	76.2%

Note. *Study assessed Birth Cohorts

Types of Abuse

Regarding the documentation of offenses, the current sample can be differentiated into two groups as is displayed in table 4. Included studies assessed abuse within Christian childcare institutions (e.g. residential care or orphanages) and/or sexual abuse by priests, pastors or other members of catholic or protestant clergy. Regarding IA victims, the conclusions of a systematic review (Carr, 2018) stated a wide range of physical and psychological violence, showing that the majority of subjects reported experiencing some form of abuse (88%). Typical offences found across multiple studies (Carr et al., 2010, 2019, 2018; Lueger-Schuster et al., 2013; Spröber et al., 2014) included neglect, emotional distance, verbal harassment, degrading slurs or tasks, various acts of physical abuse often as a form of punishment, food deprivation, isolation, fixation and different forms of sexual offences. Across these studies between 47.0% and 68.8% of IA victims reported experiencing CSA, with 18.1% to 57.4% describing penetration.

Table 4

Abuse characteristics

Study *Description*	Abuse		Age *first abuse*	Frequency *sexual abuse*		Mean duration *in years*
Child abuse within Christian operated institutions						
Carr et al., 2018 *Outcomes of IA (Systematic Review)*	Emotional: Physical: Sexual:	71.0% 63.0% 67.0%	-	-		-
Blakemore et al., 2017 *Impact of institutional CSA (Review)*	Sexual:	20.9%	-	-		-
Lueger-Schuster et al., 2013* *IA Catholic church Austria*	Emotional: Physical: Sexual:	83.3% 68.3% 68.8%	9.80	-		4.80
Carr et al., 2010 *IA childcare Ireland (Catholic church)*	Emotional: Physical: Sexual:	94.7% 97.2% 47.0%	- 8.50 10.73	11-100: >100:	14.2% 9.7%	- 6.74 2.83
Carr et al., 2019 *IA childcare Scotland*	Emotional: Physical: Sexual:	85.3% 95.6% 60.4%	-	Multiple:	70.7%	-
Spröber et al., 2014 *CSA in religiously affiliated institutions*	Penetration / Intercourse	51.0%	-	Repeatedly long time	62.7%	-
Prues, Hoffmann & Rettenberger, 2019 *IA in a Catholic border school*	Physical: Sexual:	100% 47.6%	8.05	Multiple abusers	63.6%	4.11 1.13
Perry et al., 2006 *IA seven Canadian orphans*	Physical: Sexual:	100% 71.4%		Multiple:	80.0%	-

CSA by priests, pastors or other members of the clergy						
JJC, 2004 *CSA by Catholic clergy in the U.S.*	Penetration	24.0%	12.48	Multiple: Numerous:	18.3% 52.7%	-
Dressing et al., 2019** *CSA Catholic church Germany*	Penetration	15.9%	12.0	-		1.32
ForuM ,2024 *CSA Protestant church Germany*	Penetration	19.1%	11.2	Multiple:	74.0%	2.53
Rassenhofer et al., 2014 *CSA Catholic church Germany*	Penetration	36.4%	-	Multiple:	88.6%	
Saltzmann et al., 2015 *PTG in survivors of cleric CSA*	Penetration	49.8%	-	-		1-3 (49.8%) >3 (32.5%)
Easton et al., 2016 *Changes in self-identity among survivors of cleric CSA*	Penetration	52.2%	11.3 – 12.1	-		> 6 months (67.8%)
Pereda et al., 2022 *Victims of CSA by Catholic clergy*	Penetration	42.5%	-	-		> 1 year (62.5%)
Pereda & Segura, 2021 *CSA Catholic Church Spain*	Penetration	42.1%	11.8	Often:	65.8%	3.84

Note. *Lueger-Schuster et al (2014) and Knefel & Lueger-Schuster (2013) included the same victim population and are therefore not listed.
** Dreßing et al., 2019 and Dreßing et al., 2020 included the same victim population and are therefore not listed.
Other studies that assessed outcomes of clergy-perpetrated CSA (Mart, 2004; Shea, 2008; Sicilia et al., 2024 & Stevens et al., 2019) did not include enough information on the nature of the abusive experiences and are therefore not listed.

A qualitative study examining IA of seven Canadian orphans in catholic care institutions during the 1950s-1960s (Perry et al., 2006) provided a more detailed insight into individual experiences of the victims. All but one of the interviewed persons reported receiving no special attention or emotional care in early childhood and all subjects reported suffering verbal abuse by the caretakers, as well as physical abuse in form of corporal punishment. All participants reported receiving or witnessing severe forms of physical abuse that resulted in injuries requiring treatment and in one case the death of another instituted orphan. Four subjects reported being isolated and locked up for periods lasting between days to the maximum of eight years. Three subjects reported being restrained with the use of straight jackets. Five of the seven interviewees reported experiencing sexual abuse, starting earliest at age seven and over periods of time from one-off incidents up to long-term abusive relationships. Four of the subjects stated that they the perpetrators were male and often caretakers. One female interviewee reported that she was sexually abused by a nun and a female caretaker.

Remaining studies (see table 4) collected information on abusive acts against children that were committed by priests or other members of the clergy and primarily referred to sexual abuse. In general, these studies differentiated between *Hands-off* and

Hands-on acts of CSA. Typical sexual offences across multiple larger-scale studies, including data from catholic and protestant settings, are presented below (see Table 5). Data from these studies usually referred to the total number of identified offensive acts, rather than prevalences for victims. A representative sample of the German population (Witt et al., 2022) identified seven persons that experienced CSA by a priest or pastor. Out of these seven victims, three reported of having been forced to oral and four to anal/vaginal penetration by cleric perpetrators. After extrapolating the data, the researchers estimated that about 200,000 persons in the current German population were victims of CSA by priests or pastors, suggesting a large proportion of unidentified cases.

Table 5

CSA offences across large-scale surveys

	Meta – Anal. (2016)		MHG-Study (2019)		ForuM (2024)	
Population	Catholic church		Catholic church *Germany*		Protestant church *Germany*	
Base	Offence Based Number of abusive acts = 12,910*		Case based Number of cases = 3,388**		Case based Number of cases = 1,870**	
Hands off – violences	3,167	24.5%	1,637		1,154	
Disrobing of victim or perpetrator	1,828	57.3%	407	12.0%	408	21.8%
Photographs or video recordings of the victim in intimate situations	317	10.0%	114	3.4%	56	3.0%
Display of pornography by the perpetrator	262	8.3%	-	-	65	3.5%
Masturbation of perpetrator in front of victim	56	1.8%	408	12.0%	173	9.3%
Masturbation of victim in front of perpetrator	39	1.2%	107	3.2%	69	3.7%
Hands on - violences	9,743	75.5%	3,110		3.673	
Touching over victim's clothes	2,225	22.8%	1,084	32.0%	487	26.0%
Touching under victim's clothes	1,996	20.5%	701	20.7%	383	20.5%
Touching genital area	495	5.1%	-	-	995	53.2%
Kissing	507	5.2%	421	12.4%	329	17.6%
Oral sex on the victim	1,142	11.7%	156	4.6%	130	7.0%
Oral sex on the perpetrator	725	7.4%	211	6.2%	186	9.9%
Anal / vaginal penetration by the perpetrator	1,672	17.2%	537	15.9%	357	19.1%
Sexual violence	492	5.1%	-	-	293	15.7%

Note. *Percentages display the proportion of the total number of hands-off and hands-on incidences respectively

** Percentages relate to the total number of cases that provided information on experienced offences

Mental-Health Outcomes

As anticipated, the studies revealed numerous negative effects. The key findings are summarized below and, where applicable, analyzed for specific characteristics.

A meta-analysis conducted by Dölling et al. (2016) investigated the impact of sexual abuse of minors by Catholic clergy. The researchers reported that adverse outcomes found across studies could be categorized in primarily psychological (64.2%), behavioral (23.2%), and physical (12.6%) consequences. The study also provided a detailed assessment of mental-health related outcomes within each category (see Table 6). However, these percentages reflect descriptive statistics on the proportions of outcomes reported across studies rather than prevalence rates. Therefore, the current study sample was synthesized to present available prevalence rates for commonly associated negative psychological outcomes (see Table 7).

Table 6

Commonly associated abuse consequences (Dölling et al., 2019)

Physical Consequences	**12.6%**
Sleep disturbances	25.3%
Eating disorders	2.6%
Psychological Consequences	**64.2%**
Nightmares	14.2%
Anxiety disorders or panic attacks	10.6%
Disturbed sexual behavior / Difficulties in sexual relationships	10.1%
Flashbacks / Intrusions	10.0%
Depression / Sadness	9.7%
Low self-worth /feelings of powerlessness and helplessness	8.3%
Anger / Aggressive behavior	7.3%
Insecurity / Stress / Tension	7.2%
Feelings of shame	6.1%
Feelings of guilt	5.6%
Paranoid thinking	3.7%
PTSD	3.4%
Addictive behavior	2.5%
Spiritual insecurity	0.7%
Behavioral Consequences	**23.2%**
Social withdrawal / Isolation / Introversion	29.5%
Suicidal behavior *attempted and completed suicide*	17.0%
Self-harm	3.9%

TABLE 7

Prevalences for commonly associated Mental Health problems

Health Problem	Study	N	Assessed as	Prevalence *Percent*	Method
Addiction	Dressing et al., 2019	1,028	Alcohol abuse	8.9	Personal Files
			Drug abuse	4.1	Personal Files
	Rassenhofer et al., 2014	626	Drug addiction	7.6	Self-Report
	Carr et al., 2010	247	Any alcohol and substance use disorder	35.2	SCID-I
	Carr et al., 2019	225	Alcohol and drug problems	36.4	Mental Health Problems Scale
Depression	Dressing et al., 2019	1,028	Depression	42.3	Personal Files
	Rassenhofer et al., 2014	626	Sadness/Depression	11.8	Self-Report
	Carr et al., 2010	247	Major Depression	36.0	SCID-I
	Carr et al., 2019	225	Depression	40.9	Mental Health Problems Scale
Intrusions	Dressing et al., 2019	1,028	Nightmares	24.0	Personal Files
			Flashbacks	17.0	Personal Files
	Rassenhofer et al., 2014	626	Flashbacks, intrusions, nightmares	17.6	Self-Report
Personality	Dressing et al., 2019	1,028	Distrust	28.7	Personal Files
			Irritability	6.3	Personal Files
	Rassenhofer et al., 2014	626	Low self-esteem/helpless-ness/disorientation	7.0	Self-Report
	Carr et al., 2010	247	Avoidant PD	21.2	SCID-II
			Antisocial PD	6.9	SCID-II
			Borderline PD	5.7	SCID-II
			Dependent PD	1.6	SCID-II
Self-Harm	Dressing et al., 2019	1,028	Self-harm	4.9	Personal Files
			Suicidal ideations	15.3	Personal Files
			Suicide attempts	9.3	Personal Files
	Rassenhofer et al., 2014	626	Suicidality/Self-injury	6.0	Self-Report
	Carr et al., 2019	225*	Self-harm	23.1	Mental Health Problems Scale
			Suicidal ideation	17.8	Mental Health Problems Scale
Sexuality	Dressing et al., 2019	1,028	Sexual Problems	28.6	Personal Files
	Rassenhofer et al., 2014	626	Relationship problems /impact on sexuality	18.0	Self-Report
Sleep	Dressing et al., 2019	1,028	Sleep Disorders	19.7	Personal Files
	Carr et al., 2019	225*	Sleep problems	22.2	Mental Health Problems Scale
Trauma	Knefel & Lueger-Schuster, 2013	229**	PTSD	17.0	ICD-11 Criteria
	Knefel & Lueger-Schuster, 2013	229**	CPTSD	21.4	ICD-11 Criteria
	Carr et al., 2019	225*	PTSD	47.6	Mental Health Problems Scale

Note. *44.9% of participants experienced abuse within Catholic and 2.7% within Protestant institutions

* *A total of 280 participants (234 church & 46 federal) participated in the questionnaire study

As shown by these data, much of the available information on mental health was based on self-reports. The largest studies in terms of victim numbers (Dressing et al., 2019; JJC, 2004; ForuM, 2024) were conducted using personal file analyses of alleged perpetrators. However, the JJC (2004) study did not collect data on the psychological

consequences for victims of abuse. Instead, it referred to a previous study (Bland, 2002) stating that victims of clergy-perpetrated sexual abuse are more likely to exhibit higher symptoms of depression, sexual problems, sleep disturbances and higher scores in trauma questionnaires. A study on the Protestant church in Germany the study (ForuM, 2024) did not provide structured data on psychological consequences but noted that the biographical trajectories of most affected individuals were characterized by serious health, emotional, and social problems. In addition, the data from the third study (Dressing et al., 2019) did not represent the entire identified victim population, as information on psychological consequences was only available for approximately one-third of the cases. Lastly, the results of two studies on IA (Rassenhofer et al., 2014; Spröber et al., 2014) were based on evaluations of the information provided by participants in state and church abuse commissions. Surveys of mental health data using psychological instruments and questionnaires were more commonly found in studies with smaller samples.

Regarding outcomes of IA, a systematic review by Carr et al. (2018) found that 67% of participants in studies investigating mental health outcomes for victims of IA reported current or lifetime mental health problems. But the samples used in these studies did not exclusively consist of victims from church-administered institutions. One study (Carr, 2010) performed *Structured Clinical Interviews for DSM-IV Axis I Disorders and Axis II Personality Disorders* (SCID-I & SCID-II). SCID-I and SCID-II results showed that 81.7% of participants met diagnostic criteria for at least one disorder. Anxiety-, mood-, addiction- and personality disorders were frequently represented, with each affecting about a third of participants (see Table 7). In addition, most participants reported at least one clinically significant trauma symptom, and 83.4% were classified as having an insecure adult attachment style, most often marked by high levels of interpersonal anxiety and avoidance. Lueger-Schuster et al. (2013) administered the Brief Symptom Inventory (BSI) to 185 adult survivors of IA within Catholic organisations, granting similar results. A total of 84.9% of participants reported at least one relevant symptom in the BSI, with particularly severe scores observed in the subscales obsession–compulsion, paranoid ideation, and interpersonal sensitivity. Other used psychometrics and questionnaires to assess mental health impacts are presented below.

TABLE 8

Mental Health Data Assessment Methods

Theme	Instrument		Developed	Study *First Author*	N
Depression	BDI-II	*Becks Depression Inventory*	1996	Shea (2008)	29
	LHS	*Learned Helplessness Scale*	1978	Shea (2008)	29
	ZDS	*Zung Depression Scale*	1965	Stevens (2019)	19
Other Symptoms	BSI	*Brief Symptom Inventory*	1975	Lueger-Schuster (2013)	185
	BSI	*Brief Symptom Inventory*	1975	Lueger-Schuster (2014)	185
	BSI-15	*Brief Symptom Inventory (15 Items)*	1975	Prues (2019)	21
	MAS	*Manifest Anxiety Scale*	1953	Stevens (2019)	19
	SCID-I	*Structured Clinical Interview for DSM-IV Axis-I Disorders*	1997	Carr (2010)	247
Trauma History	CTQ	*Childhood Trauma Questionnaire*	1997	Carr (2010)	247
				Prues (2019)	21
				Witt (2022)	7
	JVQ	*Juvenile Victimization Questionnaire*	2000	Pereda (2021)	38
	VHQ	*Violence History Questionnaire*	1980	Stevens (2019)	19
Trauma Symptoms	ICD-11	*PTSD Diagnostic Criteria*	2013*	Knefel (2013)	229
	ICD-11	*CPTSD Diagnostic Criteria*	2013*	Knefel (2013)	229
	PCL-S	*PTSD Checklist*	1993	Shea (2008)	29
	PCL-C	*PTSD Checklist-Civilian*	1993	Lueger-Schuster (2013)	185
				Lueger-Schuster. (2014)	185
	DAPS	*Detailed Assessment of PTS*	1994	Mart (2004)	24
	IES-R	*Impact of Event Scale*	1997	Prues (2019)	21
Coping & Resilience	CISS	*Coping Inventory for Stressful Situations*	1987	Lueger-Schuster (2014)	185
	CD-RISC	*Connor-Davidson Resilience Scale*	2003	Lueger-Schuster (2014)	185
	RS-13	*Resilience Scale (short)*	2008	Prues (2019)	21
	LOT	*Life Orientation Test*	1985	Lueger-Schuster (2014)	185
	PTGI	*Posttraumatic Growth Inventory*	1996	Saltzman (2015)	273
Personality	SCID-II	*Structured Clinical Interview for DSM-IV Axis-II Personality Disorders*	1997	Carr et al. (2010)	247
	PAI	*Personality Assessment Inventory*	1991	Mart (2004)	24

Severity of Mental Health Consequences

In a further analysis of the MHG data, the researchers (Dreßing et al., 2019) demonstrated that 67.5% of participants, who provided information on the severity of the psychological consequences of the offences (n=348), rated these as severe. One aim of the review was to test assumptions, as stated by the JJC (2004) and theological researchers like Thomas Doyle (2008) and Joseph Guido (2009), who suggested that the perpetrator's church affiliation may cause particularly severe psychological consequences for the victims. As displayed in table 9, four studies compared their findings with control groups consisting of abuse victims from non-clerical settings. Only one study (Stevens et al., 2019) reported significant differences between groups in terms of the extent of mental health outcomes. The study's results indicated that participants who reported having been abused by religious authorities or parents showed similarly higher depression scores compared to victims of CSA by another

adult. Another study (Spröber et al., 2014) compared the consequences of abuse among participants that experienced CSA within the Catholic Church, Protestant Church, and non-church contexts. Results showed that church abuse victims had a, although not significant, slightly higher prevalences for at least one clinical diagnosis (80.2%, 78.5% and 73.6%, respectively, $p = .058$). One more statistically significant difference emerged in a survey of victims of IA in Austria (Lueger-Schuster et al., 2013). The study compared the BSI scores with four reference groups, showing that CSA victims in one study (Rosen & Martin, 1996) exhibited significantly lower average scores ($p < 0.001$).

Table 9

Statistical results of studies including control-groups

Study *Comparison*	**Sample Composition** Church	 Control	***p***
Spröber et al., 2014	IA victims Catholic (N=404) and Protestant (N=130) institutions	IA victims non-religiously affiliated context (N=516)	
Clinical Diagnosis	*Specified Diagnosis (YES) Catholic (80.2%) Protest. (78.5%)*	*Specified Diagnosis (YES) non-rel. context (73.6%)*	.58
Stevens et al., 2019	CSA by a religious authority (N= 19)	Non abused (N=248); CSA by a parent or stepparent (N=33); CSA by another (non-parent) adult (N=53)	
Depression Scores	*Differences between groups**		< .01
	Similarity CSA by rel. author. and CSA by parent/stepparent		< .05
Anxiety Scores	*Differences between groups**		< .001
	Similarity CSA by rel. author. and CSA by parent/stepparent		< .05
Pereda et al., 2022	CSA church (N=40)	CSA no church & intrafamilial (N=85) and CSA no church & extrafamilial (N=57)	
Internalizing Problems	*Differences between groups*		.18
Externalizing Problems	*Differences between groups*		.75
Suicidal Phenomena	*Differences between groups*		.09
Sexual Problems	*Differences between groups*		.38
Social Problems	*Differences between groups*		.10
Shea, 2008	CSA Catholic priest (N=29)	CSA layperson (N=20)	
Learned Helplessness	*Differences between groups*		.93
BDI	*Differences between groups*		.77
PCL	*Differences between groups*		.38

Note. * For depression and anxiety assessments the highest group mean scores were ranked as follows: Rel. author. > parent/step > other adult > non abused

PTSD

The relationship between posttraumatic stress and child abuse experiences has been examined in numerous studies within the current sample. Dreßing et al. (2019) further analyzed mental health data from the MHG Study, reporting that 23.7% of participants with available health information displayed symptom clusters indicative of PTSD. Similarly, Spröber et al. (2014) found that in their study PTSD was among the three most common specified diagnoses reported by abuse victims within the Catholic and Protestant churches in Germany. Regarding the impact of IA, a systematic review by Carr et al. (2018) combined prevalence data, showing that, on average, 33% of victims reported currently suffering from PTSD, with 51% reporting a lifetime prevalence of the disorder. Additionally, the review mentioned findings from two studies on complex PTSD, with an average of 19% of IA victims affected. Lueger-Schuster et al. (2013) identified that the severity of the abuse experienced, such as anal or vaginal penetration, was the strongest predictor for the later development of PTSD. Lastly, a study on abuse victims from a Catholic boarding school in Germany (Prues et al., 2019) assessed *secondary victimization*, which refers to additional traumatization and harm experienced after unsatisfactory disclosures of abuse to authorities. The researchers analyzed how secondary victimization contributed to the development of PTSD in participants. Their regression analysis displayed that while secondary victimization did not predict the symptom severity of later PTSD, it still played a significant role in the subjective effects of the abusive experiences, as indicated by lower self-worth and feelings of distrust.

PTG

Researchers at the University of Vienna collected mental health data on 185 victims of IA within the catholic church, focusing on resilience and coping strategies within this population (Lueger-Schuster et al., 2014). They compared three groups, based on their severity regarding adverse mental health symptoms. The researchers showed that coping styles differed significantly between groups, with the severe symptom group showing higher emotional- and lower task-oriented coping and lower Resilience and Optimism. Furthermore, the results of the study indicated that protective factors, such as education and social support were not related to mental health outcomes in the sample. The researchers connected these results with severe impacts

of the abuse and further mentioned the institutional setting, with supposed caregivers as perpetrators and possible institutional concealment of abusive acts as possible causes.

Regarding PTG, researchers (Saltzman et al., 2015) successfully validated the *Posttraumatic Growth Inventory* (PTGI) in a sample of male survivors of clergy-perpetrated CSA, suggesting that the original five domain model of PTG was applicable for this population. However, restrictions regarding the spiritual-growth domain were pointed out by the researchers. A recent qualitative study (Sicilia et al., 2024) interviewed seven victims of clergy-perpetrated CSA and found that the participants reported several hindering factors that were often connected to feelings of betrayal and a perceived damage to their faith. Nevertheless, the results of the study also indicated that the participants experienced PTG in several domains, including *personal strength*, *appreciation of life* and *a redefined spiritual relationship*. The participants mentioned social support, therapy, introspection and turning points in life as factors that personally helped them promote PTG.

Suicide

In their systematic review on the outcomes of IA, Australian researchers Blakemore et al. (2017) emphasized the particularly worrying high prevalence of suicidality among victims. They report that up to 65% of participants in a study investigating abuse in institutional care experienced suicidal ideation. Similarly, a summary of study results from Carr et al. (2018), which focused on victims of IA who were under the age of 18 at the time of the survey, identified self-harm and suicidality among the most common psychosocial outcomes. Additionally, two studies on abuse victims within the Protestant Church in Germany and the Catholic Church in Austria (ForuM, 2024; Lueger-Schuster et al., 2013) mentioned suicidal ideation as a maladaptive attempt to alleviate symptom distress. The recently published study on child abuse within the protestant church in Germany (ForuM, 2024) emphasized victims' frequent references to suicidal behavior and underscored the importance of remembering victims who did not contribute to their investigations, as they committed suicide following abusive experiences within church organizations.

Qualitative Findings

In the qualitative studies analyzed, most victims described negative psychological effects, which are consistent with the results of the quantitative studies. In all studies, feelings of depression and anxiety were reported as common consequences for victims. Other frequently identified issues were strong feelings of shame, guilt and anger, low self-worth, trust issues and relationship problems. A study on changes in self-identity (Easton et al., 2016) categorized victim's experiences regarding their psychological self into three categories: Mental Health problems, self-harming behaviors and low self-esteem. Reports on the first two categories reflected quantitative findings, with victims frequently mentioning Depression, Anxiety and PTSD as received diagnoses and using self-harming behavior and suicidal ideations as tools for distress. The author described the third category as the most dominant theme, expressing that participants frequently reported feelings of inferiority, worthlessness, weakness, and self-doubt. In this context feelings of shame and guilt were often mentioned by survivors, who tended to falsely blame themselves for the abuse, reporting that they became excessively self-critical.

Other frequently identified themes related to relationship and sexuality issues (Easton et al., 2016; Isely et al., 2008). Many participants stated that fears of stigmatization hindered their social lives, resulting in feelings of isolation. Furthermore, participants often reported to experience intimate relationships as distressing, describing themselves as emotionally unavailable to their partners and struggling with sexual relationships. Three studies (Easton, 2008; Isely et al., 2008; Perry et al., 2006) also discussed the impact of abuse on victims' sexual identity, particularly among male victims abused by male perpetrators. These participants expressed insecurities about how their abusive experiences might have influenced their sexual orientation and often expressed fears of social judgement and further stigmatization, regarding possible homophobic reactions.

Special Characteristics

Gender distribution

Various studies (Carr et al., 2010; Dölling et al., 2016; Lueger-Schuster et al., 2013; Pereda et al., 2022; Shea, 2008; Spröber et al., 2014; Stevens et al., 2019) have investigated how abuse offences within institutions of the Catholic Church differ from other contexts. Most frequently mentioned was the large proportion of male victims (see table 3). Across studies with sample sizes of 400 participants or more, the gender distribution ranges from 62.8% (Dressing et al., 2019) to 81% (JJC, 2004) male victims. According to a meta-analysis published by Dölling et al. (2016), 78,6% of abuse victims in catholic institutions were male. The results of two studies including data on abuse victims within Protestant settings (ForuM, 2024; Spröber, 2014) revealed that most of the abuse victims were also male (57,9%).

Age of first abuse and duration

The meta-analysis by Dölling et al. (2016), investigating sexual abuse of minors by Catholic clergy, found that the average age of victims at the time of first abuse was 12 years. These reports align with later studies, including two large-scale investigations of sexual abuse within the Catholic and Protestant churches in Germany. Dressing et al. (2019) reported a mean age of 12.0 years, while the ForuM study (2024) reported a similar mean age of 12.28 years. As displayed in table 3 results of studies investigating abuse in catholic institutions reported earlier onsets. For example, Carr et al (2010) described that on average, participants experienced their first physical abuse at the age of 8.50 years and their first sexual assault at the age of 10.73 years. A systematic review on abused children in long-term care (Carr et al., 2018), showed that the age of victims when entering care facilities was on average 5 years.

In addition to the average age, the meta-analysis also included that 68% of CSA victims reported multiple abusive incidents, which aligned with results of evaluated studies (see table 3). Results of a study (Dreßing et al., 2019) that compared criminal records of convicted CSA offenders, Catholic priests (N=67) and perpetrators from non-religious institutions (N=52), showed that the mean duration of offences was significantly longer within the priest group (p = .01) .Results of the JJC report (2004) more specifically showed that 18.3% of victims were abused more than once and 52.7% were

abused numerous times. Data from protestant churches and institutions (ForuM, 2024) showed similar findings, with 78,8% of victims reporting of being abused more than once, with a mean duration of approximately three years. Results from studies on IA (Carr et al., 2010, 2019; Lueger-Schuster et al., 2013; Spröber et al., 2014) also showed that most victims were repeatedly abused often over a long duration of multiple years (see table 3). The researchers further mentioned that severe prolonged sexual abuse happened frequently for a small proportion of institutionalised victims which is reflected in the fact that about a quarter of sexual abuse victims reported very high incident numbers (11-100 and 100 times or more, see table 4). Similar results from a later study on IA by Carr et al. (2019) further supportedthese assumptions, showing that more than half of sexual abuse victims reported that the sexual abuse took place once, a few times, or less than a month.

Reporting behavior

A qualitative study on male CSA victims by catholic clergy concluded that all of the interviewed victims expressed “both desires and fears” (Isely et al., 2008, p. 213) about disclosing their experiences to others, with the latter appearing to predominate, as eight out of nine participants did not report the crimes until several years after the assaults had taken place. Delayed reporting patterns were consistently found across studies (Dressing et al., 2019; Dreßing et al., 2019, 2021; JJC, 2004; Rassenhofer et al., 2014) mentioning time spans of up to several decades between incidents and first disclosure. However, none of these larger-scale studies reported specific data on the average time it took victims to first disclose their abusive experiences. This gap was addressed by Shea (2008) when comparing effects of CSA between cleric perpetrators and a control group. The study included the average age at which the abuse was first reported, showing that the clergy group was found to be significantly older than the control group, with a mean age of 37.2 years. The studies differed in their search for possible reasons for these findings. Multiple studies (Dressing et al., 2019; Dreßing et al., 2019; Prues et al., 2019; Stevens et al., 2019) focused on institutional characteristics such as the special status of priests within their communities, especially in their perception as counsellors and moral authorities, which could have led to victims feeling intimidated, for example due to the fear of defamation, rejection or other negative reactions from those close to them. One study (Mart, 2003) mentioned

male victims fear of being perceived as homosexual if they disclosed the abuse to others. Since most cases of reported abuse took place between 1960 and 1980 (Dölling et al., 2016), a homophobic motivated negative reaction towards victims disclosures seemed highly likely.. This was taken up in another study (Rassenhofer et al., 2014) which mentioned the tabooing of homosexual acts as a possible means of manipulating victims to conceal the crime. However, the study itself did not collect data on the prevalence of such behavior. Another study investigating changes in self-identity after cleric perpetrated child abuse listed non-disclosure of abusive incidents as a "prominent feature of self-protection" (Easton et al., 2016, p. 10). Other reasons for the non-disclosure included victims falsely blaming themselves for participating in sexual activity. A recent qualitative study by Prusak & Schab (2022) addressed victim's perceived feeling of guilt before god. The qualitative study included the experiences of five women, that were sexually abused by priests when they were teenagers, between 10-15 years prior to the study. Three of the interviewees reported that they felt strong feelings of guilt and shame after the abusive experience and that they were afraid to have hurt god and feared being punished for perceived wrongdoings. One victim reported blaming herself to be responsible for the incidents because of her physical nature and sexuality. Another woman told the interviewers that she experienced strong feelings of guilt for participating in breaking the priest's vow of celibacy and believed that God was punishing her for this behavior. Multiple studies (Dölling et al., 2016; ForuM, 2024; Isely et al., 2008; Spröber et al., 2014) were able to show that such and similar fears were actively initiated by clerical perpetrators. For example, one of the three victims mentioned above (Prusak & Schab, 2022) expressed that immediately after the incidents took place the perpetrator made her swear an oath to God on keeping the abuse secret.

Two studies provided information on the initiation characteristics of offenses. The ForuM study (2024) indicated that CSA victims within the Protestant Church in Germany reported that perpetrators most commonly exploited personal authority (46.9%), official authority (32.0%), or personal emotional bonds (29.7%). According to the data, only 2.4% of offenses were initiated through the exploitation of religious motives. Similarly, the results of a meta-analysis by Dölling et al. (2016) found that in 41.4% of abuse cases, threats were used by perpetrators to instigate and conceal the crime. While the

authors did not specify religious characteristics of these threats, they noted that 5.8% of the analyzed offenses took place under the guide of religious motives. Examples of such religious manipulations were part of a descriptive study including 38 victims CSA by representatives of the Catholic Church in Spain (Pereda & Segura, 2021). The authors provided instances of religious threats used by the perpetrators to silence the victims, such as one participant's account of a priest telling her after the abuse that “God would kill her father” (Pereda & Segura, p. 490) if she disclosed the events to anyone.

Research on CSA in Protestant childcare institutions (ForuM, 2024) revealed that victims also frequently reported the exploitation of personal and professional authority (38.3% and 29.5%, respectively). However, only 5.6% of victims indicated that perpetrators exploited personal emotional bonds. Instead, most victims reported that perpetrators used physical force (56.7%), threats of violence (42.4%), psychological coercion (42.1%), or other forms of intimidation (39.5%) to commit the offenses. Additionally, the report found that 16.1% of sexual offenses occurred under the guise of hygiene inspections. Only 0.6% of victims mentioned the use of religious themes. Similarly, studies on IA within Catholic institutions (Carr et al., 2010, 2018, 2019; Lueger-Schuster et al., 2013) reported a threat of severe punishment if victims disclosed their experiences of abuse to others, particularly involving sexual abuse cases. A qualitative study of orphans in Christian institutions in Canada (Perry et al., 2006) revealed consequences of victims attempting to report abuse. One interviewee reported that she was stopped by a nun when she tried to disclose the abuse during confession. Another interviewee stated that after she was caught describing her abusive experiences to orphans from another institution, she was the victim of extreme punishment. After this incident she was not only severely physically abused, but also restrained and isolated for a total duration of eight years.

Institutional response

In summary, most victims delayed the reporting of abusive experiences, due to various internal and external factors. Fears of negative consequences following the disclosure were frequently mentioned. Whether these fears are justified and what a typical reaction of church representatives to allegations of abuse looked like was illustrated by multiple studies (see table 10).

Table 10

Records of institutional responses to CSA allegations

Study Analysed institutional response			
JJC, 2004			
Percentage of abuse allegations subject of official investigation	72.0%		
Percentage of accused priests that faced some form of restriction to perform clerical duties	27.0%		
Consequences of investigations against priests with highly credible abuse accusations (N=525)			
Priest sent for treatment	54.4%		
Priest referred for evaluation	52.0%		
Priest suspended	45.9%		
Priest placed on administrative leave	34.1%	Medical reasons Spiritual retreat	8.6% 8.2%
Loss of ecclesiastical office	11.4%	Removed Resigned	5.9% 5.5%
No consequences for accused perpetrator	4.2%		
Dressing et al., 2019	Accused	Non accused	*p*
Lifetime transfers of priests with CSA accusations (N=1,670)	4.4	3.6	<.0001
Dreßing et al., 2019			
Comparison of convicted CSA perpetrators	Catholic priests	Other institutions	
Protective statements of accused perpetrators by colleagues	27%	15%	
Records of institutional representatives downplaying abuse incidents per 100 convicts	52	3	
*Records of institutional representatives attempting to cover up abuse incidents per 100 convicts**	52	6	

Note. *Study stated (a) the use of non-disclosure agreements and other attempts to prevent witnesses from testifying, (b) the transfer of perpetrators despite knowledge of their guilt, (c) the disclosure of internally known cases only after pressure from the media, (d) and framing the abuse as a relationship, as examples

The JJC report (2004) included a data analysis of diocesan reactions to allegations of abuse. Overall, the report concluded that only 72% of the 9,281 recorded cases were the subject of an official investigation and only 27% of accused priests faced some form of restriction on their ability to perform their clerical duties. Merely 84.8% of investigations reached a conclusion. The primary reasons for this were the accused being retired or deceased, or the investigation still being incomplete. In just 1.5% of cases, dioceses determined the allegations as false. The report also included detailed data on 525 priests whose cases were found to have highly credible allegations based on the investigated files (see table 10).

Typical institutional responses to child abuse allegations within Catholic structures were contextualized within a historical framework (Terry, 2015) by leading expert Karen J. Terry, who was a key figure in the implementation of the JJC study. She concluded that prior to 1980 the most likely responses to child abuse allegations against catholic priests involved little to no consequences and often resulted in a quick return to pastoral duties. According to her summary, the use of specialized sex offender treatment programs for accused priests increased after 1980. andit became less common for accused priests to be reinstated into ministry. However, Terry concluded that the data suggested that church representatives appeared more focused on aiding potential perpetrators, with insufficient attention given to the harm suffered by victims. The Catholic Church established the so-called "Five Principles" in the 1990s, which, according to the author, theoretically provided a sound foundation for addressing abuse allegations. However, these principles were implemented late and inadequately. The number of internationally published studies (Terry, 2015) following the JJC revelations in 2004 illustrates an increased public interest over the last decades, which according to Terry (2015) potentially influenced church officials to take greater responsibility for child abuse cases.

A meta-analysis (Dölling et al., 2016) , concluded that a lack of awareness regarding the abuse problem within the Catholic Church's structures had led to the concealment of such acts and thereby possibly encouraged further abuse. Additionally, victims frequently reported that they were afraid of negative responses by official church bodies, such as being discredited or falsely blamed for participating in the abuse (Prusak & Schab, 2022). One report (Dreßing et al., 2021) of the MHG Investigation on abuse cases in the German catholic church tried to identify institutional specifics that potentially increased the likelihood for CSA cases within this setting. In this study, the researchers compared the criminal files of convicted priests with those of perpetrators from other institutions, specifically examining evidence of institutional minimization and concealment of abuse allegations (see table 10).

The impact of transfer of accused perpetrators, often times without informing the receiving parishes about the accusation as one institutional response to abuse allegations (see table 10), on victims was frequently named across numerous studies (Dressing et al., 2019; Easton et al., 2016; Shea, 2008; Spröber et al., 2014). The reports

of a victim interviewed in a qualitative study (Prusak & Schab, 2022) illustrated that such reactions were expected from victims, she expressed that there was no use of her reporting the abuse to official church representatives, since the church would likely simply transfer her perpetrator to another parish. She further stated that the anticipation of such reactions has deeply damaged her trust in the church and clerics. In fact, the MHG Study (Dressing et al., 2019) was able to provide empirical insights in this matter. The retrospective analysis included a comparison of transfer records of accused and non-accused priests. The results showed that the accused priests were transferred significantly more often (M = 4.4 vs. M = 3.6 transfers, $p < .0001$).

CSA within the Protestant church, the results of the ForuM study (2024) came to similar conclusions. Researchers reported that the actions of official protestant representatives also indicated that they were primarily concerned with minimising damage to the institution rather than addressing the needs of the victims. According to the researchers, the downplaying of abusive incidents through externalizing responsibility by drawing comparisons to the Catholic Church and the institution's focus on forgiveness were special features following disclosures within protestant settings.

Betrayal Trauma

In their work, Smith and Freyd (2013, 2014) frequently used examples of cleric-perpetrated abuse within church institutions to illustrate their concept of institutional betrayal. This chapter aims to systematically analyze the extent to which betrayal trauma theory and the broader concepts of betrayal and exploitation of trust were recognized as factors influencing psychological outcomes in cases of cleric-perpetrated CSA and IA in church operated child-care institutions.

Overall, the developer of the theory, Jennifer Freyd, was quoted a total of seven times in the study sample. Researchers of the University of Vienna implemented the theory to describe IA as a process. Abuse of trust and betrayal in the context of IA were also mentioned as possible specific factors influencing mental health outcomes. The researchers further mentioned betrayal trauma as a possible factor for the high prevalence of clinical symptoms as assessed with the BSI. The authors stated that the observed results showing high levels in the BSI subscales: obsession-compulsion,

paranoid ideation, and interpersonal sensitivity could be explained utilizing betrayal trauma theory (Lueger-Schuster, 2013).

Blakemore et al. (2017) conducted a review on the impacts of institutional CSA, incorporating aspects of relevant theory to contextualize their findings on mental health outcomes. They concluded that their results aligned with the concept of institutional betrayal, emphasizing the heightened vulnerability of victims who were dependent on their abusers for everyday needs and protection. The researchers particularly noted that, according to their findings, victims often perceived the entire institution as complicit in enabling and concealing the abuse. They also noted that IA was characterized by environments that fostered betrayal and suppressed disclosure.

Similarly, a retrospective study on American college students (Stevens et al., 2019) utilized Freyd's theory to explain their findings, which showed similar depression scores for victims of cleric-perpetrated and parental-abuse compared to victims of other perpetrators. The authors stated that traumatic experiences with a high betrayal component were potentially more harmful for the victim and that the betrayal by a trusted authority and honoured institution explained the similar outcomes as in parental abuse victims. Furthermore, the authors addressed that parental CSA was characterized by breaking taboos and that these circumstances were also transferable to religious authorities.

The authors of a qualitative study investigating PTG among Spanish survivors of cleric-perpetrated sexual abuse (Sicilia et al., 2024) repeatedly addressed the church's position of broken trust and abuse of power using the concepts of interpersonal and institutional betrayal as factors that may have hindered PTG in their sample. They also suggested that feelings of isolation and loneliness could be explained by experiences of violated trust and betrayal. The authors further noted that positive experiences, such as public recognition and validation of victims' experiences, likely increased PTG by alleviating victims' feelings of being portrayed as betrayers. Furthermore, the researchers associated experiences of institutional betrayal with a general loss of trust in church institutions.

Overall, feelings of betrayal and broken trust were addressed in many studies (Easton et al., 2016; Isely et al., 2008; Mart, 2003; Pereda et al., 2022; Perry et al., 2006;

Prusak & Schab, 2022; Shea, 2008; Spröber et al., 2014; Terry, 2015). On the one hand, the terms were often used to address adverse experiences and consequences for the victims, for example to describe the feeling of betrayal caused by institutional responses to victims' abuse disclosures (Terry, 2015), or to address possible enhanced feelings of broken trust due to the ecclesiastical status of perpetrators. In this context Easton et al. (2016) mentioned the experiences of several victims who were encouraged by their parents, to approach their future perpetrators with private problems and questions. These qualitative findings align with results indicating that CSA by priests or other members of the clergy was often initiated through the abuse of personal bonds and office authority (ForuM, 2024). Exemplary for these findings one study (Mart, 2003) stated that a large portion of the victims in the study's sample reported how they were singled out by their perpetrators in sex education classes, after expressing to struggle with sexual feelings. The perpetrators abused these relationships of trust, inviting victims to special one-on-one education and confession. The author further concluded that this betrayal by trusted priests caused feelings of shame and guilt and connected them to avoidant personality traits. He also associated his findings to a trauma model by sociologist David Finkelhor (1990) in which betrayal constituted one of four core trauma dynamics. On the other hand, the larger part of remaining studies attributed experiences of betrayal and broken trust with spiritual changes as consequences of the abusive experiences.

Spiritual Trauma and Unique Betrayal

The authors Doyle (2008) and Guido (2009) were referenced numerous times in the current sample. Studies that referred directly to Doyle's work on spiritual traumatisation (Easton, 2013; Pereda et al., 2022; Pereda & Segura, 2021; Prusak & Schab, 2022; Saltzman et al., 2015; Spröber et al., 2014) often mentioned his findings in a more general nature, describing Catholic doctrine as a possible factor in abuse and addressing effects on religious attitude. Only two studies explicitly used the term spiritual trauma to interpret their findings. Easton et al. (2013) concluded that in his qualitative study participants referred to symptoms of spiritual trauma when talking about their spiritual self-identity. Polish priest and psychologist Prusak and researcher

Anna Schab (2022) based their qualitative study on Doyle's concept of spiritual trauma. The authors attributed the statements of their participants to the symptoms described by Doyle (2009) and concluded that their sample confirmed these and additionally was able to show that the effects on spiritual attitudes were reinforced by the participants' negative assessment of the Catholic Church as an institution. More often, studies (Blakemore et al., 2017; Isely et al., 2008; Pereda et al., 2022; Pereda & Segura, 2021; Prusak & Schab, 2022.; Sicilia et al., 2024) used the term unique betrayal as introduced by Guido (2008). Additionally, three papers (Easton, 2016; Prusak & Schab, 2022; Stevens et al., 2019) employed Guido's description of the perpetrator as *Alter Christi*. Guido (2008) introduced this term to describe that victims perceived their perpetrator as some kind of embodiment of God, which according to his experiences intensified negative effects of the abuse.

Spiritual Changes

Overall impacts on victims' spirituality following the abuse were subject of multiple studies in the current sample. The findings of a systematic review on institutional CSA (Blakemore et al., 2017) showed that abuse by members of religious organizations negatively affected victims' belief in God, spiritual practices, and their likely participation or involvement with the church and its representatives. The results of the current study sample largely reflected this conclusion (Isely et al., 2008; Mart, 2003; Saltzman et al., 2015). In a study (Shea, 2008) comparing male victims of sexual abuse by priests (n=29) and non-clergymen (n=20), 65% of clergy abuse victims reported that the experiences had an extreme impact on their faith in the church, compared to 30% of the non-clergy group. At the same time, scores of a religious faith scale showed slightly lower scores for the first group and no significant differences between the groups. A descriptive study (Pereda & Segura, 2021) reported that 68,5% of participants (n=38, CSA by catholic clergy) stated that the experiences had an extreme or considerable impact on their belief in church and 44,7% expressed extreme or considerable impacts in their believe in God. In a second exploratory study conducted by Pereda et al. (2022), three groups were analyzed (n = 40, CSA by Catholic clergy; n = 85, CSA by family member; n = 57, CSA by person outside family and church). The researchers further examined the spiritual impact of the abuse experiences using a regression model, to determine if perceived changes in belief in God could function as a predictor for victims'

mental health and social problem results. The model indicated that victims of CSA by a clergy member were about four times as likely to report impacts in their belief in God (OR = 4.28, 95% CI = [2.18–8.40]). Additionally, extreme impacts on belief in God were described as significant predictors for multiple mental health and social problems, with a higher risk of suicidality (OR = 2.66, 95% CI [1.22–5.79]), sexual problems (OR = 4.87, 95% CI [1.84–12.92]), sleep disorder (OR = 3.48, 95% CI [1.13–10.68]) and eating disorders (OR = 4.26, 95% CI [1.66–10.97]). Conversely, 73.3% of participants in the clergy group stated in a single-item assessment as part of the spiritual damage evaluation that they never worried about their doubts or lack of belief in God. The results also showed a higher variance on impact on believe for the church group that were very similar to the results of a retrospective analysis of an American college sample (Stevens et al., 2019). A study exploring meanings of PTG in CSA victims by catholic clergy in Spain (Sicilia et al., 2024) also revealed that the victims were particularly affected by the spiritual consequences of the abuse, which, according to the author, was most likely attributed to a sense of institutional betrayal by the catholic church. Contrary to other studies, the author mentioned that several participants stated that they felt their loss of faith as a relief. Similarly, authors of a study on CSA victims within the protestant church in Germany (ForuM, 2024) mentioned that spiritual crises can be seen primarily as consequences of breaches of trust by the institution and deception and manipulation by the perpetrators.

Global representativeness of Studies

In terms of the countries of origin of the included research, all primary studies originated from Western countries, European countries being most frequently represented, with 16 out of 29 documents. Only exceptions was a collaboration of Spanish and Chilean researchers (Pereda et al., 2022) that recruited participants from both countries, however the CSA by church representatives group only included 25% Chilean participants. Eleven studies investigated German and Austrian samples, eight studies stemmed from the United States and Canada, three from Spain and one each from Ireland, Scotland and Poland. A review of global perspectives of CSA in the catholic church (Terry, 2015) also included results of studies from the United Kingdom, the Netherlands, Belgium and Australia. The sample composition of the included meta-analysis (Dölling et al., 2016), showed a similar composition, with all included studies

on CSA within a catholic setting coming from western countries. Studies from the US and Germany again make up about half of the sample. The same applied to both included systematic reviews on outcomes of IA. Only exceptions were two studies from Tanzania and one from South-Africa. Furthermore, in one review (Blakemore et al., 2017) a large proportion of the studies were conducted by Australian researchers.

Discussion

Summary of Key Findings

Study Demographics

Overall, the studies included data from 18,197 abuse victims, of which 73.3% were male. Mean age of participants was 43.1 years, with an average age range of 25.4 to 61.9 years. Abuse victims by priests, pastors or other members of the clergy experienced first acts of sexual abuse noticeably later (mean age = 12.0-12.8), compared to victims in church operated childcare institutions (10.7 years). Most victims of sexual abuse (68.0 - 78.8%) reported that the offences took place repeatedly, often over a duration of several years. Typically, the report of abusive experiences was substantially delayed, with frequent intervals of several decades between abuse and disclosure. This behavior could be due to a various number of internal, e.g fear of defamation, and external, eg. threats by the perpetrator, factors.

Nature of Abuse

As mentioned, the studies can be categorized in two groups. The first focused on sexual abuse of minors by priests, pastors or other ecclesiastical representatives in everyday church communities. The second category involved victims of IA within church operated institutions. In total most victims reported that they were repeatedly abused, often over a duration of several years.

Surveys examining abuse in the first group primarily assessed the prevalence of different forms of sexual assaults. Overall, Studies conducted in both Catholic and Protestant contexts across multiple countries produced comparable findings. Most documented cases involved hands-on violations, with approximately 20% of incidents describing anal or vaginal penetration. Qualitative studies provided insight into perpetrator behavior before and during the abuse, with victims reporting that

perpetrators built special relationships, isolated them, and created a sense of exclusivity. Multiple accounts described how perpetrators secured private settings under false pretences to carry out the abuse. In many cases, victims referenced the perpetrators' positions of authority and trust due to their ecclesiastical office, with religious dynamics sometimes used as a means of manipulation to prevent disclosure. However, results of a meta-analysis (Dölling et al., 2016) showed that only 5.8% of documented acts happened in a religious context. Secular methods, such as promises and or rewards (46.1%), as well as various threats (41.4%), were documented notably more frequently.

Studies focusing on IA found alarmingly high prevalence rates of various forms of abuse. While physical abuse was most reported, sexual abuse prevalence reached as high as 60% in one study. Much of this abuse occurred under the guise of discipline or punishment. Multiple qualitative accounts showed that victims who expressed interests in sexual topics were often severely punished, and in some cases, sexually abused during these disciplinary actions.

Mental Health

The current study situation consistently showed long-term and highly stressful psychological consequences for the victims. Depression (24.0 - 42.3%), Anxiety (10.2 - 42.4%) and PTSD (38.4%) were the most frequently discussed psychological disorders. Furthermore, many victims reported effects on their sexuality and problems in relationships (18.0-28.6%). Several studies have also indicated high prevalences of suicidal ideations (15.3%) and suicide attempts (9.3%).

Qualitative results illustrated the often-lifelong burden of psychological consequences. Many victims reported effects on their personality, particularly due to an impaired self-worth. Frequent stressful topics related to feelings of guilt and shame. Several victims described problems in dealing with their own sexuality and having sexual relationships. Only one study assessed the prevalence of personality disorders among survivors of IA, showing that more than one third of participants (35.4%) qualified for diagnosis. These were distributed as follows: APD (21.2%), ASPD (6.9%), BPD (5.7%) and DPD (1.6%). Lastly, in studies with control groups or comparison groups, with a few

exceptions, no overall differences were found that indicated higher severity of psychological consequences, compared to data for other CSA, or IA abuse victims.

Institutional Response

Reports of several qualitative studies showed that victims had no trust in the church as an institution when it came to effectively addressing allegations against clerics. A common example of institutional failure mentioned related to transfers of accused priests to different parishes. Data on institutional responses to allegations of abuse were collected from two studies within the current sample. One of these found that accused priests within the Catholic Church in Germany, were actually transferred significantly more often ($p < .0001$), than non-accused colleagues. The same study also revealed that representatives of the catholic church were more likely to downplay or cover up accusations, compared to cases in non-church related institutions. Results of the JJC report also indicated that official church investigations were prolonged and often resulted in no final consequences for the accused. Among a sample of priests with highly credible allegations, only 11.4% lost or exited their priesthood.

Overall findings and victims' experiences suggested that church institutions for both the catholic and protestant church were more interested in protecting their own institutions, than addressing the needs of the victims.

Betrayal Trauma

Overall, themes of trust and betrayal were prevalent throughout the sample. Many studies addressed how trust was exploited by perpetrators, particularly due to their ecclesiastical status, and how institutional responses to abuse disclosures often intensified victims' feelings of betrayal. Several studies emphasized that betrayal by a trusted authority or institution, such as the church, could lead to more severe psychological consequences, including higher symptom and depression scores and impaired coping and PTG. Qualitative studies described the betrayal of trust as a possible cause for feelings of isolation, loneliness, guilt and shame.

Spiritual Trauma & Unique Betrayal

A large part of the studies referenced Thomas Doyle when addressing spiritual changes as a unique outcome for abuse victims, but only two studies explicitly used spiritual trauma symptoms to interpret their findings. The description of abuse by church representatives as a unique betrayal, due to the perpetrators being representatives of the victim's faith, was more widely used across studies.

Spiritual changes

Numerous studies included spiritual changes as an adverse outcome of abusive experiences within church settings. At the same time, results showed that faith in the church was more affected than faith in God and that compared to abuse victims from non-church settings, current studies showed a greater variance regarding religious beliefs after the abusive experiences. Loss of faith was described by several studies as a possible exacerbating factor for mental health problems and a possible limitation for PTG. However, this was only partially reflected in the direct reports of those affected. Two studies utilized the characteristics of institutional betrayal to explain spiritual consequences.

Global Representativeness

The distribution of study origins clearly indicated a WEIRD bias, with the vast majority of studies being conducted in Western countries. Only one study directly collected data from victims in Chile. Additionally, literature reviews on IA included data from two studies conducted in Tanzania and one in South Africa. However, in both studies, it was not possible to determine whether the abuse was perpetrated by church representatives or occurred within church institutions. This effectively means that, out of the total of 18,197 victims of abuse identified in studies on abuse within church settings, only 10 participants were from non-Western countries. Of the countries listed with the largest Christian populations and high proportions of Christian-operated childcare facilities, only two countries (USA and Poland) were represented

Distinct Demographic

Two features regarding the demographic composition of the samples stood out. Even when excluding studies that focused exclusively on male respondents, findings consistently showed a disproportionately higher number of male victims of abuse. In the

general population, females show a higher prevalence rate for CSA, as can be seen in the gender compositions of available included control groups and reference studies, as well as the distributions of other large-scale studies on victims of CSA. A prospective study on impacts of CSA on mental health (Spataro et al., 2004) included 82.3% female victims and a retrospective cohort study (Dube et al., 2005) stated that 64.5% of assessed CSA victims were female.

In the analyzed studies, several researchers suggested that the higher proportion of male victims may reflect their greater availability to perpetrators. Historically, boys had easier access to Catholic communities and activities, such as youth programs or serving as altar boys. However, Dölling (2016) found that even after reforms, such as allowing female altar servers into the German catholic church, the proportion of male victims remained similarly high. Therefore, strict sexual morals and the requirement of celibacy within Catholicism have been proposed as other contributing factors. For example, Catholic doctrine used a strict and traditional understanding of relationships, which may have led perpetrators to view sexual relationships with male victims as more aligned with their vows of celibacy and sexual relationships with males might have been perceived as less transgressive. Therefore, multiple studies assumed that the high proportion of male abuse victims was a distinct characteristic of Catholic settings. The recently published ForuM study (2024) included data on a large number of abuse victims within protestant churches and institutions. As a comparison results of multiple studies on child abuse within the catholic church in Germany and Austria were combined and the proportion of male and female victims was determined. Based on the current study situation (Dressing et al., 2019; Lueger-Schuster et al., 2013; Rassenhofer et al., 2014; Spröber et al., 2014), 65.8% of abuse victims in the catholic church in Germany and Austria were male. The available data on the Protestant Church in Germany showed a ratio of 57,9% male abuse victims, which suggests that the proportion of male participants appeared to be smaller than within the Catholic Church but was still disproportionately higher as compared to victims of non-clerical perpetrators (Dölling et al., 2016). Therefore, the high proportion of male victims seems to be a characteristic for both organisations, whereby distinct catholic factors such as the celibacy might play an enhancing role.

Secondly, victims sexually abused by priests, pastors, or other church representatives were, on average, noticeably older at the time of the first offense compared to victims of IA and other comparison groups. A probable explanation for this difference may lie again in availability, as many church activities, such as youth groups or participating as altar servers, were typically accessible after first communion. Additionally, qualitative reports revealed overlaps among victims who indicated that perpetrators used grooming strategies to isolate and manipulate them. The higher average age of victims could also be related to the perpetrators' efforts to portray the abuse as a consensual relationship.

Institutional Failure

Victims' reports and experiences consistently showed a strong desire for justice and thorough investigation. However, there was a concerning trend across various studies indicating that many victims delayed reporting the abuse. Furthermore, the high numbers of participants in abuse commissions (Lueger-Schuster et al., 2013; Rassenhofer et al., 2014; Spröber et al., 2014) indicated that structures to disclose abusive experiences were not sufficiently provided by the church as an institution, which was further illustrated by the frequent and substantial delays in reporting abusive experiences. With one study (Shea, 2008) finding that victims of CSA perpetrated by Catholic priests reported their experiences significantly later compared to victims abused by non-ecclesiastical perpetrators. A literature review by McElvaney (2015) on disclosure patterns among CSA victims argued that delayed disclosure had serious implications for legal proceedings and complicated the provision of adequate psychological support. The researchers further suggested that these factors could exacerbate the long-term negative effects of child abuse. These concerns were corroborated by Easton (2013) in a study examining the disclosure behavior of male victims of CSA. Easton demonstrated that the timing of disclosure was significantly correlated with the participants' current mental health and that delays in disclosure were associated with elevated levels of mental distress.

Studies analyzing the institutional handling of abuse allegations have demonstrated an inadequate response, with findings suggesting that church institutions were primarily focused on minimizing their own reputational damage. These institutions

often paid insufficient attention to the experiences and consequences suffered by victims, and at times appeared to accept the possibility of further abuse. For instance, accused perpetrators were significantly more often transferred to new parishes and only a small proportion of accused perpetrators were removed and or resigned from the priesthood. Furthermore, qualitative reports showed that these insufficient actions of church representatives were a further burden for many victims, which can be well explained using the concepts of institutional betrayal and secondary victimization.

Mental Health

As anticipated, the studies identified a wide range of mental health consequences among victims. Overall, the findings did not indicate higher prevalence rates or particularly elevated levels of distress compared to victims of abuse from non-church contexts. A study on long-term consequences of CSA including 3,586 CSA victims (Dube et al., 2005), assessed prevalence rates for alcohol problems (19.2%), lifetime use of illicit drugs (24.4%), current depression (11.8%) and suicide attempts (4.1%). Regarding the severity of abuse 29.6% of participants reported experiencing intercourse. Higher prevalences in all the mentioned mental health categories, were registered for this group. As initially described, results of a meta-analysis (Norman et al., 2012) demonstrated that regarding depressive disorders, victims of physical abuse (OR = 1.54), neglect (2.11) and emotional abuse (OR = 3.06) all were at higher risk than non-abused controls. A large-scale study in the UK involving more than 150,000 participants (Chaplin, Jones, & Khandaker, 2021) found that victims of childhood sexual abuse were nearly twice as likely (OR = 1.74) to have depressive symptoms in adulthood. The meta-analysis provided similar results for anxiety disorders with an increased risk for physical abuse (OR=1.51), neglect (OR=1.82) and emotional abuse (OR=3.21). Thus, the mental disorders most frequently mentioned in the current sample corresponded to the results of more general studies on the long-term effects of child abuse. An exception seems to be the high suicidality among victims of cleric perpetrated abuse compared to the findings of Dube et al. (2005). The high prevalence of personality disorders, which were recorded by Carr et al. (2010) in their study on IA, was also striking. An umbrella review, consisting of meta-analyses investigating long-term outcomes of CSA (Hailes et al., 2019), reported a nearly three times increased risk for BPD among CSA victims (OR=2.9),

still the results of Carr et al. (2010) with about a third of all interviewed IA survivors reporting symptoms indicating a personality disorder, seem particularly high.

Among studies that included control or comparison groups, only two reported significant differencesregarding adverse psychological outcomes fothe church-affiliated groups. The study by Lueger-Schuster et al. (2013) offered valuable insights by assessing psychological symptoms in a larger sample of IA victims and comparing these results with four other studies on adult survivors of child abuse that utilized the same survey method (BSI). One of these four studies (Rosen & Martin, 1996) reported significantly lower symptom scores; however, this study's sample consisted of soldiers with CSA experiences, limiting its comparability to the general population.

Reports of victims of IA, aligned with the definition of betrayal trauma, relating to an abusive dynamic that was characterized by unequal power relations and the inability to prevent or stop the abuse. Church-related studies consistently emphasized the perpetrator's role as a trusted authority figure, which likely intensified the betrayal experienced by the victims. The concept of institutional betrayal was evident, as the data revealed inadequate institutional responses that negatively impacted victims. Betrayal trauma was associated with higher rates of cPTSD, which was only assessed in one study showing that 21% of IA victims met diagnostic criteria for cPTSD and 17% for PTSD. During the development of ICD-11, several studies validated new diagnostic criteria for PTSD and cPTSD, one of which used a representative sample of the US population (Cloitre et al., 2019), participants had to report experiencing at least one traumatic incident during their lifetime. The results of the study showed that 3.8% met diagnostic criteria for cPTSD and 3.4% for PTSD. While the prevalences are lower than for the current population, there is also no data available on the severity of the trauma experienced. The best comparison offered a study on foster-children in governmental institutions in Austria (Haselgruber, Sölva & Lueger-Schuster, 2020), reporting that 22.8% of victims met ICD-11 criteria for cPTSD and 31.6% for PTSD. On the one hand, the studies showed a broad distribution of prevalences, depending on sample compositions, and, on the other hand, overall similar results compared to the current sample.

In general, betrayal trauma theory was a good fit for the investigated population, since it addressed the persistence of abusive relationships, with most victims in the analyzed studies reporting repeated instances of abuse, often spanning several years.

Studies referencing the works of Doyle (2008) or Guido (2009) demonstrated thematic overlaps with elements of betrayal trauma theory, particularly concerning the potential intensification of psychological consequences due to the unique religious role and status of the perpetrators. Qualitative findings provided partial support for these assumptions, though they were predominantly observed in studies that heavily draw on the works of Doyle and Guido. Victim's reports did include religious elements and themes in connection to the abuse; however, most narratives indicated that the perpetrators' special status was primarily exploited for abuse of authority and manipulative purposes. The description of the perception of the perpetrators as a form of embodiment of God (originally "alter Christi"), as proposed by Guido (2008), was not confirmed by any reports in the current sample. Nevertheless, several studies referenced this definition, particularly in discussing the impact of the abuse on victims' faith. Such descriptions could lead to the impression that the perpetrators' positions of power due to their religious offices are absolute factors that cannot be influenced. At the same time, qualitative data showed that reformable elements such as the church's hierarchal structure and teachings on sexuality very likely contributed to acts of abuse.

Spiritual Outcomes

Several studies with control groups found greater spiritual impacts among victims, who experienced abuse by church representatives. In this context, two studies indicated that victims from church settings exhibited higher variability in their religious affiliation, with some victims either completely rejecting religion or strongly identifying with it. The influence on faith was explicitly discussed in multiple qualitative reports, showing that social consequences were often intertwined with spiritual changes, such as the loss of community following disclosure. This could partly constitute to feelings of isolation and loneliness. Several studies linked the impact on victims' attitudes toward religiosity and faith to other psychological outcomes, such as impairments in mental health. One study (Pereda et al., 2022) developed a linear regression model in which spiritual changes were presented as a significant predictor for several mental health

outcomes. However, the model did not account for a possible mediation effect, with the severity of the abuse as a baseline factor. Results from another study on IA showed that the severity of the experienced abuse, such as anal or vaginal penetration by the perpetrator, was associated with more severe mental health impacts (Lueger-Schuster, 2013). Accordingly, it seems likely that greater spiritual changes could also be caused by more severe abuse. Additionally, data collected in the same study, showed that most respondents indicated that they had not been subjectively burdened by the spiritual changes. Finally, quantitative results of several studies showed that the most victims reported losing their faith in church, rather than their personal beliefs in God.

Critical voices from within the responsible institutions such as the works of Doyle (2008) or Guido (2009) offer valuable insights, especially in understanding the possible influence of Christian teaching on acts of abuse. However, the studies analyzed showed that research on spiritual changes addressed similar elements as betrayal trauma- and institutional betrayal theories. These psychological concepts seem more relevant in addressing psychological outcomes for victims and the current mixing with spiritual topics could lead to an overvaluation of religious influences. In this context, researchers from the ForuM study (2024) appropriately formulated that the effects on the faith of the victims were a further consequence of institutional failures on the part of church institutions. The task of those responsible should always be to support those affected. Spiritual changes should therefore only be addressed if abuse survivors indicate that they are suffering from these changes and not be treated as a general effect to be remedied.

Need for Global Investigations

Regarding the global scope of CSA within the catholic church, Terry (2015) argued that she found similar patterns across international studies, whereby available data was limited to western countries, especially the United States. She emphasized the lack of data on the Catholic population in Latin America, Asia and Africa and stressed the importance of research to ensure prevention and, above all, better treatment of victims of abuse. Nine years later the current survey shows no progress. The composition of analyzed samples showed an extreme concentration on Western countries. Furthermore, the current sample contained only one research paper by representatives

of the Catholic Church (Prusak & Schaab, 2022), which addressed spiritual trauma. This underscores the reactive attitude of church institutions, as noted by Terry (2015). Large surveys were typically conducted by researchers external to the church, a trend further supported by findings from recent studies such as the two latest comprehensive investigations on CSA within the catholic and protestant church in Germany (Dressing et al., 2019 & ForuM, 2024)

The results of the studies analyzed clearly showed the far-reaching consequences for a large number of affected individuals. The failure of church institutions in dealing with allegations of abuse was illustrated by the fact that the victims not only had too few opportunities to report the abuse to official bodies. But additionally, disclosures rarely led to final consequences for the perpetrators, but rather to further negative consequences for the victims. Simultaneously, Christian populations in Africa, Asia, and Latin America largely remain in a Black Box. Church institutions have a clear responsibility to acknowledge research findings that indicate that victims are seeking acknowledgment, justice, and support, and accordingly need sufficient and effective possibilities to report their experiences, without having to fear negative consequences. Therefore, those responsible need to initiate and implement appropriate measures worldwide.

Limitations

The main limitation of the systematic review was related to the selection of the included studies. The entire search and screening process was conducted by a single person, leaving no opportunity to identify studies that may have been mistakenly excluded and compare the final selection of studies, limiting the reliability of the study selection process.

Due to economic reasons, studies either had to be free to access or available through institutional sources. Furthermore, due to limited linguistic accessibility, only German and English-language works were included. This particularly restricted the research focus on the global distribution of studies to English-language literature. For example, several works from Poland and Brazil had to be excluded during the literature search for this reason.

The review included two extensive reports on investigative studies of sexual abuse within the Catholic Church in the US (JJC, 2004) and the Protestant Church in Germany (ForuM, 2024). Due to limited resources, the goal of a systematic review to fully examine entire documents was not achieved. For the final work, mostly statistical results on prevalence data were specifically selected and analyzed. The ForuM study also included an additional summary of key findings, which was utilized in the narrative synthesis.

Lastly, the largest part of available studies focused on offenses committed by representatives of the Catholic Church or experiences within institutions operated by the Catholic Church.

Conclusion

The systematic review aimed to examine the psychological consequences, unique characteristics and current state of research regarding CSA and IA within Christian settings. The most commonly reported psychological outcomes included anxiety disorders, depression, PTSD and CPTSD, as well as difficulties with relationships and sexual identity. Regarding the first hypothesis of a potentially enhanced severity of abusive experiences due to the religious setting, the examined studies show mixed results. Most studies including control groups reported no significant differences in severity, compared to abuse in other non-religious settings. However, some studies indicated similarities between cleric-perpetrated CSA and parental CSA victims. Furthermore, certain prevalence data indicated higher findings compared to reference populations.

Regarding the second hypothesis, several unique characteristics and potentially adverse factors were identified. Contrary to CSA in the general population, most identified victims were male. Victims of cleric perpetrated CSA were older at the first time of abuse compared to IA victims. Victims often substantially delayed disclosure of the abusive experiences, with results indicating longer delays compared to abuse victims from other settings. Lastly, the often-inadequate response of official church

structures, indicated an increased risk for experiences of institutional betrayal and secondary victimization.

Regarding the last hypothesis, as expected did the included studies reveal an extreme WEIRD bias. Consistent with a prior review (Terry, 2015), little to no progress has been made toward global perspectives on CSA within church structures. The vast majority of studies remained focused on Western populations, with underrepresentation of regions with significant Christian populations and currently church-operated childcare facilities.

Implications for Future Research and Practice

As expected, victims' data showed a wide variety of adverse mental-health outcomes across the study sample, especially concerning were delayed disclosure patterns, frequent suicidal behavior, and the high prevalence of personality disorders in one study on IA victims. Future research could aim to specifically address these subjects. The goal of child abuse research should always be to prevent future cases and to support those affected. For this population, results indicated that specific characteristics such as Catholic and Protestant doctrine, and particularly the institutional handling of abuse cases negatively affected survivors. Future research should specifically address these factors, since there possibly lies opportunity to prevent future abuse and address victim's frequently stated feelings of guilt and shame.

Many of the studies reviewed included research on spiritual outcomes, synthesizing results in fact indicated that spiritual changes were more prominent compared to victims of abuse in non-religious settings, especially when the perpetrator was a church representative. Although multiple studies investigated associations between spiritual changes and worsened mental health outcomes, the empirical support for these claims seems limited, since much of the research relied on non-empirical references. Additional research is necessary to substantiate the claim that changes in faith or spirituality could directly contribute to negative mental health outcomes. Future studies should aim to objectively examine the impact of spiritual changes while controlling for other factors, such as loss of community, negative reactions from peers, delayed disclosure and feelings of institutional betrayal, to ensure that the specific needs of victims can be appropriately addressed.

The number of published studies over the past two decades illustrated the impact of large-scale investigations. Findings across studies have shown comparable prevalence rates of abuse for various western countries, whereas the frequency and severity of abuse within Christian-operated childcare institutions was particularly concerning. However, research on populations in countries where a substantial number of currently church-operated childcare institutions are located remains scarce. Most existing studies have focused on Western countries investigating retrospective cases of abuse. Future research should prioritize examining the current situation in non-Western Christian countries.

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Appendix

Abstract

This systematic review aimed to address the outcomes of childhood sexual abuse (CSA) perpetrated by clerics, and institutional abuse (IA) experienced within Christian institutions. This review builds upon literature published following the first large scale investigation on CSA by catholic priests by the John Jay College in 2004, focusing on victims' perspectives to synthesize personal experiences and associated mental health data. Furthermore, it aimed to provide an overview of current research, particularly in the context of betrayal trauma theory, referring to the impact of abuse by trusted caregivers or authority figures, and current trends to address spiritual outcomes. A comprehensive search across four databases identified 29 relevant documents, including one meta-analysis and three systematic reviews. Results showed that most victims of cleric perpetrated CSA were male, experienced repeated abuse over extended periods, and delayed disclosing the abuse. IA victims reported overall extremely high rates for various acts of abuse, including frequent CSA. Mental health outcomes were generally comparable to other CSA and IA survivors, though notable findings included frequent suicidal behavior and a concerning prevalence of personality disorders in one study. Furthermore, victims frequently reported negative experiences following disclosure, indicating instances of secondary victimization and institutional betrayal. The review identified a significant gap in the research, with most studies limited to retrospective data from Western, Educated, Industrialized, Rich, and Democratic (WEIRD) countries. This points to a need for further research on the current state of CSA and IA in regions with large Christian populations and active church-operated childcare institutions.

Keywords: cleric-perpetrated child sexual abuse, institutional abuse, institutional betrayal, mental health-outcomes

Zusammenfassung

In der vorliegenden Arbeit wurden die psychologischen Folgen von sexuellem Kindesmissbrauch durch Repräsentanten der christlichen Kirche, sowie institutionellem Missbrauch in christlichen Einrichtungen untersucht. Seit den Enthüllungen der John Jay College Studie, zu sexuellen Übergriffen innerhalb der katholischen Kirche im Jahr 2004, wurde ein Vielzahl an Studien zu dieser Thematik veröffentlicht. Verschiedene Forschungsarbeiten zu psychologischen Folgen, sowie persönlichen Erfahrungen von Missbrauchsopfern wurden narrativ zusammengeführt. Dabei wurde versucht ein allgemeiner Forschungsüberblick zu geben. Besonderer Fokus lag dabei auf der Anwendung der *betrayal trauma theory,* welche die Folgen von Missbrauch durch Bezugs- und Autoritätspersonen beschreibt. Nach einer umfassenden Literaturrecherche über vier Datenbanken wurden 29 relevante Dokumente aufgenommen. Die zusammengeführten Ergebnisse haben gezeigt, dass die meisten Missbrauchsopfer geistlicher Täter männlich waren, wiederholten Missbrauch über längere Zeiträume erlebten, sowie ihre Erfahrungen typischerweise stark verzögert offenbarten. Berichte von Opfer institutionellen Missbrauchs zeigten ein extremes Ausmaß an psychischem, physischem und sexuellem Missbrauch. Insgesamt unterschiedenen sich die erhobenen Daten zur mentalen Gesundheit nicht von Erhebungen zu Missbrauchsopfern aus anderen Kontexten. Allerdings war allgemein die hohe Prävalenz von suizidalem Verhalten auffällig. Ergebnisse einer Studie zeigten ungewöhnlich hohe Prävalenzen an Persönlichkeitsstörungen. Des Weiteren gaben Opfer an, dass die offizielle Meldung der Taten häufig zu negativen Konsequenzen führte, wobei die Ergebnisse auf sekundäre Viktimisierung und *institutional betrayal* (negative Konsequenzen für Opfer nach Offenlegung des Missbrauchs) hinweisen. Die Arbeit zeigt eine erhebliche Lücke in der aktuellen Forschungslage, da der größte Teil der Daten aus retrospektiven Erhebungen in westlichen Ländern stammte. Weitere Forschung zur aktuellen Situation in christlich geprägten Ländern, sowie aktuell kirchlich verwalteten Kinderversorgungseinrichtungen ist dringend notwendig.

Schlüsselwörter: Kindesmissbrauch durch Geistliche, Institutioneller Missbrauch, Institutional Betrayal (Institutioneller Verrat), Psychische Missbrauchsfolgen