Walk With Me

Pastoral care for victims of sexual abuse viewed through existential psychology

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I will not leave you comfortless: I will come to you.

(John 14:18)

To my children Tora, Knut, and Harry.

ABSTRACT

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Pastoral care can be described as a cleric's presence with people in their time of need, to promote their well-being and strengthen them in their faith. One dimension of working through an overwhelming trauma, such as sexual abuse, is to find a way to make sense of what has happened and possibly to find some kind of meaning in what has happened. Today, the clergy is identified as an important mental health resource and caring for people suffering from psychological trauma forms an important part of pastoral care. The aim of this thesis was partly to study clerics' preparedness to, and experiences of, pastoral care for victims of sexual abuse, partly to study what needs victims of sexual abuse bring to pastoral care and their experiences of seeking this help. The aim was also to investigate if pastoral care for victims of sexual abuse could be affected by different aspects of gender, and how the clerical vow of silence was perceived and handled. In **Study I** the role of gender in the care for victims of sexual abuse was investigated within three Swedish Christian denominations. Questionnaires anchored by vignettes illustrating different abuse situations were answered by 421 clerics. The main findings were that female respondents apprehended the described situations as more likely to occur than male respondents did, and that reported levels of preparedness to offer pastoral care as well as belief in the likelihood of the described situation to occur where higher when a woman was the victim, or a man was the perpetrator. In **Study II** clerical experiences of pastoral care for victims of sexual abused were studied. Four focus groups with clerics were conducted and analysed using inductive thematic analysis. Participants expressed a wish to offer the best care possible. Insecurities and a perceived lack of psychological knowledge, however, provoked self-protecting strategies that may afflict clerics, confidants, and the outcome of pastoral care. Further, feelings of being caught in a trap where described since the vow of silence prevented actions from being taken. **Study III** and **Study IV** were built on interviews with 7 women and 1 man who had been sexually abused and sought pastoral care. The interviews were analysed using inductive thematic analysis. **Study III** focused on how victims of sexual abuse described their relationship to God and to other parishioners. The main findings were that the informants described feeling abandoned by, and angry at, God and that they sometimes felt excluded from the Christian community. The effects the abuse had on their faith were described as essential to their trauma and, further, as an issue they needed to work through to learn how to live with their experiences. **Study IV** focused on sexually abused individual's experiences and perceptions of the benefits and shortcomings of pastoral care, including their experiences of raising faith-related issues in psychotherapy. Main findings were that the informants described their needs to be recognized, their needs to express doubts, and a wish not to be rushed towards forgiveness. They wished for pastoral care givers to gain psychological knowledge and for psychotherapists to gain a deeper understanding about the faith implications of sexual abuse. The vow of silence was described as both making it possible to tell and as sometimes obstructing the cleric's ability to help the confidant get out of the abusive situation. In summary, results indicate that aspects of gender might affect pastoral care for victims of sexual abuse. In view of existential psychology, pastoral care could have a potential beneficial function for victims of sexual abuse. However, results also indicate that pastoral care for victims of sexual abuse can place both the confidant and the cleric in exposed situations. Consequently, there is a need to support and prepare clerics for this task. Further, there is a need to discuss the consequences of the vow of silence: the burden it puts on clerics and how it affects confidants' ability to receive help.

Keywords: Existential psychology; Faith; Gender perspectives; Pastoral care; Sexual abuse; Vow of silence

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Preface

This thesis is based on the following four studies, which will be referred to by their Roman numerals:

I. Rudolfsson, L., Tidefors, I., Strömwall, L. A. (2012). Sexual abuse and the Christian congregation: The role of gender in pastoral care for victims. *Pastoral Psychology 61,* 375-388.

II. Rudolfsson, L. & Tidefors, I. (2013). I stay and I follow: Clerical reflections on pastoral care for victims of sexual abuse. *Journal of Pastoral Care & Counseling, 67(2),* 1-14.

III. Rudolfsson, L. & Tidefors, I. (2014). I have cried to Him a thousand times, but it makes no difference: Sexual abuse, faith, and images of God. *Mental Health, Religion & Culture, Advanced online publication,* 1-13.

IV. Rudolfsson, L. & Tidefors, I. (accepted for publication). The struggles of victims of sexual abuse who seek pastoral care. *Pastoral Psychology.*

Sammanfattning på svenska (Swedish summary)

Varje år utsätts tusentals barn och vuxna för sexuella övergrepp och en betydande del av dessa övergrepp sker inom familjen. För många är det svårt att tala om sexuella övergrepp och särskilt svårt blir det om övergreppen har begåtts av en nära anhörig. Många av dem som utsätts för övergrepp uppvisar traumatiska reaktioner såsom ångest och depression. För dem som är troende kan det förutom de psykologiska konsekvenserna tillkomma existentiella och religiösa trauman. Tidigare forskning har betonat människans behov av att finna en mening i det som sker och inom existentiell psykologi ses möjligheten att finna en mening till och med som avgörande för vår överlevnad. Trots att det inte går att finna en mening som är universellt tillämpbar för alla människor, har religionen länge betraktats som en arena där människan kan söka efter och finna en mening.

För den troende individen som utsätts för övergrepp kan det till exempel uppstå frågor om hur en god och allsmäktig Gud kan låta sexuella övergrepp ske. En tudelad situation kan uppkomma, där ilska riktas mot Gud för det som har inträffat samtidigt som behovet av tröst och vägledning från Gud upplevs som störst. I ett utsatt läge kan det därför kännas naturligt för troende människor, som har utsatts för sexuella övergrepp, att vända sig till prästen/pastorn i sin församling för samtal, stöd och för att få hjälp att förstå det som har hänt och kanske till och med finna en mening i det inträffade.

Präster/pastorer är vana vid att ge sina församlingsmedlemmar stöd i form av enskilda samtal i samband med livskriser, dödsfall eller akuta svårigheter och själavård förknippas ofta med detta stöd till enskilda församlingsmedlemmar. I yrket som präst/pastor tar det vårdande och terapeutiska inslaget allt större plats och många präster/pastorer har som en del i sin gärning mött individer som är, eller har varit, utsatta för sexuella övergrepp. Under de senaste åren har kunskapen ökat kring vad det kan innebära för professionella som arbetar med och lyssnar till andra människors berättelser om traumatiska erfarenheter. Forskningen visar bland annat att professionella som har arbetat länge med traumadrabbade, kan komma att uppvisa symptom liknande de som den traumatiserade uppvisar. I det själavårdande mötet finns det ytterligare försvårande omständigheter eftersom prästen/pastorn ofta redan sedan tidigare är bekant med den hjälpsökande (i själavård kallad konfident). Dessutom har prästen/pastorn flera olika funktioner att fylla, såsom predikare, själavårdare och förvaltare av sakrament. Vidare har prästen, till skillnad från andra yrkesgrupper, en absolut tystnadsplikt att förhålla sig till. Prästens tystnadsplikt övergår skyldigheten att anmäla, också i de fall där den utsatta/e är minderårig. Tystnadsplikten kan således försvåra prästens/pastorns möjlighet att dela med sig av de övergreppsberättelser hon/han får höra, till exempel i handledning eller i egenterapi. Tystnadsplikten begränsar också prästens möjligheter att agera för att hjälpa konfidenten.

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Det här arbetet handlar dels om vilka behov som väcks och vilket stöd de som har varit utsatta för sexuella övergrepp behöver när hon/han söker själavård, dels om hur präster/pastorer hanterar frågor om sexuella övergrepp inom ramen för själavård. Några av de frågor som belyses är hur gudsrelationen och relationen till andra församlingsmedlemmar kan se ut hos den som har varit utsatt för sexuella övergrepp, samt vilka erfarenheter som finns hos den utsatta/e av att i själavård samtala om erfarenheter och konsekvenser av sexuella övergrepp. Arbetet belyser också vilka erfarenheter prästen/pastorn har av att ge stöd till församlingsmedlemmar som har blivit utsatta för sexuella övergrepp, vilken beredskap de har att göra detta, samt vilka känslomässiga reaktioner som samtal om sexuella övergrepp kan väcka inom prästen/pastorn själv. Arbetet belyser också hur olika aspekter av genus kan påverka det själavårdande mötet med den som har varit utsatt för sexuella övergrepp, samt prästens tystnadsplikt. Dels är fokus på hur de som söker själavård ser på tystnadsplikten, dels hur prästen förhåller sig till tystnadsplikten.

Avhandlingen består av fyra delstudier som bygger dels på insamlat material från präster inom Svenska kyrkan, frikyrkoförsamlingar och Katolska kyrkan, dels på material från individer som har varit utsatta för sexuella övergrepp och som har sökt själavård för att tala om sina erfarenheter. I *Studie I* var det övergripande syftet att, utifrån ett genusperspektiv, studera prästers och pastorers kunskaper och attityder till frågor som rör sexuella övergrepp. Tre olika aspekter av genus användes i studien – betydelsen av offrets kön, betydelsen av förövarens kön och betydelsen av undersökningsdeltagarnas (prästernas/pastorernas) kön. Undersökningen vände sig till präster inom Svenska kyrkan, Katolska kyrkan och till pastorer inom Pingstkyrkan. Ett frågeformulär skickades ut till 668 präster/pastorer av vilka 421 personer kom att ingå i studien (140 kvinnor och 281 män). Formuläret baserades till stor del på en bifogad vinjett som beskrev vad en 23-årig församlingsmedlem skulle kunna anförtro sin själavårdare. Vinjetten beskrev att församlingsmedlemmen hade utsatts för sexuella övergrepp i familjen som började då hon/han var 4 år gammal och upphörde i 15-årsåldern. Det fanns fyra olika vinjetter där församlingsmedlemmens och förövarens (förälderns) kön varierade. Varje undersökningsdeltagare fick endast en av de fyra tänkbara vinjetterna. Efter vinjetten ställdes frågor om hur prästen/pastorn trodde att hon/han skulle regera inför den beskrivna situationen samt vilka åtgärder hon/han trodde sig skulle vidta. Resultaten visade att nästan tre av fyra undersökningsdeltagare uppgav att de i sin gärning som präst/pastor hade mött offer för sexuella övergrepp. Kvinnor ansåg i jämförelse med män, att sexuella övergrepp förekom i en större omfattning och de ansåg i större utsträckning än män att det var sannolikt att den beskrivna situationen (oavsett vinjett) skulle kunna inträffa. Undersökningsdeltagarna uppgav att de var mer benägna att göra en själavårdande insats om offret var en flicka än om offret var en pojke (förövaren i båda fallen pappa). Kombinationen

pappa som förövare och dotter som offer uppgavs vara mer trolig än att mamman skulle vara förövare (oavsett offrets kön). Undersökningsdeltagare inom Pingstkyrkan bedömde det i vinjetten beskrivna övergreppet som allvarligare än vad deltagare inom Svenska kyrkan gjorde och deltagare från Pingstkyrkan trodde också att de skulle känna sig mer illa till mods under samtalet med den utsatta/e.

I *Studie II* undersöktes vilka erfarenheter präster och pastorer har av att i sitt arbete möta den som är, eller har varit, utsatt för sexuella övergrepp och hur de tänker kring dessa möten. Fyra fokusgrupper genomfördes – två med präster från Svenska kyrkan (en med fyra kvinnor och en med fyra män), en med katolska präster (fyra män), samt en med pastorer från frikyrkosamfund (en kvinna och två män). Det övergripande temat i fokusgrupperna var att prästerna/pastorerna beskrev att det var svårt att lyssna till berättelser om sexuella övergrepp, samt att de beskrev sig själva som osäkra i vad som upplevdes som en svår och krävande arbetsuppgift. Osäkerheten rörde främst hur prästen/pastorn bäst kunde hjälpa den utsatta/e och hur de själva kunde skydda sig från det som berättades. Deltagarna upplevde sig sakna psykologisk kunskap och beskrev att deras möjligheter att få hjälp utifrån begränsades av tystnadsplikten. Trots prästens/pastorns önskan om att på bästa sätt erbjuda stöd till de församlingsmedlemmar som var, eller hade varit, utsatta för sexuella övergrepp ledde deras osäkerhet ibland till upplevelsen av att känna sig kall och distanserad i mötet. Det fanns således omständigheter i mötet med den som var, eller hade varit, utsatt för sexuella övergrepp som komplicerade den själavårdande insatsen.

Studie III och *IV* bygger på intervjuer med åtta personer (sju kvinnor och en man) som hade varit utsatta för sexuella övergrepp och som hade samtalat om detta i själavård inom Svenska kyrkan eller inom frikyrkosamfund. Två av informanterna hade blivit våldtagna som tonåringar och sex var utsatta för övergrepp som barn. Av de som hade blivit utsatta som barn hade fyra utsatts för incest (tre av biologisk pappa eller nära manlig anhörig och en av sin biologiska mamma), en informant hade utsatts för övergrepp av sin adoptivpappa och en av en kvinnlig barnskötare. Samtliga informanter hade gått i själavård (de hade ofta sökt hjälp hos flera olika själavårdare) och fem av informanterna hade också gått i psykoterapi. *Studie III* fokuserade på hur informanterna beskrev sin relation till Gud och till sin församling. Informanterna beskrev hur relationen till Gud och till övriga församlingsmedlemmar hade påverkats och formats av erfarenheterna av att vara utsatt för sexuella övergrepp. Många av dem berättade om hur övergreppen hade fått dem att tvivla på om de fortfarande tillhörde den kristna församlingen. Predikningar och sättet att tala om Gud i gudstjänster och i församlingsverksamhet kunde inge deltagarna känslor av otrygghet. De beskrev hur delar av det symbolspråk som ofta används i kyrkan, till exempel talet om offerlamm, lidande och synd påminde dem om deras övergreppserfarenheter. Känslan av att inte längre höra till

beskrevs som smärtsam och trots en längtan att få vara en del av, känna sig trygga och stöttade av övriga församlingsmedlemmar, kände sig informanterna ofta ensamma och exkluderade från församlingen. Mer hjälpande och tröstande bilder och symboler beskrevs också. Exempel på detta var berättelsen om Jesu lidande och död som upplevdes som en symbol för att Jesus vet hur det är att lida och att befinna sig i det mörkaste av mörka. Några beskrev dock att de kände sig så pass otrygga i kyrkorummet att de hade tagit beslutet att inte längre gå dit, även om de hade behållit sin tro på Gud. Informanterna beskrev också hur tron hade påverkats och utmanats av att ha varit utsatt för sexuella övergrepp. Den allmänna bilden av Gud som god och allsmäktig var svår att kombinera med den personliga erfarenheten av en Gud som inte lyssnade och som inte ingrep för att förhindra övergreppen. Trots att relationen till Gud beskrevs som präglad av ilska, besvikelse och en känsla av att Gud hade övergivit dem, beskrevs också tron som livsviktig. Många upplevde att deras tro, trots all smärta den också hade inneburit, hade hjälpt dem att överleva övergreppen och tron på Gud hade också burit dem genom livet. Tron beskrevs som erbjudande hopp om ett bättre liv och som ett sätt att bättre förstå livet i stort och sin egen plats i livet.

I *Studie IV* fokuserades erfarenheter av att samtala om sexuella övergrepp i själavård. Ett annat fokus var erfarenheter av att samtala om trosrelaterade aspekter av sexuella övergrepp i psykoterapi. Informanterna letade efter en själavårdare som tillät tid och utrymme för att kunna uttrycka tvivel, ilska och besvikelse riktad mot Gud. De önskade att få hjälp att knyta an till Gud på ett för dem mer hjälpande sätt. Den själavårdare som erbjöd den bästa hjälpen beskrevs som den som kunde stå ut med att lyssna, som bekräftade det som hade hänt och som inte skyndade på en eventuell förlåtelseprocess. Samtidigt beskrev många informanter svårigheterna att berätta om övergreppen i själavårdande samtal. Många av de själavårdare som informanterna hade mött hade signalerat tvekan, eller ovilja, att samtala om sexuella övergrepp. Exempel på denna ovilja kunde vara en upplevelse av att själavårdaren minimerade övergreppen eller signalerade tvivel om det som berättades verkligen hade hänt. Ett sådant bemötande väckte skam, skuld och osäkerhet, vilket ibland gjorde det svårt att anförtro sig också till någon annan. Liksom prästerna i *Studie II*, beskrev informanterna i *Studie IV,* blandade känslor inför prästens absoluta tystnadsplikt. För vissa var det just tystnadsplikten som hade gjort det möjligt att berätta, medan de som hade anförtrott sig till en präst/pastor under den tid som övergreppen pågick, beskrev tystnadsplikten som ett svek: de blev lämnade i en situation där övergreppen fortsatte. Ofta beskrevs en önskan om att själavårdaren skulle ha mer psykologisk kunskap, framför allt om sexuella övergrepp och dess konsekvenser, något som skulle möjliggöra att ta emot deras berättelse om sexuella övergrepp. Samtidigt beskrev de informanter som också hade gått i psykoterapi, att terapeuten ofta saknade kunskap om trosrelaterade frågor och om att samtala om övergreppens

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konsekvenser på tron. Informanterna beskrev hur de hade försökt att pendla mellan själavård och terapi för att bearbeta sina upplevelser. För informanterna var det dock svårt att separera de generella psykologiska konsekvenserna av att ha varit utsatt för sexuella övergrepp, från konsekvenserna på den egna tron. Många önskade därför att träffa någon som kunde möta hela dem, det vill säga en psykoterapeututbildad själavårdare alternativt en psykoterapeut med kunskap om religiösa frågeställningar.

Sammanfattningsvis visar studierna att både den som söker själavård och den som erbjuder själavård kan komma att befinna sig i en utsatt situation. De som har en tro och som bär på sexuella övergreppserfarenheter utkämpar dels en kamp för att hitta någon som är beredd att lyssna till deras berättelser om sexuella övergrepp, dels en kamp innehållande att hitta en väg för att tro. Den som erbjuder själavård har å sin sida en kamp för att orka ta emot det som den sexuellt övergreppsutsatta/e har att berätta. Såväl präster/pastorer som konfidenter tycks ha blandade känslor inför prästens absoluta tystnadsplikt: dels möjliggör den att berättelsen kan uttalas, dels är den en börda för präster att bära och ett hinder för konfidenter att bli hjälpta. Det kan också vara så att genusaspekter har betydelse för om mötet mellan konfident och själasörjare uppstår eller inte.

Några av de slutsatser som kan dras från dessa resultat är att det finns ett behov för präster som möter den som har varit utsatt för sexuella övergrepp att få dela sina upplevelser med andra. Vidare visar resultaten att det kan vara svårt för den hjälpsökande att hitta någon som kan möta hennes/hans behov av att bearbeta såväl religiösa som psykologiska konsekvenser av att ha varit utsatt för sexuella övergrepp. Samarbete mellan olika professionella, där också aspekter av genus beaktas, behöver därför etableras. Slutligen, framkommer det att tystnadsplikten kan vara problematisk för såväl prästen som för konfidenten om konfidenten berättar om pågående övergrepp.

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My most sincere thanks to the participants in the studies. Without you this research would not have been possible. Thanks to the clerics, for sharing difficult stories in an open-minded way. My profound gratitude goes to the informants in the interviews. I was deeply touched by your stories and I am so thankful that you chose to share them with me.

Lisa Rudolfsson
January, 2015

Contents

Prologue

Although I do not identify myself as a believer, religion and religiousness have fascinated me my whole life. As a little girl, I read all there was to read about ancient mythology and every Easter I spent stuck in front of our television watching movies about the passion of the Christ and the exodus from Egypt. I remember long and inspirational conversations with my parents trying to grasp the idea of God and what it was like to believe in Him.

I think I was about 16 years old when I discovered that there was a discipline called the psychology of religion and from then on I wanted to become a researcher within this field. About the same time, the media started reporting more intensively about the sexual abuse crisis within the Roman Catholic Church. At that time I had an idea that believing in God would offer only comfort. I thought of God as a significant other, compensating for the lack of comfort and love found on earth. When writing my first bachelor thesis in the science of religion, I was surprised to learn that more often religious victims of sexual abuse expressed anger and disappointment in God, and I was hurt to see that besides their psychological suffering from the sexual abuse, they also suffered from damage to their faith and their relationship to God. It was around that time that I became interested in turning my studies to the awareness and preparedness of pastoral care givers for caring for those struggling with the aftermath of sexual abuse.

When I started my studies at the Department of Psychology I met Inga, who I found to be equally passionate about my subject and dedicated to finding clinical applications to address these issues. We applied for funding, and in 2010 I started my Ph.D. studies.

Throughout the project I have been deeply touched by the efforts of pastoral care givers to comfort and stay strong when trying to respond to the confidants' needs and their own suffering when having to listen to hurtful stories. The confidants I have met have touched my soul: their strength, struggles, need for comfort, and all the good they have gained from their faith and their church, but also all the hurt they have been through.

At my licentiate seminar, my opponent shared with me a raped woman's disappointment in her pastoral care giver's reply to her question, "Where was God when I was abused?" and asked me what I would advise the pastoral care giver to reply instead. In many ways, this question captures the core of what my thesis aims to understand:

How are pastoral care givers to comfort victims of sexual abuse, and what should they say?

Introduction

The effects of sexual abuse are becoming more and more well-known, as is awareness of the consequences on the victims' faith (e.g. Farrell, 2009). Awareness of the potential harmful effects on the professional who cares for such victims has also increased (e.g. Buchanan, Anderson, Uhleman & Horwitz, 2006). Clerics are now identified as an important health and mental health resource (e.g. Hendron, Irving & Taylor, 2011). However, in a Swedish study clerics reported a need for more training in pastoral psychology and in pastoral care (DeMarinis, 2003). Pastoral care for victims of sexual abuse has not been studied in depth, and there is a lack of knowledge about how pastoral care is experienced on behalf of both the cleric and the confidant.

This thesis is built on four studies examining pastoral care for victims of sexual abuse. To enable a deeper understanding of the studies, the prevalence of sexual abuse and its psychological consequences for the victim, including factors related to resilience, will first be presented. Following this, a number of aspects of relevant past research will be outlined. Previous research has found that different aspects of gender can be related to psychological consequences for the victim (e.g. Sigurdadottir, Halldorsdottir & Bender, 2014). Thus, where suitable, a gendered perspective will be highlighted in this thesis. To understand the needs of confidants who have a history of sexual abuse and seek pastoral care to talk about their experiences, the consequences of sexual abuse on an individuals' faith will be discussed. Here, sexual abuse will be theorized as potentially damaging to the victims' basic beliefs about how benevolent the world is, and theories will be presented about sexual abuse as a threat to the victims' relationship to God. Thereafter, the potentially challenging task of caring for victims of sexual abuse and the potential harmful effects for professionals will be outlined. Previous research has found that aspects of gender might also affect the care givers' reaction to the victim's disclosure (e.g. Heatherton & Beardshell, 1998), therefore, a gendered perspective will be highlighted in this section as well. Furthermore, out of the dynamics surrounding both sexuality and religion the concepts of transference and countertransference were found useful in the understanding of the care for victims of sexual abuse and, consequently, these theoretical concepts will be presented. Some general perspectives on pastoral care will then follow. Contextual similarities and differences between the denominations, included in the studies, and the clergy's vow of silence will next be described and finally the specifics of providing pastoral care to victims of sexual abuse within a congregational context. The focus will be on both hindrances and possibilities in pastoral care.

During the writing of this thesis and summarizing of the different studies included in it, the human need for a meaning emerged as a main theme, binding the studies together. A

fundamental aspect of human existence is the need of a coherent frame of reference, within which the individual can understand her/his experiences. Finding a meaning may become especially important when we face crises or traumatic experiences (Frankl, 1963). Religious individuals often base their search for meaning on their religious beliefs (Ganzevoort, 1993) and may seek pastoral care to get help in understanding or finding meaning in their situation. In 1963, Victor E. Frankl wrote: "In some way suffering ceases to become suffering at the moment it finds meaning" (Frankl, 1963, p. 235). Although this perspective was not directly highlighted in the studies, it offers an understanding of the studies taken together. Therefore, religiousness and the search for meaning will be the starting point of this thesis.

Religiousness and the Search for Meaning

One dimension of working through an overwhelming trauma, such as sexual abuse, is to find a way in which the individual can make sense of what has happened and find some meaning in it (Harvey, Orbuch & Weber, 1990). The search for meaning can be looked upon as a basic human motivation (van Deurzen, 1998). Frankl (1969) even considered the individuals' need to find a meaning as the main goal in life. This need can be conceptualized as the individual's efforts to understand life experiences by constructing a coherent and consistent interpretation, which is perceived as meaningful and adequate to the specific event/situation (Ganzevoort, 1998). An individual who does not manage to find meaning can resort to questioning fundamental assumptions and systems of beliefs and may eventually suffer an existential crisis (e.g. Herman, 1992).

The need to find meaning can also be understood as the need for a functional system of meaning making. To comprehend the world, people require a system that can help them to navigate and organize their perceptions of events and offer a sense of purpose and direction in life (Park, Edmonson & Hale-Smith, 2013). Frankl (1962) posited that meaning is not inherent in life itself, but is instead created by each individual. To search for a general meaning applicable to each individual's life is therefore an impossible task: "one can never search for the concrete meaning of personal existence, a meaning which changes from man to man, from day to day, from hour to hour" (p. 27). Even if there is no such thing as a universal meaning of life, however, there are many situations that have something in common and there are meanings that can be shared by different individuals. Religion is one such way in which people can deal with existential and meaning-related needs (Park, 2013). Religiousness has traditionally been conceptualized as either substantive or functional (e.g. Spilka, Hood, Hornsburger & Gorsuch, 2003). The substantive approach focuses on the beliefs, emotions, practices, and relationships of individuals in relation to a higher power or divine being. The functional approach instead emphasizes the function that religiousness serves in the life of the individual: beliefs, emotions, practices, and experiences are examined, but the focus is on how these aspects are used in dealing with the fundamental problems of existence such as life, death, suffering, and injustice (Pargament 1997). In this thesis the focus is on how sexually abused individuals describe its consequences on their faith, their needs when seeking pastoral care, and the clerics' own perceptions and experiences of offering this care. To understand the studies taken together, a functional definition of religiousness was adopted.

Frankl (1975) defined religion as the "search for ultimate meaning" (p. 13), which is in line with Geertz (1966) who argued that religion grows out of the human need to comprehend existential questions. Likewise, Baumeister (1991) described how religious meaning making helps people to cope with the trials of life, and Pargament (1997) defined religion in

association with the human need for meaning making as "a search for significance in ways related to the sacred" (p. 32).

For many people religion serves as a core schema that guides beliefs about the self, the world, and the interaction between the two (McIntosh, 1995). It is also for many a central goal and purpose of life (Pargament, 1997) and psychological theorists have articulated numerous purposes served by religion such as control, meaning, growth, hope, intimacy, and belongingness (Erikson, 1963; Frankl, 1963, Maslow, 1970).

When facing suffering, whether harm, loss, or threat, an individual's sense of meaning and control are challenged (Spilka, et al., 2003). People seem to analyse and question their suffering far more than their joys (e.g. Galea, 2008) and there are consistent indications that religion can play a vital role in coping with negative life events (Ellison & Smith, 1991; Lawson & Drebing, 1998; Young, Cashwell, & Scherbakova, 2000). Being able to comprehend tragedy, to make it meaningful, in many ways constitutes the core of successful coping and adjustment. For many people religion performs this role quite well, especially in times of personal crises. Many religious traditions emphasize the necessity of, and possible good outcome of, facing and overcoming suffering in life (Park, 2005). For thousands of years, the religions of the world have been concerned about, and religious scriptures have articulated various ways to respond to, human suffering. In this way, religion may have a unique impact in providing a framework through which painful experiences may be eased (Galea, 2008). Consequently, for many people, religion affects their understanding of the world and makes reality and suffering understandable and more bearable (Pargament, 1997).

Theories of meaning making

In 1987, Antonovsky developed the concept of sense of coherence (SOC). SOC is a health-promoting model that is postulated to have three components: comprehensibility, manageability, and meaningfulness. The component of meaningfulness creates motivation and as such it is central. The process of family socialization provides an opportunity to develop one's SOC, whether strong or weak. Sociocultural factors and personality characteristics continue to influence the development of an individual's SOC: a person's SOC level develops from experiences throughout childhood, adolescence, and early adulthood (Antonovsky, 1987; Antonovsky, 1996a). A strong SOC has been associated with positive health, as people with a strong SOC tend to manage the stressors of life better, and people with a weak SOC tend to be more vulnerable to life stressors and ill health (Antonovsky, 1987). A strong SOC includes a broad range of resources that neutralize the stressors of life events that individuals frequently encounter (Antonovsky, 1996b).

There is a resemblance between Antonovsky's SOC and the concept of coping, as they are both powerful resources in dealing with life stressors. Coping can be conceptualized as the process through which individuals try to understand and deal with significant demands in their lives (Pargament, 1990). In recent years, the research on incorporating religious beliefs in coping (religious coping), has increased. Religious coping is seen as a response when an individual's values are threatened or lost, and the goal of religious coping is to find religious meaning in what has happened. When people face stressful situations they do not do this without resources, rather they rely on a system of beliefs, practices, and relationships that affect how they deal with the stressful situation at hand. In the coping process, this system is translated into concrete situation-specific appraisals, activities, and goals, of which religious beliefs can be an important part (Silverman & Pargament, 1990: referred to in Spilka, et al. 2003).

Pargament's (1997) theory concerning coping postulates that people engaged in coping are gaining, or searching for, a "sense of significance", in which significance is a complex composite of values, beliefs, feelings, and conceptual schemas. Pargament identifies three main types of religious coping: deferring, in which the problem is put in God's hands; collaborative, in which God is used for support and seen as a collaborator in the individual's struggles; and self-directive, in which God is acknowledged but the problem or stressful event is considered to require personal rather than divine solution. The deferring coping style is external, while the self-directive and collaborative coping styles are more internally oriented and associated with more positive coping outcomes (Pargament, 1997). Furthermore, approaches that emphasize faith in a loving and caring God contribute to positive outcomes, whereas approaches that emphasize obedience to a punishing God contribute to negative outcomes (e.g. Hathaway & Pargament, 1991).

Consequently, religious coping has demonstrated both negative and positive consequences in relation to well-being (Pargament, Koenig & Perez, 2000; Pargament, Smith, Koenig & Perez, 1998). Negative forms of religious coping can provoke a sense of personal discontent, anger, and detachment in the individual's relation to God. Positive forms of religious coping can instead create a more meaningful sense of relation to God, in which the individual relies on God for comfort and security, actively seeking support from God during times of stress (Pargament, Koenig & Perez, 2000).

When facing trauma and searching for religious meaning and comfort, however, this is not solely a personal, or intra-psychic, process. It is also part of a reciprocal process between individuals (Park, 2005). In addition to prayer, religious individuals often seek religious support when trying to understand and overcome traumatic events (e.g. Pargament, Koenig, Perez, 2000). An important aspect in the process of making meaning following personal

trauma is to develop a verbal narrative (e.g. Grossman, Sorsoli & Kia-Keating, 2006). Confiding in another person can make it possible for the individual to organize and integrate experiences that cannot be integrated as long as the story is not told (Ganzevoort, 1993). Clerics are trained in dealing with spiritual matters and parishioners often seek their guidance when trying to address spiritual and existential implications of loss or trauma (Weaver, Koenig & Ochberg, 1996). One way that clerics offer their parishioners help and guidance is through pastoral care.

Sexual Abuse

In literature, sexual abuse is often described as driven by mechanisms other than sexual motives, for example aggression. It might be that such theories (e.g., Groth, 1981) are in accordance with the act of rape, but not with abusive acts that is made possible through forces other than the use of violence. This is the case in many child abuse offences (Brottsförebyggande Rådet, 2011; Tidefors Andersson, 2002). Quinsey (1986) argues that to fully understand sexual abuse, a deeper understanding of the sexual dimensions of these acts are important to incorporate. However, regardless of the mechanisms underlying the tendency to commit sexual abuse, for the one being abused as well as for the one listening to stories about sexual abuse, an association with sexuality is most likely to occur (Tidefors & Drougge, 2006). In this thesis, sexual abuse is defined according to Swedish legislation (Criminal Code 2005) as sexual acts directed towards a person against her/his will or against a person who is unable either to comprehend or to consent.

Since the 1970s and early 1980s, focus on sexual abuse has increased in Western societies (Fortney, Levenson, Branner & Baker, 2007), and sexual victimization is one of the most published issues of our time (Edwards & Hensley, 2001). In Sweden, 17 700 cases of sexual abuse offences were reported to police authorities in 2013 (Brottsförebyggande Rådet, 2014). Of these cases approximately 2900 were labelled as rape against a minor: an individual below the age of 18 (Brottsförebyggande Rådet, 2012). However, the estimated number of unknown cases of sexual abuse is high. In Sweden it is estimated that only approximately 20 percent of actual cases are reported to the police (Brottsförebyggande Rådet, 2014). Estimates of the number of unknown cases usually include self-reports in which respondents state whether or not they had reported the abuse to authorities. These estimates differ across countries and depend to some degree on the specific questions asked. For example, in Australia approximately 19 percent of sexual abuse and sexual assault incidents are estimated to be reported to the police (Phillips & Park, 2006) while in Canada, less than 10 percent of all sexual offences are estimated to be reported (Statistics Canada, 2006). Further, the estimated numbers of unreported cases of sexual abuse is believed to be higher when the offender and the victim are in a close relationship (Brottsförebyggande Rådet, 2005).

It is estimated that approximately 7 to 10 percent of Swedish women and 1 to 3 percent of Swedish men have been subjected to sexual abuse before the age of 16. When less severe forms of abuse, such as groping and indecent exposure, are included the numbers increase (Brottsförebyggande Rådet, 2011). In addition to this, studies show that 1 in every 3 women (34 percent) has been subjected to sexual violence after the age of 15 (Brottsförebyggande Rådet, 2008). Worldwide, a review of 55 studies from 24 different countries showed the prevalence of child sexual abuse to range from 8 to 31 percent for girls and from 3 to 17

percent for boys. Out of 100 victims of child sexual abuse, 9 girls and 3 boys are victims of forced intercourse (Barth, Bermetz, Hein, Trelle & Tonia, 2013). In clinical populations, the number of people who have been sexually abused increases considerably. For example, in a sample of patients with anorexia nervosa, 48 percent reported a history of child sexual abuse (Carter, Bewell, Blackmore & Woodside, 2006) and in a sample of patients with psychosis 36.2 percent had experienced sexual molestation or rape (Thompson et al., 2010).

Both the propensity to disclose and the capacity to listen to stories of sexual abuse have been related to gender. Sexual abuse perpetrated by women (e.g. O'Donahue, Smith & Schewe, 1998) or in which the victim is male (e.g., Andersen, 2009) is believed to be underreported in comparison to assaults by male perpetrators or on female victims. Traditionally, sexual abuse of males has not been an issue of priority among politicians or researchers. Sexual abuse is a social taboo, and the sexual abuse of a man has been described as a double taboo (Andersen, 2008).

The disproportion in research might reflect a true gender difference, as in comparison to female abusers, male abusers are statistically overrepresented: 98 percent of reported perpetrators of sexual abuse in Sweden are men (Brottsförebyggande Rådet, 2014). Likewise, females are more often victims of sexual abuse: most studies found females to be abused at 1.5 to 3 times the rate for males (Finkelhor, 1994). In Sweden during 2012 for every 1 man who reported that he had been sexually abused, 47 women reported the same (Brottsförebyggande Rådet, 2014). However, this could also be understood in the light of gender stereotyping and the traditional Western view of femininity and masculinity. Men may be more encouraged than women to deny their vulnerability, which might make it even more difficult for boys and men to disclose being victimized (Andersen, 2009; Tidefors Andersson, 2002). Although the topic of sexual abuse still makes people uncomfortable, discussion about it has become more open in Western societies. There has been much work done to achieve this, especially by the feminist movement (Ganzevoort, 2002). Their efforts come from recognizing patriarchy in which women and children are highlighted as potential victims and men as potential perpetrators. The role of being dominated or suppressed is traditionally attributed to the female gender and the aggressor is generally assumed to be male. Thus, men are seldom viewed as victims or subordinates, and accordingly victims are not assumed to be men (Lew, 2004). Consequently, for the sexually abused man there is still a need for frames of reference for their suffering (Andersen, 2008). Likewise, sexual abuse perpetrated by a woman might fail to be recognized, or be minimized, due to stereotypical views of women that may deny the possibility that females do or cannot be perpetrators of sexual abuse (Andersen, 2008).

Attitudes towards disclosures by female victims of sexual abuse may also be related to traditional gender stereotyping. For example, Fitzpatrick, Salago, Suvak, King, and King (2004) found that individuals with a more traditional view of gender roles are more accepting of the use of violence towards women. Similarly, Simonson and Subich (1999) found that less traditional views of gender were related to a non-blaming attitude towards the victim. Some differences have also been noted between women and men who have been sexually abused in the consequences for their health and well-being. For example, Sigurdadottir, Halldorsdottir and Bender (2014) found that women tend to internalize their emotional pain while the men tend to externalize it.

Sexual abuse, however, leads to increased rates of psychiatric disorders in both women and men (e.g. Fergusson, McLeod & Horwood, 2013), and abused individuals tend to develop negative models of themselves and others that may lead to difficulties in relating to themselves and others and difficulties regulating their emotions (e.g., Romans, Martin, Anderson, O'Shea & Mullen, 1995). Trauma reactions such as depression, anxiety, and post-traumatic stress disorder, have been noted to be prevalent among those who have been sexually abused (e.g. Pérez-Fuentes, et al., 2013). Furthermore, victims of sexual abuse frequently report sexual problems, such as difficulties trusting sexual partners, experiencing dissociative episodes or flashbacks of abuse during sexual activity, and feelings of shame concerning sexuality (Browne & Winkelman, 2007; Hall, 2008; Herman, 1992). Shame on a more general level has also been emphasized in clinical, theoretical, and empirical studies as a central emotional consequence for individuals who have been sexually abused (e.g. Fiering, Taska & Lewis, 2002). Often sexual abuse takes place in a secretive context. Many victims say that they have been blamed by the perpetrator for the abuse and that they sometimes have been explicitly threatened to keep silent. This may endorse feelings of shame (e.g. Fiering, Taska & Lewis, 2002). Shame is also often a consequence if the victim has been physically stimulated to feel pleasure during the abuse (Tidefors Andersson, 2002).

Concerns about the stigmatizing nature of sexual abuse and fears about how others may respond may also hinder many victims from talking about their traumatic experiences and seeking help (e.g. Fiering & Taska, 2005). Furthermore, women who have been sexually abused as children are at a higher risk for adult sexual victimization (Maniglio, 2009). Assaults involving penetration, longer duration and higher frequency of abuse, greater force, incest, and a close relationship between the perpetrator and the victim have been associated with more severe trauma reactions (Lemieux & Byers, 2008; Ullman, 2007). Socio-cognitive factors, such as social support and attribution of blame, have been found to influence psychological adjustment after the abuse (Esnard & Dumas, 2013; Rakow, Smith, Begle & Ayer, 2011).

One complicating factor when assessing potential consequences of sexual abuse, however, is that individuals who have been sexually abused have often also been exposed to other types of abuse. This may affect the association found between sexual abuse and psychological consequences (Chen, et al., 2010). Different ways of defining sexual abuse and different inclusion criteria have yielded divergent research results on the aftermath of sexual abuse. Furthermore, sexual abuse occurs within the larger context of the individuals' life, and individual factors and other life circumstances influence what consequences will follow. Therefore, it may be an oversimplification to measure the effects of sexual abuse solely by the association between experiences and symptoms, as other important variables that might influence later adjustments need to be taken into account (Runtz & Schallow, 1997).

Research into the long-term consequences of child sexual abuse has rapidly expanded. In some ways, this literature has created an image of the victim as an individual who is consistently psychologically damaged (Runtz & Schallow, 1997). Although sexual abuse is strongly associated with psychological suffering and psychiatric disorder, it is important to note that reactions to being sexually abused vary and that not all victims are traumatized (Maniglio, 2009). In a study by Browne and Finkelhor (1986) approximately 40 percent of victims of sexual abuse suffered from aftereffects serious enough to require some form of therapy, while more recent studies show that 2/3 of victims of sexual abuse will need therapeutic intervention (Hennum, 2004; referred to in Andersen, 2009; Kendall-Tacket, Williams, & Finkelhor, 1993). However, it is important to note that many victims will continue living their lives without consequences that require therapeutic help.

Resilience

To understand how some individuals are able to recover from severe suffering, one approach is to focus on resilience. Resilience can be conceptualized as an attribute of an individual who is functioning better than expected, in spite of a number of risk factors in their lives (Masten, Best & Garmezy, 1990; Rutter, 1987). For example, the victim's perceptions of their social support from parents, peers, and others have been examined as a possible influence on their psychological adjustment after sexual abuse. Cobb (1976) defines social support as "information leading the individual to believe that he or she is cared for, loved, esteemed, and valued, and is a member of a network of communication" (p. 300). Social support seems to have two plausible effects on well-being. One effect is that social support can have an influence, independent of situation, as it provides positive affect, a sense of predictability and stability, and recognition of self-worth that are related to well-being. Social support may also have a buffering effect and influence the person's evaluation of the situation by intervening between the stressful event and the individual's reaction, thus reducing the victim's reaction

by providing a solution to the problem or facilitating healthy behaviour. Thus, those individuals who feel well-supported have better short- and long-term adjustment than those who receive little support (e.g. Tremblay, Hébert & Piché, 1999).

Furthermore, victims of sexual abuse who can make some kind of meaning of the abuse as a part of their history show more resilience (e.g. Grossman, Cook, Kepkep & Koenen, 1999). In an interview study with 16 resilient men who had been sexually abused as children, Grossman, Sorsoli, and Kia-Keating (2006) identified three different ways of making meaning: through actions, for example by helping others, through reasoning and thought, for example trying to understand the traumatic past by speculating about the psychology of the abuser, and through turning to spirituality or faith. Different ways of making meaning through turning to faith, however, can affect the individual in either positive or negative ways (e.g. Pargament, Koenig & Perez, 2000).

Sexual Abuse and Faith

Many studies indicate a relationship between religious belief and positive mental health outcomes (e.g. Hill & Pargament, 2003), but several other studies indicate that having been sexually abused is negatively associated with religious involvement such as participation in church activities (e.g. Ben-Ezra et al., 2010; Hall, 2008). As a person attempts to recover from a traumatic event, the domains of psychological trauma and spirituality seem to interact with each other (e.g. Smith, 2004). Sexually abused individuals often display a great complex of trust problems (e.g. Herman, 1992). If the victim is a member of a religious congregation there is a risk that the lack of trust may be generalized to the ministry, to the congregation, and to God (Moran, 1994).

Sexual abuse can have a damaging effect on basic beliefs about the world (e.g. Smith, 2004), including appraisals of how benevolent the world and other people are and beliefs about justice and fairness. Lerner (1970, 1980) posited the just-world theory, which states that people have a need to believe in a just and fair world in which people get what they deserve and deserve what they get. Just-world theory emphasizes the apparently powerful motivation of people to perceive outcomes as distributed fairly. These beliefs about fairness and justice in the world have implications for beliefs about the degree to which the world is predictable, understandable, and controllable (e.g. Janof-Bulman, 1992). Furthermore, this underlying sense of trust and belief about fairness in the world influences an individual's sense of self, relations with others, and concepts of spirituality (Smith, 2004). Traumatic events, such as sexual abuse, can fracture this fundamental worldview, and in this sense trauma can be viewed as an attack on the existential components of spirituality, leading to struggles in understanding the trauma from a spiritual point of view (Jordan, 1995). These struggles can include anger, despair, confusion, guilt, and sometimes complete withdrawal. If victims are unable to maintain their faith, they may be further burdened by feelings of guilt and shame (Smith, 2004). Religious beliefs that perceive of God as almighty can lead the individual to feel dependent and powerless, and sexually abused individuals seem sometimes to transfer their feelings towards the perpetrator to God (Doehring, 1993). Besides the psychological consequences following sexual abuse, the abuse may therefore also result in a religious trauma (Rosetti, 1995) in which the victim can feel utterly abandoned and betrayed, not only by humans but also by the supposedly good God that allowed the abuse to take place (Ganje, Fling & McCarthy, 1996; Imbens & Jonker, 1992; Kane, Cheston & Greer., 1993; Russell, 1999).

Religious victims of sexual abuse, told that God is just, merciful, and caring, may come to believe that they have sinned and that their abuse is God's punishment (Redmond, 1989). In line with just-world theory, Fairbairn (1954) posits that victims might take upon

themselves the "burden of badness" because "a sinner in a world ruled by God may be bad; but there is always a certain sense of security to be derived from the fact that the world around is good" (pp. 65-66). Some may come to conclude that God does not exist, because God would not allow sexual abuse to happen, while others may struggle to keep their faith in God (Pargament, 1990).

Lemoncelli and Carey (1996) argue that, for the religious victim, if spiritual dimensions of the trauma are not addressed, the psychological wounds may not be healed. In a study by Farrell (2009), existential and spiritual traumas were identified in victims of sexual abuse perpetrated by priests or other religious figures. These traumas had massively challenged the sexually abused individual's faith, beliefs, and image of God. It was described as if the abuse had changed the victims' view on life itself. Moreover, as a result of the sexual abuse, the victims described feelings of a spiritual emptiness, as well as a profound search for answers at the very core of their trauma. These unique trauma characteristics are not currently covered in diagnostic manuals, such as DSM-IV, and although the participants in Farrell's study had undergone psychological treatment, their trauma symptoms seemed to be unchanged (Farrell, 2009).

It has also been suggested that multiple victimization may have a greater impact on religious beliefs than single victimization. Falsetti, Resnick, and Davis (2003) suggest that those who experience multiple traumas have a greater struggle with grasping the meaning of what happened to them and the meaning of their lives. From the perspective of making meaning, being sexually abused during childhood can be expected to influence an individual's sense of coherence (SOC) negatively. In a study on women who had been sexually abused during childhood, many victims scored extremely low on SOC. The women who had been sexually abused over a long period of time had the lowest SOC scores (Renck & Rahm, 2005). Further, in a study on adult women and men who had been victims of child sexual abuse, Gall (2006) found that religious coping contributed to the prediction of current distress. Negative forms of religious coping (e.g., religious discontent) were related to greater distress, while more positive forms of spiritual coping (e.g., religious support) were related to less distress. It is important to note, though, that the relationship between trauma and one's religiousness is complex and that trauma may also function as a catalyst for spiritual growth, since it may result in a search for new meaning and purpose, indirectly serving as a starting point for spiritual growth that may not have occurred otherwise (Decker, 1993).

Many studies point out that the victim's relationship to God is influenced by the sexual abuse (e.g. Farrell, 2009). However, although sexual abuse might lead to distrust in God, many victims still voice a need for a religious dimension in their lives as well as a longing for an intimate relationship with God (Ganje-Fling & McCarthy, 1996; Kane, Cheston & Greer,

1993). This could be understood in light of attachment theory and the view of God as a parental figure.

Attachment theory and God as parental figure

Viewing sexual abuse and faith through attachment theory can illustrate how a person's relationship to and image of God can be affected by having been sexually abused. This theory is also used to understand some of the findings in one of the studies included in this thesis. According to attachment theory the child needs physical proximity to a protective adult for its survival and a biological bond between the infant and its caregiver evolves to maintain this proximity and prevent separation. The main goal of the infant is to seek protection and closeness; to build a secure base from which to explore the world. Love, security, and predictability promote development and offer the child prerequisites to handle separation without fright. Attachment theory also posits that regardless of whether the caregiver responds adequately to the infant's need of protection, the infant will attach to whatever support is available (Bowlby, 1977, 1980, 1988). The interaction between the child and its caregivers create what is called internal working models of self and of others. These internal working models then function as a compass according to which the world is understood and interpreted, and according to which expectations and perceptions in other relationships are built (Bernier & Meins, 2008). Experiences during situations of perceived danger and threat are thought to be most important for the child's development of attachment style, since the attachment system is highly activated in these situations (Bowlby, 1977, 1980, 1988). In previous research, women with a history of child sexual abuse are more likely to report higher levels of attachment-related anxiety than women who have not been abused (e.g. Kwako, Noll, Putnam & Trickett, 2010). The impact of attachment on depressive symptomatology, however, seems to be affected by characteristics of the sexual abuse such as the relationship to the perpetrator and the continuity of the abuse (Cantón-Cortés, Cortés & Cantón, 2014).

The relationship between a person and her/his God has also been conceptualized as an attachment relationship (Kirkpatrick & Shaver, 1990; Kirkpatrick, 1992; 1998). The love that is experienced in the relationship with God seems to be similar to the prototypical attachment of a child to an adult attachment figure (Granqvist, Mikulincer & Shaver, 2010). Further, an individual's relationship to God seems to serve many of the same functions as close relationships to caregivers, for example, by providing a secure base. The individual may also demonstrate attachment-characteristic behaviours towards God, such as proximity seeking and separation anxiety (Miner, 2009). Furthermore, the symbolic language of Christianity also emphasizes God's parental role, by naming Him Father.

Kirkpatrick (1992) suggests two different ways to understand individual differences in attachment to God. God may serve as an attachment figure either as a substitute for other less optimal attachment figures (the compensation hypothesis), or as a continuation of other attachment relationships that correspond to the relationship to God (the correspondence hypothesis). The correspondence hypothesis proposes that the internal working models built on previous experiences with attachment figures are applied in future close relationships, such as in the relationship to God (Kirkpatrick, 1998). Some empirical support for this hypothesis has been found (e.g. Beck & MacDonald; Kirkpatrick & Shaver, 1992). Support for the association between working models of parental attachment and attachment to God has also been found (e.g. McDonald, Beck, Allison & Norsworthy, 2005). The compensation hypothesis instead proposes that God is hoped to compensate for an insecure attachment (Kirkpatrick & Shaver, 1990). The empirical support for this hypothesis relates to those who report sudden and emotionally intense religious conversions (e.g. Granqvist & Hagekull, 2003; Granqvist & Kirkpatrick, 2004).

Focusing on attachment to God in people who have been sexually abused, the relationship to God seems often to be based on the expectation that, just as parents are supposed to, God will be protective in times of difficulty or fear. This basic agreement of trust is often felt to be breached by a God that did not intervene to stop the abuse (Wilson & Moran, 1998) and there can be a strong sense that the contract with the God one relied on most is broken (Smith, 2004). However, according to attachment theory, just as children need to protect their bonds to their parents or caregivers (Freyd, 2003), the bond to God may also need to be protected. When offering care to religious victims struggling with feelings of anger and betrayal by God, their wish to protect their bond to God might therefore also need to be addressed.

Caring for Victims of Sexual Abuse

Today, there exists a societal context in Western societies in which sexual abuse stories can be told and understood, and people who have been abused are to a higher degree seeking help directly as a consequence of sexual abuse (Etherington, 2009). Consequently, more professionals, such as therapists, social workers, and clerics, are now hearing stories about sexual abuse. However, the content of these stories can be difficult to listen to, and when faced with stories about parents abusing their own child, the incest taboo can make the listening even more difficult (Erickson, 1999; Tidefors & Drougge, 2010). Victims of sexual abuse are often encouraged in therapy to recall the abuse, and the original emotions connected to it, in a safe situation (e.g. Jehu, Gazan & Klassen, 1988). Since it is a challenge to listen to these stories, it may not be possible for the professional to listen to stories of abuse without being affected by them in some way (Tidefors & Drougge, 2010).

Although the difficulties of listening are shared by both women and men, some gender-related differences have been noted. For example, female professionals are more likely to believe allegations of sexual abuse than their male colleagues (Heatherton & Beardshell, 1998; Jackson & Nuttall, 1994), although they may also perceive that the victim bears some responsibility for abuse. One way of understanding this is by Shaver's defensive attribution theory, which posits that perceived similarities, such as beliefs, values, and personal characteristics between the observer and the victim will influence a person's perception of another's misfortune, such as being the victim of a crime (Herzog, 2008). The central principle in this theory is that people try to protect themselves from fear of unpredictable and unwanted situations by perceiving them as avoidable. This is usually done by creating "defensive attributions" of the victim's role in the victimization, attributing increased responsibility to the victim. The theory posits that the degree and occurrence of these defensive attributions depend on the observer's perceived similarity to the victim (Herzog, 2008). Most studies on female versus male professionals and their judgements focus on situations in which the abuser is a man, as is also the most common case (e.g. Brottsförebyggande Rådet, 2014). It has therefore been suggested that male professionals' minimization of sexual abuse may be a strategy to protect their idea of what it means to be a man (Heatherton & Beardshell, 1998).

Individuals who have been sexually abused may respond to their experiences in ways that are not always easy to understand. The strategies sexually abused individuals may adopt to manage their trauma, for example self-harm, aggression, and anti-social behaviour, may cause further problems for those trying to understand help-seeking individuals (e.g. Etherington, 2009). If professionals, such as therapists or clerics, are unaware of this, there is a risk that the understanding of the person seeking help will be limited. However, these

strategies may enable people to manage their emotions when no other means are available, and these expressions needs to be acknowledged as such. Furthermore, victims of sexual abuse may remember their trauma in different ways, and memories can be re-enacted through interpersonal relations, inside as well as outside the counselling room. It is thus important that the professional be aware of the victim's reactions and be able to handle these complexities in the helping relationship (Etherington, 2009).

There exists a vast psychological literature concerning different aspects of sexual abuse. As this thesis focuses on pastoral care, which can be seen as symbolically loaded (e.g. Pattison, 1965), the theoretical constructs found most suitable to understanding the processes active in care for victims of sexual abuse were the concepts of transference and countertransference.

Transference, countertransference, and the need for therapeutic frames

Transference has been a core concept in psychoanalytic theory for over a century, and today the term has found its way into most forms of psychotherapy and is also used in other contexts (King & O'Brien, 2011). Freud originally conceptualized transference as the projection of the client's repressed memories and feelings onto the relationship with the therapist (Norman & Ylander, 1999). Later, transference was also seen to be part of a realistic reaction evoked in the meeting with the professional, but at the core of the transference are feelings about primary persons in the life of the help-seeking individual (Høglend, et al., 2011). While transference is the help-seeking individual's thoughts and feelings from the past directed to the professional, countertransference is a response aroused within the professionals that stems partly from their own past and partly from feelings induced by the one seeking help (Jagarlamundi, Portillo & Dubin, 2012). When the help-seeking individual's problems touch on the professional's own unresolved problems, some form of distress reaction is to be expected, and the professional's defensive reactions of distress are the essence of countertransference (Norman & Ylander, 1999). Freud first looked upon countertransference as a disturbing factor, but "… a counter transference reaction, if the analyst is 'open' enough to analyse it, can be an integrative experience" (Gitelson 1952, p. 7). Thus, countertransference can be of therapeutic use, as it reflects the care giver's identification with the one being helped. As such, countertransference can provide important information about the help-seeking individual. However, if professionals fail to be aware of their own countertransference reactions, or if their feelings are simply unresolved issues from their own past, then the interaction is thought to be damaging to the individual seeking help (Safran & Muran, 2000).

The therapeutic relationship has long been emphasized as an important part of offering therapeutic help (e.g. Horvath, Del Re, Flückiger, & Symonds, 2011). This is referred to as

the therapeutic alliance, commonly defined as agreement on goals, collaboration in tasks, and the creation of an emotional bond (Bordin, 1979). Another important part of the therapeutic relationship includes therapeutic frames: both structural elements, such as time and place of the therapeutic meetings, and the content of the care offered, that is, what actually transpires between the professional and the help-seeking individual (Smith & Fitzpatrick, 1995). People who have been sexually abused as children often retain experiences of betrayal by caregivers, broken trust, misuse of power, and boundary violations (e.g. Herman, 1992), which may make the caring process even more complex and anxiety-provoking for the professional. As the help-seeking individual may re-enact early relationships, the professional may be invited to respond in complementary ways (Pearlman & Saakvitne, 1995). Identifying with the help-seeking individual, the professional may come to feel the same way as the one seeking help. This could result in the professional losing confidence in the power of the helping relationship. Professionals may also come to identify with the role of the rescuer and to neglect boundaries, for example by extending sessions and allowing telephone calls between sessions. Furthermore, as the professional tries to help individuals to face their trauma, the professional may also come to feel responsible for their pain, identifying with the role of the abuser (Etherington, 2009).

Stories about sexual abuse may be graphic, causing reactions in the one listening. Just as the individual who has been sexually abused attempts to make sense and search for meaning in the abuse, the professional must also make sense and search for a meaning in the stories (Viviani, 2011). When listening to stories about sexual abuse, the professional's own experiences and sexual fantasies can be evoked. Sexual abuse holds dimensions of sexuality, and the counsellor may create inner pictures of what is communicated (Nyman, Risberg & Svensson, 2001). Acknowledging their own sadistic and/or erotic feelings and potential to abuse can be a horrifying experience for the professionals, challenging their view of themselves as caring people (Etherington, 2009).

Vicarious traumatization

In recent years, there has been a growing awareness of the harmful effects for professionals working with traumatized individuals and the risk for the professional to develop trauma symptoms similar to those experienced by the individual seeking help. The terms used to describe this phenomenon are secondary traumatic stress or vicarious traumatization (e.g. Buchanan, et al., 2006). Pearlman and Saakvitne (1995) defined vicarious traumatization as: "the transformation that occurs within the trauma counsellor as a result of empathic engagement with clients' trauma experiences and their sequel" (p. 31). These reactions are a result from the wish to help, and from being emotionally engaged with a traumatized person (Buchanan, et al., 2006). Harrison and Westwood (2009) argue that vicarious traumatization extends beyond countertransference, as it is

cumulative across clients, manifests outside the counselling session, and pervades the professional's life and worldview. While the therapeutic process and consequences for the one seeking help can be negatively affected by the professional's countertransference reactions, vicarious traumatization instead could be a risk for the professional's own health. However, since vicarious traumatization and countertransference are associated, it seems that knowledge about countertransference management might help a professional to prevent vicarious traumatization. Negative countertransference reactions risk accumulating over time if they are not addressed in supervision and/or therapy for the professionals themselves, which can make the professional tired, stressed, and less able to help the individual seeking help (Harrison & Westwood, 2009). It may also make professionals less able to care for themselves (Etherington, 2009).

Many clerics recognize that they are not professional counsellors. However, counselling is increasingly becoming an important part of the ministerial role in Sweden and elsewhere (e.g. DeMarinis, 2003; Hendron, Irving & Taylor, 2011). Clerics are therefore among the professionals who can expect in their professional role to meet victims and listen to stories about sexual abuse.

Pastoral Care

During times of crises and personal distress Christian people around the world often turn to their ministers and congregations for support, comfort, and help in understanding what has happened to them. This remains true in Sweden, despite the fact that, like the other Scandinavian countries, Sweden is a postmodern society characterized by a secular rationality (DeMarinis, 2003). Davie (2000) concludes that, rather than being secularized, Scandinavians are non-church-going with a tendency to turn to congregations at times of crises.

Pastoral care has a long history and it has been a part of ministry since New Testament times (Foskett, 1992). Put simply, pastoral care can be described as a cleric's presence with people in their time of need to promote well-being while strengthening them in their faith (Wilkes, Cioffi, Fleming & LeMiere, 2011). Pastoral care is usually divided into public and individual care. The public pastoral care involves attempts to offer parishioners well-being in the general congregational care, for example by the content in sermons. The individual pastoral care usually refers to a private conversation/counselling between a confidant and a cleric (Bergstrand, 2005). Pastoral care has been described in different ways, and there is no existing consensus on how to define it (Bengtsson, 2005; Lundberg, 1992; McMinn, Staley, Webb & Seegobin, 2010; Wikström, 1999). However, based in Christian theology, pastoral care attempts to approach human needs in a way that is consonant with the words of Jesus Christ (Foskett, 1992): "I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me" (Matthew 25:35–36); "He has sent me to bind up the broken hearted, to proclaim freedom for the captives and release from darkness for prisoners, and proclaim the year of the Lord's favour" (St Luke, 4:18-19). Historically, pastoral care has been focused on spiritual guidance, helping parishioners towards a more intense experience of God. Today, however, the cleric acts more as a conversation partner and is becoming identified more and more as an important mental health resource (DeMarinis, 2003; Hendron, Irving & Taylor, 2011).

The definition and content of pastoral care over time have been shaped by contemporary needs and current secular and sacred knowledge (Foskett, 1992). In modern times, the Christian community has been influenced by insights from psychology and psychiatry in the development of pastoral counselling and therapy (Frederick, 2009). Interestingly, Freud offered the term *seelsorger* or "one who cares for souls" as an appropriate appellation for psychoanalysts. Jung later explicitly referred to the psychotherapist as a secular cleric, pointing to the relatedness between psychotherapy and pastoral care as they are both value-loaded, although with different sets of values (Woolfolk, 2012). In pastoral care, though, a distinct connection to God is made, as the pastoral care giver can be seen as a representative

of God. The pastoral aim can therefore be defined as to establish a relation in which the pastoral care giver functions as a referential figure, through which confidants can relate to God and through whom meaningful interpretations of the divine and of life in general can be made (Ganzevoort, 1993). From a psychological perspective, pastoral care can be seen as an interpersonal meeting between a cleric and a confidant in spiritual, emotional, social, and/or personal need. It is also an emotional process, in which both the cleric and the confidant may contribute to interpersonal processes that may help or hurt the confidant (Pattison, 1965).

Pastoral care is offered by both clerics and deacons. This thesis, however, will focus on clerics offering pastoral care. Most clerical posts include pastoral care as one of many work assignments (Bengtsson, 2005). Furthermore, the majority of clerics are involved in different forms of pastoral care, and it may be difficult to distinguish the explicitly counselling elements from other aspects of pastoral care, such as visiting the sick, listening to confessions, and directing the spiritual growth of the parishioners. The aims of pastoral care, and the counselling potentially involved in it, can be as many and as divergent as the clerics who offer it and the individuals who receive it. For some, emphasis will be upon helping the individual by effectively listening and responding in a way similar to non-confessional counsellors. For others, emphasis will be upon praying and reading Scripture for guidance (Foskett, 1992). In Sweden, some clerics educate themselves to be psychotherapists as well and it is reasonable to assume that the pastoral care offered by those clerics might differ from the pastoral care offered by those who are not educated counsellors. The way pastoral care is practiced also differs between denominations, with a greater emphasis on confession in the Catholic Church and more laypersons offering pastoral care within the Free Church Movement (Church of Sweden, 2010). Consequently, different and sometimes varying definitions could affect knowledge about pastoral care and what transpires when pastoral care is offered (Foskett, 1992).

A Swedish denominational context

The main Christian denominations in Sweden are the Church of Sweden, the Catholic Church, and the Free Church Movement, in which the Pentecostal Church holds most members. According to statistics, 3216 ministers worked in the Church of Sweden during 2013, and it had a total of 6 357 508 members (http://www.svenskakyrkan.se; personal conversation with a representative of the Church of Sweden, 2014-09-13). The same year, the Swedish Catholic Church had 160 priests and 106 873 members (http://www.katolskakyrkan.se). The Swedish Pentecostal Church had 687 pastors and 83 684 members, of whom 7744 were members in congregations joined with another Free Church Movement denomination

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(http://www.pingst.se; personal conversation with a representative of the Pentecostal Church, 2014-09-17).

Among these denominations are both similarities and differences. For example, the denominations have different organizational structures. The Swedish Catholic Church, like the Roman Catholic Church in other countries, is a hierarchical, top-down organization. The Church of Sweden is less hierarchical but still centralized, whereas the Pentecostal Church is decentralized and its congregations are self-governing. The view of the cleric is likewise somewhat different in the denominations. The Catholic priest may be seen as God's representative on earth, and there exists a widespread belief that he is ontologically different from laypersons, since he has been chosen by God to represent Jesus Christ on earth (Doyle, 2006). Furthermore, in the Catholic Church, only men are allowed to enter the priesthood (e.g., Glassgold & Knapp, 2008). The minister in the Church of Sweden has a different position from the Catholic priest, but is likewise seen as separated from the laity, in that she or he is called by God Himself to administer the holy sacraments (Church of Sweden 2003; 2010). Pastors in the Free Church Movement, such as the Pentecostal Church, are not as set apart from the laity as in the other two churches, and the pastor acts more like another member of the congregation (Salomonsson et al., 2005). Both Catholic priests and ministers within the Church of Sweden exercise their duties following holy ordination, but in the Pentecostal Church, pastors are not ordained and exercise their duties through the congregation's trust (Salomonsson et al., 2005).

The Pentecostal Church and the Catholic Church both have restricted views on sexuality that endorse only heterosexual relations and advocate no sex before marriage (Anonymous, Pentecostal Church 2005; Songy 2007). Furthermore, the Catholic Church also attempts to impose mandatory celibacy on its clerics (Doyle 2006; Glassgold & Knapp 2008). The Church of Sweden is more multi-faceted and its ministers hold different views, but in general the Church of Sweden is more liberal in its views on sexuality than the Catholic Church and the Pentecostal Church. For instance, since October 2009 the Church of Sweden has allowed homosexual couples to marry (Church of Sweden, 2009).

The vow of silence

In all three churches, clerics are bound by the vow of silence to keep information obtained during confession or individual pastoral care confidential (Catholic Diocese of Stockholm, 2010; Church of Sweden, 2010; Persson, 2004).

Based in Christian theology, the vow of silence goes back to the words of Jesus Christ: 'I will give you the keys of the kingdom of heaven; whatever you bind on earth will be bound in heaven, and whatever you loose on earth will be loosed in heaven' (Matthew 16:19).

Confessions made to a cleric are confessions made to Christ, and since Christ will not tell, neither shall the cleric (Church of Sweden, 2010). The clerics' role is to mediate God's forgiveness and not to act as a judge (Church of Sweden/Bishops Assembly, 2004). The first documented penalty for clerics who break this vow stems from the 10th century. Until 1889 the breaking of the vow was punishable by death, which illustrates the seriousness of the vow. Today, a cleric breaking the vow of silence could be 'defrocked' and suspended from the clergy (Church of Sweden/Bishops Assembly, 2004).

A cleric's vow of silence is absolute, meaning that clerics cannot disclose what has been said in pastoral care, regardless of the nature of information and who it might hurt or help. Clerics are not even allowed to disclose whether or not a pastoral care session has been held. Neither can the confidant absolve the cleric from the vow for any reason (Church of Sweden, 2010). The vow of silence means that a cleric cannot be called as a witness during legal processes or required to divulge any information received during confession or individual pastoral care. However, a cleric is allowed to stop a planned felony by warning potential victims of the danger, although they may not disclose the identity of the perpetrator (Bergstrand, 2005).

In cases of sexual abuse, a cleric's vow of silence overrides the obligation to report even if the victim is a minor. This is true in the Church of Sweden, the Catholic Church, and in the Swedish Free Church Movements. However, all denominations urge their clerics to try to persuade the confidant, whether victim or perpetrator, to tell someone else and/or to report themselves (Catholic Diocese of Stockholm, 2010; Church of Sweden, 2009; Persson, 2004).

To my knowledge, no studies have investigated the role of the vow of silence in the pastoral care for victims of sexual abuse. Research is therefore needed on how the vow affects clerics who are not able to speak of anything learned during pastoral care, and on their ability to ensure that the victim is cared for. Studies focusing on the confidants' perceptions of the clerics' vow are also needed. Consequently, the vow of silence was focused in the studies included in this thesis.

Caring for Victims of Sexual Abuse within a Congregational Context

The need to belong has been conceptualized as a basic human motivation, a pervasive drive to form and maintain lasting, positive, and significant interpersonal relationships (e.g. Baumeister, 1991). To satisfy the need to belong, people must believe that others care about their welfare, and the lack or loss of belongingness can cause emotional distress (Baumeister & Leary, 1995). The religious community with other parishioners and individual clerics may therefore be of potential benefit for religious victims of sexual abuse. For example, Flynn (2008) found in studies of Christian women who had been sexually abused that the impact of the abuse was less stigmatizing when the faith communities validated the abuse experiences and showed belief in, and support for, the women, creating psychological confirmation. Victims have also described the benefits of dual interventions that aim to promote both psychological and spiritual well-being (e.g. Young, Griffith & Williams, 2003).

In contrast to non-confessional therapy, there is no formal limitation as to how many care sessions could be offered in pastoral care. Furthermore, while psychotherapy can be expensive, pastoral care is free of charge. Consequently, there is a chance for the confidant to have a long-lasting relationship with a cleric, which might offer a unique opportunity to work through experiences of sexual abuse. Unlike other therapeutic and helping professions, the pastoral care giver is often familiar with, or has an ongoing relationship with, the individual seeking help. This may lead to a situation in which the cleric is the first person the victim is able to trust and confide in (Shannon-Lewy & Dull 2005). However, this may also be in conflict with some of the prerequisites of a helping relationship, for example those concerning therapeutic frames. Besides pastoral care sessions, the confidant often interacts socially with the cleric, as well as listening to the cleric's sermons. These dual relationships may be problematic, cause confusion, or complicate the pastoral care giver's relationship to the confidant. For example, confidants may know intellectually that the cleric they met in individual pastoral care is not speaking directly to them in the sermon, but the confidants' emotions related to the pastoral care sessions may still affect how they understand the sermon (Holaday, Lackey, Boucher & Glidewell, 2001). It is also possible that confidants will take what they perceive as messages from sermons back to pastoral care. Moreover, church members' need for acceptance and affirmation from clergy in social situations may also be supposed to influence their individual pastoral care. Confidants in pastoral care may withhold negative, but important, information about themselves out of fear of embarrassment when meeting the cleric in other social situations (Holaday, et al., 2001).

Dual social roles are not the only factors that could affect pastoral care. Pattison (1965) argued that clerics might be exposed in their professional role to reactions from the confidant that could be puzzling. For example, through transference the cleric may be seen as a parental authority figure, an object of universal ambivalence between veneration and respect, on the one hand, and resentment, rebellion, and hostility on the other. The cleric is often also identified with God, and therefore also subject to the representations made of God: God as portrayed in the Bible, God as understood by the congregation, and God as perceived by the individual. Consequently, powerful dynamics might afflict pastoral care, and the confidants' reactions to the pastoral care giver can be hard for the pastoral care giver to understand and to manage (Pattison, 1965).

Clergy members have been much studied as perpetrators of sexual abuse, but far less so as resources for victims. It has been suggested that clerics' care of victims' needs relies primarily on general knowledge from mental health or counselling literature. Consequently, there seems to be little research into methods for supporting or training clerics to help victims of sexual abuse (Bruns, et al., 2005). The literature also shows that many clerics feel unprepared and report a lack of knowledge about how to care for victims of sexual abuse within their congregations (Bruns, et al., 2005; Lount, Hargie & Owen 1997; Rudolfsson & Tidefors, 2009; Smith, 2004). In one Swedish study, ministers from the Church of Sweden and pastors in two of the Free Swedish Church Movements (the Swedish Mission Church and the Swedish Baptist Church) were asked about where they felt they needed extra training to be well-equipped to counsel. A majority emphasized pastoral psychology/pastoral care as one of these areas and expressed a need for extra training in psychology and in the psychology of religion (DeMarinis, 2003). Furthermore, as post-traumatic stress disorder have been noted to be prevalent among those who have been sexually abused (e.g. Pérez-Fuentes, et al., 2013) it has also been suggested that clergy need to be trained in the recognition of such reactions, in order for the victim to receive adequate help (Weaver, Koenig & Ochberg, 1996).

One of the basic beliefs in Christian thinking is the concept of forgiveness. Although some researchers have discussed the helpfulness of forgiveness in working through thoughts of revenge (e.g. McCullough & Witvliet 2002), others emphasize the risk of forgiveness being apprehended as a demand and, thus, becoming another burden for the victim to bear (Ganje-Fling & McCarthy, 1996; Fortune, 1988; Redmond, 1989). An emphasis on forgiveness may obstruct the victims' need to articulate feelings of anger and betrayal (Kane, Cheston & Greer, 1993; Redmond, 1989). In pastoral care based on Scripture the victims' healing might be thought to come from their turning to God by praying for support and assistance, from accepting God's forgiveness, and for some from forgiving the perpetrator/s (e.g. Foque & Glachan, 2000). Not being able to forgive the perpetrator may cause the victim to feel guilty

and shameful, as the Bible articulates that those who do not forgive cannot themselves be forgiven: "For if you forgive men their trespasses, your heavenly Father will also forgive you. But if you do not forgive men their trespasses, neither will your Father forgive your trespasses" (Matthew 6:14-15). Consequently, the concept of forgiveness can increase the risk of victims blaming themselves for the abuse and enhance their feelings of shame and of being unworthy of God's grace (Ganje-Fling & McCarthy1996; Kane, Cheston & Greer, 1993; Lemoncelli & Carey, 1996; Moran, 1994). This emphasis on forgiveness might also damage the therapeutic alliance, which has been emphasized as most necessary in therapeutic work with victims of sexual abuse (e.g. Foque & Glachan, 2000).

The clergy's lack of information specific to responding appropriately to victims of sexual abuse is problematic because insensitive treatment, disbelief of disclosures, and lack of reaction to the victim's story can further damage the help-seeking individual (Bruns, et al., 2005). Lack of knowledge might also put the cleric at risk by making it more difficult for clerics to protect themselves during pastoral care (Etherington, 2009). Today, an increasing number of clerics report high levels of negative affect and poor work-related psychological health (e.g. Charlton, Rolph, Francis, Rolph, & Robbins, 2009). Clerics counselling victims of sexual abuse might be at higher risk than non-confessional therapists of developing vicarious traumatization symptoms because of the bonds of their vow of silence (Catholic Diocese of Stockholm, 2010; Church of Sweden, 2009; Persson, 2004), which may prevent supervision in the case of a specific individual (Church of Sweden, 2004) and restrain how much of what is heard in pastoral care can be disclosed if clerics seek therapeutic help for themselves.

However, since psychotherapy might not be sufficient for addressing existential and religious consequences of the abuse (e.g. Ganje-Fling & McCarthy, 1996), pastoral care has an important potential function for victims of sexual abuse (e.g. Young, Griffith & Williams, 2003). Confiding in a cleric may help the victim to relate to God in a more meaningful way, and offer the confidant an opportunity to work through existential and religious hurdles related to sexual abuse experiences.

To my knowledge, no previous study has investigated sexually abused individuals' descriptions of their needs when seeking pastoral care. Furthermore, sexually abused individuals' perceptions of what was most and least helpful in their pastoral care have seldom been investigated. Therefore, two of the studies in this thesis focused on the needs of sexually abused confidants when seeking pastoral care, and their perceptions of receiving it.

General Aim

Thousands of individuals are sexually abused every year (e.g. Barth, et al., 2013) and the psychological consequences for the victim can have great impact on both their psychological well-being (e.g. Pérez-Fuentes, et al., 2013) and their faith (e.g. Farrell, 2009). The aim of this thesis was to investigate various aspects of pastoral care for victims of sexual abuse: how common it is for clerics to offer this care, what needs confidants bring to pastoral care, and how this help is perceived by the care giver and the confidant. The four studies outlined here covered the different aspects of this general aim.

Both the psychological consequences of sexual abuse (e.g. Sigurdardottir, Halldorsdottir & Bender, 2014) and the capacity to listen to stories about sexual abuse (e.g. Jackson & Nutall, 1994), have been related to gender. However, to my knowledge no study available has considered the role of gender in pastoral care for victims of sexual abuse. One aim was therefore to investigate this issue and another was to focus on how clerics described their experiences of offering pastoral care and what reactions that might be evoked within the clerics themselves when listening to stories about sexual abuse.

Sexual abuse can have damaging consequences on the victim's faith, relationship to God, and ability to rely on others (e.g. Moran, 1994). To understand the needs of confidants seeking pastoral care another general focus of this thesis was on how sexually abused individuals described their relationships to God and to other parishioners. There is also a lack of research on the role of pastoral care givers when a victim of sexual abuse tries to learn how to live with past experiences, and we know little about what actually transpires in pastoral care for victims of sexual abuse. Because previous studies have seldom focused on the confidants' perspectives on pastoral care, a further aim was to investigate how confidants described their needs for and experiences of seeking pastoral care – what they hoped for when seeking this care and what in the care had been most and least helpful.

To my knowledge, no studies available address how the vow of silence affects pastoral care for victims of sexual abuse. Therefore, another focus was on the perceptions of both the clerics and the confidants of the clerical vow of silence.

Summary of the Studies

The following section summarizes the aims, methods, and main findings of the four studies.

Study I

Aim. The main objective was to investigate the role that various aspects of gender play in the care for victims of sexual abuse within three Christian congregations: the Church of Sweden, the Swedish Pentecostal Church, and the Swedish Catholic Church.

Method. Questionnaires with an experimental part were sent to a total of 668 potential respondents: 415 from the Church of Sweden (145 female; 270 male), 170 from the Pentecostal Church (39 female; 131 male), and 83 from the Catholic Church (all male). Of the 668 identified, 421 (140 female and 281 male) responded, for a total response rate of 63 percent. Ministers from the Church of Sweden had a response rate of 75.2 percent (312), pastors from the Pentecostal Church, 55.3 percent (94), and priests from the Catholic Church, 18.1 percent (15). The mean age of respondents was 50.5 years; the youngest respondent was 23 and the oldest 89. Respondents' names and addresses were systematically searched throughout Sweden via the internet and congregational web pages. Both rural and suburban areas were included. A written survey was sent to potential respondents, followed by reminders 3 and 7 weeks after the initial mailing.

A questionnaire consisting of a vignette and 13 questions was designed for the purpose of this study. The questionnaire included questions about the respondent's gender, age, denomination, view of the Bible, previous reflections on sexual abuse, and experience of caring for abused individuals. One of 4 different vignettes was then presented in which a 23-year-old confidant (identified either as male or female) sought individual pastoral care sessions for help with existential questions related to the aftermath of child sexual abuse perpetrated by a parent (identified as either the father or the mother). The sexual abuse described was of inappropriate fondling and oral assaults on the confidant from the age of 4 years to 15. The 4 different versions were: (a) boy abused by father, (b) boy abused by mother, (c) girl abused by father, and (d) girl abused by mother.

Vignette a:

After a service conducted in Church, a 23-year-old man tells you that for several years his father was sexually abusing him. The abuse started when the man was 4 years old and ended when he was 15.

The abuse began with ordinary "fatherly hugs" that were gradually sexualized, and from the time the man was 6 years old he also performed oral sex on his father.

The father got the man to "go along" with the abuse by implying that the sexual contact would make him [the father] less unhappy. Being a child, the man was afraid to tell anyone out of fear for what would happen to his father if the abuse were known.

Today the man is pained over what happened, and he is struggling with existential questions related to the abuse. He therefore asks for individual pastoral care sessions.

After the vignette, questions were asked of the clerics concerning their probable reactions to a situation such as the one described (e.g., the likelihood of the situation occurring, the severity of the abuse described, feelings of discomfort, levels of preparedness to offer individual pastoral care, whether respondents thought that they would urge the confidant to file a police report). All questions were formulated in a way that reminded the respondent of the gender of the confidant. At the end of the questionnaire, space was given for comments on the answers or on the questionnaire in general.

Results. Results showed that 72.9 percent reported that they had previously met victims of sexual abuse as a minister/priest/pastor. Male respondents reported a more literal view of the Bible than the female respondents, and respondents from the Pentecostal Church reported a more literal view of the Bible than respondents from the Church of Sweden. Female clerics tended to see sexual abuse as more common in general and caring for victims as more likely to occur, regardless of the specific abusive situation, than male clerics did.

Situations describing a female victim were reported as more likely to occur than situations describing a male victim, and describing a male abuser were rated as more likely to occur than situations describing a female abuser. Participants rated both their preparedness to offer pastoral care and their knowledge of other helping organizations as lower in situations describing a male victim than in situations describing a female victim.

Denominational differences were found in the reported levels of personal discomfort with the situations described in the vignettes. Respondents from the Pentecostal Church reported a higher level of personal discomfort than respondents from the Church of Sweden

for all vignettes. Respondents from the Pentecostal Church also rated the described abuse, regardless of vignette type, as more serious than respondents from the Church of Sweden.

Study II

Aim. In this study the objective was to explore clerical experiences of pastoral care for victims of sexual abuse.

Method. Four focus groups were conducted with ministers in the Church of Sweden, priests in the Swedish Catholic Church, and pastors in the Swedish Free Church Movement. The total number of participants was 15 (10 men and 5 women). In the Church of Sweden two focus groups (one of female ministers and one of male ministers) were conducted with 4 participants in each group. In the Catholic Church one focus group was conducted, also with 4 participants, all male in accordance with the exclusive male Catholic priesthood. Finally, one focus group was conducted with 3 pastors (2 male and 1 female) from the Swedish Free Church Movement (i.e. the Pentecostal Church, the Swedish Baptist Church, and the Swedish Covenant Church). Ministers in the Church of Sweden and pastors in the Swedish Free Church Movement were contacted by mail after their addresses were obtained through congregational web pages. The correspondence included information about the purpose of the study, the method used, and the voluntary nature of participation. Participants from the Catholic Church received the same information through the Swedish Catholic bishop, who forwarded the information and letter of inquiry to priests at a Church meeting.

The participating clerics worked in both central and more peripheral areas of three different Swedish cities of varying size. Participants' ages ranged from 40 to 62 years. Most participants had a working experience of approximately 15 to 20 years. All participants but one reported that they had met victims of sexual abuse in pastoral care, usually undertaken in a parish context. The most common situation in which participants reported that they had initiated pastoral care for victims of sexual abuse was in relation to confirmation education or to meeting people in grief over the death of a loved one.

The question guide for the focus group included questions about experiences of, and reflections on, pastoral care for victims of sexual abuse, how sexuality and sexual abuse in a broader perspective were handled within the respective denominations, how the vow of silence and the obligation to report were perceived, how they perceived their knowledge about other professionals working within the field of sexual abuse, and lastly their thoughts about how to address the existential and religious dimensions of being sexually abused.

The duration of each focus group was approximately 2 hours. Two focus groups were conducted at the Department of Psychology in Gothenburg, and two in available church locales where the participants were active. All focus group sessions were audio recorded and

transcribed verbatim. The transcripts were analysed in accordance with inductive thematic analysis.

Results. Three main themes and seven subthemes were identified. An overview of the themes and subthemes is presented in Table 1.

Table 1. Themes and subthemes.

Main theme	Subtheme
A provoking encounter	*Harder to encounter than death*
	Caught in a trap
A need to protect oneself	*A need to disconnect*
	Searching for the truth
	God as a shelter
A struggle to help the other	*Guiding to another helper*
	Offering a meeting with God

Descriptions of the difficulties of listening to stories of sexual abuse were predominant. Sexual abuse was described as harder to encounter than other forms of trauma, including death. Even though it was described as painful to be with someone who was dying or who had lost a loved one, the participants saw meaningfulness in this, and described themselves as more comfortable in their professional roles in these situations. Maintaining the vow of silence that prevented them from taking action was sometimes compared to being caught in a trap.

The feelings evoked when caring for people who had been sexually abused led partly to a need to protect themselves, and partly to struggles with trying to decide how to help the confidant. The self-protective strategies were described as a need to disconnect, both from the confidant and from the stories heard. The need and search for an absolute truth about what had actually happened was also described, as was turning to God as a shelter from the knowledge and the struggle. In their struggles to help the confidant, the participants described their role as guiding the confidant to a helper from another profession. However, they found it difficult to find someone willing to meet up and often felt like they were left alone with the confidant. The participating clerics also expressed a wish to endure and to carry the confidants' burden. Here, pastoral care was described as a meeting in which sexually abused individuals could have an opportunity to shed their feelings of guilt and shame. Pastoral care was also seen as offering an arena where the confidant could meet a loving God, represented through the church and in the cleric.

Study III

Aim. The aim of this study was to gain a deeper understanding of how individuals who have been sexually abused experience their relationship to God. Another aim was to understand the context of this relationship by analysing how the informants described their relationships with other members of the congregation and their participation in church activities.

Method. Interviews were conducted with victims of sexual abuse who identified themselves as Christians and who had sought and accepted pastoral care within their Christian churches. Seven women and one man, aged from just over 20 to 70 years, participated in the study. Two had been raped as teenagers and six had been sexually abused as young children. Four of the informants were victims of incest, three by their biological father or a close male relative and one by her biological mother. One was abused by an adoptive father and one by a nanny. Five were abused over a long period during their childhood, while the two who were raped as teens and the one abused by a nanny during childhood suffered occasional abuse. One informant, a victim of incest as a child, was also raped by a non-relative as a young adult. Four informants belonged to the Church of Sweden and four to the Swedish Free Church Movement. All had been active in their churches: six were raised Christian by their parents, one had become Christian through foster parents as a teenager, and one had become Christian as an adult. Two informants had stopped attending church, although they still identified themselves as believers. All informants had gone through several years of pastoral care, often seeking help from several pastoral care givers. Five had also been in psychotherapy.

The informants were recruited through an advertisement posted on a national website for a Swedish organization offering support and help for victims of sexual abuse (www.hopp.org) and on billboards in different churches around the country. The advertisement explained that participation was voluntary and anonymous and that informants had to be 18 years or older. Six informants answered the advertisement on the website, one responded to the notice posted in church, and one contacted us after receiving information about the project through a pastoral care giver.

The interviews were semi-structured, and the interview guide included questions about whether and how their faith or perceptions of God had been affected by their experiences of sexual abuse, and whether their church had been helpful or deleterious to their learning to live with having been sexually abused. The duration of the interviews was approximately 1.5 hours each. Five were conducted at the Department of Psychology, Gothenburg, two at conference locales close to where the informants lived, and one at the home of the informant. All interviews were audio recorded and transcribed verbatim. The transcripts were analysed according to inductive thematic analysis.

Results. Two main themes and six subthemes were identified. An overview of the themes and subthemes is presented in Table 2.

Table 2. Themes and subthemes.

Main theme	Subtheme
A wavering relation to the congregation	*I no longer belong*
	I need to be protected
	I need my own understanding
A wavering relation to God	*I was abandoned and left alone*
	I am angry at God
	I need to find my own way of believing

The informants described relating to God and the congregation through the experience of having been sexually abused. Several described how the abuse had changed them and how they came to doubt whether they truly belonged to the Christian community. They described how talk about God in congregational gatherings and sermons made them uncomfortable when they related descriptions of God to their own memories of being sexually abused. The feeling of no longer belonging to the Christian community was described as painful, and although they longed to belong, and still wanted to be a part of the congregation, attending church sometimes made them feel different and excluded.

The informants described hoping that other parishioners could offer them security and support. However, they also described feeling unseen and unnoticed in the congregation. Feeling that other members of the congregation had a perfect surface appearance, all good and clean, was described and this sometimes provoked feelings of loneliness. Some talked about how the symbolic language used in church made them feel small and powerless and reminded them of the sexual abuse, making the church an unsafe place where they were afraid they would be reminded of the abuse. Some Christian images were spoken of as being more helpful in the process of coming to an understanding. However, the informants also spoke of how these images were almost absent in church services, and they described a need for rituals that might alleviate the wounds of sexual abuse in a more concrete way.

The informants described being a victim of sexual abuse as an issue with faith implications that needed to be worked through in order to learn how to live with their experiences. Feelings of anger, disappointment, and abandonment were recurrent, and experiences of sexual abuse and the feelings connected to it were described as challenging to their' faith and damaging their relation to God. Questions about where God was during the

abuse and why He did not intervene to stop it were common. Many informants expressed anger towards God, and a gap was described between the Christian image of an almighty and good God and their personal experience of an unseeing and uncaring God.

Throughout their struggles, however, their faith continued to offer hope of a better life ahead. Their faith was described as carrying them through life, helping them to survive, and making it possible to hope for the future. Holding on to the belief that God existed and walked with them through the hurt helped them find meaning and offered them a better understanding of themselves.

Study IV

Aim. The main focus of this study was on confidants' experiences of pastoral care, both perceived possibilities and hindrances. Another focus was on their experiences of raising faith-related issues in psychotherapy.

Method. This study was built on the same material as in *Study III*, albeit with a different focus in the analysis. The interview guide for this part of the study included questions about when and why pastoral care had been sought, what in care had been most or least helpful, experiences of help outside the church, and whether questions of faith had been raised in this help outside the church. As in *Study III*, the transcripts were analysed according to inductive thematic analysis.

Results. Two main themes and seven subthemes were identified. An overview of the themes and subthemes is presented in Table 3.

Table 3. Themes and subthemes

Main theme	Subtheme
My struggle to get help	*I need to be recognized*
	I need a woman, someone good and pure
	I need an ordinary human being
	I need you to both speak out and stay silent
My struggle with faith	*I need to express doubt*
	I need to go at my own speed
	I have to split my soul between pastoral care and psychotherapy

The informants described that having been sexually abused made it hard for them to trust other people when they tried to seek help. The need to work through the dimensions of faith that had been affected by the trauma was recurrent and genuine pastoral care givers were described as crucial to their learning how to live with their wounds. However, most informants gave examples of how hard it had been to raise the topic of sexual abuse in pastoral care. They talked about a hesitance on the part of the pastoral care giver to talk about sexual abuse. Pastoral care givers were sometimes described as minimizing their experiences and they expressed doubts about whether the pastoral care giver believed their story. Some described situations in which the pastoral care giver had taken a stand for the perpetrator, not for the victim.

Out of a fear of not being recognized and listened to, the informants described strategies for finding their way to someone who could tolerate listening to their stories. Some adopted the approach of a detective, asking other people whether particular pastoral care givers were sensitive and aware of sexual abuse issues. If unsure about how they would be listened to, the safest thing was not to tell. Many thought that a woman was the best possible listener, because memories of male abusers had led them to distrust men and feel threatened when confiding in a male pastoral care giver.

The clerical vow of silence was talked about with ambivalence. Some described the vow as making it possible for them to tell. Others, who had revealed the abuse to a pastoral care giver while it was ongoing, described feeling betrayed by the pastoral care givers' refusal, or inability, to help to put an end to the abuse.

The informants expressed needing help to connect to God, and the pastoral care giver was sometimes described as an instrument of God to help the informant. A need to express their doubts and to find a pastoral care giver who could listen to their feelings of anger and

disappointment in God was expressed. They stressed their right to take their own time and the importance of not being pressured towards forgiveness. They described forgiveness as a process stretching over several years, if ever being possible, to reach.

Those who had been in psychotherapy described that psychotherapists did not understand them from a faith-perspective, and that a common religious understanding was a necessity before working through the experiences of abuse. At the same time they acknowledged that pastoral care alone was not enough to work through their traumatic experiences. Some informants had reconciled with working on two parallel tracks, while some struggled with which aspects of the trauma should belong to psychotherapy and which should belong to pastoral care. Because the different aspects of their suffering were intertwined, they wished to find someone who could help them put the pieces together: a therapist skilled in religious beliefs or a pastoral care giver educated in psychotherapy.

Summary of results

One aim of this thesis was to investigate how common it was for clerics to care for victims of sexual abuse. In *Study I* almost 3/4 of the clerics reported that they had met victims of sexual abuse in their clerical role, indicating that pastoral care for victims of sexual abuse seems to be part of being a pastoral care giving cleric.

To my knowledge, no previous studies have considered the role of gender in pastoral care for victims and, consequently, another aim of this thesis was to consider this issue. This was explored mainly in *Study I* where the clerics reported that they were less prepared to offer pastoral care, and less knowledgeable about other organizations to contact for further help, in situations describing a male victim. Situations describing a female victim or a male abuser were rated as more likely to occur than situations describing a male victim or a female abuser. In *Study IV*, the confidants described that they would rather talk to a female cleric, as memories of male abusers made it threatening for them to confide in a man. The results of *Studies I and IV* therefore seem to indicate that aspects of gender do influence pastoral care for victims of sexual abuse.

Another focus was on the clerics' experiences of offering pastoral care to victims of sexual abuse and what reactions might be evoked in the clerics when listening to stories about sexual abuse. In *Study II,* the clerics described their most important role as staying by the side of the confidant and offering them a place to meet God. However, they also described feeling threatened in themselves during pastoral care for victims of sexual abuse and feeling they lacked an inner compass to understand what they were listening to.

Focusing on the confidants, one aim was to understand how they perceived their relationships to other parishioners and to God. In *Study III* the confidants described these

relationships as complex. Although they longed to belong to church and attend regularly, attending sometimes made them feel different and excluded. They also described that although they wanted to connect to God, they were also angry and felt betrayed by God.

Because previous studies have seldom focused on the confidant's perspective on pastoral care, the focus in *Study IV* was on investigating how confidants perceived their experiences of seeking pastoral care and what in that care that had been most and least helpful. The informants described the benefits of pastoral care, however, they also described that it was difficult to bring up the topic of sexual abuse in pastoral care and that the clerics' reactions to their story (e.g. minimizing or showing disbelief) sometimes made them feel guilty and shameful. Furthermore, such reactions had sometimes made it more difficult for them to confide in someone else.

To my knowledge, no previous studies available describe how the vow of silence affects pastoral care for victims of sexual abuse and, consequently, one aim was to focus this issue. Both the clerics in *Study II* and the confidants in *Study IV* described the vow of silence as a complex factor that both allowed the confidant to tell the cleric and as obstructing the cleric's ability to put an end to the abuse. In *Study II* the clerics described that they sometimes tried to avoid disclosures about sexual abuse in pastoral care, feeling that the vow of silence hindered their abilities to act. All confidants in *Study IV* who had told the cleric while the abuse was ongoing described how the cleric staying true to the vow felt like a betrayal, because they were left in a situation where the abuse could continue.

All four studies, thus, indicate that pastoral care has a role to fill when the religious victim tries to work through sexual abuse experiences. However, the results also indicate that there are many potential hindrances in pastoral care, in which both the cleric and the confidant are placed in an exposed situation.

General Discussion

This discussion will be built on the findings from the four studies with an attempt to combine the clerics' and the confidants' views, needs, and experiences of pastoral care.

As mentioned earlier, when summarizing the studies the human need for meaning emerged as a main theme, binding the studies together. Therefore, both the clerics' and the confidants' efforts to find a meaning will be discussed. Some clerics emphasized the need to incorporate the concept of forgiveness in pastoral care for victims, while the confidants described the hazards of doing so. Therefore, ways to forgive will also be discussed. Sexual abuse can be seen as threatening the victim's relationship to God. However, the one who listens to sexual abuse stories may also find their relationship to God threatened. Therefore, clerics' and confidants' efforts to connect to God will also be discussed. The results found in the four studies indicate that both the cleric and the confidant are placed in an exposed situation during pastoral care. This will be discussed in terms of the vulnerability caused by the cleric's dual social roles, lack of therapeutic frames, lack of knowledge, and restraint caused by the vow of silence. The confidant's struggles to get help will be discussed, as will the cleric's need of support. Lastly, issues of gender found in the studies will be discussed.

Attempts to find meaning and ways to forgive

Attempts to find meaning have been described as people's individual efforts and needs to understand their experiences (e.g. Ganzevoort, 1998), and religion is one way in which people can meet meaning-related needs (Park, 2013). In many ways, pastoral care can be seen as a context in which the confidant can get help in this process. However, pastoral care is also a context in which clerics, like other professionals, need to make sense of and find meaning in the stories they are told (e.g. Viviani, 2011). In these studies, both clerics and confidants talked about trying to find some meaning in the sexual abuse, and both described the pain of not being able to find any.

In *Study III* the confidants described their struggles to understand the meaning of the abuse. Some found comfort in thinking that Jesus knew what it was like to be in the darkest of darkness; that he shared their pain. Others wished for rituals that would acknowledge their wounds in a more concrete way. The clerics in *Study II* likewise struggled to find a meaning in what they were told. Countertransference has been described as a response within professionals, stemming partly from their own past and partly from feelings induced by the one seeking help (Jagarlamundi, Portillo & Dubin, 2012). It is reasonable to assume that countertransference could affect the clerics' own faith during their empathic engagement with someone describing their suffering from having being sexually abused. In *Study II*, the clerics all described the difficulties in finding a meaning in that sexual abuse occurs. Using death as a

parable, when talking about their understanding of sexual abuse, they described how even if it was painful to be with someone who was dying or grieving, they could see meaning in this and they felt able to be a resource to a confidant in that situation. When caring for someone who had been sexually abused, however, the clerics described a greater struggle to find a meaning in what had happened and they also struggled to understand how the confidants wanted them to help. The fear they felt in caring for a victim of sexual abuse was therefore described as greater than when encountering death. Speculatively, this clerical perception can be understood in light of Christian beliefs in the afterlife. If one is convinced that death is the start of a "new life", sexual abuse can then be viewed as "hell on earth". Just as the victim may come to question the benevolence of the world (e.g. Jordan, 1995), so might the cleric who is listening. The clerics' descriptions of fear in *Study II* can then be understood as provoking anxieties about their own beliefs in a just world (Lerner, 1970, 1980). The self-protective strategies described in *Study II* (finding ways to disconnect and sometimes terminating the care), may therefore hypothetically be understood as a way to protect the clerics' own faith. Another way of understanding this fear is the emphasis on the clerical role of offering care to people who are dying or grieving (e.g. Moran, et al., 2005). It is reasonable to assume that clerics receive more training about how to act in these situations. In comparison, caring for victims of sexual abuse has received much less attention in clerical training than comforting the dying and the grieving.

When trying to help the confidant to find meaning, some clerics talked about a need for Christian symbols and themes to be incorporated in the care for victims. In *Studies I* and *II*, the clerics described forgiveness as an important part in learning how to live with having been sexually abused. In *Study II* priests within the Catholic Church were most likely to emphasize the importance of forgiveness, and in *Study I* this view came through in the comments on the questionnaire. For example, one participant commented, "*My role is, among other things, to learn how to forgive. To forgive means to accept reality and know that reality holds evil, often in the ones that are closest to us*". In *Studies I* and *II*, forgiveness on behalf of both the one abused and the one abusing was sometimes stressed as necessary for the confidant's burden to be lifted and for the healing to begin.

However, a main finding in *Studies III* and *IV* was that the confidants expressed a need to find their own way of understanding and believing. Many of the confidants in *Study IV* spoke about an inner need to forgive, to let go of their anger and their need for revenge. Previous studies have discussed the helpfulness of forgiveness in working through emotions and thoughts of revenge (e.g. McCullough & Witvliet 2002). In *Study IV*, however, the confidants described the Christian concept of forgiveness as sometimes making them feel guilty and shameful. They were afraid that if they could not forgive they would provoke the

anger of God. The same has been found in previous studies (e.g. Ganje-Fling & McCarthy, 1996). In *Study IV*, the confidants all stressed their right to suffer until they had worked it through. Pastoral care givers who were too quick to signal the need to forgive and forget were described as making them feel guilty and shameful. They described how the concept of forgiveness was sometimes talked about in a careless way in church and in pastoral care, with no acknowledgement of the wounds they had suffered. Forgiveness was, to them, described as a process stretching over several years, and as a goal that might never be reached.

Although in *Study IV* we could not distinguish any denominational differences in how the informants spoke about forgiveness, it is likely that there are some general denominational differences among the confidants as there was among the clerics in *Study I*. In *Study I* pastors from the Pentecostal Church reported a more literal view of the Bible than ministers working in the Church of Sweden, and in *Study II*, it was mostly priests from the Catholic Church who emphasized the importance of forgiveness. It is reasonable to assume that a pastoral care giver who holds more literal views would be more likely to stress the Christian view of forgiveness. Likely, if the one seeking care holds more literal views this can be assumed to affect their struggle as well. In *Study III* the confidants described needing to take their time in finding their own way to understand how they could draw comfort from Christian symbols and themes. In *Study IV*, they expressed a wish to find a pastoral care giver who could walk by their side during this process. Thus, an understanding of one's own experiences cannot be given by another; individuals have to find this within themselves. Frankl (1962) states "to look for the general meaning of man's life would be comparable to the question put to a chess player 'what is the best move?' There is no move at all, irrespective of the concrete situation of a special game" (p. 27). When pastoral care givers walk by the confidant's side in the process of understanding what life has been like and attempting to find a meaning of their suffering, they need to be open-minded, to resist rushing forward, and to have patience.

Trying to connect to God

The confidants in *Study III* described how being a victim of sexual abuse had affected their relationship to God and they described a need to work through their feelings and thoughts. In *Study IV* this was also often described as the main reason for seeking pastoral care.

A coherent frame of reference is needed to relate the experiences that humans face (e.g. Frankl, 1963). The frame of reference to which Christian people relate is often based on the assumption of a good and loving God who will be protective in times of crises. This assumption can be fractured through experiences of sexual abuse (e.g. Wilson & Moran, 1998). In *Study III* the confidants stressed their need for pastoral care givers to help them find a way back to God and to mend the relationship damaged by the abuse. Some confidants in

Study IV described the pastoral care giver as offering them a bridge to connect to God. Although the interviews in *Study III* were filled with anger towards God, this anger was described as difficult to define and threatening to the confidant's bond with God. The relationship to God has been described as similar to the relationship between a child and its parents (e.g. Granqvist, Miklincer & Shaver, 2010). According to attachment theory, the child will attach to a caregiver, whether or not that caregiver responds to the child's need for protection (Bowlby, 1977; 1980; 1988). In the same way as a dependent child needs to protect its view of its parents, the informants in *Study III* sometimes seemed to need to excuse God for abandoning them and for not stopping the abuse. Freyd (2003) describes this need to protect the view of parental figures as the child becoming "blind" to betrayals in order to maintain the bond. Doubting God, and expressing anger towards God, can therefore be seen as both frightening and threatening. The inner bond to God might not stand to questioning, and the victim might not know how to live without that bond. It seems painful to struggle with feelings of doubt and abandonment, while at the same time being afraid to express those feelings. The need for pastoral care givers and other members in the congregation to show their support and allow victims of sexual abuse to express their doubts and fears can therefore not be overestimated.

However, in *Study IV* the confidants described the feeling that they were not always allowed to express their doubts in pastoral care. The pastoral care givers were described as sometimes pressuring them to believe as they did. This made the confidants feel guilty, shameful, and sometimes silenced. In terms of transference and countertransference (e.g. King & O'Brien, 2011), the confidants' expressed anger and disappointment towards God can be assumed to evoke aspects of the clerics' own relationship to God, which could make it threatening for the clerics to listen to stories about an unseeing and uncaring God. Most people wish to see sexuality as something good, and many professionals have difficulty dealing with the issue of sexuality being used to assault (Tidefors & Drougge, 2006). The sexual abuse stories can therefore also be difficult to listen to (e.g. Hermstad, 2006) and listening to such stories has been compared to losing something, not something concrete, but rather the innocence of the soul. Cruelty becomes no longer something read about in newspapers, but something that must be faced through the one who sits in front of you (Tidefors, 2010). These difficulties are shared by other professionals working in the field of sexual abuse (e.g. Jackson & Nutall, 1994). Those professionals, however, might not also have to cope with the religious dimensions of both the confidant's and their own relationship to God. Consequently, as the victim may come to question the goodness of God (e.g. Doehring, 1993), it is possible that the cleric listening to stories of abuse will also come to do so.

In *Study II*, the clerics stressed the potential good and the necessity of pastoral care. They described it as their role to offer the confidant a place to meet God. Religious coping has been found to have different effects on individuals' psychological adjustment and well-being depending on how they connect to, and rely upon, God (e.g. Hathaway & Pargament, 1991). As mentioned in the Introduction, religious coping can be viewed as collaborative, or deferring. The collaborative coping style in which God is used for support and seen as a collaborator has been associated with more positive outcomes. The deferring coping style, however, in which the problem is put in God's hands, is associated with less positive outcomes (e.g. Pargament, 1997). Religious victims of sexual abuse might need help to connect to God, and to learn how to live with their experiences. In *Studies II* and *IV,* both clerics and confidants described how victims were sometimes urged to put their hurt in the hands of God and to move on (i.e., deferring). In *Study III,* the confidants instead expressed a wish to find an ally in God, who could help them through their hurt (i.e., collaborative). The clerics' wish for the confidants to leave it up to God might be understood in light of their own faith, but it could also be understood as a way to protect themselves from having to grasp and acknowledge the full content in the hurtful stories about sexual abuse. However, it seems that urging the confidant to leave the hurt in God's hands does not acknowledge that the relationship to God might be damaged and could even further affect the confidants' ability to trust in God. Consequently, pressuring confidants to surrender their pain to God might also hinder their ability to work through their relationship with God and to potentially find a more comforting way to relate to God.

The impact of social relations in religious communities has long been emphasized as beneficial to the individual: "the faith which has come to be regarded as the essential, the substance, of religion, is first a relation between individuals" (Simmel, 1905, p. 366). Similarly, the philosopher Martin Buber located God in relationships to other people: "the relation to another human being is the proper metaphor for the relation to God" (Buber, 1970, p. 151). Perhaps, the confidants sought and wished to see God showing Himself in human interactions through their meeting with pastoral care givers.

Vulnerability caused by dual social roles and a lack of therapeutic frames

The lack of therapeutic frames in pastoral care could be considered problematic (e.g. Holaday, Lackey, Boucher & Glidewell, 2001). However, there is also a potential strength in this. The need to belong and feel loved has been described as a basic human need (e.g. Baumeister & Leary, 1995) and in *Studies III* and *IV* the confidants expressed a need to belong, to be seen in a good light, to feel protected, and to have their experiences validated. The relationship between the help-seeking individual and the professional offering care has long been

emphasized as important (e.g. Horvath, Del Re, Flückiger, & Symonds, 2011). Having access to the pastoral care giver in different social situations could be considered beneficial for the helping relationship. However, the confidants' wish to be validated sometimes seemed to conflict with the clerics' need to protect themselves. Furthermore, the dual social roles of the cleric were described as problematic by both confidants and clerics.

In *Study IV,* the confidants' needs to feel supported and validated by the pastoral care giver were described as sometimes hindered by the cleric's reaction to their story if the cleric showed disbelief about what had actually happened. The dual social roles of clerics, sometimes being socially involved with both the victim and the perpetrator, was described by confidants in *Study IV* as leading to situations in which the cleric had taken a stand for the perpetrator rather than the victim. Clerics in *Study II* also described their need to find out what was actually true. Sometimes the clerics also felt that it was their responsibility to engage in a search for the truth outside the setting of the pastoral care. Likewise, in *Study I* some of the responding clerics commented that they would like to talk to the accused perpetrator (in a situation as described in the vignettes) to get a clearer picture. Such descriptions and attitudes do not take into consideration the mechanisms behind sexual abuse. Abusive sexuality is often driven by compulsive anxiety or aggression (e.g. Tidefors Andersson, 2002) that cannot be affected by others' advice to stop. If the pastoral care giver engages in discussions between the accused perpetrator and the victim, this could also put the victim in a vulnerable position and create a risk of the victim's return to silence.

The therapeutic impact of disclosing sexual abuse may depend on whether the victim receives positive support from the listener (e.g. Testa, Miller, Downs & Panek, 1992). In *Study IV*, the confidants sometimes described the pastoral care giver as the first person they had confided in and in some cases the pastoral care giver's lack of belief in their story had made them keep silent for several years after this first disclosure. Consequently, the studies included in this thesis indicate a need to investigate, to support, and to educate clerics in their ability to ensure that victims are taken care of in a protective way.

Vulnerability caused by a lack of knowledge and by the vow of silence

Previous research indicates that many clerics feel unprepared and report a lack of knowledge about how to care for victims of sexual abuse in their congregations (Bruns, et al., 2005; Lount, Hargie & Owen 1997; Rudolfsson & Tidefors, 2009; Smith, 2004). Although counselling is increasingly becoming an important part of the ministerial role, in Sweden and elsewhere (e.g. DeMarinis, 2003; Hendron, Irving & Taylor, 2012), little research has focused on methods for supporting and/or training clerics on how to care for victims of sexual abuse (e.g. Bruns, et al., 2005). Previous studies have found that negative countertransference

reactions that are not addressed in supervision are at risk to accumulate over time (Harrison & Westwood, 2009), and an increasing number of clerics report high levels of negative affect and poor work-related psychological health (e.g. Charlton, et al., 2009). In Sweden, clerics report more work-related stress than other occupational groups (Socialförsäkringsrapport 2011:17). In *Study II*, the clerics described themselves as lacking the psychological knowledge necessary to offer pastoral care for victims of sexual abuse. This was also commented on by clerics in *Study I*. In *Study IV* the confidants also wished that pastoral care givers could gain more psychological knowledge about the implications of sexual abuse and about how to care for victims, which might make it easier for clerics to listen without prejudice. The clerics' lack of knowledge and lack of their own strategies to protect themselves in pastoral care was sometimes described in *Study II* as making the clerics feel like victims themselves. In addition, they described themselves as growing colder towards and more distanced from both the confidants and their stories. Clerics therefore need training and more knowledge of how to provide pastoral care to victims of sexual abuse both to protect themselves and to most effectively help the confidant.

In *Study II* the clerics sometimes described themselves as being caught in a trap, because their abilities to act and help the confidant were limited by the vow of silence. It is possible that clerics are at higher risk for vicarious traumatization than non-confessional therapists (e.g. Pearlman & Saakvitne, 1995), because the vow of silence restrains what they can say in supervision. The vow of silence may also hinder the clerics who wish to seek psychotherapy themselves. The studies included in this thesis indicate that the vow of silence affects the cleric's abilities both to listen and to act, and that it also affects the confidant's ability to get help. The clerics in *Study II* described the vow as sometimes making them try to prevent the confidant from disclosing experiences of sexual abuse in pastoral care, because they felt that they could do nothing to help. In *Study IV*, the confidants likewise described this hesitation on behalf of the pastoral care giver and all who had told the pastoral care giver while the abuse was ongoing described how the cleric's adherence to the vow felt like a betrayal, leaving the confidant in a situation where the abuse could continue. However, both clerics and confidants also described situations in which the vow made it possible for the confidant to tell.

These studies show that the vow of silence can put the victim at risk. As there, to my knowledge, are no previous studies focusing this issue there is a need to engage in discussions about the practical consequences of the vow of silence and how to keep clerics and confidants safe when engaging in pastoral care.

Confidants' struggle to get help

In *Study IV,* the confidants described their struggle to get help. The wish to put their experiences into words is at the forefront of the decision to seek help (e.g. Andersen, 2009), and an important aspect of making meaning is the development of a verbal narrative (e.g. Grossman, Sorsoli & Kia-Keating, 2006). However, this wish to talk exists in parallel with the denial often used to handle memories of sexual abuse (e.g. Herman, 1992). Furthermore, several studies show that victims of sexual abuse are often afraid to disclose their experiences out of fear of negative reactions from others (e.g. Ullman, 2003).

In *Study IV*, the confidants described feeling that their experiences were sometimes minimized by the pastoral care giver, causing them both sadness and doubt about the importance of what they had been through. This was also described by some of the clerics in *Study II*, in which minimizing the sexual abuse and its consequences for the victim was sometimes reported as a strategy for self-protection. This minimization of sexual abuse was also mentioned in some of the comments in *Study I*, for example, "*sexual abuse of children has probably occurred, but sometimes these things get exaggerated*".

Previous research has found that victims often blame themselves for the abuse and that many feel ashamed of what they have been through (e.g. Fiering, Taska & Lewis, 2002). If confidants are met with distanced attitudes, as described by clerics in *Study II*, this could enhance their feelings of guilt and shame by signalling that what has happened to them is difficult for others to listen to. In *Study IV*, the confidants sometimes described how being met with attitudes of minimizing and distancing had led to an inability to talk to anyone else about what had happened. Consequently, such attitudes could hinder the confidant's ability to seek help in the future.

In *Study I,* a majority of the responding clerics reported that their most probable action in situations such as those described in the vignettes would be to refer the confidant to a professional outside the church. This indicates that confidants who want to talk about their experiences of sexual abuse in pastoral care might find themselves being turned away. The confidants in *Study IV* also described how the dimensions of faith that they needed to work through had not been given enough room and acknowledgement in psychotherapy. Thus, they described trying to split their souls to accommodate each type of care and struggled with which aspects of their trauma belonged to psychotherapy and which to pastoral care. To have to separate the different aspects of their trauma seems a heavy additional burden for the victim to carry. Rather, this burden should be put on professionals to manage and not on the victims themselves.

Clerics' need of support

In *Study II*, the clerics expressed their wishes to be strong, to carry the confidants' burden, and to offer confidants an opportunity to let go of their feelings of guilt and shame. Previous research has highlighted the importance of professionals asking questions about the abuse (e.g. Cornell & Olio, 1991), and in *Study IV* the confidants described wishing that someone had asked them about the abuse, even if they did not want to tell. However, in *Study II* the clerics discussed their reluctance to ask questions when stories about sexual abuse were disclosed. Clerics might therefore need to be supported to overcome their hesitance to ask these questions in order for the confidant to be able to tell. In *Study IV*, the confidants also stressed the need for pastoral care givers to know the limits of pastoral care and, thus, the importance of being able to refer them to psychotherapy. Some trauma reactions, such as post-traumatic stress disorder, need to be met with specific psychological competences and cannot be addressed in pastoral care alone. Previous research has also stressed the need for clerics to be trained in the recognition of such reactions, in order to guide the confidant to someone able to give adequate help (Weaver, Koenig & Ochberg, 1996). Pastoral care therefore needs to take place in a context in which the cleric is able to find supervision and support in caring for the confidant and where referrals to other professionals can be made.

Both the clerics in *Study II* and the confidants in *Study IV* described how difficult it could be to find a helper from another profession. In *Study IV*, the confidants' stories about being turned away from psychotherapy were filled with sorrow. It seemed as though the confidants were sometimes left with a heavy burden to carry by themselves. In *Study II* the clerics also described feeling as though they were being left alone to manage a situation in which they felt they did not have the capacity to help. The feeling of being left alone was also sometimes mentioned in the comments in the questionnaire in *Study I*. In these situations, the cleric who offers care is also left with burdens too heavy to carry by themselves. Consequently, clerics need support from society at large and cooperation with other professionals needs to be established to ease the burdens of both the clerics and the confidants.

Issues of gender

Christianity's construction around a male figure, God the Father, colours perceptions in a gendered way that is important to recognize. Doehring (1993) discusses how victims of sexual abuse can come to transfer feelings about a male perpetrator to God the Father. In the interviews in *Studies III* and *IV* some confidants also described how they actively tried to think of God as beyond male, as a genderless force for good or even as a woman.

Pastoral care for victims of sexual abuse seems to be provoking and difficult work for female and male clerics alike, and all of the confidants, men and women, had suffered

consequences from their abuse. However, some aspects of pastoral care for victims were notably gender-related.

The results of *Study I* indicate that clerics feel even more unprepared to care for men who have been sexually abused, and their knowledge of other helping organizations to contact was also lower if the victim was a man. In *Study I*, situations describing a female victim were reported as more likely to occur than situations describing a male victim. It might be that this reflects a true difference in prevalence, that it is in fact more common for females to be victims and that most perpetrators are male (e.g. Brottsofferförebyggande Rådet, 2014). However, the traditional Western view of masculinity may make it more difficult for men to expose their vulnerability and make men more reluctant to talk about their experiences as a victim. In interviews with 15 Norwegian men who had been sexually abused, Andersen (2008) found that normative descriptions of masculinity strongly influenced the self-constructions of the abused men and that they were challenged by insufficient language to describe their situation. Consequently, the sexually abused man might have great difficulty finding help: both being able to tell and finding someone who can listen.

In *Study I* female clerics reported sexual abuse to be more common in general than male clerics did. This result is in line with a previous study (Rudolfsson & Tidefors, 2009) in which female clerics from the Church of Sweden also estimated the general prevalence of sexual abuse to be higher than male clerics did. One explanation may be that female clerics find it easier to identify with the victim's inferior position. This female tendency to be more pro-victim is also shared with other professionals (e.g. Heatherton & Beardshell, 1998). As mentioned earlier, Shaver's defensive attribution theory posits that the degree and occurrence of defensive attributions depend on the observer's perceived similarity to the victim (Herzog, 2008). Since the majority of abusers are men (e.g. Brottsförebyggande Rådet, 2014), the male minimization of sexual abuse may be a self-protecting strategy (Heatherton & Beardshell, 1998). Thus, it is possible that the male respondents in *Study I* might feel that their idea of manliness is under attack when showing what men are capable of doing, and so to maintain the image of the good man, there might be a wish to underestimate the occurrence of sexual abuse.

Aspects of gender also seem to affect the burden on the cleric. In *Study IV*, confidants described perceived similarity between the male helper and the male abuser that made them feel that a woman would the best possible listener. Memories of a male abuser had led to distrust in men, which made it threatening to confide in a male pastoral care giver. In addition, in *Study II* some of the male clerics commented that they would like to refer the confidant to a woman if there was disclosure about sexual abuse. This was also mentioned in some of the comments in *Study I*, for example, "*as a woman I get more of these disclosures*" and "*because*

I am a man, someone else needs to offer pastoral care". These efforts by confidants to search for a female pastoral care giver, as well as the male pastoral care givers' wish to refer these confidants to a female colleague, presumably puts a higher burden on female clerics to engage in pastoral care for victims of sexual abuse. Potentially, this makes female clerics even more exposed. It is interesting to note that, in comparison to male clerics, a higher number of female clerics report work-related stress (Socialförsäkringsrapport 2011:17).

There is a lack of research focused on the role of gender in pastoral care for victims of sexual abuse that needs to be addressed through further studies investigating this issue.

Methodological Reflections and Limitations

There are a number of issues that need to be considered when choosing methods and analytic tools. Within the psychology of religion, the need for researchers to neither dismiss nor verify the existence of the religious object has been emphasized. The need to acknowledge the individual's belief in God and to pay attention to nuances and variations in ways of believing has also been emphasized. This principle has been termed methodological agnosticism (Smart, 1973). Our starting point in understanding the findings could therefore be described as agnostic, in that we tried to stay open to the possibility of God's existence.

Guba (1981) posits that the research question should guide the chosen methods of data collection and analysis. All methodologies have strengths and weaknesses and they should be valued according to their different scopes (Guba, 1981). Self-report questionnaires enable between-group comparisons and the possibility of finding relations between variables. Interviews and focus groups are used to better understand individuals and their experiences. In this thesis, different methods (i.e. questionnaire, focus groups, and interviews) were adopted for studying different aspects and components of pastoral care for victims of sexual abuse. The different methods were adopted in an attempt to extend the breadth and range of the questions asked (Greene, Caracelli & Graham, 1989). Furthermore, the use of different methods may compensate for individual limitations and function to exploit their respective benefits (Brewer & Hunter, 1989; Guba, 1981).

In *Study I* we constructed a questionnaire to get an overview of how common it is for clerics to offer pastoral care to victims of sexual abuse. Furthermore, we wanted to investigate whether there were any differences in responses between female and male clerics and whether responses would vary depending on if the victim seeking pastoral care was a woman or a man. The questionnaire offered the ability to gather responses from a large sample as well as the ability to make comparisons. However, one difficulty in measuring perceptions of gender is that the concept of gender is both abstract and coloured by societal norms. The use of anchoring vignettes has been found to provide a helpful tool when measuring abstract concepts (e.g. Chevalier & Fielding, 2011). Therefore, an experimental part was presented in the questionnaire that consisted of one of four different vignettes, and differences in overall responses to the different vignettes were analysed. This enabled comparison between responses to each of the vignettes without allowing the clerics to compare the situations described. However, pastoral care for victims of sexual abuse is a complex setting and some of the respondents in *Study I* commented that they would have liked more or other response alternatives and a greater opportunity to discuss and elaborate their answers in more depth. The questionnaire might therefore be said to give an over-simplified picture of a complex matter. Furthermore, it could be argued that the experimental part of the questionnaire did not

investigate pastoral care itself, but rather "imagined pastoral care" with hypothetical victims. It is therefore questionable how representative the self-reported attitudes and expectations concerning pastoral care are of real reactions and actions. However, this method was used in a previous study by Montonye and Calderon (2010), who concluded that anchoring vignettes may provide a useful instrument for standardizing clerics' perceptions and expectations in the delivery of pastoral care. In addition, as there are some overlaps between the self-reported hypothetical reactions in *Study I* and the descriptions of reactions in *Study II*, the experimental part seems to have captured something that was also expressed in the focus groups.

Furthermore, in *Study I*, the organization of the Catholic Church was misunderstood and mistakes were made in the procedure whereby the bishopric was not informed before distributing the questionnaires. This resulted in the chancellor of the Swedish Catholic Church sending out an email to all priests, informing them that the questionnaire was not sanctioned by the bishop. The low response rate from the Catholic Church might be explained by these mistakes. However, it may also reflect a greater hesitation within the Catholic Church to engage in questions concerning sexual abuse. This could be understood in light of what is sometimes called "the sexual abuse crisis" within the Catholic Church (e.g. Monk, 2013), which could make the topic even more sensitive. The inclusion of the Catholic priests in the study could be questioned, as their response rate and overall number of respondents was low. Indicated by statistics, however, 15 respondents represent approximately 10 percent of the Catholic priests working in Sweden. This is therefore comparable to the number of respondents from the Church of Sweden and the Pentecostal Church, who also represented approximately 10 percent of the ministers and pastors in their denominations. However, it is important to note that the responding priests from the Catholic Church chose to participate despite their chancellor's urging them not to, although it may be that they simply did not get this email. This could mean that the Catholic respondents were less representative of the Catholic Church clergy than the other respondents were of theirs.

There is a lack of research concerning confidants' experiences of pastoral care and how the vow of silence affects pastoral care. While the use of a self-report questionnaire restricts the respondent to limited response options, interviews and focus groups enhance the possibility of finding new information, thus making these methods well-suited for exploratory research (Yardley, 2000). Therefore, in *Study II* focus groups were conducted and in *Studies III* and *IV* interviews were conducted. By adopting these methods the respondents were not restricted to pre-selected questions and response alternatives, but were instead allowed to present new aspects and information themselves.

In focus groups, the interaction that occurs between the participants is of interest (Flick 2002; Morgan, 1998). The interaction can stimulate memories and debates between

participants that are less likely to occur in an interview situation (Millward, 2006). Hence, as moderators in the focus groups in *Study II* we did not act as interviewers, but rather, presented areas of interest and allowed the participants to elaborate their thoughts freely in the discussion and interactions with each other. During the interviews in *Studies III* and *IV* we focused on being empathetic listeners, being non-judgmental, giving informants time to tell their stories, and attempting imaginative engagement in the world that the informants described (Ashworth & Lucas, 2000). To enable the informants to share their experiences as well as to present new aspects and information, the interview guide was semi-structured and built on broad questions related to the areas of interest. Each interview then became coloured by different follow-up questions depending on what the informants chose to tell us.

As *Studies II, III, and IV* were quite explorative, the transcripts were analysed using thematic analysis. This way of analysing the material is essentially independent of theory and epistemology and can be applied across a range of theoretical and epistemological approaches (e.g. Braun & Clarke, 2006). However, it is important to note that previous studies have shown that when conducting interviews and focus groups the participants to some degree say what they think the researcher wants to hear (e.g. Randall, Prior & Skarborn, 2006). Therefore, it is important to note the possibility that as moderators and interviewers coming from the psychological field, we could have affected what the respondents chose to tell us or at least our interpretations of what was told may have been affected by our backgrounds. Furthermore, the clerics' descriptions in *Study II*, as well as the confidants' descriptions in *Studies III* and *IV*, could be viewed as narratives. Ricoeur (1993) describes narratives interpreted by researchers as both fictions and as representations of reality. The clerics' and the confidants' descriptions were not presented in the studies as mere reproductions of what they had said, but rather they were structured creatively to enable interpretation. This means that there are other ways of understanding the material and that other researchers might have found other meanings in what had been said. However, the findings in *Studies II, III,* and *IV* are one version of how to capture the clerics' and confidants' experiences.

Some reflections on recruiting the participants follow. In *Study II,* we first approached the Catholic bishop of Sweden, who then forwarded the information and a letter of inquiry to priests at a church meeting. This made it possible to form a focus group with priests in the Catholic Church. However, in *Studies III* and *IV*, no confidants from the Catholic Church chose to participate. We were told that our advertisement for informants was to be posted in Catholic congregations, but we do not know if this was done. That no Catholic confidants chose to participate could, however, also be understood to reflect mistakes made in the procedure. It is possible that, within the Catholic Church where the priest has a special position and can be seen as more revered than ministers or pastors in other churches (e.g.

Doyle, 2006), advertisements might not be a suitable way of recruiting informants. Perhaps, we should instead have asked the bishop to talk to priests and ask them to inform confidants about the study.

One methodological problem, which affects all four studies, concerns the silencing mechanisms surrounding sexual abuse and the clerical vow of silence. How do we investigate something which is both difficult, as well as sometimes prohibited, to talk about? It is therefore important to be aware of the possibility that only some stories could be told under these circumstances, whereas other stories could not. It is also possible that the vow of silence limited the discussions in the focus groups with clerics as well as their propensity to answer some questions in the questionnaire. Furthermore, there seem to exist a volunteer bias in studies concerning sexual matters, where those who are most likely to take part are considered to be more sexually liberal and open than those not willing to participate (Plaud, Gaither, Hegstad, Rowan & Devitt, 1999). In *Study II*, out of all clerics who were invited only one out of five choose to participate in a focus group. The sensitivity of the subject might be one reason that clerics hesitated to participate. However, it is likely that the clerics who participated in the studies had a more open attitude towards discussing sexual abuse than those who chose not to participate.

In *Study II,* our ambition was to conduct two separate focus groups with female and male pastors in the Free Church Movement, but we did not recruit enough participants to make this possible. As a consequence, only 5 women participated in *Study II*, 4 of who were in the same focus group. It was therefore not possible to fully conduct the proposed gender analysis of that material. Furthermore, in *Study II*, we did not include any questions about the clerics' own relation to God. Although the discussions in the focus groups did sometimes include the clerics' perceptions of God, these were spoken about in a more general rather than personal way. The reflections on how pastoral care for victims of sexual abuse affects the clerics' own beliefs are therefore somewhat tentative.

The focus in this thesis has been only on clerics offering pastoral care. However, in both the Church of Sweden and the Catholic Church, pastoral care is often accessible to the confidant through deacons. Within the Free Church Movement, many lay persons offer pastoral care (e.g. Church of Sweden, 2010). The focus on pastoral care as offered by clerics was chosen out of the aim to investigate how the vow of silence affected pastoral care. As mentioned earlier, the cleric's vow of silence is absolute, while for deacons the obligation to report overrides the vow of silence. It is, therefore, important to note that there may be differences in how pastoral care is experienced based on differences in the restrictions put on clerics by their vow of silence. Consequently, the studies investigated only one kind of pastoral care being offered.

In Sweden, some clerics choose to educate themselves to psychotherapists as well. It is reasonable to assume that those clerics are better prepared to offer care and to protect themselves from being overwhelmed by the stories they hear. The clerics who participated in *Study I* and *II* were (to our knowledge) not working as specialists in pastoral care for victims of sexual abuse. However, as indicated by *Study I,* as well as in previous research (Rudolfsson & Tidefors, 2009), many clerics seem to care for victims within their clerical role, whether they are educated counsellors or not. The results therefore seem to be applicable to many clerics offering pastoral care in Sweden. Furthermore, in Sweden, both pastoral care and psychotherapy take part in a secular context. It is therefore likely to assume that the results found of clerics choosing to refer the confidant to psychotherapists, as well as confidants' descriptions of a lack of being understood from a faith-perspective when in psychotherapy, might not be applicable to other cultural settings where religious beliefs are part of the cultural context (Ulland & DeMarinis, 2014).

A final remark concerns the process of conducting this research and gathering the material for the studies. The stories told in the focus groups in *Study II* and in the interviews in *Studies III* and *IV* were sometimes painful to hear. Because we were two interviewers conducting these studies, we were able to share these experiences and to talk about the feelings they provoked within ourselves. This collaboration also offered us the opportunity to reflect together upon what we had heard, how we should understand what had been said, and how to find meaning in what had been shared.

Ethical considerations

The studies included in this thesis were approved by the regional ethical review board in Gothenburg, Sweden. As many of the study aims of this thesis have previously been insufficiently studied there was a reference group linked to the project with which considerations were discussed throughout the studies. An important function of this group was to handle ethical issues that arose in both planning and carrying out the studies. The group was composed of members who represented the perspectives of different Christian denominations, the legislation and legal community, and gender perspectives.

Interviewing individuals with a history of sexual abuse is a serious task. It is important to approach the informants with respect, care, and sensitivity. There is a risk that the informant can come to feel ill at ease; recalling painful memories. Thus, a recurring reflection during the interviews was whether the informant realized the degree of their self-revelation. It should be noted that the informant's well-being was always considered more important than finding answers to research questions. However, offering the opportunity for the informants to talk about their experiences and showing respect and interest in what they choose to tell might

be beneficial for those who participate. In interviews with male victims of sexual abuse, Andersen (2008) found that the most striking reaction from the participants was their expressions of appreciation that someone was interested enough in their situation to make it an object of research. Although no questions about their sexual abuse were included in our interview guide, all informants chose to tell about the abuse they had been subjected to, and in line with Andersen (2008), the informants in *Studies III* and *IV* also commented that they were grateful that someone was doing research in this area. Many informants also described their wish for us to make their stories heard as their motive for participating.

A concluding ethical reflection concerns the confidentiality of the informants in *Studies III* and *IV*. Some parts of the interviews were specific regarding informants current situations as well as their past, and some expressed anxiety about the ability of others to recognize them if we were to publish such information. Out of consideration of their wishes we therefore chose not to include some aspects of their stories in our analysis.

Suggestions for future research

To enhance the understanding of gender, a discourse analysis of the various denominations' documents concerning sexual abuse could be done. A preliminary analysis shows that the role of gender is sometimes not addressed in these documents and in some cases stereotypical images of victims (i.e. girls) and perpetrators (i.e. men) are mediated.

Furthermore, in line with previous research (e.g. Farrell, 2009), the findings in this thesis indicate the need for religious individuals to work through dimensions of faith related to their experiences of being sexually abused. Also, in line with previous research (e.g. Ganje-Fling & McCarthy, 1996), findings here indicate that religiousness and dimensions of faith are often not addressed within non-confessional care. Consequently, future studies could focus on how aspects of faith and religiousness are addressed in non-confessional care.

The difficulties for clerics, as well as for other professionals, in raising the topic of sexuality, including sexual abuse, could also be a focus in future studies.

Conclusions and Practical Implications

The clerics participating in the focus groups described that being offered the opportunity to share their thoughts and feelings with others was a good experience. Furthermore, the ability for clerics to share their experiences could hopefully also to be beneficial to confidants. Thus, there is a need for clerics to be able to discuss questions concerning pastoral care for victims of sexual abuse. Many of the findings in this work indicate that there is a need to engage in an open discussion concerning sexual abuse and the care for victims. The results also indicate that aspects of gender affect pastoral care. Consequently, these aspects need to be addressed in the discussions as well.

This work shows that the burden of finding someone who can listen and offer care is often placed on the victims themselves. To find the right cleric to confide in, confidants sometimes said they felt forced to act like a detective, asking other people whether particular pastoral care givers were sensitive and aware of sexual abuse issues. In addition, clerics reported that their knowledge about other organizations to contact for help was limited, especially when the victim was a man. It is important that clerics have somewhere to turn for support and guidance if they feel insecure about offering care to victims of sexual abuse. It may also be important for psychotherapists to be able to refer their clients to a pastoral care giver if there is a need to discuss faith-related implications of the trauma. Consequently, there is a need to support cooperation between professionals and to gather professionals' competences so that they are visible to the confidant. Such cooperation could lift the burden now put on the confidant to find a pastoral care giver who is prepared to work with the consequences of sexual abuse, as well as a psychotherapist who is aware of the faith-related implications of sexual abuse.

This work has also shown that some Christian themes and hymns can remind victims of their experiences of sexual abuse, and thus make the church an unsafe place. However, this work also shows that many victims wish to remain in church in an emotionally safe way. Therefore there is a need for clerics and congregants to be more aware of how symbols are used and talked about in church settings. Furthermore, confidants also wish to share their experiences with others and some confidants wished to find a congregation that could offer them a safe church room where their wounds could be acknowledged. There might be a need to look into the ability of congregations to more actively show an intention to help victims of sexual abuse with their suffering.

In previous studies, the consequences of the clerical vow of silence on the care for victims of sexual abuse have not been investigated. Through this work, a complex picture emerged of the vow of silence. Both clerics and confidants mentioned that the vow sometimes made it possible for confidants to tell what could not otherwise be told, but some confidants

described the cleric's adherence to the vow of silence as a betrayal that had left them in an abusive situation. Clerics described how the vow of silence sometimes led them to try to avoid disclosures about sexual abuse, because they felt that they could do nothing to help. This work, therefore, shows that there are situations in which the vow of silence can put victims at increased risk. It is interesting to note, that in the Church of Norway, in many aspects comparable with the Church of Sweden, the vow of silence is practiced differently. In Norway, the obligation to report always overrides the cleric's vow of silence when the victim is a minor. Furthermore, the person under care can always release the cleric from the vow (Church of Norway/Bishops Assembly, 2007). Another conclusion of this work is, therefore, that Swedish denominations could have something to learn about how the vow of silence is managed in the Church of Norway.

Concluding remark

The confidants in *Studies III* and *IV* described the need for someone to stay with them and to follow them in their process of learning how to live with their experiences. Likewise, the clerics in *Study II* sometimes described their role as being brave enough to stay and to follow despite their own fear. Perhaps the hardest thing in pastoral care for victims of sexual abuse, and what is most needed by confidants, is the ability to endure and to withstand expressions of doubt and anger directed towards the God that the pastoral care giver also needs to rely upon and keep faith in.

The words of someone else will be used to summarize much of what can be said about pastoral care for victims of sexual abuse:

> If you really want to help me, then just sit by my side and share my powerlessness over a life story and circumstances of life that cannot be changed /…/ Do not fear your own powerlessness as a helper, pastoral care giver, or therapist. This is what I need the most. It is from the honest meeting, which acknowledges that there is no hope and that no comfort can be given, that true hope may rise" (own translation from Swedish, Aspernäs, 2001).

Epilogue

At the beginning of this project, I felt anxious and awkward in the religious contexts we encountered. I remember a dinner early on in the project when we were to meet with clerics from different denominations. I stayed up late the night before baking deserts to serve and feeling nervous. However, on the night of the dinner Inga and I found all our nervousness wash away as the vegetables we placed on the platter formed a surprisingly sexual image. At my first conference, in Tallinn, a picture of this accompanied my presentation, becoming kind of a mascot, and it has followed me in various ways ever since.

The road to finishing this thesis has sometimes been winding and it led us to unexpected places. We got a somewhat rocky start when we did not understand the organization of the Catholic Church and made mistakes in sending out our questionnaires. This led us to the Catholic bishopric, where we were able to clarify the situation while drinking coffee and eating buns. An intense search for pastors from the Swedish Free Church Movement led us to a small congregation in the Covenant Church in the countryside, where we again had coffee and buns. Come to think of it, coffee and buns have played a large role in gathering the material for this thesis, and they have served their purpose. The impact of eating sweets together should not be underestimated; five years later I no longer feel awkward in religious contexts. I no longer feel that separate in them.

Conducting and transcribing the interviews for studies 3 and 4 was perhaps the hardest part of my journey. In hindsight, I do not think that I was fully prepared for how painful some of the stories would be, or how much they would affect me. Realizing that, however, gave me a much greater understanding of the hardships the clerics in the focus groups had described. It also deepened my understanding of the full range of the effects of sexual abuse and led me to the firm belief that comfort has to involve all aspects: existential and psychological.

A Christian story describes God's presence as footprints in the sand. In life God follows you, and you can see His footprints next to yours, but during times of suffering only one set of footsteps appears. The metaphor is that when suffering God may feel distant, however, He has not abandoned you: the single sets of footstep you see are not yours but God's as He carries you. In this thesis, however, the sexually abused confidants did not always feel carried by God. Perhaps at these times, when confidants feel they are walking alone, they need the pastoral care giver to walk by their side. Now, coming to the end of my own journey with this thesis, in reply to the original question, "Where was God during the abuse?" perhaps the best answer the pastoral care giver can offer is the inconclusive one:

Let us try to find out together. I will be with you. I will walk with you.

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