

Betrayal Trauma and Covenant: Theologically Understanding Abuse Trauma and Traumatically Reforming Theological Understanding

Paul C. Maxwell

Trinity Evangelical Divinity School, Deerfield, Illinois, USA

ABSTRACT

Trauma theory and Reformed theology represent two fields of inquiry that many have proposed entail precommitments that preclude one another. Trauma theory studies and treats the devastating consequences of tragedy, whereas Reformed theology has a reputation for protecting particularly strong God-concepts no matter the psychological toll it takes. Yet, if the two fields of inquiry and their respective knowledge bases are placed into charitable conversation, prompted even to reform one another, then vistas of mutual reinforcement emerge which have not previously been significantly highlighted. This is accomplished through identifying common elements in betrayal trauma theory and the theological notion of covenant, which consequently supply practical pastoral reflection on care for the traumatized with homogenous strategies for healing.

KEYWORDS

Trauma; religious abuse; reformed theology; betrayal; covenant

My companion laid hands on a friend
and violated a covenant with me
with speech smoother than butter,
but with a heart set on war;
with words that were softer than oil,
but in fact were drawn swords. (Psalm 55:20–21)

It is commonly said, “God never gives us more than we can handle.” Sentimentalism can be helpful at times, as long as we can recognize it as such. These sorts of dictums are intuitively Western. There are realities in this world that overwhelm and overcome us, which bring to its knees in utter shame the passé Christian aphorism. One reality in particular, childhood sexual abuse (CSA), silences such “nevers.” Our working definition for CSA is any sexual encounter between children and people who have power over them, because a “child is not developmentally capable of considering or comprehending the emotional implications of sexual behavior with an adult, especially one who in some way, real or symbolic, has control over the child’s fate” (Gartner, 1999, p. 14). The reality of CSA can sometimes silence our best theology with terrifying numbers—20% of

children under 18 in the United States experience sexual abuse, 60% of those are parent–child or stepparent–child in nature (Ferarra, 2002, p. 43; Belch, 2011, p. 15; Sedlak, 2010), and despite recent claims, incident rate is likely on the rise, while intervention rate is on the decline (Cromer & Goldsmith, 2010; Holmes & Slap, 1998, pp. 1859–1860; Jones, Finkelhor, & Kopiec, 2001, pp. 1139–1140; Sedlak, 2010).

Jennifer Beste claimed that any theology that clings to God’s unmerited grace as the way to salvation is incapable of addressing the reality of CSA trauma. Of course, many would insist otherwise. Those who do must ask, “How can theology contribute to our understanding of victims of childhood sexual abuse?”

Jennifer Beste commented,

[A] major strand in the Christian tradition, represented by the later Augustine, Martin Luther, John Calvin, and Karl Barth, seem to repudiate any significant role for free choice in one’s love for others and response to God’s salvific action. Nonetheless, even these theologians vehemently deny that the capacity for love of God and neighbor is wholly vulnerable to interpersonal harm. Since Christian faith and salvation stem from God’s unmerited grace, no external harms can interfere with the sovereign power of such grace to justify and sanctify an individual and enable him or her to love God and other. ... In short, the question is this: if the heart of salvation includes a free response to God, and if severe trauma can make this impossible, what does this mean for theological anthropology—for our understanding of what it means to be a person called to say yes to God’s self-offer? The challenges posed by trauma theory to theologians who already hold a different view of theological anthropology and the way to salvation, that is, who believe that God’s unmerited grace alone ensures a person’s acceptance of God’s offer of salvation, will need to be explored in a separate work. (Beste, 2007, p. 9)

She further commented,

For theologians who believe that God’s grace alone ensures a person’s faith in Christ and, ultimately, their salvation, the experiences of traumatized persons may raise questions about the efficacy of God’s grace and issues of predestination. As we will see in later chapters, many incest survivors, for instance, experience difficulty having faith in and trusting God. How would such theologians interpret these experiences? Does lack of faith demonstrate that God does not offer the grace of faith in Christ, or does it signal a failure of God’s grace to overcome the debilitating effects of trauma? (Beste, 2007, p. 130)

To my knowledge, the Reformed tradition has not yet attempted to answer this question. This article seeks to begin a conversation that integrates Reformed theology (i.e., the Reformed theological tradition in the line of those Beste mentions) with trauma theory.

Apparent dangers Reformed theology has for trauma survivors are:

- Reformed theology emphasizes human sinfulness (i.e., in the doctrine of total depravity), which would seem to elicit greater self-hatred, rather than the healing self-compassion that many trauma survivors need.
- Reformed theology does not emphasize human agency, yet trauma survivors need help strengthening their sense of autonomy as they face unmanaged behavioral and emotional sequelae.
- Reformed theology insists on submission to a local church government through its doctrine of church membership, yet survivors of trauma often must learn the skill of saying “no” to insisting authority figures.
- Reformed culture tends to require a joyful disposition toward God, yet trauma survivors are often caught in the thralls of emotional dysregulation—whether that dysregulation is caused by psychological, neurological, or social factors.
- Reformed theology often insists, because of the sovereignty of God over all circumstances, on attributing positive meaning to all events, due to God’s having a sufficient moral reason to allow everything that happens, which can incite cognitive dissonance for the trauma survivor who may never understand why a certain horrific tragedy was necessary.

Tensions could be listed at length. There is therefore a clear need to demonstrate the value (or lack thereof) of Reformed theology for trauma theory. This is, in fact, the task of this article. Beste’s points cannot be sufficiently answered in the space of an article. The point here, rather, is to recognize the profound tension that exists between the ideological interests of Reformed theology and the therapeutic needs of CSA survivors. The academic need is for Reformed theologians and trauma theorists to open a forum of dialogue in which they can conscript helpful aspects of the other discipline. In order to give these tensions a proper hearing, such a forum requires detailed theological treatments of theodicy, professional delimitations of the pastor’s role in psychological care, sociological investigations into the unique features of Reformed environments, and more. The goal in this article is to provide one reality that is valuable to both Reformed theology and CSA trauma theory: covenant. The purpose of laying this foundation is to make interdisciplinary space for historically competing enterprises to undertake an ecumenical task for the sake of wellbeing of CSA survivors who find themselves in Reformed contexts.

In this article, we will (a) demonstrate the explanatory usefulness that Reformed theology’s covenant concept has for recent developments in trauma theory, (b) trace the effects of CSA trauma on persons, now considered as covenantal persons who have experienced covenantal betrayal, and (c) envision ways that Reformed theology and pastoral care can be challenged in light of trauma theory. While this article does seek to make methodological developments in the interdisciplinary task of integrating trauma theory and theology in a general sense, its main purpose is to highlight a granular intersection of that task: the mutual fortification of betrayal trauma theory (BTT) as an approach to understanding CSA and the resources of Reformed theology, commonly (and understandably) thought to be more dangerous than helpful for trauma survivors.

Exploring the intersection of trauma theory and reformed theology

In Reformed theology, creation precedes devastation; the goodness of the created world supplies the structures that make sense of the brokenness introduced by the fall of humanity into sin. In that integrated schema, then, the nature and effects of CSA can be understood only in the context of precisely what a human child is: in the event of CSA, one's "very childhood is violated" (Gartner, 1999, p. 15). "The Creator's original intention for human beings that combined royal, priestly, and shepherding notions can, paradoxically, appear all the more vibrant when we contemplate its demise" (Schmutzer, 2008, p. 785). Humankind, conceived in the regal, consecrative, prophetic image of the Creator, provides the material "either for ruin or for restoration" (Beale, 2008, p. 16).

Truly, "Buried in the profound wreckage of sexual abuse lie the vestiges of a majestic plan that dignifies humankind" (Schmutzer, 2008, p. 785). Elizabeth Stuart, founding chair of the Centre for the Study of Christianity and Sexuality, insists that "maleness and femaleness are theological categories and that therefore sexuality is caught up in the drama of salvation" (Stuart, 2014, p. 21). John Calvin would hardly disagree (Sewell, 2012).

The question is: What work can Reformed theology do for us in understanding the effects of sexual betrayal? In this section, we will seek to answer that question by introducing (a) BTT as a unique relationally oriented theory of CSA and its effects, and (b) the Reformed covenant concept as that theological reality which makes sense of the data behind BTT.

In order to understand what value BTT might add to Reformed theology, and vice versa, it is important to gain an informed understanding of each. The following two sections provide insight into each with an eye to the other.

Betrayal trauma theory

Jennifer Freyd, a pioneer of the BTT approach, proposed "that the core issue [of sexual trauma] is betrayal—a betrayal of trust that produces conflict between external reality and a necessary system of social dependence ... most childhood traumas are such events" (Freyd, 1991). Judith Herman, a matriarch of trauma theory, likewise incorporated the betrayal metaphor into her theory: "The imagery of [traumatic] events often crystallizes around a moment of betrayal, and it is this breach of trust which gives the intrusive images their intense emotional power" (Herman, 1997, p. 55).

Yet we must first, before exploring BTT, adequately define "betrayal." Julie Fitness, head of the psychology department at Macquarie University, argued that defining betrayal as the breaking of trust "is too narrow and misses the essential meaning of what it is to betray, and to be betrayed, within an interpersonal relationship." Conversely, "betrayal means that one party in a

relationship acts in a way that favors his or her own interests at the expense of the other party's interests" (Fitness, 2001, p. 74). Put in even more basic metaphysical terms, betrayal occurs when "The power balance between two interdependent parties has been disrupted" (Fitness, 2001, p. 80).

This definition regulates the distinction between *incidental betrayal* and *intentional betrayal*—in which intention is removed as the primary criterion for assessing whether betrayal has occurred. When betrayal is understood according to Fitness's definition, then the broken trust of the betrayed extends even to a trust that was unspoken, or perhaps a trust even beyond the realm of comprehension. The expectations which betrayal violates are, by Fitness's definition, scaled beyond the level of felt violation of subjectively recognizable interpersonal harm, to a violation of (some set of) rules that dictate what is the good and what is the bad for a person. In other words, betrayal is measured not by felt harm, but by actual harm (on a side note, in this case, forgiveness of betrayal is not a decision not to feel harmed, but a decision to absolve punishment for harm which should be felt).

It will come as no surprise that trauma theorists of all stripes are beginning to utilize the concept of betrayal as a powerful organizing principle for understanding the nature and effects of CSA. Psychoanalyst Richard Gartner explained,

Put simply, *betrayal* is the violation of implicit or explicit trust. It is by definition an interpersonal experience. ... In betrayal, seemingly unbreakable bonds are broken, and treachery is introduced into the most private, personal, and trusting relationships. The betrayed individual feels jagged, awry, fractured, recklessly hurt. (Gartner, 1999, p. 13)

Gartner expands on the terminology of sexual betrayal: "Sexual betrayal encompasses a greater range of human experience than the more common expressions 'sexual abuse,' 'incest,' and 'sexual trauma'" (Gartner, 1999, p. 13).

Gartner represents a contingent within the psychoanalytic tradition who essentially reject the notion that CSA victims face a collection of cognitive and *somatoform* sequelae. They hold, rather, that the existential experience of betrayal lies at the heart of trauma's nature and effects. This is, put reductionistically, the BTT approach. The psychoanalytic tradition has a poor history of dealing with CSA, because after Freud abandoned his theory that all neuroses were a product of CSA in 1897 (i.e., Freud's seduction theory), the psychoanalytic school of thought has followed Freud in his baseline skepticism toward using this category as an explanatory tool. Orthodox psychoanalysts, then, traditionally find the notion of traumatic sequelae due to sexual betrayal to have been outdated as soon as Freud rejected his own series of lectures proposing a similar thesis, titled "The Aetiology of Hysteria" (Freud, 1896/1989, pp. 96–111; Izenberg, 1991; cf. especially

Masson, 1984, which highlights the failings that Freud's own duality on the seduction issue has caused for a moderate approach to psychoanalysis).

Freyd defined BTT as "a theory that predicts that the degree to which a negative event represents a betrayal by a trusted needed other will influence the way in which that events is processed and remembered" (Silvers, Schooler, & Freyd, 2002).

The logic of the traumatic sequelae, defined according to BTT, is that the essential pillars of healthy childhood development are (a) powerful attachment system that conducts survival in childhood, as well as (b) the constant need to make social contracts with others in order to meet needs. "These two aspects of our humanity serve us well, but when the person we are dependent on is also the person betraying us, our two standard responses to trouble conflict with each other," thus resulting in "betrayal blindness" (Freyd & Birrell, 2013, p. 53). When a child's basic survival instincts are pitted against each other through betrayal—in being forced to accept attachment at the expense of a sound social contract—trauma sequelae can be explained in terms of psychological adaption to inconsistency: "Some of the symptoms usually associated with PTSD can be conceived as helpful adaptations, leading to habituation and counter-conditioning if they unfold in safety" (Gartner, 1999, p. 16).

Researchers are still skeptical of BTT's viability. For example, Lindblom and Gray (2010) analyzed data from 89 surveyed undergraduate psychology students, and found that relationship closeness was not significantly associated with a lack of trauma memory detail, whereas BTT would suggest that there should be a significant association between these two factors if betrayal explains the trauma phenomenon. Proponents of BTT would likely reply to Lindblom and Gray in this way: BTT operates much more accurately—as an explanatory theory—when dealing with childhood sexual betrayal in particular (rather than for trauma theory in general), since (a) attachment is much less regulated in instances of sexual betrayal than in general instances of trauma, (b) the social contracts between child-and-adult are far less negotiable in childhood sexual trauma than it is in adult-to-adult trauma, and (c) the reward for symptom-causing suppression of sexual betrayal is increased exponentially for a child, whose immediate benefits for forgetting the violation can be as vital as food and shelter. Freyd, DePrince, and Gleaves (2007) noted that "the failure to think about events will contribute to poorer memory for the event and that these processes are mediated by the unique demands placed on a child exposed to betrayal traumas" (Freyd et al., 2007, p. 295).

The strength of BTT is that it accounts for the relational dimension of trauma's symptomatology. Gartner explains once more, "This break in the interpersonal frame of reference is the heart of any betrayal, sexual or otherwise. The effects of personal betrayal on an individual's worldview are

profound, and its consequences for future intimate relationships can be disastrous” (Gartner, 1999, pp. 13–14).

And yet, in highlighting the relational nature of trauma itself, it may seem as if BTT is placing all its explanatory chips on a child’s reflective capacities. Nevertheless, it is in this regard that the psychoanalytic approach is uniquely competent. Most modern psychology is built on the foundation of logical positivism, which basically assumes that metaphysical reflection carries no direct or repeatable benefit for diagnosing or treating trauma (Koch, 1999). However, psychoanalysis is built on the premise that human experience is inherently a result of its metaphysical (psychodynamic) operations. Thus, Gartner explained, “A child is not developmentally capable of considering or comprehending the emotional implications of sexual behavior with an adult, especially one who in some way, real or symbolic, has control over the child’s fate.” Thus, “all sexual acts between children and people who have power over them are sexually abusive” (Gartner, 1999, p. 14). Thus, trauma is explained more by principle than perception.

When relational capacities are overpowered, so too are personal capacities. Trauma is “an inescapably stressful event that overwhelms people’s coping mechanisms” (Van der Kolk, McFarlane, and Weisaeth, 2006, p. 279). More specifically, trauma occurs when a perpetrator overwhelms an “individual’s ability to integrate affective experience” (Pearlman & Saakvitne, 1995, p. 60). Consequently, “Traumatized people ... are unable to overcome the anxiety of their experience. They remain overwhelmed by the event, defeated and terrified. Virtually imprisoned by their fear, they are unable to re-engage in life” (Levine, 1997, p. 28).

Covenant

In concert with the theoretical case for BTT, Reformed theology offers a peace offering to the theory: the concept of “covenant.” Indeed, if there is any word in the Reformed lexicon that has conceptual overlap with “betrayal,” it is covenant. To understand the nature and effects of betrayal—moreover, sexual betrayal—it is first necessary to cast those realities in the light of covenant, because covenant in Reformed theology is the reality that makes sense of the function and dysfunction of human sexuality and dynamics.

Judith Herman made the profound comment about the state of trauma theory: “The study of psychological trauma has repeatedly led into realms of the unthinkable and floundered on fundamental questions of belief” (Herman, 1997, p. 7). It is interesting to note that even in Herman’s own estimation, (a) “fundamental questions of belief” are in fact germane to trauma theory, and (b) trauma theorists have “floundered” on these questions. It is here that theological categories can help—on those fundamental questions of belief—particularly, the category of covenant. Patrick Miller

claimed that the theologian's task is to "*make sense of other data* than the Scriptures and so will think in a large fashion about the way specific and concrete texts illuminate *fundamental realities*" (Miller, 2007, p. 299).

And so, if (a) CSA trauma theory is "[floundering] on fundamental questions of belief," and (b) it is the theologian's task to "illuminate fundamental realities" with Scripture, and (c) trauma theory accounts for the effects of trauma in terms of relational *deconstruction* of the self (i.e., betrayal), then perhaps (d) theology can provide the most basic fundamental reality with Scripture's own term for relational *construction* of the self: covenant.

According to the perspective of Reformed theology, personhood is inherently relational, because it is inherently covenantal. We might define covenant as the permanent sealing of God's relationship with man, as well as the terms in which they would relate. For humans, that covenant is mediated by the concept of the image of God (Gen. 1:26–28; 2:7). Meredith G. Kline explains, "There was no original non-covenantal order of mere nature on which the covenant was superimposed. Covenantal commitments were given by the Creator in the very act of endowing the man-creature with the mantle of divine likeness" (Kline, 2000, p. 92).

The term "covenant" is merely the formal Reformed way of referring to God's promised relationship to his people, in which he has bound himself to be perfect, good, and faithful. Reformed theologians have cast all of human history in terms of two covenants that God makes with humanity, each with a single human representative—one with the first Adam in Genesis 1–3, and the second with Jesus Christ:

For in the former, God as Creator demands perfect obedience from innocent man with the promise of life and eternal happiness; but in the latter, God as Father promises salvation in Christ to the fallen man under the condition of faith. The former rests upon the work of man; the latter upon the grace of God alone." (Turretin, 1992–1997, p. 575)

The first covenant sets in motion created realities which explain the order of creation itself, while the second covenant expresses God's actions to retroactively restore and fulfill the original realities which were disordered due to sin.

It is important to understand this: Reformed theologians hold that for all of humanity, "The essential content of the concept of covenant has been kept in our consciousness" (Vos, 1980, p. 245). For John Calvin, covenant is the spiritual technology which God places at the heart of man's consciousness which allows him to make sense of all the unseen realities of the universe: "This elegant structure of the universe [serves] us as a kind of mirror in which we may behold God, though otherwise invisible" (Calvin, 2008, p. 16).

Included in this covenant theology is God's protective care for children, as most forms of Reformed Theology hold to the covenant membership of baptized infants: "Infants as well as adults are included in God's covenant and people" (Heidelberg Catechism, p. 74).

At a conceptual level, we can perceive a profound overlap between the concerns of CSA trauma theory and theology (two disciplines almost never in conversation) in these central categories of betrayal and covenant—betrayal organizing the diverse realities accounted for by trauma theory, and covenant doing the same in theology, both referencing a binding relational reality with an eye toward its effects.

Yet, the import of the covenant concept for trauma theory should not be oversold or misunderstood. The covenant concept is not a collection of blessings dangled before a victim trying to recover from CSA trauma, nor the engine that drives healing, but the landscape on which devastation or restoration—blessing or cursing—occurs. Covenant supplies the matrix of meaning in which relationship and betrayal take on permanent forms in the life of God's people.

Walter Brueggemann suggested,

[F]aith that must resort to the most erotic imagery to speak about a covenantal relationship that operates at the deepest levels of trust and intimacy is useful indeed ... the outcome of such usage is a relationship glorious in its intimacy and costly in its brokenness. The Bible understands that sexuality is the ultimate arena of cost and joy. (Brueggemann, 2002, p. 195)

That is, the relational realities that undergird and explain traumatic experience simply are the covenantal realities of God's relationship to the world.

Covenant, understood as the substratum of relational systems and their dysfunctions, supplies the betrayal concept with its presupposed expectations so that in exploring sexual trauma through the schema of covenantal betrayal, theological concerns are operationalized, and psychological goals are likewise pursued. It is therefore no surprise that some psychologists speak of betrayal in covenantal terms:

[Betrayal is] a violation not only of trust and of the other, but of the sanctity of intimate relationships. ... *An implicit covenant has been broken or denied.* ... It changes something fundamental; a belief or a frame of reference from which to view the world of interpersonal relationships. (italics added; Cheselka, 1995)

Thus, if we define betrayal as the breaking of the trust expectations on which a relationship is based (Jones & Burdette, 1994), then covenant is from the Reformed perspective God's codification of those expectations. The covenant concept, then, is the theological (and metaphysical) reality that makes sense of the data that constitutes trauma theory. Betrayal, as the violation of power difference—and childhood sexual betrayal, conceived as

top-down sexual selfishness in any adult–child relationship—may find conceptual coherence more comfortably with the Reformed concept of covenant than, say, the piecemeal cognitive, behavioral, and somatoform conceptions of trauma’s nature and effects in positivistic psychology.

Effects of the covenantal betrayal of childhood sexual abuse

BTT highlights the centrality of relationality to CSA trauma, and covenant provides the metaphysical substructure that explains why relationality is the central explanatory metaphor for the event and consequences of CSA. The brokenness that occurs in childhood sexual betrayal is a perpetrator breaking their covenant obligations toward the child, which God has issued about their relationship. Thus, betrayal trauma gives a “thin description” of a theological event: covenantal trauma (on the distinction of “thin” and “thick” descriptions, see Ryle, 1979, p. 47; Tanney, 2009, p. xvii). By examining the effects of CSA on personhood—conceiving survivors as those who have not merely been violated, but as those who have been covenantally betrayed—the theological nature of relationality, as well as the centrality of relationality to trauma, become all the more clear. By tracing these fundamental effects of trauma on the person, we supply the basic tools required for envisioning how Reformed engagement with trauma theory should be directed and challenged.

Effects of abuse on personhood

In the event of CSA, capacities of personhood are disrupted and the operational components of individuality are rendered malfunctioning. This contorts one’s experience of God and the world, skewing relational trajectories, either into a hypersensitive or benumbed emotional disposition (see Crawford & Wright, 2007; Iwaniec, Larkin, & Higgins, 2006, p. 76; O’Hagan, 1995; Suarez & Yarhouse, 2011, p. 91; Reyome, 2010, p. 234).

[C]omplete dissociation from this psychosomatic core of the self is experienced as psychic death. Total dissociation from the deep structures of the self is an unparalleled psychic catastrophe, since one loses contact with the core of the self, which is the greater meaning. If individuals are cut off from this deep structure, they are unable to attribute meaning to experience. (Modell, 1996, p. 150)

CSA ruptures the systems of the self. It “shatter[s] the construction of the self that is formed and sustained in relation to others” (Herman, 1997, p. 52). Thus, because the integrity of the victim’s operational components of individuality is compromised, their capacity for personhood is fractured. Trauma results in “the defenses employed to protect the private self against intrusion from without ... [being] turned inward and directed at the self” (Modell,

1996, p. 150). Sexual violation often coopts both existential components and relational capacities from legitimate tools for interpersonal operation, forcing victims to “become accomplices in their own destruction” (Farley, 1990, p. 59).

The victim’s self is vandalized through that which Genesis locates as the climax of God’s creation of humankind: sexuality as bodily engenderment. Is it any wonder, then, that those who suffer from identity-critical psychiatric diagnoses (i.e., confusion of the self) have the highest rates of CSA? For instance, one study demonstrated that among those who suffer from dissociative identity disorder, 92% report a history of CSA. (Ellason, Ross, & Fuchs, 1996, p. 331) Also, among female outpatients, 78% of those diagnosed schizophrenic reported a history of CSA, compared with panic disorder (26%), anxiety disorders (30%), major depressive disorder (42%) (Friedman et al., 2002; Read, Goodman, Morrison, Ross, & Aderhold, 2004).

Why, among these statistics, are identity disorders so high among those who have been victims of CSA? Likely because, unlike other forms of trauma, the victim cannot escape the scene of their own violation—their very own bodies. Because their malfunctioning personhood evidences a dissolving of their self into bald individuality, nearly every act of relating—the functional constitution of their personhood—is a bitter monument to their abuse. Without therapy they will, by virtue of their irrevocable experience of sexuality, as engendered image bearers of God, experience and re-experience the trauma of the event and its effects until they are helped. In one study, among child in-patients, 77% of those who had been sexually abused were diagnosed psychotic, compared with 10% of the other children (Livingston, 1987, pp. 413–415). “The traumatic event thus destroys the belief that one can *be oneself* in relation to others” (Herman, 1997, p. 53). Consequentially, “repression, dissociation, and denial are phenomena of social as well as individual consciousness” (Herman, 1997, p. 9).

The very process of recovery may be labeled:

A search for self. Survivors often feel self-loathing. They view themselves as unclean and dirty, as valueless and inadequate, as defective and flawed. ... Self-rejection must be replaced by self-respect—knowledge that they are a child of God’s love, a person with value and rights. (Gould, 2011, p. 294)

As one victim of genocidal rape recounts, “They stripped us of all our clothes. At that time, I do not even think I could call myself a person” (Nowrojee, 1996, p. 52). This “search for self” is thus not the essential task of recovery, but the diagnostic marker for woundedness and healing—when one regains the essential competencies of existing as a person, the loss of which has been observed in sequelae, then one’s own sense of autonomy can be rescued from maladaptive self-conceptions predicated on the basis of the hidden wound.

Effects of abuse in psychology

The most basic reality of CSA trauma in a person's psychology is dissociation. Dissociation is the disconnecting of one set of mental contents from another set. In the context of CSA, dissociation functions as a defense mechanism in order to protect oneself from trauma. "Dissociation takes the ingredients of a trauma and freezes them in time and space. This prevents them from combining and overwhelming you" (Gartner, 2005, p. 55). Dissociation, then, can have measurable psychological effects.

It fosters the development of abnormal states of consciousness in which the ordinary relations of body and mind, reality and imagination, knowledge and memory, no longer hold. ... And these symptoms simultaneously conceal and reveal their origins; they speak in disguised language of secrets too terrible for words (Herman, 1997, p. 96).

Now, one can immediately see, on the basis of a Reformed relational (i.e., covenantal) conception of personhood, why the relational effects of CSA are so severe.

The psychological ramifications of sexual abuse include loss of trust, fear, anxiety, uncontrollable crying, numbness, dissociation, and other negative emotional sequelae. Relational problems that can later result include difficulty maintaining proper emotional and physical boundaries that can later result in difficulty maintaining proper emotional and physical boundaries with others and fear of relational vulnerability. (Suarez & Yarhouse, 2011, p. 91)

Even without a diagnosis, which is sometimes appropriate, the experience of working through CSA trauma can make a person feel schizophrenic. "Survivors oscillate between uncontrolled expressions of rage and intolerance of aggression in any form" (Herman, 1997, p. 56), and even their responses to this dialectical back-and-forth can often be overwhelmingly volatile. Judith Herman commented:

Trauma impels people both to withdraw from close relationships and to seek them desperately. The profound disruption in basic trust, the common feelings of shame, guilt, and inferiority, and the need to avoid reminders of the trauma that might be found in social life, all foster withdrawal from close relationships. But the terror of the traumatic event intensifies the need for protective attachments. The traumatized person therefore frequently alternates between isolation and anxious clinging to others. The dialectic of trauma operates not only in the survivor's inner life but also in her close relationships. It results in the formation of intense, unstable relationships that fluctuate between extremes. (Herman, 1997, p. 56)

Effects of Abuse in Physiology

It is oftentimes in the body that the effects of CSA manifest themselves in crippling ways. "A theology of embodiment *celebrates the enfleshed body as*

wonderfully and beautifully made. Sexual abuse should be regarded as a grotesque mistreatment and abuse of this gift” (Schroeder, 2011, p. 189). Again, because the covenantal nature of human personhood, it follows naturally that “*Abuse perpetrated upon the victim’s body is experienced as an attack upon the self*” (Schroeder, 2011, p. 189). A survivor writes that CSA “felt like a sword had pierced through every layer of my skin, flesh, and bone and on to my core, leaving a virulent solution that seeped into my soul.” (Carosella, 1995, p. 41)

Some refer to the lasting effects of CSA that manifest themselves as somatoform effects. “Somatoform responses are physical or bodily symptoms that are strongly influenced by psychological factors” (Briere & Scott, 2006, p. 27). Survivors who experience somatoform effects, sometimes referred to as *somatization disorder* experience “a wide variety of symptoms (pain, gastrointestinal, sexual, and neurological) whose only commonality is their somatic focus and the fact that they cannot be explained based on medical phenomena alone. A related disorder, *undifferentiated somatoform disorder*, requires only one physical complaint for which no medical explanation can be found” (Briere & Scott, 2006, p. 27).

Somatoform trauma can be particularly excruciating:

While many catastrophes cause emotional trauma, sexual abuse uniquely undermines the person’s sense of self. The victim’s personal space becomes a crime scene that shadows them, one of which they cannot speak. Image-bearers, persons are embodied souls. Consequently the entire composite of embodied personhood suffers. Parts of the victim may developmentally “freeze.” Selective amnesia is common. The victim’s inalienable “body,” their own *soma* (“body”), can be reduced to a subjugated hell. Held hostage in a violated body; a victim can no longer make meaning of the trauma in their own skin without therapy. (Schmutzer, 2011, p. 795)

Effects of abuse in spirituality

Christians have historically affirmed that personal agency is an inalienable constituent of personhood—that it cannot be taken away by another human (see Aquinas, 2006, I–II, q. 73 a. 8; Calvin, 2001, pp. 238–241; Kierkegaard, 1959, pp. 361–362). And yet, as we have seen, there is hardly any operation of individuality, or corner of personhood, which does not have its agency ravaged through the chaos of trauma sequelae. Schmutzer noted that the victim’s spirituality is no less devastated than their psychology, or even their physiology: “Our relationship with God is realized *in a body*; when the body is ‘broken’ and traumatized, so can one’s relationship with God be—utterly traumatized” (Schmutzer, 2009, p. 79).

Trauma theorists wrestle over whether it is correct to emphasize the loss of agency and demonstrate compassion, or to emphasize the presence of

remaining agency and demonstrate hope. Maggie Ross struck a healthy theological balance that engages every operation of the individual:

We reject this mortal hope for the divine hope of transfiguration, which is our life with God. This rejection of healing as hope does not, of course, in any way deny our longing to relieve pain in our search for ways of healing our physical and psycho-spiritual hurts in this life until we engage our death. But we need to understand healing for what it really is; it is not a vanishing act, but rather learning to live with, in, and through pain, to adjust to our wounding, which cannot ultimately be denied, and to be willing to risk opening to change that will lead to transfiguration. (Ross, 2007, p. xviii)

Directions for reformed pastoral care in light of trauma research

Having mapped the relationship between BTT and covenant, and traced the effects that CSA has on survivors of sexual betrayal, we are now able to revisit the apparent tensions between Reformed theology and trauma survivors. Jennifer Beste commented: “For theologians who believe that God’s grace alone ensures a person’s faith in Christ and, ultimately, their salvation, the experiences of traumatized persons may raise questions about the efficacy of God’s grace and issues of predestination” (predestination is the Christian doctrine that God chose some people to believe in Christ before he created them, and stricter versions include a doctrine called reprobation, which is the notion that he equally intended the damnation of those who would not believe). Beste noted that trauma “survivors, for instance, experience difficulty having faith in and trusting God.” Beste consequently asked, “How would such theologians interpret these experiences? Does lack of faith demonstrate that God does not offer the grace of faith in Christ, or does it signal a failure of God’s grace to overcome the debilitating effects of trauma?” (Beste, 2007, p. 130).

Beste’s concerns should be taken seriously. Nine realities that will help Reformed Christians (and churches) to express God’s covenant faithfulness to the sexually betrayed are delineated next.

All reformed theology must begin with covenant

Reformed theology, with its distinct emphases on God’s unilateral sovereignty and the relative “total” depravity of human beings, does *prima facie* appear as if it would be counterproductive to those grasping for a sense of agency and resilience. Yet—and this is merely a starting place—Reformed thought does not begin with divine “power,” sovereignty, or depravity as abstractly conceived, but always begins with covenant. All of God’s relationships with creation is covenantally mediated, as is stated in the Westminster Confession of Faith:

The distance between God and the creature is so great, that although reasonable creatures do owe obedience unto Him as their Creator, yet they could never have any fruition of Him as their blessedness and reward, but by some voluntary condescension on God's part, which He has been pleased to express by way of covenant. (Williamson, 2003)

Indeed, "Consciousness of the covenant is the right expression for the consciousness of faith." More than that, "The concept of the covenant is placed in back of the means of grace" (Vos, pp. 257, 258). Therefore, what Reformed theology should entail for the church's attitude toward CSA survivors is not an obligation the survivor owes to God, but the obligation which God owes to the survivor through the church, as an expression of his covenant faithfulness. In practical terms, what is necessary at this point is to envision ways that the Reformed Christian population can express God's faithfulness to trauma survivors, rather than re-betraying them, which can very easily be done.

God's sovereignty, considered powerful as it is in Reformed theology, can inadvertently suggest God's betrayal in ways require careful pastoral care. If God does not ordain everything, the element of divine betrayal may feel less severe. But such a strong doctrine of sovereignty as is present in Reformed theology can feel as if it implies betrayal, which can induce a unique sort of dangerous traumatic effects: "What distinguishes 'betrayal' from other forms of lying or failing to speak truthfully is *the element of self-deception* that invariably moves us in the direction of hurting not only others but ourselves as well" (Heyward, 1999). Moreover, it is easy for the CSA survivor to find aspects of their complicity in victimization, which can be easily confirmed and folded into the Reformed emphasis on human sinfulness: "Participation in forbidden sexual activity also confirms the abused child's sense of badness" (Herman, 1997, p. 104).

Therefore, God's sovereignty should not be conceived crassly in terms of his monergistic power, but rather in terms of his covenant-faithful responsibility. In many Reformed perspectives, God does indeed ordain every evil. And that may not be a comforting fact for those who cannot make easy sense of their suffering. And, in a sense, the doctrine of divine sovereignty does not entail such reflection. Reformed theology begins, not with divine right, but with divine obligation.

CSA survivors are vital to reformed ecclesiology

Herman Bavinck, a theologian of notable historic significance for the Reformed tradition, had at the center of his theology the metaphor of "organism." That metaphor extended from the Reformed concept of covenant. Covenant indicated not only the inclusion of the weak, but the obligations of the strong. Thus, not only does Reformed theology begin with God's

obligation toward those with whom he is covenantally bound, but it also begins with the obligation of those with strong faith to protect those with weak faith. Bavinck applied this organism metaphor both to individual and interpersonal growth in the church:

Sanctification ... both from the divine and human side, is an organic process. ... In the church of Christ, therefore, there are lambs and sheep who nurse them (Isa. 40:11); those with little and those with great faith, first and last (Matt. 11:11; 20:16); those who are little and those who are great in faith (Matt. 6:30; 8:10, 26; 14:31; 15:28; 16:8); weak and strong (Rom. 14:1ff.; 15:1; 1 Cor. 8:7ff.; 9:22; 10:25); carnally minded and spiritually minded (1 Cor. 3:1, 3; Gal. 6:1); beginners and mature believers (1 Cor. 2:6; 3:2; 14:20; Phil. 3:15; Heb. 5:12, 14; 1 Pet. 2:7); young men and fathers (1 John 2:12–14). To each is given a personal measure of faith (Rom. 12:3); everyone has a place of their own in the body of Christ (Rom. 12:4–5; 1 Cor. 12:12ff.). All members must grow up together in the grace and knowledge of their Lord and Savior Jesus Christ (2 Pet. 3:18). (Bavinck, 2008, p. 264)

There is a human tendency to presume upon one's own strength as a throne of superiority. The traumatized often come to church at a disadvantage. If the church ever becomes a place that quantifies and evaluates a person based on that disadvantage (as it often is), rather than seeking to grow in their competency to provide care, it has become less than Reformed. CSA survivors belong in the church, because the church, more than anywhere else, is supposed to be a place where the abused receive care for their wounds from those in positions of strength, and not a moral boot on their neck.

CSA trauma is not an experience of which a survivor can “Repent”

The term commonly employed when a person is thrust into a stressed state due to their CSA trauma is “trigger.” A trigger, basically defined, can occur when a CSA survivor has an experience or encounter that pushes them into the thralls of a trauma-related memory or, conversely, when a trauma-related memory elicits physiological arousal (See van der Kolk, 1994). In each of these senses, triggers can be both conscious and unconscious.

When one is “triggered,” something happens neurologically: the brain retrieves an experiential-specific emotion (i.e., a traumatic event and its corresponding emotion, whether fear, loneliness, sadness, anxiety, etc.), and the emotional parts of the brain (the limbic brain and visual cortex) expand that emotion to fill the consciousness. In conjunction with this expansion, the logical part of the brain (Broca's area; i.e., the speech center) shows a marked decrease in activity. Essentially, fight and flight and its respective content neurobiologically forces its way into the center of one's attention, and one's regulatory skills are sapped of their strength (see van der Kolk, 2014, p. 42).

Shelly Rambo commented:

Typically, sensations are received and registered through coordinating functions of the limbic system and the prefrontal cortex. However, traumatic impact is shown to limit the function of the limbic system, therefore stopping the system from passing along the experience to the prefrontal cortex, the part of the brain that assigns to an experience language and meaning. These studies suggest that the body bears the marks of trauma in ways that escape cognitive knowledge. (Rambo, 2011, p. 21)

Cathy Caruth informed us that the effects of CSA trauma into adulthood can: “mobilize the entire limbic system, with a number of specialized areas that later become involved with pain, pleasure, distress, and even orgasm regulation” (Caruth, 1995, p. 80).

There are moments for the adult survivor of CSA in which all functional components of personhood short-circuit. And these are no merely immediate moments. In cases of complex trauma, the survivor may live in a semi-triggered state for years on end. All of the normal Christian concepts of joy—forgiveness, spiritual and psychological health—can feel impossibly out of reach to the survivor, while on the surface they may appear perfectly normal. It is generally recognized that treatment for this sort of trauma experience involves specialized forms of physiological therapy (Bisson, 2007; Iribarren et al., 2005). It is important, at the outset, to note the holistic sort of experience that CSA trauma and its effects induces in survivors.

The preaching of the word and the administration of the sacraments, vital and cherished ecclesiological realities in Reformed communities, are simply not enough to treat these experiences. Trauma is as physiological as a broken leg and as spiritual as a broken heart, and God’s relationship to each is very different. This must be recognized at the outset in any pastoral care for CSA survivors.

CSA survivors are a unique population

Whatever ways the gospel is applicable to CSA survivors, those ways will not be straightforward or intuitive to any of us. They certainly will not be conceived or practiced in the terms of everyday church culture. The task of integrating trauma theory with Reformed theology is one of the few tasks that requires epistemic humility as a methodological necessity, rather than a modal preference. Trauma survivors require work done in another language.

Arnold Modell explained: “Trauma will degrade the metaphoric process ... and as a consequence imagination is constricted ... there is an absence of the customary play of similarity and difference” (Modell, 2003, pp. 38–39). The CSA survivor has been stripped of their technology to negotiate “sameness”

with the nontraumatized population—that is, the survivor has been crippled in their faculty for identifying the boundaries of their own selfhood in order that they may both experience intimacy (consensually allowing others to enter those boundaries) and diagnosing perpetrators (classifying those who have violated boundaries at the expense of their integrity).

Thus, like missionaries who translate the Bible into previously unwritten languages, the need of the day is for Reformed theologians who are willing to learn a new language for trauma survivors—new metaphors, new ticks, new customs, new fears, new superstitions: all for the sake of the gospel. Trauma survivors can be seen as an unreached people group, yet they are among us—in our churches, our homes, and our schools. Their suffering may even require us to reach across the entire spectrum of the human race to meet them where they are, feeling on the edge of losing their homo sapiens status:

The sign of radical suffering is that the person is made inhuman by suffering. But the complicity of the self in its own destruction does not parallel the culpability of sin. The absence of even the desire for freedom from pain makes plain the hideous damage that suffering can do to the human spirit. Persons who are so badly hurt that they become accomplices in their own destruction, far from sharing responsibility for their defeat, are persons already broken by pain. Part of the terrible guilt borne by the victimizer lies in cruelty's power not only to hurt people but literally to destroy them" (Farley, 1990, p. 58)

The Reformed culture has a reputation of heavy-handed discipline and hard-nosed theological requirements. There is, then, a danger that, by incidental imitation, the Reformed church will attract the traumatized because it resembles the abusive environment in which the CSA survivor has adjusted. "The abused individual tends to select relationships and social situations which replicate and confirm the abusive experience" (Iwaniec, 2006, p. 45). If this is true, then the church's primary concern should be the survivor's process of healing—their existential safety, not their ecclesiological submission.

The church has the option to betray their covenantal obligations to traumatized members by asking of them, "When will you grow?" Or, they can express God's faithfulness to them, and begin to ask of themselves, "Who will serve these people in need?" Which question a church asks will result in entirely different goals, directives, methods, and parameters of care.

The Reformed God may not be cognitively decodable from trauma

If, for the CSA survivor, the God-concept is encoded with triggers and abusive features which can not so easily be cognitively detached, then the value of theology at all for the traumatized may have to be conceived as a long-term help, rather than an immediate one. If God can save children and the mentally handicapped (and the Reformed have typically affirmed that he

can), then the church should trust that God can do saving work in the covenantally impaired (i.e., the sexually betrayed).

One article suggests that the way forward in detaching a trauma-encoded memory (or concept; i.e., God) from the emotional response will have to be from the bottom up—that is, through physical therapy—not the top down (Ruden, 2007). In other words, very often, trauma healing begins with the body, not the mind. This dismantles the myth that one can “think their way out” of their experience of God, which, as a mindset, though certainly a feature of Reformed culture, is in no way entailed by Reformed theology.

Thus, if Reformed theology is going to help people who are triggered by the God concept, it is going to be through encouraging the treatment of their somatoform symptomatology, rather than requiring survivors to intellectually overcome their emotional responses through something akin to cognitive therapy (i.e., preaching, teaching, and church counseling). The process of “decoding” the God-concept of the abusive triggers it may have for the CSA survivor is a matter of calm patience, not church polity.

The covenantal nature of reality—which explains the devastating effects of CSA—can cut negatively for those who feel that God has betrayed them. “Abused children sometimes interpret their victimization within a religious framework of divine purpose” (Herman, p. 106). Within that framework, it is understandable that for some, “God appears to be disloyal and has taken the side of the enemy” (Kendall, 2002, p. 348). Or, when a sense of divine betrayal must be negotiated with a confirmed sense of one’s own badness (as with the emphasis of Reformed theology), there can arise a harmful cognitive dissonance.

It is here that the issue of theodicy becomes relevant. Where many theologians are happy to appeal to mystery, or some philosophical resolution to the problem of evil, CSA survivors feel trapped by habituated self-loathing, which is only legitimated by the notion that everything they do is directly ordained by God. While the doctrine of God’s sovereignty is often the appealed ground of hope, for many, “calling such a doctrine optimistic is highly misleading; it seems, rather, to destroy every chance for hope” (Neiman, 2002, p. 145). Thereby, CSA survivors are often trapped between a cultural requirement to rejoice that God has a plan in general (because he is sovereign), and the unanswered question of why he ordained such unspeakable evil to occur to them, in particular, in the first place.

It is better to help a CSA survivor to regain a healthy sense of self, and not rushed into a robust relationship with a God who may seem untrustworthy to them. Otherwise, not only will their God-concept be cemented in an abusive encoding, but the entire spiritual aspect of their lives might function as the hook of trauma’s effects in their lives.

God's sovereignty is not therapeutically helpful for every person

Reformed theology, for many, feels cruel. It has been referred to as “those Calvinist doctrines that provoked despair” (Williams, 1987, p. 216). This reputation has a lot to do with the solid line of causality Reformed theology draws between God and the personal evils humanity faces (such as CSA). Peter Bentley Hart insisted that the hardline Reformed views of God’s sovereignty “defame the love and goodness of God out of a servile and unhealthy fascination with his ‘dread sovereignty’” (Hart, 2005, p. 89). Christine Sanderson recounted:

One survivor who was severely abused by his father and God-fearing mother would question his sanity in adulthood by thinking obsessively about God and evil. In many respects, this obsessive thinking was a mirror image of the contradiction he experienced in his childhood, in which God was omnipresent in the family home despite being suffused with an undercurrent of evil. As a child, he could not understand why a supposedly benevolent god could allow such abuse to occur. (Sanderson, 2006, p. 93)

Thus, the question for many CSA survivors for Reformed theology is not “Is it my fault?” but “Did God really want this to happen to me?” And, no matter what answer they receive, it may not be sufficient. It ought to remain acceptable within Reformed culture for CSA survivors to feel very hurt by this position—they should not be corrected for not finding the concept of God’s sovereignty emotionally helpful for their trauma healing. It is important for Reformed pastors, counselors, or friends of CSA survivors to know that God’s sovereignty may feel cruel, rather than comforting. The comfort many find in God’s sovereignty is not uniformly felt, especially in the case of trauma.

Care for CSA survivors is care for adults, not just children

Pastoring a CSA survivor requires more than making a 9-1-1 call and screening those who work with children in the church. To support survivors is to understand their symptomatology, and without such understanding, compassion cannot realistically be implemented.

To provide pastoral care for adult CSA survivors, one must understand the psychology of trauma sequelae:

Repeated trauma in childhood forms and deforms the personality. The child trapped in an abusive environment is faced with the formidable task of adaptation. She must find a way to preserve a sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation that is terrifyingly unpredictable, power in a situation of helplessness. Unable to care for or protect herself, she must compensate for the failures of adult care and protection with the

only means at her disposal, an immature system of psychological defenses. (Herman, 1997, p. 96)

This personality deformation manifests itself out in very concrete ways: CSA trauma sequelae can include “indiscriminate and frequent sexual activity, substance abuse, bingeing or chronic overeating, spending sprees, risk-taking activities, and self-mutilation” (Briere, 1992, p. 63). Moreover:

Temperament and anxiety sensitivity may be especially relevant with regard to trauma reminders, including reactivity, attributions of controllability, catastrophizing of bodily sensations, cognitive discrimination, ability to calm down, or capacity to be comforted by efforts at safety improvements or parental reassurances. (Pynoos, Steinberg, & Piacentini, 1999, p. 1546)

It is easy to think of CSA care like we think of orphan care—protecting cute children who have been wounded and need a healer (e.g., Reju, 2014). But it is not as easy to think of CSA care as pastoring the 225-pound adult male CSA survivor who is pathologically angry, or the beautiful female CSA survivor who is sexually promiscuous. It is easy to classify those people off as merely sinful. This sort of pastoral care is not as attractive as “protecting children”—as necessary as that is. The church that fails to minister to adult survivors of CSA on the terms of their own pathology and symptomatology fails to pastor them as the children they truly are. It is much easier to guard the Lord’s Table and excommunicate than it is to pastor a woman or man who is processing their trauma in the midst of Reformed theology’s dangerously strong God-concept, and punitively exilic moral practices.

Not all redemption is imaginable

The church must not approach sexual trauma with a certain definition of redemption that already precludes the possibility of trauma as a sustaining psychodynamic force. Remembering a traumatic memory is not simple, and the church can contain many relationships and realities that thrust a survivor into physical and emotional arousal. Theology may not be as intuitively actionable for a CSA survivor as it is for the nontraumatized. Many of the abused are disillusioned toward God. Yet, the church has a low threshold of tolerance for those who are not immediately amenable to their theological and cultural idiosyncrasies. Lacking ears is not always a symptom of a hard heart—for an unheard contingency, theological hard-hearing can simply be a symptom of a wounded heart.

Thus, theologies which insist upon encoding long-term data with a victorious or redemptive schema puts the burden of processing, recoding, and retrieving traumatic memories in such a way that mirrors interpretive gymnastics. On the face of it, survivors of abuse must choose between remembering God and rightly remembering their abuse, and on the back end of

memory retrieval, a survivor is forced to choose between that memory and God himself. Those who cannot, then, muster the cognitive elasticity to bend their tragedy into a redemptive framework may feel, at least implicitly, further alienated from the story of God. A religious culture which is characterized by a single emotion (i.e., joy) or concept (i.e., emotional wellbeing) will only reinforce a survivor's sense of unbelonging.

Deborah Hunsinger rightly commented:

If maintaining hope is the foundation of all healing ... then the gospel has something fundamental to offer those afflicted by trauma. ... When human trust has eluded them, the traumatized desperately need an anchor, a point of reference, something or someone reliable in which to place their trust. ... We thus facilitate healing when we help the afflicted cry out their sorrow, rage, and tears to God. Prayers of lament—crying out to God for deliverance—seem to be faith's only alternative to despair. Instead of protecting themselves against the pain, the afflicted are encouraged to go down into it, clinging to God's promises as they do so. (Hunsinger, 2011, p. 8)

Survivors who continuously encounter liturgy that oscillates between celebration and repentance—at the expense of lament—may feel increasingly isolated from God and his people (see Brown & Miller, 2005).

Healing should never be offered in the Abstract

As trauma takes the main stage in cultural self-understanding—particularly as “victimhood,” “microaggression” and trigger warning are popularized—the church must speak prophetically and winsomely about it. Yet, while it is becoming more common to speak of “healing” from abuse in Reformed churches, what that healing is is rarely (if ever) explicitly stated. Moreover, what a trauma survivor needs healing from is so thinly conceived in many church programs and Christian literature that survivors may not truly hear their suffering being named in those contexts that rush past the psychological to the theological (e.g., Kellemen, 2013).

For many, they may find comfort in the simplicity of the gospel. For others, it will take more time, and even for others, soteric categories may be altogether inappropriate for the process. The objective reality of Christ and his work cannot make each person's process of healing from trauma and repentance from sin move faster or slower than it does. The leg heals at a certain rate, and the heart grieves for a certain season—likewise, applying “victory” metaphors to victims may feel more to them like theological malpractice than spiritual healing—like prescribing ibuprofen for cancer treatment. This will either be a beautiful testament to God's faithfulness, or further evidence of his betrayal. Healing is not simply a matter of time. It is a matter of patience with those who still ought not yet submit to God because, as mentioned earlier, he is encoded with triggers of abuse.

Is healing freedom from neurological and emotional dysregulation? Is healing freedom from being triggered by religious figures, or God himself? Does healing address the self-wounding of addiction that accompanies insufficient coping mechanisms? (Dayton, 2000). What does God promise to the traumatized? What real-time, cash-value benefits does the raised Christ guarantee for those who have dysregulated emotions, experiences, and desires? What does God do for adult CSA survivors? The promise of healing can fuel the fire of “Why not me?” These are questions for pastors and clinical professionals to ask, each with disciplinary humility.

Healing can be offered, but it should never merely be offered in principle. Otherwise, the CSA survivor may walk away feeling that God expects from them more than he really does.

Conclusion

“It’s hard to imagine feeling more abandoned, isolated, and worthless than a boy who believes in God, but also believes that God betrayed him” (Gartner, 2005, p. 16).

Indeed, survivors of CSA who are suspicious of power, and suspicious even of God himself, have a long journey ahead of them. It has been our goal in this discussion to see how Reformed theology may give explanatory power to some theories about the devastating effects of CSA, as well as envision ways that Reformed theology can be admonished in its pastoral care for CSA survivors. May God have mercy on the all abused, and may he give a special grace to all who provide pastoral care.

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