

The Role of Spirituality in the Ongoing Recovery Process of Female Sexual Abuse
Survivors

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Dedication

I would like to dedicate this project to all those who suffered through the experience of childhood sexual abuse and were unable to heal. Any healing that occurs for a survivor of sexual abuse as a result of my work is dedicated to their memory.

Abstract

This study investigated the role spirituality plays in the recovery process of female childhood sexual abuse survivors (CSA). Fourteen female CSA survivors participated in individual interviews. They responded to questions regarding their spiritual development across the recovery process, effects of spirituality on their interpersonal and intrapersonal processes, and obstacles to their spiritual development. Data were analyzed using Consensual Qualitative Research (CQR; Hill et al., 1997) to identify major themes that include: 1) participants distinguished between spirituality and religion; 2) the role of spirituality varied across their recovery process; 3) many had a positive spiritual role model/mentor during their childhood; 4) ongoing sexual abuse led to rebellion as adolescents/young adults (e.g., anger against God's failure to intervene, self-destructive behaviors that further exacerbated mistrust, shame and alienation; and 5) participants eventually reached *spiritual reconciliation*, which they viewed as the greatest single factor in their recovery. Practice and research recommendations are provided.

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Chapter 1

Significance of the Problem

Research on spirituality indicates that it can be a powerful resource for physical (Miller and Thoreson, 2003), psychological (Davis & Petretic-Jackson, 2000), and emotional health (Cole & Pargament, 1999). Some studies suggest that individuals who have been victimized sexually as children have difficulty utilizing this resource (e.g., Ganje-Fling & McCarthy, 1996). Furthermore, recent research indicates that the number of people who have experienced sexual victimization is much greater than previous estimates (Runyon, 1998). If spirituality can be drawn upon to help survivors heal from the damaging effects of childhood sexual abuse, it is important for clinicians to understand ways to help clients access this resource. Understanding the role that spirituality plays in the lives of survivors of sexual abuse can help inform clinicians who work with survivors. The present study is significant because it sheds light on how spirituality has helped some female victims of childhood sexual abuse heal from the trauma and begin to live more productive lives. If one assumes that healthy, productive members of society are a benefit to society as a whole, then this research becomes an important contribution to, not only the individual survivors, but to our society as well.

The primary purpose of this investigation is to discover the role that spirituality plays in the on-going recovery process of female childhood sexual abuse (CSA) survivors. The major related research questions examined were: 1) How do CSA survivors define spirituality and how does their definition change across the recovery process? 2) What role does spirituality play in their intrapersonal functioning across the recovery process? 3) What role does spirituality play in their interpersonal functioning

across the recovery process; and 4) What are the unique obstacles to spiritual functioning for CSA survivors across the recovery process?

Definitions of Major Terms

The research on CSA has been criticized for the variability in definition of CSA across studies (Finkelhor, 1987). This variability has contributed to conflicting findings and conclusions (Brown & Finkelhor, 1986). Therefore, this study used the definition developed by the National Center for Child Abuse and Neglect: CSA consists of sexual acts inflicted upon children for the purpose of adult sexual stimulation (1988). In this study the definition is further limited to “contact sexual abuse,” which includes “sexually touching or penetrating a child or coercing a child to sexually touch or penetrate the abuser” (Minnesota Coalition Against Sexual Assault, 1990). Furthermore, the term “child” was limited to twelve years old or younger, and an adult was defined as being at least eighteen years old. These definitional parameters emphasize the behavioral aspects of childhood sexual abuse, the power differences inherent in the adult/child relationship, and the intentionality of the perpetrator. Although many CSA experiences will not be identified by these parameters, they were selected for the purposes of scientific rigor. They are in no way intended to discount the validity of CSA survivors’ experiences that fall outside the scope of this study.

Religion and spirituality

In this study spirituality is considered distinct from religion. Spirituality is defined according to two components identified by Miller and Thoreson (2003) that are most prevalent in extant research: 1) the element that gives life or energy to the physical human (the concept of a creator or higher power); and 2) that which transcends the

physical and provides it with meaning and/or purpose. Furthermore, the “spiritual relationship” is defined as an individual’s perceived closeness to this energy or higher power (Hill & Pargament, 2003).

Prevalence of Childhood Sexual Abuse

The incidence of reported CSA has increased dramatically in the past two decades (Runyon, 1998). It is important for the reader to realize that Reported and Actual CSA may differ dramatically. The percentage of actual cases may have increased, decreased or stayed the same over time. Estimates of reported CSA in the United States and Canada indicate that as many as 45% of women and 18% of men were sexually abused as children (Morrow & Smith, 1995). Clinical populations have purportedly as many as 53% of those who seek mental health services reporting a history of CSA (Parker, Horton, & Watson, 1997). Although a causal relationship cannot be made, both clinicians and researchers have concluded that CSA is one of the major predictors of adult psychological symptoms and disorders (Briere & Runtz, 1993; Davis & Petretic-Jackson, 2000; Kendall-Tackett, Williams, & Finkelhor, 1993).

The increased incidence of reported cases of CSA has resulted in an explosion of research regarding its short and long-term effects on survivors. Numerous effects have been associated with CSA, including dissociation, anxiety, sexual disorders, sleep disturbances, substance abuse, anger/hostility, sexual revictimization, low self-esteem, depression, eating disorders, self concept impairment, shame, helplessness, self mutilation, numerous personality disorders (particularly Borderline Personality Disorder), Posttraumatic Stress Disorder, obsessive-compulsive disorders, somatization, spiritual dysfunction, and interpersonal dysfunction (Neuman, Houskamp, Pollack, & Briere,

1996). Even among higher functioning adult abuse survivors, some researchers (e.g., Finkelhor, Hotaling, Lewis, & Smith, 1989; Greenwald, Leitenwald, Cado, and Tarran, 1990) have found that their psychological functioning was significantly poorer than that of a matched control group.

Spirituality and CSA

Spiritual relationships increasingly are recognized as an important factor in human happiness, resiliency, and most recently, physical health (Holt, Houg, & Romano, 2000; Reinert & Smith, 1997) and mental health (Plante & Sherman, 2001).

Spirituality has proven to be a powerful mechanism for coping with general life stress (Cole & Pargament, 1999) as well as coping with serious and chronic illness (Miller and Thoreson, 2003). Clinicians acknowledge the importance of spiritual issues in their client's lives (cf. Ganje-Fling & McCarthy, 1996). For example, Ganje-Fling and McCarthy (1996) describe four functions of spirituality: 1) to relate one's self to a powerful source that is beyond one's control, 2) to provide hope and reassurance, 3) to satisfy important personal needs, and 4) to provide connections to others. Many clinical settings now include questions about spiritual issues on their intake forms (Gartner, Larson, & Allen, 1991), and the most recent edition of the *Diagnostic & Statistical Manual of Mental Disorders* (DSM IV) (American Psychiatric Association, 1994) includes spiritual issues in its list of presenting problems.

Despite the growing recognition of the importance of spirituality in human lives, Hill and Pargament (2003) report that it is greatly understudied in a number of mental health disciplines. This dearth of research is even more apparent with respect to the role of spirituality in the recovery process of CSA survivors. Only a few researchers

(Ganje-Fling, McCarthy Veach, Kuang, & Houg, 2000; Reinert and Smith, 1997; Westerlund, 1992) have investigated the effects of CSA on spiritual development. For example, in her study of incest survivors, Westerlund (1992) found that those, who believed the abuse had positively influenced their spiritual development, were further along in their recovery process. Regardless of whether spirituality offered hope or increased alienation, every participant reported that the incest had affected their ability to relate to a higher power. None of these studies, however, has investigated in depth the ways in which spirituality may impact the ongoing recovery process for the survivor or how spirituality may change over the course of recovery.

Studies of the effects of CSA on spiritual development have been inconclusive. Finkelhor et al. (1989) surveyed 2,630 American men and women on several topics related to sexual abuse. Twenty-seven percent of the women and 16% of the men reported a history of childhood sexual abuse. Sexually abused respondents differed significantly from nonabused respondents in their assessment of the importance of religion in their lives. Specifically, the abused group reported "more disillusionment with religion" (p.393). The authors offered several hypotheses about this finding, but cautioned that they were merely speculations

Conversely, Reinert and Smith (1997) found that in their sample of 226 religiously committed women, those who had been sexually abused as children ($n = 82$) scored higher on the revised Spiritual Experience Index (SEI-R). Their CSA sample was more spiritually open, accepted spiritual support more easily, and identified more spiritual experiences in their life. Survivors also scored higher than nonsurvivors on the accepting scale of the Ego Grasping Orientation Scale. There were no significant

differences between abused and nonabused groups on the striving scale of this assessment. The authors cautioned that their sample consisted primarily of highly educated Catholic women who considered spirituality an important part of their life, making the results difficult to generalize. Nevertheless, their findings raise questions about how and under what circumstances spiritual relationships are enhanced or inhibited by the experience of CSA. The authors proposed that spirituality might offer a source of comfort for survivors.

Valentine and Feinauer (1993) studied reported resilience factors in a high risk group of 22 female CSA survivors. Spirituality was identified as one factor that contributed to higher functioning. These women reported that spirituality became a source of support, hope, and empowerment, which they sometimes had difficulty finding in other relationships. The authors speculated that perhaps spirituality helped these women find meaning from their CSA experience that they could later apply in their lifework. Qualitative investigations may clarify how and when spirituality promotes CSA survivors' resilience against the negative impact of this trauma.

Perhaps spiritual development varies across the recovery process for CSA survivors. For instance, Ganje-Fling and McCarthy (1996) speculate that spiritual development may be arrested in the stage at which the abuse occurred. These authors discuss how obstacles such as anger, conflict about forgiveness and responsibility, mistrust, despair, and religious conflict may impede progression to a new stage of development and prevent CSA survivors from obtaining the full benefit of spiritual relationships. It is important to find out how spiritual development may be arrested as well as how it can be a positive factor at various stages of the recovery process.

In a later study, Ganje-Fling et al. (2000) investigated the differences in spiritual well-being between a target group of participants who had entered therapy for sexual abuse issues ($n = 43$) and a comparison group who had entered therapy for other reasons ($n = 34$). Although they found no significant between-group differences, they did find that both groups scored lower on spiritual well-being than nonclinical samples studied by Paloutzian and Ellison (1982). In addition, Ganje-Fling et al., reported that the target group identified three unique obstacles to their spiritual development, including distrust, anger, and guilt. These obstacles echo those found in the CSA research for interpersonal issues (Davis & Petretic, 2000) and intrapersonal problems (Cole & Putnam, 1992).

Summary

Childhood sexual abuse is a prevalent experience for a significant number of individuals. In addition to its effects on psychosocial functioning, CSA also affects spiritual functioning. A limited number of articles suggest that, similar to intrapersonal and interpersonal functioning, spiritual functioning may be impaired. Other literature indicates that spirituality may play an important role in a survivor's resiliency. The relationship between CSA recovery and spirituality appears to be complex and dynamic. Additional research is needed to further investigate the role of spirituality in CSA survivors' recovery process, to identify potential barriers to spiritual development for CSA survivors, and to explore the variations in the role of spirituality in the CSA recovery process from a developmental perspective. The present study is designed to address these issues through in-depth, individual interviews. It was hoped that the *rich descriptions* provided by female CSA survivors will help to inform clinicians about ways to help their clients use spirituality as a resource for healing.

Chapter 2

Introduction

A review of three areas of research indicates the importance of studying the role spirituality plays in helping survivors of childhood sexual abuse (CSA). First, recent investigations of the role of spirituality for a variety of health concerns, have produced a growing body of evidence that spirituality can help with both physical and mental health issues. Second, studies of the effects of CSA on survivors' mental health indicate that the primary psychological effects of CSA involve relationships with others and with one's self. Third, a limited number of studies on the effects of CSA on survivor' spirituality has produced conflicting results, indicating a need for further investigations into the mechanisms underlying spirituality as an intervention with CSA survivors.

Spirituality and Health

The proliferation of scientific studies of spirituality in health related issues has increased interest in the role of spirituality in mental health. Research into the factors responsible for the predictive ability of this phenomenon (spirituality) was the focus of a recent special section of *The American Psychologist* (2003, vol.58). Miller and Thoresen (2003) examine two assumptions that have contributed to the previous lack of research concerning spirituality and conclude that both assumptions are unfounded. The first assumption is that spirituality cannot be studied scientifically. These authors cite a body of knowledge acquired from the scientific study of spirituality and note that numerous professional organizations have been formed for the explicit purpose of studying religion and spirituality using numerous psychometrically sound instruments. The second assumption is that spirituality should not be studied. Miller and Thoresen correctly assert

that the decision whether or not to study spirituality is an ethical decision that must be made by the researcher and not an inherent part of the scientific method. These authors next comprehensively analyze the research methods used to study the spirituality/health link and conclude that the evidence for such a link is justified. However, they caution that the means by which this link is forged remains a mystery.

Hill and Pargament (2003) review several hypotheses proposed by researchers to explain the spirituality/health link, including the hypothesis that “a felt connection with God may be tied to better health status” (p, 67). Kirkpatrick (1995) proposes that God becomes an attachment figure to whom a secure connection brings comfort in stressful situations. Indeed, empirical measures have demonstrated that perceived closeness to a higher power is a significant predictor of mental and physical health (Hill & Pargament). People who report stronger connections to a spiritual being also report less depression and higher self-esteem (Maton, 1989), less loneliness (Kirkpatrick, Kellas, & Shillito, 1993), greater relational maturity (Hall & Edwards, 2002), and greater psychosocial maturity (Pargament, 2002). In addition, a close relationship to a higher power is significantly associated with greater ability to cope with a variety of life stressors, including transplant surgery (Tix & Frazier, 1998), medical illness (Koenig, Pargament, & Nielsen, 1998), and natural disasters (Smith, Pargament, Brant, & Oliver, 2000). Most importantly for the purposes of this research, the magnitude of these findings (that is, that a close connection to a higher power increases coping abilities) is greater than that expected from either more global ratings of spirituality and religion (church attendance, prayer, etc.) or nonreligious factors associated with higher functioning (coping style,

demographics, etc.). It appears that a felt relationship with a higher power adds a unique component to life adjustment (Tix & Frazier).

Relationship with Self

Theories of CSA survivor development of self. Satisfactory intra- and inter-personal relationships are a key component of an individual's life happiness (Brehm & Kassin, 1993). Although not always articulated as a relationship, work on "the self" is often the first, and to some clinicians, the primary issue in therapy (Cavanagh, 1982; Meier & Davis, 1993). The sense of self is considered a psychological construct derived from the unique integration of an individual's internal and external experiences (Cicchetti & Beeghly, 1990). Prior (2004) discussed the importance of connecting to the "inner core" in order to connect to others. The ability to self-reflect is unique to human beings (Brehm & Kassin, 1993). Indeed, the capacity to understand our personal feelings and the motivation for our own behavior is considered essential for human survival (Sacks, 1985).

Problems related to self continually plague clinicians who work with the CSA population (Westerlund, 1992). Researchers who study survivors of sexual victimization identify problems of self as one of the primary long term effects of this trauma (Braver, Bumberry, Green, & Rawson, 1992; Briere & Runtz, 1993; Greenwald, Leitenberg, Cado, & Tarran, 1990). Extreme negative self concepts may lead to such problems as revictimization, low self esteem, and sexual acting out (Breitenbecher, 2001; Kafka, 1997). In addition, many survivors describe a feeling of "lack of self" (Cole & Putnam, 1992; Westerlund, 1992). An "absent sense of self" has been identified by some researchers as a long term effect of sexual victimization (Briere & Runtz, 1993; Browne

& Finkelhor, 1986). This “absent sense of self” is often diagnosed as dissociation, fragmentation of self, and sometimes, Dissociative Identity Disorder (Braun, 1989).

Although self esteem issues have been well documented as a long-term effect of childhood sex abuse (Beitchman, Zucker, Hood, DaCosta, Akman, & Cassavia, 1990; Browne & Finkelhor, 1986), the present study is not as concerned with self-esteem as it is with the “relationship with self.” Briere and Runtz (1993), in an excellent review of the empirical literature on long term effects of childhood sexual abuse, define the self relationship problem based on clinicians’ descriptions: “A number of clinicians who work with survivors of early and severe childhood sexual abuse note that such individuals often suffer from difficulties in how they relate to an internal representation or model of ‘self’” (p.323). Additionally, Cole and Putnam (1992) argue that “assessment of self should be more comprehensive than a measure of self-esteem and should include measures that assess the ability to understand and integrate multiple elements of self” (p.180).

Although not specifically addressing CSA, Swann (1981) predicted that individuals will act in ways that verify and confirm their image of “self,” whether this self perception is positive or negative. Contrary to the social psychological theory of self enhancement, that is, a desire to engage in positive self evaluations (Katz, Arias, Beach, 2000), Swann (1997) suggests that the desire to affirm the self view will take precedence over a desire to enhance one’s self. In fact, Swann argues that the desire for self verification is so powerful that individuals who have formed a negative concept of self will continually verify this negative view rather than engage in self enhancement processes. For example, these individuals may seek relationships that confirm a negative

self image, illicit negative feedback from partners, and perceive more negative reactions from others than actually exist (Swann, 1997). In short, once a negative self concept has firmly developed within an individual's self view, it is difficult, according to self verification theory, to modify because the individual's entire external world has been created to sustain and promote this negative, internal self concept. Self verification theory may explain many of the "relationship to self" problems identified by clinicians and researchers as a primary effect of sexual victimization, including the "absent sense of self" reported by many survivors.

As previously mentioned, a number of authors describe sexual assault and abuse survivors' reports of having 'no sense of self' (Schwartz, et al., 1995; Westerlund, 1992). Various theories, including the observation that abuse and love come from the same source (Braun, 1989), memory fragmentation (Kafka, 1997), and dissociation (Braun, 1989), have been proposed to explain this perceived lack of self. Other authors propose that this *self absence* is a result of Dissociative Identity Disorder or Dissociation (Braun, 1989; Schwartz, et al., 1995; Westerlund, 1992;). According to these perspectives, in order to escape the pain and humiliation of the abuse, victims learn to distance their self from their experiences. They learn how to distinctly separate different aspects of the self. Everyone likely experiences, to a lesser degree, "many selves" as they move in and out of their different social worlds and roles. However, an important distinction for persons with Dissociative Identity Disorder is that the selves are more stringently divided, and they lack a certain cohesiveness. Dissociative Identity Disorder, or a splitting of the self, is experienced by the victim as a fragmented sense of self. Schwartz et al. (1995) write, that, "The result of this dissociative process is that the individual feels unintegrated. He

or she may feel like an impostor: The person everyone knows is not consistent with his or her impulsive urges, behaviors, or self-knowledge” (p. 43). Treatment for individuals with Dissociative Identity Disorder often involves an attempt to integrate the separate senses of self into a cohesive self.

In a classic study, Secord and Backman (1965) report that individuals have an innate need for predictability in their interpersonal relationships. This predictability is adaptable in that it allows us to predict the behavior of others, which increases our ability to know how to react (run, fight, receive reinforcers). When this predictability is absent, as it is in the case of childhood sex abuse, individuals may have difficulty creating a coherent sense of self. Secord and Backman write that “...congruency may only be restored if he changes his self concept, behavior, or both” (p.92). From their perspective, Dissociative Identity Disorder is the result of efforts to establish a more predictable world by changing one’s internal world.

“Emotional numbness” is a term is a term used by many researchers and clinicians to describe this absent sense of self. This term is more in line with dissociation and is experienced by victims as a “missing person.” Braun (1989) hypothesizes that when love and abuse come from the same source it becomes difficult for the individual to integrate the internal conflict. If the fear of abuse and the need for love is great enough, the victim will cope by dissociating the two experiences. When this happens, the self goes “undercover.” Therapy involves uncovering this self and integrating the conflicting feelings that are creating the void. Many therapists believe that the perceived absent self primarily arises from dissociating from feelings that are too overwhelming to acknowledge (Westerlund, 1992).

Kafka (1997) speculates that this absence of self may be a result of memory fragmentation. Survivors often have gaps in their memory. Most of us create our sense of self by memories of our past experiences, especially social experiences. According to Kafka (1997) survivors may not have this social memory to help them create an internal sense of self. They may experience the lack of social memory as an absent sense of self. Therefore, survivors may have nothing with which to create this internal self. Similar to an artist without paint, survivors lack the substance that makes the self a reality.

Reviewing the literature, one might ask: “What if it’s not that they have an absent self, but that they do not want to acknowledge or relate to the self that they have?” If this is true, then the problem is not about “finding” one’s self, but about exploring the self that is buried and denied. Ogilvie (1987) reports that we are more influenced by our distance from a negative sense of self than we are by our closeness to a positive sense of self. Therefore, no matter how hard survivors try to show the world how great they are through their achievements, they may still feel closer to that very negative sense of self. Additionally, Malle and Horowitz (1995) found that negative self thoughts were better predictors of self behavior than were positive self thoughts. Perhaps the absent sense of self is a protection against the acknowledgment of a denied sense of self. Whiffen, Judd, and Aube (1999) reported that survivors of sex abuse were both better protected from depression by positive relationships and more negatively affected by negative relationships. Specifically, survivors of sex abuse who were in positive relationships had lower levels of depression than those who were not abused. Relationships appear to become particularly important for this population as they struggle with finding a sense of self.

Cole and Putnam (1992) propose that developing a sense of self is one of the earliest tasks children face. Using a developmental psychopathology perspective, they hypothesize that children who must cope with different aspects of childhood sexual abuse suffer from delays in self integration and self regulation. Summarizing the long term effects of childhood sexual abuse, they argue that self development is characterized by an inability to synthesize, regulate, and understand various aspects of self. As the child develops from infancy through adolescence, Cole and Putnam (1992) describe how the impact of abuse may impact the growing sense of self. They also provide some empirical data to support their claims. For example, the average age of childhood sexual abuse is nine years old. At this time the child is involved in the task of understanding the self in relation to others. Sense of self begins to integrate internal and external cues. It is during this period that feelings of shame and pride emerge and an increased ability to evaluate the self becomes available. Children become increasingly able to regulate their own emotions and limit selfish actions to enhance social relationships. Sexual abuse at this age limits the child's ability to establish healthy social relationships and to gain a sense of self efficacy. Self efficacy has implications for career development, social relationships, and life satisfaction. In addition, feelings of shame prevent adequate self assessment and positive feelings toward self. Although many have speculated on the emotional, behavioral, and interpersonal implications of shame, little research exists about the causes or the resolution of this very negative feeling. The authors conclude that "the continuing developmental task of integrating the multiple and changing aspects of self into a coalesced, coherent whole is significantly jeopardized" (p.179).

Elliott (1994), using an object relations stance regarding development of self, proposes that childhood sexual abuse victims suffer from an inability to separate self from others and/or internal evaluations from the reactions of others. In a national survey of 2,963 professional women, those reporting sexual abuse described more self disturbances than nonabused women on an Object Relations Scale. Areas of impairment included discomfort with interpersonal relationships, difficulty establishing healthy interpersonal relationships, and hypersensitivity in interpersonal relationships. Furthermore, the intensity of the abuse determined the level of impairment, with family and frequent, ongoing abuse resulting in greater impairment.

The Link between CSA Symptoms and a Self Relationship

An impaired relationship with the self can explain many of the symptoms reported in the literature on CSA. For example, numerous studies on sexual victimization indicate that individuals who were sexually abused as children or as adults are at an increased risk for sexual revictimization (Alexander and Lupfer, 1987; Breitenbecher, 1999; Fromuth, 1986; Kafka, 1997; Wind & Silvern, 1992). Although many theories exist about how and why revictimization occurs, there is little evidence supporting these theories. Some researchers (Carey, 1997; Elliott, 1994) have explored survivor revictimization from an Object Relations Theory which posits that human beings must be in a nurturing relationship with another person in order to foster nurturing relationships as an adult. In normal childhood development, as children grow they realize that the “object” of their affections (usually their parents) will fall far short of providing all the nurturance that they feel is needed. As a consequence, according to Object Relations Theory, children will split their parents, and themselves, into good and bad components. The child self

consists of two parts: an ideal self nurtured by parents and a rejected self punished by parents. Consistent with to Object Relations Theory, revictimization occurs because the victim finds a way to punish the rejected self.

Other theorists (Wyatt, Guthrie, & Notgrass, 1992) have hypothesized that revictimization occurs because victims are unable to understand and pay attention to their feelings. Thus, when they find themselves in potentially dangerous situations, they are unable to pick up cues that most people pay attention to in order to avoid problems. Theories that explain revictimization from various themes around dissociation would provide similar explanations. According to Self Verification Theory, people will attempt to confirm their self concept even if it is negative. From this perspective, revictimization may occur because victims deliberately, albeit unconsciously, place themselves in situations that will affirm their concept of themselves as victims. In his discussion of theories on the development of self proposed by McCall and Simmons, Swann (1981) writes, “One of their most intriguing arguments is that people gravitate toward opportunity structures that offer support for their self-conceptions” (p.8). Although no research has been done on this idea, it is an intriguing concept that has tremendous implications for therapy. (The concept of “resistance” in therapy may simply be the client’s struggle to resist the implications of change.) Revictimization, in accordance with this theory, would not be about dissociation or punishment of an undesirable self, but about confirming the self as victim.

Sexual acting out behaviors engaged in by sexual abuse survivors, including promiscuity and prostitution, are abundantly supported in the research on sexual victimization (Alexander & Lupfer, 1987; Fromuth, 1986; Schwartz, Galporin, &

Masters, 1995; Wind & Silvern, 1992;). As in revictimization research, many ideas have been put forth about the cause of these behaviors. Watkins (1993) hypothesizes that the ego, in order to experience the comfort of feeling loved, will recreate the original form of “love.” Indeed numerous clinicians have puzzled over the inability of sexual abuse survivors to integrate sexual and emotional intimacy (Westerlund, 1992). Often those who have been sexually victimized report an inability to experience sexual desire as emotional intimacy increases in a relationship. As they become closer to a sexual partner on an emotional level, sexual desire decreases. As a result, they may engage in sexual encounters with non-intimate partners and become asexual with intimate partners.

Other authors have hypothesized that sexual acting out is part of a shame cycle where sexual acting out becomes a response to increased feelings of sexual desire (Houg, 2002). Sexual desire creates feelings of vulnerability. As feelings of sexual desire escalate, so do feelings associated with the abuse, including shame. In accordance with self verification theory, sexual acting out brings the feeling of shame, which in turn confirms the status of victim. Within this cycle Sexual Desire results in Sexual Acting Out, which brings feelings of Shame, and ultimately Revictimization. The abuse survivor becomes “stuck” in a pattern of being abused over and over again, and thus continually validates their victimhood.

Schoeneman (1981) reports that one of the most important sources of self knowledge is self observation. Individuals who are abused consistently as children have numerous opportunities to “observe” their “sexual behavior.” Once this self observation becomes incorporated into a concept of self, it seems plausible to conceptualize that sexually acting out is a form of self verification. Additionally, Aron, Aron, Tudor, and

Nelson (1991) found that our self concept incorporates close relationships with others into itself. Much of the abuse literature discusses the ability of the victim of sexual abuse to exhibit both victim and perpetrator behaviors. If the concept of self is formed through observation of self and incorporation of an abusive other into the self, self verification would demand that the individual engage in behaviors and participate in situations that confirm a high amount of sexual activity. Swann (1981) writes, "As they mature, children will become increasingly accustomed to the notion that the appraisal of others should agree with their self-conceptions. In addition, they will become more and more motivated to see to it that neither their self-conceptions or the appraisals of others change in any radical way" (p.4). Sexual acting out, according to self verification theory, would simply be a confirmation of a self who acts out sexually.

Numerous authors have pointed out the propensity for victims of sexual abuse and assault to become involved with partners who abuse them emotionally, physically, and sexually. Various theories about causality have been proposed (Beitchman et al., 1991; Greenwald et.al. 1990; Schwartz, 1995; Westerlund, 1992). Schwartz, Galporin, and Masters (1995) suggest that victims of childhood sexual abuse are similar to torture victims, that is, manifesting dependency, intimidation, disorientation, and isolation. Torture victims learn that in order to survive they must depend on the person who is abusing them. These authors hypothesize that a learned helplessness results when the victim does not perceive her or himself as able to escape a dangerous situation and therefore, becomes powerless to change future abusive relationships.

Westerlund (1992) proposes that sexual abuse survivors are "reenacting the trauma" as a way to deal with unresolved issues. She cites clinicians who have observed

the tendency for sexual victimization survivors to repeatedly engage in relationships that are unattainable and/or dangerous. She hypothesizes that the survivor, unable to accept the fact that a caretaker is abusive, sees herself as “bad” or unworthy of love. The abuse survivor continues to try to win the love of her abuser through partners who are abusive.

Self verification theory states that we choose people in our lives who will continually reaffirm our self concept. Perhaps abuse survivors engage in highly negative relationships because they affirm their highly negative sense of self. Swann writes, “By acquiring signs and symbols of who they are, by choosing appropriate interaction partners, and by adopting certain interaction strategies, people may insure that the appraisals of their interaction partners will validate their self-conceptions” (p.9). Self verification theorists would view the pattern of choosing abusive partners as a way for the survivors to affirm what they have learned about who they are (i.e., a person who is a victim).

Interpersonal relationships and one’s sense of self are probably two of the most common issues that survivors present in therapy (Cole & Putnam, 1992; Davis & Petretic-Jackson, 2000). In addition, many of the diagnoses given to survivors have, at their core, problems with self and/or relationships (Davis & Petretic-Jackson, 2000). Shame has been acknowledged as a key problem for survivors of sexual victimization, but few answers have been proposed regarding the mechanism that creates this shame. In therapy, it has been proposed that helping survivors re-experience the trauma, integrate the fragmented pieces of self, challenge the belief system underlying the shame, and change destructive behaviors would create a new integrated sense of self (Mennen, 1992). This proposal lacks a substantial empirical base to support the utility of these

interventions. In fact, most studies on the interventions to effectively help survivors with the effects of CSA are based more on clinical theory rather than empirical research. Studies have yet to demonstrate why or how such interventions lead to an integrated sense of self. Since the association ---between one's self relationship and other relationships---is inextricably intertwined, sorting out the direction of causality of effects may not be possible.

Relationship to Others

Positive interpersonal relationships are necessary for human development (Brehm & Kasson, 1993; Province & Lipton, 1962; Rutter, 1998). Indeed, without human interaction, the human infant will suffer severe cognitive, emotional, and physical impairment, despite the satisfaction of all physical needs (Harlow, Harlow, & Suomi, 1971; Province & Lipton, 1962). Positive interpersonal relationships, which allow individuals to develop and maintain meaning and satisfaction throughout life, are inextricably tied to a healthy self concept (Cole & Putnam, 1992).

Davis and Petretuic-Jackson (2000) provide an excellent review of the empirical literature on the interpersonal relationships of childhood sexual abuse survivors. In response to the criticism that research on CSA relationship impairment lacks a theoretical base for symptomology, they offer some theoretical models that may explain the association between childhood sexual abuse and impaired interpersonal relationships. They identify the empirical work linking CSA with problems in interpersonal functioning, intimacy, and sexuality. The authors ask "What is the course of interpersonal symptomology over time?" and "What contributes to recovery?" and they conclude that, "although many clinicians have discussed

interventions and issues in the treatment of survivors, we are as yet unable to identify specific interventions that are most effective for specific interpersonal difficulties experienced by CSA survivors” (p. 324).

Finkelhor and Browne (1985) propose a trauma model consisting of four dynamics unique to childhood sexual abuse. They include traumatic sexualization, betrayal, powerlessness, and stigmatization. Betrayal is the most pertinent to interpersonal relationships. The inevitable betrayal present in CSA may prevent the child from trusting adults. This lack of trust may carry over into their adult relationships with others. As adults, survivors may be suspicious of others and avoid close relationships, or they may attempt to formulate a relationship that will “make up” for the abusive relationship. Coupled with an inability to trust the self, these behaviors may lead to poor judgment in choosing partners, setting the stage for revictimization and additional abusive relationships. In addition, Finkelhor and Browne (1985) report that anger is often a response to betrayal, which in turn impedes the ability of the survivor to sustain long term relationships.

Polusny and Follette (1995) propose that interpersonal relationship impairment is a result of the coping mechanism “emotional avoidance.” Combining individual and systemic approaches, the authors argue that many of the “symptoms” of CSA, such as dissociation, substance abuse, avoidance of intimate relationships and self-mutilation, are used to minimize immediate pain. In terms of interpersonal relationships, survivors avoid close relationships with others in order to avoid the pain they believe will accompany these relationships. Unfortunately, the costs of this initial relief of

feelings are social isolation, revictimization, and sexual dysfunction, symptoms often observed by clinicians and researchers.

Although survivor sexuality was the focus of her qualitative research, Westerlund (1992) categorized the effects of sexual abuse into seven different areas, only two of which appear to have a direct connection to sexuality: personality, health, work, parenting, spirituality, intimacy, and sexuality. Every participant in her study ($N = 10$) reported problems with intimacy. Difficulties around trust, self esteem, power, and control were the most commonly identified factors. Most of the women in her sample reported an attraction to, and involvement with, unavailable or rejecting partners. They also reported a repeating pattern of becoming involved in physically or sexually abusive relationships. These findings correspond with literature documenting the high percentage of revictimization and involvement in abusive relationships among victims of CSA. In addition, the women in the study experienced difficulties integrating sexual and emotional intimacy, another finding consistent with the research literature on CSA survivors.

Briere (1992) proposes that interpersonal relationship issues are a result of conditioned responses (distrusting others, anger and fear toward those in authority, low self esteem, ambivalent feelings about interpersonal closeness, and abandonment issues) and accommodation responses (avoidance, passivity, sexualization). As victims, the women learned to respond to the abusive relationship in ways that helped them to survive and to function. They learned to associate close relationships with specific feelings and behaviors. Although initially adaptive, these responses impede

interpersonal relationships in adulthood and can interfere with the support needed for recovery.

Although not all of the articles described above are supported by empirical data, they nevertheless offer much needed models for explaining the long term effects of CSA. Each of the authors recommends that researchers begin to view CSA as a social issue, with interpersonal relationship repercussions for survivors in adulthood. Virtually all studies of CSA indicate that a “substantial number of survivors report some degree of difficulty in sustaining sound, stable, and satisfying interpersonal relationships” (Davis & Petretic-Jackson, 2000, p. 295); these authors also encourage researchers to provide empirical evidence to help understand this link.

Although surprisingly little research has been done to investigate the intimate relationships of CSA survivors, Davis and Petretic-Jackson (2000) hypothesize, based on available data, that an inability to trust may influence intimate relationships in adulthood. Citing research in social psychology, the authors identified three components of “intimacy” that could potentially interfere with intimate relationships for CSA survivors: a sense of closeness and interdependence, self-disclosure, and the interchange of affection with a partner (Perlman & Fehr, 1987). They identified three possible patterns found in the available research on intimate relationships with CSA survivors. The first pattern is one where survivors are unable to relate to others. They experience a string of brief, sexual relationships that end as they become intimate (Jehu, 1988). Survivors may sexualize relationships that are not sexual. Several researchers have offered an explanation for this pattern, including the belief that in order to receive love they must give sex (Maltz & Holman, 1987), viewing sex as a

method of trade (Herman, 1981), an inability to separate affection and sexuality (Meiselman, 1978), and the use of sex to achieve intimacy (Briere & Runtz, 1993). Others propose that this pattern is a “self-abuse tool” with anger, not intimacy, being the driving force (Westerlund, 1992). Although the reason for this pattern remains unclear, survivors who demonstrate this pattern in their intimate relationships may eventually avoid sexual relationships altogether and keep only casual relationships with the few acquaintances necessary for everyday life, resulting in a lifetime of empty relationships that leaves them lonely and unfulfilled.

The second pattern in intimate relationships identified by clinicians is an avoidance of both sexual and intimate relationships (Holmes & Rempel, 1989). Rather than risk being vulnerable, the survivor avoids all intimate relationships. Jehu (1989) found that 45% of the women in his study stated that they avoided long term relationships with men. In Westerlund’s study (1992), many of the women reported that they used drugs, alcohol, or food, for “safe companions,” that would provide comfort and fill the emptiness. Westerlund (1992) reported a universal mistrust of others that included a “lack of trust in life itself.” Again, although this pattern can be adaptive as a child, it results in feelings of loneliness as adult survivors struggle with their self inflicted isolation patterns.

The third identified pattern of intimacy for CSA survivors is one where they have difficulty with both sexuality and intimacy but their need to be in a relationship supersedes their fear (Finkelhor & Browne, 1985). Thus, the survivors who follow this pattern will search for a relationship of safety and trust, while often finding one that reenacts the dynamics of the abuse. They may choose partners who resemble, in

some way, their perpetrator. A variety of theories have been proposed to explain this pattern, including low self worth and (for female survivors) an over-valuation of men (Van Buskirk & Cole, 1983), an inability to apply assertiveness skills in relationships (Jehu, 1988), and the inability to recognize an abusive relationship (Jehu, 1985). For survivors, this pattern results in a lifetime of abusive relationships that continues to strip them of an already depleted sense of self worth and esteem.

Cole and Putnam (1992) propose a developmental psychopathology model to explain the often cited interpersonal relationship impairment of survivors. They assert that the relationship between self and others is inevitably bound together. Problems with functioning in one domain will result in problems in the other domain. Thus, many of their explanations for impaired social relationships mimic their explanations for an impaired sense of self. The CSA interferes with the development of a secure attachment that in turn negatively impacts social relationships. The authors propose that the social tasks of each developmental stage are impaired by the abuse. The CSA “violates the child’s basic beliefs about safety and trust in relationships, disturbing both the sense of self and the ability to have satisfying relationships in which one feels loved and protected” (p.175). In short, CSA survivors may suffer from an inability to develop trust within any relationship, including with self or others. These authors argue, as did Davis and Petretic-Jackson (2000), that outcome measures of CSA effects must go beyond a “symptom checklist” and provide a theoretical base for relationship impairment. They have offered a developmental psychopathology theory. What remains to be done is more empirical work to support their claims.

Spiritual Relationships

The importance of spiritual relationships in human lives increasingly is recognized as an important factor for human happiness, resiliency, and most recently, health (Holt, Houg, & Romano, 2000; Reinert & Smith, 1997). In addition, clinicians are beginning to articulate the importance of spiritual issues in their client's lives (e.g., Ganje-Fling & McCarthy, 1996). Many clinical settings now include questions about spiritual issues on their intake forms (Gartner, Larson, & Allen, 1991). The most recent edition of the *Diagnostic & Statistical Manual of Mental Disorders* (DSM-IV) (American Psychiatric Association, 1994) includes spiritual issues in its list of presenting problems. Questioning clients about their spiritual functioning has become an increasing topic of interest for therapists (Hathaway, Scott, & Garver, 2004; Houg, 2005), though many clinicians hesitate to initiate the topic.

Despite increased attention to spirituality and general well-being, little empirical work has been done to investigate the effects of CSA on spiritual functioning (Ganje-Fling & McCarthy, 1996). In her study on incest survivors, Westerlund (1992) found that most of her respondents felt that the abuse had influenced their spiritual development either positively or negatively. For some, God was "unavailable" because of their personal sense of shame. They questioned the ability of God to want someone so "sinful." For others, God became a source of comfort when no one else in the world could love them. Regardless of whether spirituality offered hope or increased alienation, all participants in the Westerlund (1992) study reported that the incest had affected their ability to relate to a higher power.

Finkelhor, Hotaling, Lewis, and Smith (1986) conducted one of the first studies that indicated a link between decreased spiritual development and CSA. They

surveyed 2,630 American men and women and questioned them on subjects related to sexual abuse. The sexually abused group differed from the non-abused group in their assessment of the importance of religion in their lives. Specifically, the abused group reported “more disillusionment with religion.” The authors offered several hypotheses about this finding, but cautioned that they were merely speculations. They suggested that the stigmatization of the abuse and the victim’s feelings of shame associated with the abuse may have alienated them from this “perfect being.” Thus, the survivors’ alienation vis a vis spirituality may have represented one example of their alienation from others in general. Finkelhor and Browne (1986) suggest that survivors’ feelings of “being different” may lead to the assumption that they are unacceptable to God.

Ganje-Fling and McCarthy (1996) suggest that survivors struggle with integrating an authority figure with a loving God, and that they often reject the possibility of God. Furthermore, trust appears to be a key obstacle to spiritual relationships. Ganje-Fling and McCarthy (1996) explored the impact of spiritual development based on their clinical observations. They propose that developmental difficulties in spiritual functioning center around four major functions of spirituality proposed in the literature: 1) to relate one’s self to a powerful source that is beyond one’s control; 2) to provide hope and reassurance; 3) to satisfy important personal needs; and 4) to provide connections to others. CSA survivors frequently struggle with feelings of hopelessness, experience conflict about relating to a higher power, lack a personal life meaning, and have difficulty finding a sense of community with others.

According to the authors, CSA survivors face several obstacles to their spiritual development. For example, with respect to relating to a higher power, CSA victims

have difficulty relating to a powerful other. Power has often equated to abuse in their lives. Spirituality also provides hope in the face of adversity. During their abusive experience, hope for escape was nonexistent. Repeated violations that offered no hope made the very idea of a “god of hope” appear ludicrous. In addition, many survivors suffer from depression, a disorder that has, as a defining feature, a sense of hopelessness. The third function of spirituality, to provide a sense of purpose, implies that there is a sense of meaning in what happened. This may be a difficult concept for CSA survivors to grasp. They may believe that they have to forgive the perpetrator in order to be close to God. This presents an obstacle as survivors struggle with “how to forgive the perpetrator while also holding him or her accountable” (p.254). The last function of spirituality, connection with other believers, can be troublesome since, as mentioned in the previous section, relationships in general often are problematic for survivors of CSA. Ganje-Fling and McCarthy (1996) contend that survivors may become spiritually arrested at the stage of spiritual development they were in when the abuse occurred. The obstacles of anger, conflict about forgiveness and responsibility, mistrust, despair, and religious conflict may impede progression to a new stage of development and prevent the survivor of CSA from utilizing the functions of spiritual relationships.

Reinert and Smith (1997) administered the revised Spiritual Experience Index (SEI-R; Genia, 1991), the Ego Grasping Orientation Scale (EGO; Knoblauch & Falconer, 1986), and a childhood maltreatment form to 266 religiously committed women and found that those who had been sexually abused as children scored higher on the SEI-R. These women self-reported as being more spiritually open, they accepted spiritual

support more easily, and they identified more spiritual experiences in their life. They also scored higher than non-abused women on the accepting scale of the EGO scale. There were no significant differences between abused and non-abused groups on the Striving Scale of this assessment. The authors further found that older women scored higher on the Spiritual Support subscale of the SEI-R, while more educated women scored significantly higher on the Spiritual Openness subscale. The authors cautioned that their sample was comprised primarily of highly educated, Catholic women who considered spirituality an important part of their life, thus making the results difficult to generalize. The authors concluded that spirituality is one factor that contributes to resiliency. At least for some women, it appears that a spiritual relationship may offer a source of support, hope, and empowerment.

These findings are discrepant with those of the Westerlund (1992) study described earlier in this chapter, and with the obstacles to spiritual development described by Ganje-Fling and McCarthy (1996). Thus, additional studies are needed to determine how and under what circumstances spiritual relationships are differentially affected by CSA experiences. Specifically, research is needed to assess the factors that lead to impaired spiritual development for some survivors and to meaningful relationships for others.

Valentine and Feinauer (1993) conducted one of the first studies of resilience factors associated with childhood sexual abuse (CSA). Fifty-seven women responded to a newspaper advertisement inviting them to complete a demographic questionnaire and a short battery of instruments. The investigators then interviewed 22 of these women who were “higher functioning” according to the criteria of educational background, and lack of history in psychiatric care, homeless or battered shelters, or incarceration. The

interview included questions regarding the participants' interpretation of their CSA experience, significant events that helped them overcome or avoid some of the effects of the abuse, and their concept of themselves and their life views. The following resiliency themes, methods that enhanced the person's life, emerged from this research: having a support person outside the family, positive self concept, spirituality, the ability to avoid self blame, and an inner locus of control. In particular, spirituality helped these women to develop meaning and purpose in their lives. Valentine and Feinauer (1993) also found that women who had been sexually abused identified education, career, and meaningful work as very important aspects of their lives.

Ganje-Fling, McCarthy Veach, Kuang, and Houg (1999) investigated differences in the spiritual well-being of adults who were in counseling for childhood sexual abuse issues ($n = 43$) and those who were in counseling for other issues ($n = 34$). They also assessed how their two groups of counseling clients differed on a measure of spiritual well being from samples in studies conducted by Bufford, Paloutzian, and Ellison (1991). In addition, they developed a Counseling and Spirituality Questionnaire that asked their respondents to assess their satisfaction and comfort with the discussion of spiritual issues in counseling, to rate the importance of spirituality in resolving their concerns, and to identify obstacles to their spiritual development.

The authors identified ten themes regarding obstacles to spiritual development: existential questions (about the purpose and meaning of one's life); unresolved religious questions (beliefs with which one was raised no longer work or are harmful); disillusionment (cynicism, feeling let down by faith/religious teachings); fear (of God, of change); low esteem (Do I deserve a spiritual relationship?--I don't work hard enough at

it); sexism (God is a male figure); distrust (feeling betrayed by spiritual source); anger (at spiritual source); guilt (feeling punished for one's transgressions); and miscellaneous (e.g., exploited by a clergy member). Although they found no significant differences in scores on the Spiritual Well-Being Scale between their two client samples, their respondents did score lower than both a sample of hospice workers and a sample of medical patients in the Bufford et al. (1991) study. The authors questioned whether type of trauma is relevant to one's spiritual development. Ganje-Fling et al. concluded that trauma of any type appears to have a negative impact on spiritual development.

Although Ganje-Fling et al.'s (2000) two clinical groups did not differ on the spiritual well being measure, they did differ with respect to the obstacles they identified regarding their spiritual development. Those clients presenting for CSA uniquely identified anger, guilt, and distrust as obstacles. The authors reported that these obstacles are consistent with the CSA literature. For example, Kane, Cheston, and Greer (1993) reported that female survivors of father-figure incest had a more negative view of God compared to a group of adult women who were not abused. Specifically the survivors reported feeling *more anger* towards God *and more distant* from God. In addition they were more likely to view God as *disapproving and rigid*.

Although definitions of spirituality vary, the components of trust, love, and safety with self and others are important factors. Spirituality provides a way to make meaning from chaos. Parker, Horton, and Watson (1997) discuss the importance of addressing spiritual issues in the treatment of childhood sexual abuse survivors. They report that the victim's "basic sense of safety in the universe is shattered" (p.42). This betrayal diminishes the chance of creating a positive self image. They state that the most difficult

task facing survivors is “breaking free from deep-seated shame by forgiving themselves” (p.42). They suggest the use of ritual therapy, which integrates spirituality and therapy, to help survivors release the anger, let go of the guilt, and trust in the world again.

Summary. Clearly, findings regarding the impact of childhood sexual abuse on spirituality are equivocal. Every author reviewed in this section discussed the importance of continued research to help clarify the factors that impede spiritual development and those that enhance it. It appears that there is greater discrepancy in the CSA findings of research on spiritual relationships than studies of intra- and inter-personal relationships. Qualitative research that explores the supports and barriers to spiritual relationships may help provide some answers for the treatment of survivor issues regarding “self” and “other” relationships.

Spirituality Across the Recovery Process

Some authors have proposed that the role of spirituality changes over the recovery process (Flynn, 2000; Jamieson, 1996). Jamieson (1996) explored the development of spirituality across the lifespan of female CSA survivors. She asked six women to *tell their stories* through a series of open ended questions. She found that the outcome of their spiritual development depended upon their ability to overcome the initial negative effects of their abuse. Flynn (2000) proposed a five stage model that includes “undoing the damage of the abuse and creating new aspects of the self and experience” (p.1488). Spirituality may play a role in redefining the self and helping survivors see themselves as more than “damaged goods,” through a connection with a higher power. However, according to these authors, healing in these areas must begin before spiritual work can

begin. A developmental approach could help to explain some of the discrepancies in the extant literature.

Other authors propose that spirituality provides the foundation for CSA survivors to begin to deal with issues related to self and to others. For instance, Gall, Basque, Damasceno-Scott, and Vardy (2007) investigated the role of spirituality in current adult adjustment of 101 men and women who had been sexually victimized as children. The researchers found that the relationship with a Higher Power created a better sense of self worth and made it possible to heal from the effects of the abuse. Their research findings indicate that spirituality provided the foundation for healing and for beginning the recovery process. The authors proposed a direct association between personal growth and a relationship with a Higher Power.

Gall (2006) proposed that there are negative and positive ways of behavioral coping and argued that spiritual coping has both positive and negative components. There are those that promote emotional deterioration and those that promote positive mental health. For example, spirituality can be a way to deny and avoid the effects of CSA, or it can be a way to transform a painful experience into a growth producing event. In his sample of 101 CSA survivors, Gall found evidence of both positive and negative spiritual coping. Survivors who responded to their current life stressors through anger at God (spiritual discontent coping) had greater levels of depression. Those who responded to stressors by relying on God as a source of comfort and support (religious forgiveness, active surrender) experienced less anger and depression. Interestingly, those who had experienced more severe forms of abuse tended to express more anger toward God, but they were more likely to turn things over to God “in an active stance of surrender rather

than use of self-directed coping” (p. 13). Kane, Cheston, and Greer (1993) proposed that despite an often tenuous relationship with God, survivors of CSA would turn to God in situations that were out of their control. Gall (2006) concluded that those survivors who were further along in their recovery process tended to use more positive spiritual coping. For those survivors who used more negative forms of spiritual coping, the author suggested that clinicians focus on work related to attachment issues with a Higher Power.

Purpose of the Present Study

What role does spirituality play in the on-going recovery process of female CSA survivors? This question has yet to be answered empirically. Speculations are numerous, but it appears likely that given the developmental nature of spirituality, its role may change across the recovery process. Numerous authors have discussed the interpersonal effects of CSA (cf. Davis & Petretic-Jackson, 2000). One research team (Cole & Putnam, 1992) succinctly conceptualized all survivor symptoms as difficulties with either interpersonal relationships or intrapersonal relationships. With respect to spirituality, researchers and clinicians have questioned how spirituality becomes blocked, and identifying the specific obstacles to spirituality. It seems clear, given the nature of the construct of spirituality, that a richer answer to these questions may be obtained by qualitative research. Few qualitative studies have explored spirituality and its development over the life span of CSA survivors. No published study has investigated these changes over the recovery process of CSA survivors.

Accordingly, the present study is an attempt to obtain information concerning obstacles to spiritual functioning. One question is: How are these obstacles overcome across the recovery process by adult female survivors of childhood sexual abuse? Four

major research questions are investigated: 1) How do CSA survivors define spirituality and how does their definition change across the recovery process? 2) What role does spirituality play in their intrapersonal functioning across the recovery process? 3) What role does spirituality play in their interpersonal functioning across the recovery process? and 4) What are the unique obstacles to spiritual functioning for CSA survivors across the recovery process? Fourteen women who had experienced sexual abuse as a child participated in a 1-2 hour interview. The interview consisted of open ended questions about the participants' beliefs and experiences around spirituality (Appendix A), and how those beliefs and experiences changed over the course of their recovery process. In addition, they were asked open ended questions about their interpersonal and intrapersonal functioning across the recovery process and how spirituality affects this functioning.

Chapter 3

Methods

Participants

Recruitment. The population of interest was adult female survivors of childhood sexual abuse. Accordingly, female survivors were recruited through a flier posted at various community Twin City mental health agencies, including three sexual assault centers and three community mental agencies. Information on the flier explained the nature of the study as an investigation of the role spirituality has played in the ongoing recovery process of childhood sexual abuse, and invited potential participants to call and engage in a short telephone interview to determine eligibility for the study (See Appendix B). The researcher returned each call and conducted a short telephone screening interview. In order to ensure a minimal degree of sample homogeneity, eligibility criteria were defined and used to select actual study participants. These criteria were based in part on the following definition of sexual abuse: *sexual acts inflicted upon children for the purpose of adult sexual stimulation which includes sexually touching or penetrating a child or coercing a child to sexually touch or penetrate the abuser. Furthermore, the term "child" will be limited to twelve years old or younger, and an adult will be defined as at least eighteen years old.*

Specific eligibility criteria were: a) participants must be at least 21 years old, b) physical contact between the participant and the perpetrator occurred at least once, c) there was a minimum of a five year age difference between the participant and the perpetrator, d) the participant was under the age of 12 when the abuse occurred, and e) the participant was willing to engage in an interview that included several questions about the sensitive nature of her abuse experience. Eligibility was determined based on

responses to the telephone interview. Then a time and date for the interview were established.

Sample. During a time period of six months, 18 participants were screened over the telephone. Four participants were determined ineligible. One participant was not under the age of 12 at the time of the abuse, two reported that the age difference was less than 5 years, and one stated that she was not willing to participate in the interview because of the sensitive nature of the questions. Fourteen women went on to participate in the interview. At this point, the lead researcher determined, based on Hill et al's recommendations, that no further participants were needed. Hill et al, proposed that 8 to 15 participants is small enough to realistically examine each case intensely, as well as to analyze the group as a whole and to determine findings within the group. Furthermore, they propose that additional cases typically add little to the data.

Instrumentation

Demographic questionnaire. This researcher developed a demographic questionnaire (Appendix C) that was given to participants to fill out prior to the primary interview. The questionnaire, which was designed to gather concrete information in a timely manner, as well as to serve as a primer for the interview, elicits basic information such as age, race, educational level, and relationship status. In addition, the questionnaire asks about the participant's abuse experiences (e.g. duration of abuse, perpetrator/s of abuse, whether or not she utilized psychological services to cope with the abuse, religious affiliation).

Interview Protocol. This researcher developed a series of primarily open-ended questions for the interview. Open-ended questions allow respondents to express their

perspectives in their own words (Patton,1990). The questions were generated from the researcher’s knowledge of the current literature regarding CSA survivors and spiritual development, and her extensive clinical background in working with survivors of CSA. The interview was designed to be a hybrid of the “standard open-ended interview” and the “general interview guide approach” (Patton). Similar to the “general interview guide approach,” the interviewer has the flexibility to probe for more information and clarification if necessary. However, in keeping with the “standard open-ended interview approach,” the interviewer attempts to ask questions in approximately the same sequence in order to facilitate comparison of responses across participants.

The questions concern the following topic areas: the participant’s response to the abuse, her definition of spirituality, role of spirituality in her life, role of spirituality in her ongoing recovery process, impact of spirituality on her intrapersonal functioning, impact of spirituality on her interpersonal functioning, obstacles to her spiritual development, and an invitation to provide any additional information. The demographic questionnaire and the interview protocol were piloted with two female CSA survivors. In addition, two experts in the mental health field who work with sexual abuse survivors reviewed the instruments. Minor wording revisions were made based on their feedback.

Procedures

As discussed earlier, female CSA survivors willing to participate in the study were instructed to leave a message for the researcher on a voice messaging service. The researcher contacted each potential participant by phone to discuss the purpose of the study, to screen each individual to ensure that she met the specified criteria for inclusion in the study, to discuss conditions of consent, and to collect identifying information. The

researcher conducted the interview either in the participant's home or at the Neighborhood Involvement Program, a community mental health agency, in order to provide both privacy and convenience for the participant. All interviews were conducted by the researcher, a doctoral candidate in counseling psychology who, at the time of data collection, had six years of experience conducting interviews in mental health settings. Also, the researcher had participated in over 1500 direct clinical contact hours that involved counseling survivors of child sexual abuse and rape.

In order for the primary interview to take place, each participant first reviewed the consent form. She was given the opportunity to ask questions, and the researcher reviewed the purpose of the study and the conditions of consent with them. Upon receipt of a signed consent form, the researcher gave each participant a demographic survey to complete prior to the interview.

The interviews were audiotaped and lasted approximately 1-2 1/2 hours (Range: 1 hour to 2.5 hours; Mdn = 1.5 hours). During that time, participants were asked all questions on the interview protocol. Additional probes and changes in sequencing of questions were asked at the interviewer's discretion. At the end of the interview, the researcher provided the participant with psychological referrals and gave her a \$35.00 gift card from TCF Bank as reimbursement for her time.

Immediately after each interview, the researcher recorded impressions (e.g., length of interview, impression of interviewee, comments about the flow of the interview) to aid the research team's understanding of the case during analysis (Hill et al, 1997). Each audiotaped interview was transcribed by the lead researcher, with proper

names, places and other identifiers deleted in order to ensure confidentiality. Transcripts were checked against tapes for accuracy.

Design and Analysis

One of the strengths of a qualitative design is that it is the best strategy for providing “thick descriptions” of novel research areas (Miles and Huberman, 1994). Due to the exploratory nature of the proposed study, a qualitative design was chosen. Consensual Qualitative Research (CQR), a method developed by Hill et al. (1997) and designed especially for analyzing interview data, was the method of data analysis used for this study. Hill et al. created the CQR method to aid researchers in the analysis of clients’ experiences in psychotherapy; however, they note that CQR can be adapted for most studies where complex human phenomena are being investigated. Whereas some qualitative approaches use only one person, namely the researcher, to analyze data, the hallmark of CQR is its use of 3-5 researchers who work conjointly to develop a consensual understanding of the data. The work of the research team is periodically checked by an outside auditor who ensures that the primary research team does not overlook important data. Through this process, Hill et al. maintain that CQR is useful, replicable, and meets the standards of scientific rigor.

The CQR method consists of the following four steps: 1) the research team develops *domains*, that is, rationally derived topic areas; 2) the team constructs *core ideas* from each domain that briefly summarize the participants’ words. The domains and core ideas are then checked by the auditor and revised as necessary; 3) the researchers engage in cross-case analysis, gathering all of the core ideas from the participants to ensure that domains are represented across the sample. The researchers then determine how these

aggregated core ideas under each domain can be further delineated into *categories*. The auditor is once again enlisted to ensure the validity of the defined categories; and 4) the researchers tabulate the number of participants represented in each category. If a category applies to all of the cases, it is considered to be a *general* category. If a category applies to half or more of the cases it is deemed *typical*, and if it applies to less than half of the cases it is a *variant* category (Elliot, 1993; as cited in Hill et al., 1997).

The team consisted of three researchers, including the lead investigator who is an advanced doctoral candidate in counseling psychology, one advanced masters student in counseling, and one other doctoral student in counseling psychology. All had some experience with CSA survivors and knowledge about the topic. Prior to the present data analysis, the research team discussed their expectations and biases by answering the questions in the interview protocol as they expected participants to answer. This step of “bracketing biases” assists the team in setting aside their preconceived notions so that they may approach the data more objectively (Hill et al.)

Each member of the research team analyzed the transcripts independently, assigning interview content to specific domains. Their analysis was informed by the literature on CSA survivors as well as their own professional knowledge and experience. Using an inductive analysis process, each researcher allowed the themes to emerge from the transcripts rather than imposing a pre-existing framework onto the data (Patton, 1990). The team met each week to reach consensus on the specified domains.

Each researcher then formulated core ideas or abstracts that represented the views expressed by the participants in each domain. The team then met weekly to reach consensus on the core ideas. Following this process, the auditor, who is a faculty

member and advisor of the lead researcher, reviewed the domains and core ideas and provided feedback. Revisions were made according to the consensus of the three researchers. After all of the interviews had been assigned domains and core ideas had been abstracted, the research team reconvened to construct categories that represent the core ideas aggregated across cases. The auditor checked the categories and the team made the appropriate revisions. Finally, the lead researcher tabulated the number of cases in each category, clarifying that category's representativeness to the sample (i.e., general, typical, or variant). (See Table 3)

Chapter 4

Results

Sample Characteristics

The sample consisted of fourteen women between the ages of 25 and 59 years old (Median = 37). Participants included five Caucasian Americans, six African Americans, two Asian Americans, and one Latina American. Seven women reported that they were in a monogamous relationship. Three reported that they were married. Nine women reported that their religious status was Christian. The remaining five identified no religious affiliation or reported that they identified with a variety of different religions. A slight majority of participants had completed two to four years of college (8), one woman had a graduate degree, two women had a high school degree or received a GED, and three participants did not complete high school. All participants reported that they were either currently in counseling or had been in counseling in the past. Duration of the abuse occurred over a span of a few weeks to many years. The abuse began before the participants had reached the age of 12 years. All women reported that the perpetrator was a male, either a family member, or close friend of the family, with more than half (8) of the perpetrators being the participant's father or in a father-like role (mother's boyfriend, uncle, grandfather) (Summary of all demographic information in Table 1). All of the perpetrators lived in the home with the participant during the time that the abuse occurred. Five of the participants reported more than one perpetrator. Further description of the nature of the abuse is provided in Domain 5.

Descriptions of Abuse.

Defining Domains

A total of 12 broad themes (Domains) and 78 total Categories divided between the 12 domains were identified within the transcripts. Research questions will be followed by the domains that address the question, along with a brief description of the domain. Under each domain, the categories that fit within that domain will be described followed by quotes that illustrate each category. Each domain and category is described using the participants' descriptions. Within each category, examples are provided. Domains are grouped according to the research questions they help answer. Interestingly, while the data produced in-depth answers to the four research questions originally proposed in the study, five additional questions emerged from the data. One of the greatest strengths of qualitative research is its ability to discover answers to questions that the investigator could not anticipate without the more in-depth analysis inherent in qualitative research. See Table 2 for a list of domains and their definitions, as well as the categories within each domain.

Ten categories were general, that is they were represented by all or nearly all of the women. Thirty-six categories were identified as typical, with more than half of the participants indentifying these categories. Thirty categories were variant, and applying to less than half of the women. See Table 3 to determine which categories within each domain were general, typical, and variant.

The descriptions of the domains were not predetermined. They came from the words of the survivors interviewed. And while there is much in the naming and description of the domains that will have interpreter bias, this bias was kept at a minimum through the use of the consensus. The researchers spent many hours "arguing

to consensus,” and feel that they contain as little bias as is possible with any research. Consensus is a unique strength of this qualitative method.

Research Question: How do CSA survivors define spirituality?

The domain entitled “Religious/Spiritual Beliefs” refers to many different elements. It includes how the women defined spirituality and religion, as well as rules of behavior, beliefs about faith and God or a Higher Power and the relationship of this Higher Power to themselves and to life in general. Also included are distinctions that the participants make between spirituality and religion, and questions of justice and life meaning.

Domain 1: Religious/Spiritual Beliefs.

This domain can be described as anything related to the participant’s beliefs about God, life, religion, or spirituality. It does not include their *behaviors or feelings* about religion or spirituality, although they may describe their feelings and behaviors as examples to support their beliefs. It contains 7 categories.

Definitions of spirituality (N = 14). All of the women defined spirituality as a connection to, a faith in, or a relationship with God or a Higher Power. Some women identified spirituality as a part of their life and who they were as a person. One participant described it as her “soul.” Many women also described spirituality as the part of themselves that connects to other people. They may or may not choose to share this connection with others.

- *I think of spirituality, and being a spiritual person, as someone who believes in God. I have a pretty generic view on it.*

- *Believing in somebody... In God. Like higher power. Where I'm at today is a higher power.*
- *Spirituality means attention to God or attention to a higher power. Something that we feel, that controls us, but maybe benevolently. It's also the practice or way of doing things or way of living your life. I think that's a part of spirituality.*
- *Well, I think that it means a faith in something. Whether it's a supreme being that has a name or not. And that one's life is, maybe not centered around, but at least related to it. This sense of being connected to a higher power of some sort. And I think spirituality, also it is something that offers comfort.*

Distinctions between spirituality and religion (n = 11). Eleven women distinguished between religion and spirituality, specifically mentioning that religion is an institution made by humans and spirituality is a construct that comes from God or a Higher Power. They described spirituality as “more personal” and less restricted by rules and regulations. They associated spirituality with relationships, nature, and creativity. Spirituality, according to the participants who distinguished the terms, was not necessarily tied to any particular religion. In fact, the women proposed that an atheist could be very spiritual; church attendance was not tied to spirituality.

In contrast, they described religion as constructed by humans into an institution. They viewed religion as more political, judgmental, and rule-laden, consisting of rituals such as baptism, communion, and kneeling. Many women ascribed a negative connotation to religion, noting that it had a foundation of fear.

The remaining three women did not differentiate between religion and spirituality.

- *I just feel that religions tend to make up rules and they tend to get caught up in dogma and it takes away from the spirituality I think.*
- *I think some people who are religious people, who get really hung up on the different specifics and differences between religions, I'm not interested in that. The way I see it is spirituality is what God created. And religion is what people created.*
- *They are both about having a relationship with God.*
- *Religion is organized, and it's structured, and follows rules, and some sort of set of guidelines on what one should be doing. And it tends to look down on other's beliefs, spirituality seems to be more, I think more somebody's own set of guidelines or discovery about faith, I think.*

God's responsibility in human lives (N = 8) The participants frequently asked questions about “free will” and God’s responsibility for their life. Their questioning took the form of “If God is omnipotent and loving, how can we explain the abuse of children?” Survivors had an early, close look at the evil of humanity and consequently struggled with the issue presented in this dilemma. In 8 of the 14 cases, the participants believed that God is not at fault when bad things happen to children. They did not, at least currently, believe that God was to blame for their abuse. A composite statement from the 8 women about this dilemma could be the following: God gives everyone free

will to make our own choices because He loves us. God allows us to make poor choices. Unfortunately, this results in people, even children, getting hurt. He answers our prayers in ways and at a time that fits His ultimate purpose for our lives.

- *God is never going to give you something that you can't handle.*
- *Because you have a choice of what you want to do with your life. So I had to back up and start over. All over again. But I had to learn all over again. How to accept God and that He's watching over me regardless of what I'm doing. He's not going to hurt His children. And I'm one of His children. We're all one of His children. So that's where I'm at today. I'm learning that today.*
- *I know that God is all powerful. But God is there and we are here. And things are going to happen.*

Karma/life as a lesson (n = 7). Half of the women described life as a background for God's lessons. The lessons are sometimes very difficult, but necessary for spiritual growth. More importantly, they felt that God was with them even as they suffered through the lessons and that God would ultimately demand justice for wrongdoing. They believed that God provides meaning to suffering. Suffering provided a chance to learn and grow. Suffering could create a closer bond with their Higher Power and lead to a more spiritual, and ultimately fulfilling, life.

- *I believe in karma. And everything and I think "does this mean I did something wrong in a past life?" And then I don't know. Does that mean kids who are molested... Does that mean they*

have bad karma? I think maybe it means they came to learn something

- *It's what the divine nature sends through me. I do what I have to do and only I can do.*
- *Every single person in your life is there for a reason. They mean something. Or you're learning something from each other. And so I question, What is he here to teach me?*

God's rules for human behavior (n =7). Half of the women reported that they believe God has rules for human behavior. Primarily these rules involved guidelines on how to treat others and how to conduct their everyday life. Guiding principles in their interactions included treating others with respect, forgiving others when they hurt us, and helping others if needed. These rules also included principles for life conduct, such as living according to one's belief system, whatever it might be and doing the right thing according to this belief system. Some women believed that following the rules of the church (e.g., praying, honoring parents, going to church), brought rewards from God.

- *I don't remember ever being mad at God. I mean, to be mad at anybody is a sin. So to be mad at God...No.*
- *He wants us to live right. He didn't put us on this earth to do drugs and stuff. Just live right! Do what you need to be doing. That's what I believe. Being kind and forgiving and things like that.*

- *This is what He wants. He wants you to be right with Him. And that means doing all the service work and whatever you need to do to take care of you.*

Beliefs about the world they live in (n = 4) A few of the women described the world as an unsafe place that was filled with evil, and/or sick people.

- *Because I failed the system, which is the government, is all evil. So I am fighting evil all the time. I think the world's just getting worse and worse.*
- *But I believe there's a lot of sick people in the world. The world...it's unsafe.*

God's relationship to us (n = 3). Three of the women talked about God as a father or friend. They believe that God knows them completely, loves them unconditionally, and that He will always be there whether they know it or not.

- *God is everyone's father; He's always with us whether we know it or not.*
- *God knows everything I think and feel; I don't have to explain myself to Him.*

Research Question: How do CSA survivors describe their spiritual history and experiences?

The participants described a variety of ways that they expressed their spirituality across their lifespan, as well as their childhood experiences with religion and spirituality. They also described visions or intense spiritual experiences, their childhood and adult

religious and spiritual practices, the influence of spiritual mentors, and spiritual transitions in their lives. The next domain is entitled “Spiritual History and Experiences.”

Domain 2: Spiritual History and Experiences

This domain pertains to past and current spiritual and religious experiences. It includes current and past behaviors that expressed the participants’ spiritual/religious beliefs and feelings, as well as their personal experiences with spirituality and/or religion. It contains 5 categories.

Childhood religious experiences/beliefs (n = 13). All but one of the participants recalled childhood religious or spiritual experiences. Most of these women had been raised within a religious institution, and their memories were both positive and negative. Many recalled being made to attend church. They further remembered an environment of numerous rituals and practices tied to their particular religion. A prevalent memory was their belief that they had to be “good” so that they could get to heaven. Many recalled a desire to become a nun because it represented the “ultimate good.” They also described feelings of having to “follow the rules” and “be good” in order to be loved by God. Three women talked of wanting to be a nun so that they could make up for the “sin” of the abuse. Many of the women remembered praying to God and asking Him to stop the abuse. Two women described their confusion over being raised within an environment that practiced two different, opposing religions.

Although the participants rebelled against the “rules and regulations” of institutionalized religion during adolescence, and often expressed negative attitudes toward their childhood religion during the interview, many also described fond memories and stated that their religious upbringing paved the way to their adult spirituality. Many

women remembered a person(s) who became a positive influence in their life and helped them understand the “relational part” of religion. These spiritual mentors stressed the importance of having a relationship with God and with other people, and treating God, others, and self with love and respect. Many women reported fond memories of religious rituals and institutions because they shared the experience with their spiritual mentor. They remembered feeling closer to God when they were around these people.

One woman said she was not raised in any religion and feels that lack now as she struggles with spirituality. Another woman reported that she went through all of the rituals of her religion and its institution but never really understood them. She knew God was important, but she did not know why. She remembers growing up afraid of Him. Some woman recalled the social aspects of religion. They were excited about the rituals because they were tied to social experience; they do not remember feeling any spiritual connection. Church was about dressing up and doing things with their friends.

- *I was raised with the God that was masculine, and very punishing. And with a lot of guilt about anything that I ever made a mistake in what I was doing. ... there was Original Sin, and it was a part of me at the time when I was growing up all through high school at least.*
- *I was always raised in the church. We went to church every night. Yeah, seven days a week. So I was raised in the church, and I do believe in God. My mom was a very spiritual woman. She would sing in church or...*

- *I remember really good things about it. The children's activities, especially with Sunday school and coloring with my friends, and the Christmas program. And those kinds of things, and I had some really good friends at the church. So I had some really fond memories of that experience there.*
- *I always felt something greater than me, very powerful. I have a very strong spirit. I always thought I've been here before.*

Adult religious/spiritual personal practices/expressions (N = 14). Every woman reported that she expressed her current spiritual beliefs and/or feelings in some way. Some expressed their spirituality through religious institutions and practices (e.g., attending church, reading the Bible and engaging in prayer). Others expressed their spirituality through the way they lived their life or through creative endeavors. Several women reported that nature or natural environments helped them feel connected to their spirituality. Most of the women stated that the best way for them to express their spirituality was by living their life in a way consistent with their beliefs, including treating others with respect and living their life to their full potential.

Many of the women said that they express their spirituality in a variety of ways and through a variety of religious institutions and rituals. For the most part, these women have explored many spiritual options and have a very broad view of spirituality. They described prayer as “talking to God.” Many reported that they enjoy the religious rituals of their childhood, but feel just as close to God when they are in nature, journaling, or engaging in a creative activity.

- *Well, I attend services at a nondenominational church and I try to be a good person. I guess I try to be honest and kind whenever possible I like to be out in nature. I feel connected like I can sense God in nature.*
- *So it's kind of how I treat people and respect people...I express it through art. Sometimes I will go to services, but different kinds.*
- *I pray. I choose to call it God. I do. I don't go to church, but I read inspirational things and I sit by water and I get lost in that. It's just the earth and the trees and everything. And people. It speaks to people.*

Spiritual transitions (n = 11). A great majority of the women described spiritual transitions in their life. Most remembered two major transitions. One transition occurred during adolescence. The women described a time when they turned away from God and/or religion, usually out of anger. Some stopped believing in God when the abuse began, or when they prayed about the abuse and it did not go away. They became suspicious of formal religion, and those who had loved the church as children, transitioned to a period of rebellion that they often expressed through non-belief.

The second transition, which often occurred many years later and after numerous experiences that continued to plague them with guilt, involved a return to spiritual beliefs and a relationship with a Higher Power. This transition also included a return to actions that represented a spiritual life. An intense experience often precipitated this second transition, either through a spiritual awakening, going through a negative life event, or

with the help of a spiritual mentor, therapy, or a 12 Step program. The second transition turned these women back to a remembered childhood spiritual life, but one transformed from their early childhood experiences. The later transition often included increased acceptance and tolerance of a variety of religious beliefs and practices. A number of the women reported avoiding religious institutions, or they attended occasionally only for nostalgic purposes.

- *I knew nothing about religion or Christianity or God. It didn't have any influence in my life. And then I met someone in high school...and for awhile it was really 100% focus because it really saved me from some hard times...and then I sort of fell out of it.*
- *And from six to eleven I was always into church, into positive things, and I would always go to the church and activity center at the time....and then the sexual abuse started and I'd go to church but I'd feel dirty.*
- *But I would say probably in the last month and a half, I've had some. I guess I'm going through (pause), a major transition in my spirituality. Probably the first in a very long time. I've started questioning God again.*
- *I tried to commit suicide...and when I didn't die I began to feel God all around me... and I returned to Him...I believed again.*

Influence of spiritual mentors (n = 7). Half of the participants reported that they had one special person who they believe played an important role in the development of

their spiritual beliefs and feelings. If the church illustrated the negative aspects of religion, these mentors often illustrated “what the religion was really all about.” These participants identified their spiritual mentors as instrumental in their ability to eventually reconnect with their spiritual life despite traumatic experiences and times of anger and despair. Their mentors represented hope that there was goodness and love in the world, and they provided them with a role model of God’s love. Their memories of these spiritual mentors helped them make the transition to their new spiritual focus.

- *My earliest memory of going to church was probably good to just have some genuine people who cared about me. I mean there is this guy who didn’t even know me or any of the kids in the neighborhood...and yet picked up some eight year old girl whose parents didn’t even care about taking her to church.*
- *And I think, probably Sister Marilyn is kind of what laid the foundation for what I held on to with my own personal spirituality. She had this theory about getting into heaven or at least the way she explained it to us even though now I don’t believe it happened. But she said that everybody eventually, like when they die, have a ball of yarn. And that ball of yarn starts when you’re born. And the more good things you do, the longer the yarn builds. And so the goal is to get the biggest ball of yarn. And if you do bad things. Then it grows even shorter. So it was more about being a good person than about any set of rules*

- *I was about five and I used to go out and play outside I felt God in nature. What I needed to escape or when I felt like I needed protection, I'd pray. If I felt I was in danger in any way, I'd pray for God to protect me. I didn't give up at that time. And I guess I was fortunate because my mom is not really religious she took us to church, but it was a Catholic church, and I didn't really get into it. But when I was about nine or ten. I started going to a daycare lady. And she used to take me to Bible study for kids. And she was a very spiritual woman. She taught me a lot about God and how He could help you in every day. So that was where I learned spirituality. From a daycare lady.*

Visions/intense spiritual experiences (n = 3). A few women reported going through an intense spiritual experience(s) that brought them closer to God. After the experience(s), each of these women reported that they no longer felt afraid and were more at peace with their life. They felt more connected to the world around them. Each experience was followed by a transition toward a more spiritual way of living. That is, the spiritual experience for these women resulted in changed behaviors.

- *I have it all the time. Well, ever since I had the experience of seeing my guardian angel, when I was near death. A guardian angel came to me and I felt this overwhelming peace, tranquility, power, beautiful power,*
- *And so when I didn't die and I should have died, and I asked for forgiveness and knowing it couldn't be granted. And then it was*

*granted, since then, I felt very much like "God wants me here."
There's a purpose for me here no matter how bad I think I am or
how tainted I think I am or impure, God loves me. And I have a
place in the world. I've been very thankful of my life since then.*

Research Question: How do CSA survivors describe the abuse and what do they view as the specific effects of the abuse?

Not surprisingly, few women discussed the specifics of their abuse. However, they had very strong feelings about the effects that they thought came from the abuse. Some of the specifics of the abuse and their beliefs about the effects of the abuse are described in Domain 3, "Effects of Abuse," and in Domain 4, "Descriptions of Abuse."

Domain 3: Effects of Abuse

This domain describes the effects of abuse as defined by the participants. Although most of the effects identified by the women in the study match those identified in the literature on childhood sexual abuse, the women in the study identified some effects that have not been supported by available research. More will be said about this in Chapter 5. It includes the symptoms/barriers/challenges in the women's life that, in their view, resulted directly from childhood sexual abuse. This domain includes feelings, psychological disorders, and both positive and negative coping behaviors that the participants identified as direct results of the abuse. There are 7 categories.

Emotional effects of abuse (n = 11). Most of the women reported a variety of emotional issues they identified as directly related to the abuse. For example, they reported that the abuse taught them to hide their feelings and hold them inside. As one woman stated, "This was the only way to be safe. If anyone knew what you were feeling,

they might find out.” The women did not talk to others about their feelings because they could not risk disclosure. As a result, they had great difficulty expressing feelings when they became an adult. In fact, one woman was unable to talk about her feelings related to the abuse in this interview, stating, “It’s too painful to talk about.”

- *And that's the other thing I don't cry very easily. I learned to hold a lot in.*
- *...because when a woman has been sexually abused, we are, weird sometimes. We can start crying over the strangest thing. We can get weirded out about the strangest thing.*
- *I bottled everything up; I didn't talk to people when I was upset; I took all the feelings and bottled everything because I didn't know what was safe to let out...and what if I let something out and it never stopped?*
- *I've been very introverted with my emotions. I internalized everything. I bottled it up, and that's when I got into the trouble I did last year. It was because I was pretending I didn't have any of those feelings and I was okay. And I really wasn't okay.*

Past negative coping behaviors (n = 11). Most of the women identified sexual abuse as the reason they participated in certain negative coping actions. External ways of coping included acting out behaviors such as drug use, prostitution, and risk-taking behaviors that resulted in adult sexual assault. These women reported that they defined themselves as a sex abuse victim and then practiced behaviors that supported their self identity. Two women said they ran away from home during adolescence. While they did

not view the act of running away from an abusive situation as negative, the consequences of running away were negative.

For some of these women, negative coping mechanisms also included internal negative coping behaviors. The women described behaviors such as holding things inside, withdrawing from life, putting up a shield and blocking things out, perfectionism, and delusional euphoria. Two women said they attempted suicide to cope with the effects of the abuse.

- *It was an obstacle to me because I went back to drugs and alcohol. So I wouldn't feel that pain. I medicated.*
- *I used marijuana to help stop feelings and to step out of my body. Drugs helped me escape pain.*
- *I ran away from home and the perpetrator. I went into prostitution.*

Positive coping mechanisms (n = 8). Several women described positive ways that they coped with the abuse. These mechanisms included creative endeavors (art, writing, and poetry), journaling, music, sports; as well as academic pursuits, and talking to others. Three women said that spirituality was a way that they coped. One woman commented that her participation in this interview was a coping mechanism for her

- *It's part of the recovery, and I suppose that is spiritual. I also write poetry. And usually it's nature poetry, and that's spiritual. And then also pet's, animals, I mean, I love dogs. I feel like the purest relationships I've ever had have been with animals.*
- *I did a lot of art too, I still do art. I think it also helped me creatively, which I think art is kind of spiritual. I also listen to a*

lot of music. I played piano for a while too. I think concentrating on those things helped me get through it all.

Effects lifelong or never-ending (n = 7). Half of the women expressed discouragement over the seemingly never-ending process of dealing with abuse issues. They viewed recovery as a “lifelong” process. While they may experience healing on one level, issues would return in a different form. They felt that they went through “phases of healing,” but there was always another phase to replace the previous one. These participants stated their belief that in some ways they will never fully recover from the effects. One woman compared it to being a recovering alcoholic, stating, “It will always be there, I can only control how I deal with it.” Another woman said, “Just when you think it’s over, it comes back in another way.”

- *Recovery lasts all your life. Sometimes I get discouraged because when I think it’s done, something else comes back related to the abuse and I think “Here we go again!”*
- *It’s really difficult to overcome. I’m still working on the effects in therapy*
- *The shame never goes away. It’s always there. You think it’s finally over and something else comes up and you know there it is again.*

Flashbacks/Memories (n = 6). Almost half of the women reported that they experienced flashbacks and detailed, intense memories of the abuse. In addition, they have experienced nightmares and periods of blocked memory from childhood.

- *I started having flashbacks of the abuse when I was 22.*

- *I remember a lot of details...certain smells will trigger things...especially in sexual situations.*
- *I try to avoid thinking about the abuse...I avoid things that remind me because I have flashbacks.*

Psychological disorders (n = 5). Several of the women viewed their psychological disorders as a direct consequence of their sexual abuse. These disorders included depression, bipolar disorder, obsessive compulsive behaviors, and Dissociative Identity Disorder. They further identified psychological issues more commonly associated with childhood sexual abuse, such as flashbacks, PTSD, and recurring memories that impede every day functioning.

- *I wanted help with what I was dealing with, because I there are a lot of times I was really depressed, really withdrawn and depressed. Anxious too really, which I still carry all that with me, at times.*
- *Like today, I'm a compulsive toilet flusher. And that has to do with my sexual abuse. Because after the sexual abuse happened, I always had to go into the bathroom and sit on the toilet.*

Increased spirituality (n = 4). A few women reported believing that their experience of sexual abuse turned them toward a more spiritual life. They stated that as a victim they were forced to “go through an internal searching,” which resulted in a greater closeness to their Higher Power, or, as one woman said, “It increased my connection to God.”

- *I've come to realize that sexual abuse has resulted in becoming more spiritual.*
- *I don't know where I'd be spiritually if I hadn't been sexually abused. It just threw me into spirituality.*
- *I just thought, what am I going to do about this? I don't think I did it consciously, but I think it gave me an avenue to be more internal in a way that I thought was going to help me out. There was nowhere else to go with it*

Domain 4: Descriptions of Abuse

This domain includes anything related to the circumstances under which the abuse occurred. For example, the domain includes ages of the survivors when the abuse first occurred, duration of the abuse, the relationship of the participant to the perpetrator, and what was happening in the survivor's life at the time of the abuse. There are 3 categories.

Timing of abuse (n = 7). For most of the women, the abuse began when they were about five years old. Two women reported that it began when a new male family member moved into the home. Two other women reported that the abuse began during the preadolescent age of 9-11 years.

- *I was six years old, and it was my mom's boyfriend at the time for just a couple months.*
- *It was a family member, and it was a male. It was my uncle. It was after my grandma had passed, he came and moved in the house.*

Progression of abuse across time (n = 6). For those women who were able to discuss issues related to the abuse, they described it as beginning covertly (inappropriate hugging, kissing, touching) and escalating in intensity over several weeks to several years. For most women in the study, the sexual abuse occurred repeatedly. The frequency of the abuse also escalated with time. One woman reported that the abuse occurred only twice.

- *One day he came in my room at night and started touching me. At first I thought I was dreaming, but... I guess he was drunk, I could smell alcohol. He just started touching me and it was very uncomfortable. And over a period of time he kept doing it and doing it.*
- *First it was happening every couple months, then it got to every couple weeks, and, and then it got to every couple days and then it got to everyday. Or every other day.*

Multiple abusers (n = 5). Five of the women reported that they were abused by more than one perpetrator. In each case, all of the perpetrators were family members.

- *Well, my brother when he got older, he'd do things to me too. (Silence).*
- *It happened, many, many times when I was five when my uncle would try touching me and things and I would fight it. And then there, when my mom and dad divorced. It stopped because it was my dad's brother. And we moved to California to live with my mom's dad. And then he starts on me.*

Research Question: Did survivors of CSA disclose to others that they were being molested? What happened when the CSA survivors told others of the abuse?

Some survivors told others of the abuse either in covert or overt ways. Usually the disclosure was to only one specific person. More often than not, the consequences were either negative or no further action was taken. Other women intuitively knew this and never told anyone. The Disclosure domain describes of the results of disclosure for those women who did tell “the secret.”

Domain 5: Disclosure

This theme pertains to dynamics and circumstances around the participants’ disclosure of the abuse, including what happened after their disclosure. Also included are the participants’ feelings about their disclosure, positive and negative consequences of their disclosure, and reasons that some survivors never told anyone. There are 4 categories.

Secrecy/non-action after disclosure (n = 7). Half of the participants reported that once they told a family member (in all cases the disclosure target was their mother), it was never discussed again. One participant who confronted her parents as an adult (her stepfather had been her perpetrator), reported that after disclosure, her perpetrator and her mother stood side by side in the doorway as she drove away. It was never discussed again. Another participant reported that after telling her mother of the abuse her mother asked the perpetrator if it was true. Although he denied it, she said, “Well, don’t do it again.” It was never brought up again, and the abuse escalated. Those women who disclosed the abuse to their mother were told that she would “handle it.” It was never discussed again. One participant said that she told her

mother, but her mother pretended not to hear. The participants who did not disclose, said they believed that their mother knew, but did not want to know.

- *I just hated her because she's married to the guy who did that. I told her he did it and she didn't want to admit it but she knew. We never talked about it again.*
- *So it's been that between my sisters it is not talked about. That's always the elephant in the room. It's something we don't talk about. And yet it's out there.*
- *And my mom just sat there. And she didn't say anything. And then finally she said. "Oh well." Or something like that. And just sat there. And my mom never... didn't say a word. And I didn't know what to do with that. So I left. And one of the saddest pictures I've ever seen is backing away from their house and seeing the two of them standing in the screen door. It was really sad. Oh (shutters). I'll never forget that picture. And we never talked about it again. Never again. It's unresolved.*

Negative consequences of disclosure (n = 6). Several women discussed the negative consequences of their disclosure. In most cases the abuse escalated after disclosure. One participant described how she was required to go to counseling during school. She was “pulled out of class” to see her counselor, and she hoped that no one knew what was going on. Another woman told a priest about the abuse. The priest told her that either she was lying or that she must have done something “bad” to deserve the abuse. As she ran from school crying, no one ran after her, and it was not discussed

again. Another woman reported that although she was glad she had disclosed, she felt guilty for hurting her parents and wondered if she had done the right thing. Disclosures within the family usually had negative consequences.

- *I had to go talk to my social worker. I had to re-tell my story again and again and again. I have to get pulled out of class to talk to a counselor hoping my friends don't notice. I remember when I was 12...*
- *I told him what my dad was doing, assaulting me. And the priest responded with, something to the effect of "I can't imagine what you must have done to make him do that to you." And I was like "what!?" And he's like "you must have done some really horrible things to make him do that to you. No father would do that to their child unless the child had asked for it."*

Positive consequences of disclosure (n = 6). Several women reported that there were some positive consequences of disclosure. Two women said that although their mother did nothing, they (the participants) changed sleeping arrangements so that the abuse either stopped or decreased in frequency. One mother did report the abuse and the perpetrator was incarcerated. Another mother demanded that the perpetrator leave the home and she never had men in the house again. One participant commented that every individual she has told as an adult has been supportive. In fact, she said that disclosure had often resulted in friendship as the persons she disclosed to acknowledged their own abuse history.

- *But she put him out that same day. My sister said she looked like a ghost had hit her. She said "something that you said to her that day." and I could not remember exactly what I said to her that day, but I know I was angry. I was hurt. I was scared, but something that you said to her that day, made her take a deeper look at what you were saying to her. And that's when she started believing me.*
- *I told because he tried to do it again. And I told. I was screaming, "no!" And I called my mom at work. And she comes running home and takes me to the hospital....and he did some jail time.*

Never told/told only one person (n = 3). Three women said they never told anyone about the abuse. One woman said she was afraid to tell anyone at church because she was afraid they would think she was “dirty.” Another woman, as a child, wanted to tell her daycare provider, but never did. She further stated her perception was that someone in her life “should have known,” because the fact that she never wanted to go home from daycare was an obvious sign. Another participant said that she told her priest because she thought he would end the abuse. Instead he blamed her, and the abuse continued. She never told anyone else.

- *I never talked to the daycare lady about it, but I always wanted to stay with her. I never talked to anyone*
- *I was afraid to tell anyone. I was afraid of what they would think. Even today, if I tell someone, I feel like they won't like me*

now.

Research Question: What are some of the issues CSA survivors struggle with in their relationship to self?

Survivors struggle with having a relationship with themselves for a variety of reasons. The sixth domain, Issues Related to Self, contains discussion related to the participants' internal, personal struggles.

Domain 6: Issues Related to Self.

This domain involves issues related to self esteem (both present and past), regrets, future goals, and relationship with the self both internal and externally. The domain encompasses how the participants have felt about themselves and how they currently feel about themselves. The participants also discussed their beliefs about how the sexual abuse has influenced their "self relationship," including self blame, feelings of powerlessness, body image concerns, self identity, and fears about how others perceive them. This domain included 8 categories.

Negative feelings toward self (n = 9). Most of the participants described having a difficult time seeing themselves as good. Instead they felt there was something flawed or deeply wrong with themselves. . These issues appeared to be particularly prevalent during adolescence. Many of these women reported that they began a course of self destructive behavior during adolescence. Those who had experienced abusive relationships, believed the things their abusive partner said about them. Most of the participants referred to *self esteem* in their responses. They reported that they lacked self respect and felt insignificant. They reported that the only part of themselves they viewed as valuable was their sexuality.

- *And I feel like it just marred me from ever really feeling like I'm a totally good person, or totally worthy of having the things I want, I guess.*
- *I would say mostly I didn't feel really good about myself, I felt really, really bad about myself... I hugely withdrew when I was younger because I felt like I wasn't a good person. So I think the goodness of who I am was not really there at all.*
- *I felt I wasn't worthy enough I might, as well get paid for it... I hated myself. I was just self-destructive, just completely*

Fear of rejection (n = 7). Some women talked about their feelings of unworthiness and their fear that others would see who they really were and not like them. They reported often trying to be good, even perfect, so others would not know how bad they really were. They did not want others to see who they really were. Some women compensated by becoming overachieving, but no matter what they did it never felt good enough. Anything that was not perfect was not good enough. They expressed it in terms of “no one will want me if they know, so I will keep them from suspecting by being perfect.” If they were in a healthy relationship, they felt that their partner could *do a lot better*. One woman said “Why would he want to be with someone who had this kind of experience?”

- *A lot of “What if they don't like me? What if they know? Who would want to be friends with someone who had done that?”*

- *I always felt uncomfortable when I told someone, Even though no one...that is, everyone I told was understanding...but I always thought “Now what will they think of me?”*
- *I’m always afraid someone will figure out I’m a fake...a fraud...if they knew, they would know I do not deserve this*
(speaking of accomplishments)

Deserved the abuse/blames self (n = 7). Half of the women reported that, for many years, they blamed themselves for the abuse. They thought there was something about themselves that invited the abuse. This was particularly true for those who had multiple abusers or who were victimized later by abusive partners. One woman reported asking herself, “How could I have been involved with something so bad?” Another said that it was alright for her to be abused because she had always been abused.

- *I thought I deserved the abuse for a long time, especially after it happened again I thought, “What is wrong with me that men want to do this to me?”*
- *I thought it was okay that I was abused. I mean, I really didn’t know it was not okay for someone to do this to me.*
- *As a teenager I blamed myself for the abuse.*

Body image/issues with physical self (n = 6). Several of the women experienced negative feelings about, or lack of respect for, their physical selves. They thought they were “ugly” or “fat.” Three women discussed self hatred for being female. They did not like anything about themselves that was feminine and tried to be “one of the guys.” Others described feeling disconnected from their body and suffered from a variety of

physical ailments. These women described the physical self as not important because they did not respect it. In some sense, the women described feeling they had disowned themselves from their body.

- *I had no respect for my body. I gave it away because I didn't care what happened to my body.*
- *I didn't take care of myself physically. I felt, "Why should I? Who cares what happens to my body?"*
- *I always felt ugly unless I was getting attention from men. When I attract men physically I can feel good about myself.*

Powerlessness (n = 5). A few women described feeling insignificant, powerless, and unable to achieve any goals they set for themselves. They had a hard time standing up for themselves. They felt that no matter what they did, it would never be good enough. Their actions would never make up for the abuse. One survivor expressed it in the following way: "I started out as a victim of others and then became a victim of myself."

- *I grew up feeling insignificant. Nothing I did really mattered.*
- *I have a hard time standing up for myself. I don't feel like it will make a difference. I feel like if I try to reach a goal I can't do it. I mean, I couldn't stop the abuse so...*

Self disgust (n = 5). When talking about feelings about the self, terms such as "icky" or "yucky" or "nasty" frequently were used in participants' self descriptions. Five women used the term in relation to their self image. Disgust was evident in their facial expressions. These women often shivered as they said the word(s). One woman said she went into prostitution to get paid for being dirty, stating, "I'm dirty, so I might as well do

dirty things.” The participants described feeling damaged, tainted, or bad. One woman described feeling like “a piece of garbage.” Regardless of the term they used, the feeling toward self was of disgust. Self-disgust could be a term that captures some of this,

- *I feel “yucky inside.”*
- *I feel like on the inside I’m “nasty” ... “dirty” ... (shudders)*

Sex abuse as part of one’s identity (n = 5). A few of the women struggled with the question of who they would be or what they would have become if the abuse had never occurred. They reported that the sex abuse had become a part of their identity, molding them into who they are. They felt that the abuse defined them. The question, “Who would I be if the abuse had not occurred?” continued to haunt them. Before they were anything else, they were a victim of sexual abuse, and they could not imagine who they would be without that as a part of their identity.

- *I wish I could know who I would have been without the abuse?*
- *How would I be if this never happened?*
- *I don’t know who I would be if I was not a sexual abuse survivor.*

Future goals and aspirations (n = 3). For a few women, a newfound self love often led to future dreams. Three women discussed their future goal of helping others who had been victims. One woman wanted to be a teacher and planned to go through spiritual training. Another woman wanted to talk to young girls and advocate for prostitutes. She wants to talk to them about spirituality without judgment. One woman stated simply, “One day I want to be sitting in your chair.” They all wanted to help other women heal from the trauma of childhood sexual abuse.

- *I kept thinking about those things and think about those things for years. I'd say two or three years, and just recently found a place in a spiritual guidance program. So I'm very excited! I think that all of the things I have experienced, up till now have really helped me get to this point to go to school for that.*
- *One day I'm going to be sitting where you're sitting. There's going to be somebody else sitting here. Teenagers though. I'm going to catch them when they're young. When they're from the ages of 13 to 17. When they're afraid to talk. Because you know, I was afraid to talk,*

Research Question: What are some of the relationship issues that survivors face as a result of the Child Sexual Abuse?

The following three domains describe the effect that CSA had on survivors' relationships. Specifically it effected there family, friend, and intimate relationships. The women also discussed relationships within their families growing up, as well as their relationship with the perpetrator.

Domain 7: Family Dynamics/History

This domain concerns the dynamics and relationships within the family as the abuse was occurring, and the influence of these dynamics and relationships on the participant's life and recovery. There are 6 categories describing the participants' perceptions of communication within the family, issues the family was facing during the time of the abuse, family reactions to the abuse, the participants' feelings toward family members, and the role the family played in the their spiritual development. One category

pertains to the current status of the family and the participants' relationship with other family members, both past and current.

Family dysfunction (N = 14). Every woman in the study described significant family dysfunction. The dysfunction varied in intensity, but the sexual abuse of these 14 women did not occur within a healthy family. Almost all of the women reported poor communication among family members. Communication was indirect, that is, family members often discussed issues and concerns with one family member about another family member. One family communicated through the family pets. Most of the women said that there was a lack of closeness within the family that has continued into the present time.

Sexual abuse was not the only kind of abuse that occurred, nor were the women in the study the only victims of abuse in the family. Participants that had male siblings talked about the perpetrator inflicting physical abuse on their brothers. Many of the women described witnessing emotional and physical abuse of their mother. Most participants experienced emotional abuse by both the perpetrator and their mother. Many of the women described taking on a parental role with siblings and with both parents.

Substance abuse issues were common within the family, and often the sexual abuse occurred because a parent was too incapacitated to protect her or his daughter. That is, the parent was intoxicated or in a drug induced state during most of the abuse occurrences. Often one or both parents had a history of drug and/or alcohol abuse. Some participants described experience in foster homes or with grandparents because their parents were incarcerated for drug use. One woman reported that her mother introduced

her to crack. When this woman confronted her mother for giving her crack when she was 13, the mother responded, “You could have said no.”

There were numerous strained relationships within these families, and the dysfunction often occurred across generations. Many women reported that their mother had been sexually abused by a grandfather/uncle/ father. Some women described their experiences in prison and recalled that their own mother had been in prison. One woman who was raised by her grandmother is now having her own children raised by their grandparents. Relationships with extended family members were often strained.

The participants reported that their families operated in secrecy. To tell anyone outside the family what occurred within the family, resulted in punishment. The punishment could be overt (physical abuse) or covert (exclusion from the family circle). One woman said, “There were rules about what to show to the outer world; you don’t talk to anyone outside the family about anything that happened inside the family.” One woman is certain that her sisters were also abused sexually, but they continue to “keep the secret.” Both sisters were angry at the participant for raising this possibility with them.

- *...my whole family system was such that we really had to have this image out in the world. You couldn't really talk about things with other people that would go beyond the family. There is a very confusing thing going on in my family. With how we wanted things to look on the outside, and how things really were on the inside.*

- *And that has to do with alcoholism as well and my family. Because I ended up thinking, I don't really have parents so I've got to do this all myself. I ended up taking care of, my mom was absent emotionally, and I basically felt like a lot of times I took care of my family. I'm the oldest. I was a very emotional person, and no one else seemed to be in my family. So I think I carried the emotions for my family. I basically felt like I couldn't rely on anybody.*
- *I had to be the mother for 30 years. I took care of my little brother and sister. I took care of her (referring to her mother), really. She treated me as a friend. I saw things that I shouldn't've never seen. She told me things that I should have never known. She was 14 when she had me.*
- *And then I got back with my mom and she just got out of prison. It's like a cycle. I went to prison. My daughter, she's just 14, and she's just getting out of a detention home. That's like prison. She's locked up. So it's like a cycle. All of us just being molested or touched.*
- *Growing up it was just like "we don't talk about that it's in the past." And nobody would let me talk about it. They would all look down on me when I tried to talk about it.*

Setting boundaries with family (n = 13). All but one of the women discussed the necessity of setting boundaries with their family as they began to recover from the effects

of abuse. While many women made the decision to have little or no family contact, others had limited contact that was structured according to their terms. Many women said it was just not healthy to be around other family members because they continued to behave in dysfunctional ways. Those who did have contact with their family maintained strict boundaries around their contact (e.g., were not alone with perpetrator, limited number of contacts or duration of contacts, restricted topics).

Many women described a time when they had little or no contact with their family. When they revisited their family, the women were often surprised by the level of dysfunction they found. While they were growing up, the dysfunction felt “normal.” After spending time away, usually as a result of treatment or therapy, they were able to more clearly see “how bad it really had been.” These women talked of how this realization helped them let go of their anger and feel compassion and love for some family members, particularly their mother. They began to see all of the family members as victims of a dysfunctional system. This realization also often precipitated limited contact with firm boundaries. They reported that they did not want to get pulled back into the caretaker role.

- *As soon as I was old enough to do it like right after high school I left my family. I couldn't handle that any more. I couldn't deal with them anymore. Something must have told me that this was not a good thing. Even though I never really dealt with a lot of things until a lot later in my life.*
- *I don't visit my family. Now that my grandma's passed away, I really don't have anything to do with her. I call her. We talk.*

She still into??? I only let it go so far. I get what I need and then I pretty much let it go. It's too late for her to be my mother now.

- *Right now we are really not on talking terms. I don't really want to talk about my mom right now. I just need to leave her alone and focus on me right now. I love my kids and I care about my kids, but my mom. She's really using me. So I just don't want...*
- *I didn't want to stop talking to my mom, because I didn't want to not have any parent, but I did come to a place where I realized and accepted that she was never going to be the mom that I needed. And that she didn't have those skills. I never went to her for the kind of emotional support that you want from a mom*

Feelings toward family members (n =13). All but one woman talked about their intense anger toward other family members, primarily because of the family members' reactions to the abuse. One mother asked the perpetrator, with others present, whether he had done it. When he said no, the issue was dropped. The abuse continued and escalated. The participants' anger at the lack of support was intense, with one woman stating she believes her mother "belongs in hell." When the perpetrator was a father/stepfather, the participants' mother, in each case, stayed with the perpetrator and sided with him against her daughter. The women expressed more anger toward their mother for her lack of support and protection than they did toward the perpetrator. Many asked the question, "How could she not have known?" One woman asked, "How can you be with someone who raped your daughter?"

In addition to anger, the women talked about their sadness and sense of loss over never really having had a mother. They also talked about their feeling as a child of having to protect their mother from the truth. They often said that as children, they felt somehow “enmeshed” with their mother. They described feeling “close” to their mother, at the same time they kept the secret of the abuse from her. These women described feelings of sadness and confusion.

- *I hate my mom. Because she married him, and now when I have her over to my house, and with all the emotion and stuff. That's the first thing I asked my mama. "Why did you stay with that man after all he did to you?"*
- *I was really mad at my mom for most of my life. I was really mad at her! She... because she wasn't there, emotionally for me, but then, I think there is a part of it, where she was like the other person.*
- *I mean, I see my mom now, but I never, I don't, I trust her now but I don't trust her like mother. We have a relationship, but not a real mother-daughter relationship. We have like. "I know you're my mother, you know I'm your daughter." But that's the extent of it.*
- *And I carried a lot of guilt thinking I was the cause of her death. Because she worried about me out on the streets. But me, I was using, and I walked in one day, and she was in a hospital bed. And she said. "You're leaving again? I won't be here when you*

come back." And she was gone. (Cries and covers face with hands). I loved my momma so much. (Continued crying and long silence).

Family reactions to abuse (n = 8). Over half of the women discussed the lack of support they received from other family members when they eventually knew of the abuse. These participants were told to keep it a secret and to let it stay within the family. Some family members denied that the abuse had occurred. Others disowned and ostracized the woman from the family for telling. Once the abuse was disclosed, the norm was to never talk about it again and to pretend that nothing had changed. These women reported that it was not talked about but always present, which created more strain on an already broken family. In one instance where the case went to trial, the participant described being abandoned by all of the other family members. In contrast, another participant said that her mother told her that the abuse was not her (the participant's) fault.

- *I try to talk to my sister, but she denied the abuse happened. She said it wasn't true. She didn't want to get pulled into family dynamics.*
- *She just refuses to acknowledge that anything ever happened. She says, why are you isolating yourself from your family? Why haven't we heard from you?*
- *I think a little bit. I think yeah, there is some level of sisterly intimacy that we haven't arrived at because that's out there still. We don't talk about the very most intimate of things in our*

relationships with other people or whatever. And there's always some level that we don't go beyond. And I think that might be because she doesn't want me to talk about it. She doesn't want to hear about it.

Survivor's own parenting (n = 7). Parenting has been difficult for those survivors who have children. One woman had her children taken away because of her own drug addiction. Another woman gave her child up for adoption because she did not want her daughter to be sexually abused. She said that it was her way of “breaking the cycle.” All of the women discussed mistrust of men around their children. They expressed concerns about their daughter’s possible abuse and periodically would talk to them about their concerns. One woman said that she explicitly asks her daughter whether anyone has “touched her.” These women also talked to their sons about abuse, telling them what was and was not appropriate behavior toward women. One woman said having children helped her own recovery because she wanted to be a “real” mother for them. She reported trying to be more open with her children than her mother was with her, and she believes they have a better relationship because of her own experience.

- *So I gave my daughter up for adoption, an open adoption, they kept her name. She knows who I am. It took me about five years to realize, that was the best thing I could ever give her. I could've loved her, but that couldn't have prevented any of the pain that I would've given. Had to break the cycle. I refuse. There's no reason why she had to suffer, because I wasn't okay.*

- *My mom got two of my kids, my 14 and my 12 year old. My daughter's been touched in a sexual way. And my son had troubles with things.*
- *With my kids. I have a way, better relationship with my kids. I'm open and honest. I let them know what's going on with me, if something's going on. They let me know what's going on with them, if something's going on. So it's just been open and honest and willing.*

Family members' influence on spirituality (n = 4). Despite the dysfunction within their family, four of the women talked about a grandparent who became a spiritual mentor or a sister whose intense spiritual experience influenced their own spiritual growth. One woman who had a very confusing relationship with her father, who was also her perpetrator, talked of his influence on her spiritual life. As her father searched for his own spiritual beliefs, he invited his daughter to join him in his readings and discussion. The participant reported that their intellectual discussions led her to explore her own spirituality and thus influenced her in this way. One woman said that her family influenced her spirituality because she used it as a way to escape the abuse and dysfunction.

- *She [grandmother] would hold me and tell me things. She was a huge role model for spirituality. Very much so! (Crying) it was a very deep bond. She was my only link...To God. She still is.*
- *But she [sister] said that when she was standing in the shower that morning getting ready to go to the hospital. She felt that*

she was just bathed in some sort of beautiful light, healing light. She said it was like nothing that has ever happened before, and she went into that surgery completely confident that everything was going to be fine. That was really powerful for me. So there I was sure that that is what it was, the presence of God and that assured her. I was 35.

Domain 8: Personal Relationships

This domain pertains to the role of relationships in the participants' lives. The domain includes intimate relationships, friendships, and family relationships. Some of the participants' descriptions concern specific individuals, and others refer to people in general. Some of the categories concern obstacles to healthy relationships, the participants have experienced as well as some other issues they have with relationships. There are 9 categories.

Obstacles to relationships (n = 11). A great majority of the women reported that they experienced obstacles to healthy relationships as a result of the abuse. They experienced great difficulty connecting to others. Although the obstacles primarily occurred with intimate partners, many women also found obstacles in their friendships and cohort relations. One obstacle includes difficulty opening up to others. Some commented that when they meet new people they wonder, "What would they think of me if they knew?" If they do tell others, they feel shame, believing that the new friend will judge them. As a consequence, the abuse stays buried within them, never allowing the women to open up for fear they will lose the friendship. Yet, "not telling" leaves them closed and alone. Many women discussed their ever present feelings of loneliness.

The women also described fear as an obstacle to relationships. They identified many fears surrounding bonding with others-- fear of trust, fear of not being accepted, fear of someone finding out. They did not trust other people, particularly men. One woman said she struggles with her feeling that “if he is nice to you, he wants something. All men will cheat.” One woman described her feeling that no one loves unconditionally. “All people, particularly men, will use you for their own needs.”

The women described their attraction to abusive men, and their belief that abusive men are attracted to them. They reported that they often deliberately chose partners who were abusive because it felt “normal.” Many women said they “sabotaged” relationships with healthy partners. One woman stated that she tended to choose intimate partners who did not treat her well

One woman discussed the difficulty she had in remaining faithful, while another discussed her past experiences with relationships that were based only on physical and/or sexual attraction. Most of the women discussed periods of promiscuous behavior in their life. Whether through a string of empty relationships based only on sexual attraction or prostitution, many women described periods in their life when sexual relationships became the only type of relationship they had with men.

While some women described being more comfortable with female friends, others stated that women tended to dislike them. Only two women reported that the abuse did not affect their friendships.

- *Well, one reason I've never married is that I've always gone out with men I would never marry. And I don't know if that's, I mean, I didn't realize it at the time, but now I see the pattern.*

And now I think fear of getting too close, a fear of commitment. I could never trust them, because I went out with guys that were jerks. It was a way to keep from being intimate.

- *And letting people be close to me. There's a certain point where I can't be myself because I don't trust that people accept me. I feel like my heart's closed off. Not as bad as it was, but it's something I'm definitely working on. I think that right now, I think that it caused me to be really lonely. The isolation and the loneliness.*
- *I just thought they knew. That they knew I was sexually assaulted. That they weren't going to like me. I stayed away from friends for awhile. Then I picked different friends. Then I picked prostitute friends.*
- *I have a hard time with that. Willing to deal with women. I had a hard time with that. I never got along with women. I always thought they were out to get me.*
- *I don't care about other people's feelings. Or, what happens to them because I want them to hurt like I'm hurting. And then it makes me feel good, to make other people hurt because then they hurt like I do. And they deserve it because I got it so...*

Sex/sexuality issues (n = 11). All but three of the women reported problems with sexual intimacy. They often experienced flashbacks of the abuse when they became intimate with a loving partner. They expressed feeling a great deal of confusion and

conflict around sexuality. One woman reported that she was very uncomfortable having sex with men. She currently has sex only with women. She added that she had been in love with two different men, but she did not enjoy sex with them.

Many of the women stated that they often had sex only to please a partner. They also reported enjoying sex more with partners that they do not care about deeply. In addition, they struggled with their partners asking for sex and with expressing their own sexual feelings to a partner that they loved. One woman reported that she just could not have sex with a man. She said that she was currently in a healthy relationship with a good man and could not have sex with him. She began to cry as she discussed her problems with sexual intimacy.

- *With my intimate partners, I was shy. I always wanted the lights off. I had the dos and the don'ts. It wasn't sincere intimacy. Sometimes I felt like if I didn't do it that he would leave me. And if I did do it, what would he think about me. So I had a lot of mixed feelings there.*
- *As far as sex is concerned, there are times when we're making love, and I have a flashback. That probably happens once every couple months. And that's hard.*
- *Like I said I had sexual encounters with a couple of men in my life. It wasn't, I cared about them, generally, but the sexual piece, the physical piece, I only did it to please them. It wasn't very comfortable. It gave me flashbacks. It just wasn't okay*

- *I feel like it is my job to pleasure a man. But that is what I was trying to do. It's why I... that was my entire childhood. If I don't do that, then I'm a failure. If I'm good at anything, it should be that.*

Positive relationships (current and hoped for) (n =10). Most of the women talked of their positive relationships, or the positive relationships they hoped to have in the future. Since all of the women had at some point in their lives received therapy, they felt they were moving or had moved toward a place in their life where they could make healthier choices. Many discussed healthy relationships with female friends. They described feeling closer to women than men and having a greater ability to trust women. Two women described their current partners as “very healthy.” These women expressed regret that their partners often suffered the consequences of their abuse in the form of accusations and distrust. As these women healed from their abuse they began to choose more healthy relationships. All women who were not currently in a relationship described the type of healthy relationship they hoped to have someday. These women all stressed that they would not consider an unhealthy or abusive relationship again.

- *I certainly want to be with someone who is a spiritual person as well as believes, and if you will, lives the life that reflects spirituality. Preferably someone who goes to church, but someone who goes because he really believes in it. And gets some value from it.*

- *And now, I love my significant other. I really love him. He's a very beautiful person. And he's a spiritual person. It's different from religion. A spiritual. He's a very spiritual person*
- *I believe in my heart of hearts, that my husband is meant for me. That God said "this is going to be a man you can trust that you can love, and that will love you and will take care of you and protect you. He's just been a blessing.*

Broken/abusive relationships (n =9). Many of the women reported experiencing numerous broken and abusive relationships. They believed that they tended to partner with those who were abusive or unavailable. Many said they were attracted to men who reminded them in some way of the perpetrator. Many of their intimate relationships recreated the physical and emotional experience of their childhood sexual abuse. One woman said she felt she was “reliving the trauma through abusive partners.” Another woman said that in the past she had stayed with a man who repeatedly raped her, believing that because he was the father of her children, it was not rape. Most of the women described feeling that they deserved to be abused because of what they had done and what had been done to them. One woman expressed her uncertainty about her ability to break this pattern because it was so ingrained in her.

- *Well the other one, when the other ones happened I was an adult so the sex abuse wasn't happening anymore. At least from my stepfather. I might have, in retrospect, had similar situations with the people I was dating and not realized it. Like not respecting myself much in relationships.*

- *For one, I was dealing with some people I shouldn't have been dealing with, they could be abusive. That was my baby's dad.*
- *I'm always taking abusive men. It never fails! I'm a good person. It's messed up. I think about that all the time. Mentally, physically, sexually. Why am I always attracting abusive men?*

Feelings/behaviors toward men (n = 8). Many of the women said that they distrusted all men and believed that all men would be unfaithful. They also expressed a great deal of anger at men in general. Many women reported that they would sometimes use men. One woman said, "I learned to use men to get what I wanted." For some women this took the form of prostitution. Many women expressed discomfort when they were around men, believing the men always had "other motives." One woman said she actually felt hatred toward men for many years. Those women who were currently in healthy relationships, felt guilty that their partner had to put up with their issues. These women reported feeling responsible for the success of the relationship.

- *Any man. You give me a guy who's been married 50 years, has six kids, and a loving relationship, and a great wife, and the right circumstances, and he will have an affair. I used to just say "they're evil."*
- *When they look at a woman they either want to have sex with her or they want to harm her physically, but they really don't want us here for any other reason than that. And if a man is nice to you, it's because he wants you. Or he wants to hurt you. It's*

not because he's just a nice guy and he's having no impure thoughts. I used to tell my friends in high school, and part of me believes this, "any man can be seduced".

- *I know it's not right to take my anger out on men, but it just feels like sometimes. Like I just can't get over it and I don't care how old I get. I don't care how far back in the past, it's always there. Sometimes I can't even stand the smell of a man.*

Relationships and spirituality (n = 8). Spirituality played a key role in a number of the women's relationships. Most of the women reported that when they became connected to their Higher Power or became more spiritual, they began to have better relationships. Some women reported that their connection to others was a part of the spiritual experience. Several women said that they question the spiritual meaning of anyone who comes into their life. Although previous relationships lacked a spiritual component, and for some participants, spirituality was not allowed to be a part of her life by her partner, most of the women expressed that they will no longer have a partner who is not spiritual. One woman said, "I will no longer be with someone who does not believe in God or with someone who is an avid follower of any organized religion."

- *He didn't allow me to go to church or to pray. He didn't believe in spiritual activities so I couldn't.*
- *I was married to a man who did not believe in anything spiritual. And while I was with him, neither did I.*

Abandonment issues/fear of being alone (n = 5). A few women discussed their fears about being abandoned by their partners. They felt they had to have a partner in

their life in order to be *acceptable*. One woman described her fear that if a man loves her she has to control him so that he will not leave her. Another said that if she is not receiving attention from her partner, she feels “lonely and empty.” Still another stated that if she did not have a man in her life there was something wrong with her. She did everything she could to keep an abusive partner in her life because the alternative (him leaving her) was unbearable to her.

- *We had this partnership going on, and there was my mom and then he'd leave me and go to my mom. There is a lot of back-and-forth with that. So the abandonment was happening repeatedly to me.*
- *There's times when I get into an anxiety phase, where at any moment I'm feeling like I'm going to be abandoned because I'm not good enough, I'm not like somebody that anybody wants to know or be with.*
- *I just wanted to be loved. I have a lot of abandonment issues. People come in to my life, and then leave me and I wonder why. So I have a lot of abandonment issues that I'm dealing with.*

Boundary difficulties (n = 4). A few women discussed specific difficulties they experience with setting boundaries with others. They discussed taking care of others at the expense of themselves. One woman talked about her inability to establish sexual boundaries with men or women. All four women reported that a goal was to learn to set boundaries within their relationships.

- *Yeah, but I also find myself telling people things that I shouldn't. Then I would regret it severely afterwards. I tend to be taken in, if they are nice to my face and then I think they are my friend and I start telling them things about myself.*
- *It's hard for me to get to my anger because I shouldn't have any anger. So I learned that I, you're not supposed to have that. Basically like boundary stuff too, because people could just do anything and I have a huge tolerance for it.*

Helping others (n = 3). Three women talked about their desire to constantly help other people. One woman said she tries to buy love by pleasing others. Another stated that if she helps others, then she believes they will help her, if needed.

- *because I have a tendency to help everybody to the nth degree. And not to help myself.*
- *I tried to buy love by doing things for others.*

Domain 9: Issues Related to Perpetrator

This domain concerns areas that the participants identified as important in their understanding of their relationship with the perpetrator(s). Various categories describe the women's feelings about the perpetrator (both past and current); their relationship with him (all perpetrators in this study were male) before, during, and after the abuse occurrence; issues of forgiveness and ultimate justice; and current interactions and present concerns regarding perpetrator behavior. There are 6 categories.

Forgiveness (n = 11). A majority of the women struggled with issues related to forgiving the perpetrator. Many stated that they thought they had learned to forgive the perpetrator, but would never forget what he had done. They have tried to view him as

“sick” and remember that he struggles with his own issues of victimization. Despite her self statement about forgiveness, one participant admitted that although she believes that her healing depends on forgiveness, she is “glad he is dead.” Another participant wondered if she would be able to forgive him if he were still alive. One woman said that she prays for him, but struggles with forgiveness. Many women stated that to forgive the perpetrator feels like an acceptance of what he had done.

Two women said they did not forgive their perpetrator and did not believe they ever could. Those who did report forgiveness said that they still had no contact with the perpetrator. Another said that she believed that her perpetrator had been placed in her life so that she could learn forgiveness. She said, “If I can forgive him, I can forgive anyone.

- *Well, you know, I'm working on forgiveness. That's all I can say. And I wonder what happened to him, I mean, how did he end up doing that. But I don't really want to hear. I don't want him to have an excuse.*
- *I've become more forgiving. I don't know if he were alive, if that would be true.*
- *Forgiveness is a part of my healing process, especially in this strange situation that I have. I mean, there is a picture of my mom and my stepdad at my wedding. They're a part of my life. He's the only dad that I knew growing up I had to or I would have just died[referring to forgiving her perpetrator]. I mean, I don't know what I would've done. It helps it to be okay to forgive somebody. Some people are like "how can you forgive*

him, how can you go to your mom's house." It makes it okay. It helps me feel normal.

- *Well, just trying to forgive. I struggle with that. I mean, I'm sure everybody does. Whenever something like that happens to you. You don't want to forgive that person for what he did to you.*
- *I've really, I struggled a lot with that, while he was still alive, especially and whether I would say it I forgave him before he died, which I did not do. And I may still, but I haven't yet.*

Feelings about the perpetrator (n = 10). Most of the participants said that they carried a lot of intense anger against the perpetrator. Part of their anger stems from the fact that the perpetrators did not express or seem to have any remorse. One woman said that she sometimes fears the intensity of her anger against her perpetrator. Another woman became so angry with her perpetrator during adolescence that she tried to cut him with a knife.

Several of the women also talked about feelings of betrayal. Their perpetrator had a role that required him to protect her and keep her safe. Instead, he betrayed that trust and molested her. One woman said that they had had a good relationship before the abuse began, and she feels he betrayed their friendship. Another woman, abused by her stepfather, described feeling betrayed because he would have been such a great father apart from the abuse. For instance, all of her friends loved him. She often wonders how they would feel if they knew.

These women also discussed their concerns about the perpetrators continuing contact with children. Many of the perpetrators had children of their own or had access to children through a partner. The participants expressed their fear that the perpetrator was continuing to molest children because he had never received justice for the abuse he had inflicted upon them.

- *More than anger, I was really hurt. It's more hurt than angry. I was angry at him, because that's just sad. That he could look at a little girl and to think that he could get what he needed. I wasn't even eight.*
- *Hatred. That's not really considered a very spiritual thing, ... it's really hard for me to let it go for some reason.*
- *Because I was out at the bus the other day, and he says stuff to me. And I (slaps fist against hand). A lot of anger.*
- *Are you a mandated reporter? Because I don't want to say anything about the perpetrator, because if I say anything like "I feel like killing him." I don't want to get in trouble, you know what I mean? That really brings up a lot of bad... (shakes her head).*

Ambivalence: Love/hate (n = 8). More than half of the women reported confusion around their feelings for the perpetrator. In most cases, the perpetrator was a father or father figure in their life. The women talked about many of the fond memories they had of their father and stated that, if it were not for the abuse, they had a good relationship. Many of them remembered wanting their father/perpetrator's approval and love, even as

they hated him. One survivor said she thought the perpetrator loved her, but did not know how to appropriately express it. Another woman said, "I know he loved me, but it crossed the line." These women identified feeling both love and hate for their perpetrator, which left them confused. These women all stated that under the feelings of anger and the hatred, they still cared about, and even loved, the perpetrator.

- *He was with me a lot emotionally. He was with me a lot sexually. He was with me a lot intellectually, Because I thought there was something special with me and my dad.*
- *A lot of stuff that was like me and my dad. My dad and I had a good and bad relationship in that we were really good friends, and we were really close emotionally, and we were very similar in personality. And there is a lot of stuff I really like about him.*
- *Because I thought there was something special with me and my dad. And then all of a sudden there he is with my mom, which is just so convoluted. I mean, of course he's with my mom. That's his wife, but as a kid, you don't know that.*
- *The other strange saying is that it's my step dad, all I wanted growing up was his approval. Which he's somebody I shouldn't have even cared about, but I really wanted his approval. And if I could make him laugh, if I could make him happy, if could make him proud, anything from him other than anger, it was like I lived for it.*

Current interactions (n = 8). Many of the women stated that they currently have no or little contact with the perpetrator(s). Participants who do have contact stated that they have set very clear boundaries. For instance, they do not allow their children around him because they know that they can never trust him. One woman said that she never sees him alone. Another woman said that she does not allow him to have any authority over her even though her culture dictates that she should. One participant stated that she verbally abuses her perpetrator when they are together. She commented that she feels somewhat guilty for this behavior, as though she has become the perpetrator and he the victim.

- *I mean the abuse goes on, I mean a certain kind, like inappropriate words and touching every now and then, but it is still abuse. I mean, I would say. I mean, even to this day when I'm around him. I don't like it. I mean, he tries to hunt me and stuff and he's my brother and I don't like it.*
- *I mean, there is a picture of my mom and my stepdad at my wedding. They're a part of my life. He's the only dad that I knew growing up. So I have no choice... because my mom decided that no matter what he did, this man was going to be in your life and he was going to be your dad*
- *I just don't deal with him. I don't see him. I don't talk to him. I don't ask about him. I don't nothing!*

Reactions to perpetrators' lack of remorse (n = 7). Half of the participants reported feeling sadness and anger that the perpetrator never expressed remorse for his

actions. Many of these women expressed hopefulness that ultimately God would have the final judgment and demand retribution for what the perpetrator had done to them. Many also hold on to the hope that their perpetrator will acknowledge the abuse and express genuine remorse for what he had done. At the same time, they acknowledge that this is unlikely to happen. They also expressed their wish that he would be punished someday for the abuse.

- *I still feel definite hostility toward him, but the fact that he's never even apologized or anything. And I'm sure he never will.*
- *Like I always had faith that my dad would live up to what he'd done and he'd take full responsibility for everything he's done. And he hasn't. And I'm holding on to him, hoping that he'll change his mind or that he'll say "okay. I did everything."... and there's a part of me that's still grieving because I think there's a part of me that knows that he's not ever going to change.*
- *But I told him he was wrong for what he did to me. That I was his little sister. He should have been a big brother to me, protecting me. And I know that he'll never change.*

Childhood interactions with the perpetrator ($n = 6$). Because of the role the perpetrator played in their lives, many of the women were forced to interact with him on a daily basis. However, three women left home at an early age in order to avoid this contact and several said they ran away from home during adolescence. One woman was forced by her family to allow her perpetrator (her stepfather) to walk her down the aisle at her wedding. Another woman said that he would always ask her to come and sit on his

lap; she felt that she had to obey because he was an adult figure within a culture that requires children to obey adults. One woman described how her perpetrator would tell her stories about his abuse of other children in [their native country]. Another perpetrator (father) videotaped the molestation of his daughter. Several of the women remember their perpetrator informing them that the abuse was good preparation for their adult years because they would “know how to please a man.”

- *I was forced to have this man in my life, when he was in jail, the social worker would come and pick me and my mama up and take us to this building. I remember the vending machines in the hallway, and the room we were in, and set us on a table across from each other and stick toys on the table and say "okay you guys play together."*
- *My step dad, was a teacher for many years and a very well-respected teacher. So many people really liked him. He was a high school teacher, where I went to high school. And I thought "what if these people knew what you really did." I just felt like I wanted to tell them. And I almost told a couple friends, but then I said. "No. There's no reason to do that." And I just thought "why shouldn't they know that I had to put up with all this and that he wasn't really that good."*
- *but at some point I told my dad, who was my main sexual abuser, that I wanted to be a nun. And he screamed at me and told me he would disown me if I did that.*

- *He asked me if I was on birth control yet. And I said. "No." And he told me that I should be and he made some sort of comment to the effect of "you know, everything I taught you, I taught you, so that you could make the boys happy." So after the divorce, he didn't touch me again but there were those comments.*

Research Question: What are some of the obstacles to spiritual healing for CSA survivors?

The women reported that numerous obstacles stood in the way of their spiritual journey, development and healing. The following domain, entitled Obstacles to Spiritual Healing describes some of these obstacles.

Domain10: Obstacles to Spiritual Healing

This domain pertains to obstacles identified by the participants that impeded their spiritual development or came between them and their God. These obstacles include internal obstacles such as emotions and thoughts about religion and spirituality, as well as external obstacles such as self observed behaviors that separated the women from God. Additional obstacles include interactions with other people and religious institutions as well as the participants' thoughts and feelings about interactions with other people and religious institutions and the ways the women reconciled their concept of a loving God with the reality of their abuse. All of the women reported that they have struggled through and dealt with their spiritual obstacles, or are currently struggling with their spiritual obstacles. There are 5 categories.

Trust (n = 12). One obstacle that almost every woman reported facing was trust. The participants struggled with satisfactory answers to the question “How could He [God] let this happen?” Many of the women recalled a long period when they felt abandoned by God. They lost their belief in a God who allowed sexual abuse to happen rather than protecting them. They lost their faith in a God who appeared to desert them in their darkest hour. One woman said that for many years she railed against God stating, “There ain’t no God to fail me in all this.” One woman continues to struggle with the question of trust. She said she finds it difficult to reconcile an all loving, all powerful God with the reality of her abuse. Some women held onto their trust in God by reacting with confusion about God’s apparent decision not to help them. They reasoned that God must have just decided not to help them. One woman said that she began to reason with God, telling Him, “If you’re not going to be there, tell me.” Most of the women said that they lost their trust in God after they prayed and He did nothing. They interpreted this lack of response to mean either that He did not exist, He did not care, or He could not intervene. One woman said that she thought He was just “too busy” for her. Another woman continues to struggle with this issue and reported that she is currently in a spiritual crisis because she cannot understand how a God, that supposedly loved her so much, could let this occur.

- *Yeah, that's the only person I ever told and if he would have reported it (voice is very shaky) my dad would have been caught. Something would have been done. And I stopped believing in God that day. (Crying).*
- *It made me doubtful. It made me revengeful. I would challenge*

Him. I didn't trust in God anymore because why would he allow such a horrible thing to happen to me.

- *I feel like God had abandoned me and I said it out loud. "Why have you forsaken me?" And I think I really lost my faith in something bigger than me, that's going to protect me or feed me spiritually. I really lost faith in that when I was 11.*
- *Well, I think that if I don't have trust, and I've had a hard time with trust for most of my life in relationships and trust with God, I think it's caused me a lot of anxiety actually. Because I haven't been able to relax for most of my life. Or I could just say God will be there if something bad happens. Although I'm way better at that than I used to be. Kind of like reliance on God. I ended up mostly relying on myself... A friend once said, pray. I didn't have trust enough in God that God would help.*

Anger (n = 10). Most of the women reported that anger at God was an obstacle to their spiritual development. As with trust, the question they repeatedly asked was, "How could God let this happen?" These women said that their anger resulted in rebellion. "If you desert me, I'll desert you!" One woman said she screamed at God stating, "If you won't protect me, I'll show you!" She then turned to alcohol, drugs, and prostitution. The participants said that they blamed God for the abuse or for not protecting them from the abuse. One woman declared emphatically, "I shook my fist at God!" Another woman stated that she could not reconcile an all-powerful God with allowing abuse of children and felt that God

was “crapping” on her. Another woman said that it made her angry that her perpetrator regularly attended church the entire time he was molesting her. All of the women stated that their anger with God separated them from Him and resulted in disbelief.

- *... I knew that God was there! It was just that I was so damn stubborn and so damn mad that I wasn't ready to forgive Him either. And he ain't done nothing to me. And I screamed at God. I would go out in my backyard and I'd cry. I cried a river because I was mad.*
- *Yeah, because I was hurting. It was like, my childhood was just snatched. So in my anger I blamed God.*
- *...when my oldest brother started molesting me. I thought I was doing something wrong. I felt like my faith was removed. Because my mom would tell me He loved us so much. And that He would protect us and I didn't feel like no one was protecting me. I was angry!*
- *He didn't help me when this happened." I was really angry with Him. Really, really angry. I tore up Bibles. I was really mad. I was really angry at everybody. I felt somebody should have been there.. I don't care who it was, but somebody should have been there.*

Shame ($n = 6$). Several women reported that shame and guilt were obstacles to their spiritual development. Their answer to “How could God allow this to happen?” was,

“Because I am unworthy. There is something wrong with me.” They believed that they were not good enough to have a relationship with God because of the abuse. It was not a question of God’s existence so much as His decision to abandon them because of what had happened to them. One woman said, “I thought that baptism had not worked on me.” Another woman stated that every time she tried to get close to God, she felt guilty about what had been done to her. She was too “dirty” for God to love her. One woman said that her shame kept her from attending church. She felt ashamed and unloved by other church members, asking herself, “What if they knew?”

- *I just felt like it (baptism) didn't work. I thought it would wash off what happened to me, but it didn't work*
- *...and then that's when the sexual abuse started. I'd go to church, but I'd feel like I was dirty. So I wouldn't stay in church. And then some of the times I did stay in church, I couldn't get into it because I thought somebody knew.*
- *Yes, I have. (In response to whether she had experienced obstacles.) And it was trust, believing, blaming, anger, shame. Shame played a major part. In feeling dirty, and shame with "what would my mom think?" What is she going to think?*

Institutionalized religious issues (n = 9). Many of the women identified issues related to institutionalized religion as obstacles to their spiritual development. One issue concerned Christian beliefs regarding sin. The idea of “sin” separated them from God because it promoted their feelings of shame and their own unworthiness. These women

often felt as if they did not *fit in* at church or that the other church members judged them negatively.

Many of the women discussed their difficulty trusting men as an institutional issue. For example, they had a hard time with male pastors and priests and a male God. It was difficult for them to trust men, even those in the church. In terms of God as male, one woman stated, “It is difficult to trust a spiritual father when the earthly one set such a poor example.” Another woman said “It’s difficult to connect to God as a ‘white guy with a beard.’” The woman who was blamed for her abuse by the priest reported losing her trust in the church.

Two women talked of their confusion about religion because of the friction in their home around religion. These women saw the adults in their life argue over their different religious beliefs and then decided that religion was not healthy. Other women discussed their observations about the hypocrisy of the members of their church, stating that their behaviors did not match their professed beliefs. All of the women in the study had difficulty reconciling spiritual beliefs with organized religions. They stated that since they had grown up with the church as the representation of spirituality, it left them with nowhere to go spiritually.

- *I don't get angry. That's one of my problems. I think more the results of my upbringing, a result of my Catholic education. You know, I try to veer away and do as much of my own spirituality as I can. But that Catholic upbringing, and all the guilt associated to it. I can't bring myself to it.*

- *And then I'd go to church, the little old ladies in the church, and they were older ladies to, we called 'em "nannas" or grandmas or something like that. But I was always scared to tell them that I was sexually abused. Because I thought they'd think I am dirty. Like I said I thought I felt dirty and I thought I wouldn't be lovable after that*
- *I still use the word God, but I think of God as this white guy with a beard. So it's hard for me to connect with that. So I can't come up with some sort of word to use.*
- *It's so hard to keep that connection. It's so hard to find a church that's about just praising God and not condemning you if you do this or that. Because you've been married three times and you have four kids and judging you. I don't think that's what God wants you to do. So how do you go into places like that when you feel like they're judging you?*
- *I don't know, probably when I was about 10 is when I remember going to church with my grandmother. And then, to be honest, my religion was really messed up because Jehovah's Witness, they don't celebrate Christmas. They don't celebrate nothing so we would go to the Jehovah Witness church and have Bible study. We couldn't have things and my aunt didn't celebrate nothing. On the other hand, my grandma did, so it really confused me. And grandma, she's a Baptist, It was very hard,*

you know what I'm saying. My spiritual beliefs and my religion were very mixed up.

One's self as obstacle (n = 9). Many participants perceived that their personal choices and feelings separated them from God. In other words, they became an obstacle to their own spirituality. For instance, inability to forgive their perpetrator was an obstacle for three participants. Others said that their inability to forgive themselves for some of the poor choices they made in their life (e.g., promiscuous behavior, infidelity, drug and alcohol use) presented an obstacle to spiritual development. Others reported that their guilt for “not following God’s rules or plan for life” stood between them and God.

- *And just one more thing about that, the fact that I haven't forgiven, bothers me because it's incongruent with (pause) with Christian thought anyway about forgiveness. And there's enough of Christian thought embedded in me that, you know, Jesus forgave. And Jesus was an example for us, that I do this. But I still, it makes me so angry that he really took advantage of me. As a young person, as a child.*
- *...but when I left home at 12 years old. That's when I began to say, there ain't no God. I didn't have nowhere to go. I was doing all this wrong stuff, and when I prayed to ask Him to help me, He never helped me. So I was blaming Him for all the stuff I used to do.*
- *But I knew I really wasn't doing right, you know what I'm saying. It was an obstacle to me because I went back to drugs*

and alcohol. So I wouldn't feel that pain. I medicated. I stopped trusting God.

- *It's wrong to treat him the way I do. The way, I don't talk to him (perpetrator) and stuff. I know He hears and sees me. And I know that He forgives me. But first I have to forgive myself.*
- *...and that's when I really sort of pulled away from religion. When I was living right by God, I felt really close to God. But when I wasn't making choices that I felt weren't living right by God, I totally pulled away. I almost felt like I wasn't good enough to have a relationship with God at that point*

Research Question: What role does therapy play in the ongoing recovery process for CSA survivors?

Although not originally a part of the questions asked, the role of therapy in spiritual healing was a prevailing theme for the participants. Domain 11 describes how therapy brought about spiritual healing even when the therapist rarely talked about spirituality.

Domain 11: Role of Therapy in the Recovery Process

Every participant reported having participated in counseling/psychotherapy in some form (e.g., AA groups, self-help books, counseling). This domain describes their therapy experience(s), as well as the connection between therapy and spirituality. The domain also concerns the ways that therapy has helped them through the recovery process. This includes healing related topics--- their feelings, family issues and relationship concerns. There are 7 categories within this domain.

Healing from abuse (n = 11). A great majority of participants reported that therapy helped them heal from the abuse and its effects, for instance, by helping them reduce psychological emotional pain. Therapy helped the women work on factors that triggered memories, as well as diagnoses related to the trauma (e.g., PTSD). They variously described therapy as helping them “find closure,” get “unstuck,” and “release their baggage.” One woman reported that therapy helped her realize her own potential by not allowing her identity as an abuse victim to keep her from success. This woman went on to receive a master’s degree in business. All of these women discussed the role that therapy played in helping them through the recovery process.

- *I just started going to therapy again. And I forgot how good it feels to talk about it. Which is why I decided to do this because I thought "at this point, any opportunity to just talk about it . Even if it's just very matter of fact, it's like you're just releasing a little bit of yuck every time you do. You carry around 100 pounds of emotional baggage and if you can give half a pound to somebody every now and then, it just takes it away from you.*
- *Like I just can't get over it and I don't care how old I get. I don't care how far back in the past, it's always there. I am in counseling right now. That's how I get through some of the past memories. I really never talk about spirituality in counseling.*
- *It was part of my healing to forgive him. . I know I can't know what was going on in your mind at that time. Or what you are*

thinking, but I forgive you. But I'll never forget. I went to counseling for that. A lot of counseling for that.

- *And today I can't believe I pulled out of that. I thought there was not a miracle for me. It just wasn't meant to be. I mean, I still have dreams every now and then, but I'm on medication, and I see a psychiatrist. I finally got off Prozac. I was really, really depressed and for many, many years. And now I don't have to take it anymore. A lot of years of therapy. A lot of years of psychiatrists.*

The therapy experience (n = 7). All of the women in the study had experienced therapy in the past or were currently in therapy; half of them described their experiences in some detail. Many of them had been through numerous childhood and adult therapy experiences that “did not work,” or that they were forced to attend. Most of the women stated that they made no progress in therapy as long as they were not ready to begin healing. They described therapy experiences that became too painful and so they dropped out. Other women reported that they were unable to be entirely honest with their therapist and sabotaged their own healing process. Some women were forced into therapy and made a conscious decision not to heal. The women reported that once they made a decision to work with their therapists and heal, therapy worked. They encouraged survivors of childhood sexual abuse to seek therapy. All women saw therapy as a positive experience when they were ready to begin working on their issues.

- *And now that I, I am in therapy I feel like it's happening all again. I'm telling someone all these things, and they're not*

telling me anything about themselves. So in some ways therapy is good, but I think what I really need is some friends. Some good close friends.

- *In the past I'd get therapy, and I'd get to a certain point and then I wouldn't want to deal with it. This time around, and it's been years, I'm 37, I'm willing to go all the way through with it because I deserve it. I want some kind of freedom, some type of closure, or something.*
- *It started with counseling, and then it started with me. I'm a strong-willed woman. I'm very independent, and I fight. I fought! I fought the system, I fought my parents, I fought everybody because what you are telling me wasn't working for me. What you're helping me on, I might have been calm, but deep inside. I wasn't all right. I had to do something that made me feel alright. You guys would tell me to do it this way. Or maybe if you do this counseling this way that was working for the surface but it wasn't working for me on the inside.*

Role of 12 Step programs (n = 6). Several women identified 12 Step programs as instrumental in the healing process, stating that this healing occurred primarily through the treatment's role in helping them focus on spirituality. They reported that the 12 Step program helped them turn away from drugs and alcohol and toward a spiritual life. For some women, they returned to childhood spiritual beliefs; while for others, spirituality

offered an entirely new experience. Either way, these women said that it was the emphasis on spirituality that helped them begin to heal.

- *I started realizing I had adult children of alcoholics stuff going on here. So I started going to those meetings, and that helped me spiritually along, to not go down the path of drinking because for me. I would have been a whole different person. I'm pretty sure I'm addicted to alcohol. So, that was significant.*
- *Well, going to treatment, and going through the 12 Step program, and when you're in treatment they focus on trying to get you back in to your spirituality. And I think that's what happens, that's what happened to me.*
- *But then as I got older in my addiction, they did this thing called spirituality in my 12 steps, so you have to go back and touch it and at the time that I was doing step number two, you go and you ask God for forgiveness and... It's a lot.*

Connection between spirituality and therapy (n = 5). A few women reported that therapy helped them with spiritual healing either through giving them direction or through helping them become healthy enough to begin to heal spiritually. One woman stated simply, “It turned me toward God.” Two women reported that therapy forced them to focus internally, which resulted in an increased reflection on the spiritual aspects of their life. As in the 12 Step programs, therapy either helped them rediscover a spiritual life they had left during adolescence or to discover a spiritual life for the first time. A common expression used by these women when describing their discovery was “realizing

my own spiritual potential.” And yet these women reported that their therapists did not discuss issues related to spirituality.

- *I think the thing that's helped me most in my recovery is therapy. And that to me could be spiritual, because it's an internal journey. And I think what's helped me the most is therapy because it's helped me find out, let go of stuff that was really hard in my life, I felt kind of bogged down with a lot of stuff. It freed me up to find out who I am and what I like and I can feel okay about myself.*
- *Therapy has been a spiritual experience for me. It helped me let go of a lot of things. It's helped me know who I am. It's helped me to relate.*

Dealing with feelings from abuse (n = 5). A few women reported that therapy helped them to deal with their feelings regarding the abuse, including shame, anger, and guilt. Once these feelings were identified, the women could begin to work on two major issues impeded by their feelings: self esteem and forgiveness of self and others.

- *So then I got into therapy, and that really saved me because I was feeling suicidal and depressed and anxious. So that really saved me a lot, because that was a lot of internal work. Which I'm still doing.*
- *A couple years ago. When I was willing and being open and honest and started doing my real treatment. Really getting*

down with my feelings and dealing with myself. And that's when it started happening.

- *I've learned how to deal with my emotions. I'm learning how to identify my feelings. What is this feeling for? And why is it going on right now?*

Family issues (n = 4). Therapy helped a few women deal with a variety of issues related to their families. For one woman, therapy helped her come to terms with the death of her grandmother, a spiritual mentor in her life. Therapy helped another woman whose father had been her perpetrator, work through her acknowledgement and consequent grief over never really having a father. One woman was able to go through a confrontation with her parents (her stepfather had been the perpetrator), and disclose and break the silence of many years. This confrontation helped her resolve some of her issues related to shame. Another women said therapy helped her understand the damaging effects that her continuing relationship with her mother had on her and helped her to disconnect from her mother.

- *Sometimes I ask myself, why didn't she know? My answer. She didn't know. I can't expect her to. I just want to enjoy her and I do. No faith has dealt with this stuff. It's been therapy.*
- *Therapy helped a lot. I mean, I went through some therapy that ultimately led to a confrontation with my stepfather and my mom. And as difficult as that was, and I felt bad for a long time afterwards, and when I was done I wondered if I'd done the right thing. I never wished I hadn't done it, but it just was kind*

of... as I moved away from that experience and felt that sort of lift off me, then I was able to set that aside.

Relationship with others (n = 3). Three women identified therapy as key to their increased ability to form healthy relationships, primarily through opening up more to others and becoming less isolated. Therapy helped them choose healthy partners and friends, which in turn allowed them to have healthier relationships. One woman said therapy helped her choose friends who treated her better, respected her more, and gave as well as took in the relationship.

- *And I think the more I feel like I was just carrying a lot of stuff for a long time. And so I really didn't know who I was. I get to know who I am that really helps me with my spirituality. And how I can relate to other people to. In relationships, things are much better because of therapy.*
- *I've had five relationships with four kids with four different dads. It's hard for me to open up to the person I'm involved with. It's really hard, and that's what I'm trying to go through therapy now.*

Research Question: What role did spirituality play in the ongoing recovery process of CSA survivors?

This question formed the basis for this research process. Domain 12 describes the way the women healed through the recognition of their spiritual strengths and needs. Spirituality helped these women deal with a variety of issues related to childhood sexual

abuse, but primarily through its ability to provide hope and to teach them to love others and to love themselves.

Domain 12: Role of Spirituality in the Recovery Process

This domain describes the role of spirituality in the participants' recovery process across the lifespan. Included are positive and negative ways in which spirituality helped each survivor go through the healing process of childhood sexual abuse. Participants discussed ways God did or did not *get them through* the effects of the abuse. They further explained how spirituality helped them heal, including helping them to forgive, sending good people into their lives, understanding that the abuse was not their fault, and learning to love themselves and others. There are 9 categories.

God's role in turning their life around (n = 12). Almost all of the participants discussed how God, or their spiritual beliefs, helped them change destructive thoughts, behaviors, and feelings. For example, they talked of God's role in helping them turn away from drugs, alcohol, and promiscuous behaviors. They believed that God had helped them to remove themselves from abusive and destructive relationships. One woman said, "I will no longer be in a relationship where I am not loved and respected. That turned my life around."

The transition away from destructive actions often occurred when participants felt that they had nowhere else to turn or had "hit rock bottom." For example, some of the women related that a spiritual focus had kept them from committing suicide. "He helped me survive." These women reported that God gave them the strength to continue in life as well as the hope that it could be better. They began to recognize their own role

in many of their misfortunes, turned to God for guidance rather than blaming Him for their misfortunes, and began to change their behaviors.

- *And I think just the sense that spirituality has helped me see the beauty in the world and the presence of God in so many things. It's just really difficult to get that shadowy feeling anymore. So I guess the sense that spirituality just keeps me connected. I think that's the best way I can describe it. If I don't feel alone, and I don't feel like somebody's ever going to abandon me again.*
- *And I always felt that if I didn't have Him that I wouldn't make it in society. And me and my children wouldn't have a clean start. If I would have gotten out a long time ago, we would not have made it. And because I didn't have the trust in God for everything. But now I know that God has been blessing me. And that I don't have to put my trust in man, I can put it in God. He's going to provide everything I need.*
- *And I think that, well, I know, that what got me through my hardest times was having faith. And having faith that things would turn out better, and believing and trusting that. And I know that that is why my life is as good as it is right now. My life is so wonderful right now. I am very recovered and I owe most of that to faith. I trust that God is there for me, protecting me, watching through me, providing for me. And all I have to*

do is just believe that it is doing that. That's what faith is. And that's what I've done.

- *It was a miracle. I could've been dead. This guy had a knife, and he had stuck me one time, and I jumped out when the car was rolling. I'm just all bruised up on my leg. It could have been worse. He could have raped me and killed me. So to me, that was kind of a wake-up call. God had my back then.*

God as refuge; always there (n = 12). At the time of the interview, most of the women had begun to see God as a refuge. As they started to heal, God became a father, a friend, and a mentor. One woman reported, “He became the father I never had. And I could trust Him never to abandon me.” They reported that they began to trust God, such that God became the one constant they could always depend on, the one who would always be there, especially in times of trouble. One woman said, “I began to turn to Him instead of drugs.” Another stated, “I know that God watches over me and I feel safe. He is with me through my suffering even if He doesn’t take it away” The participants reported that previously held fears of abandonment had disappeared altogether or had significantly decreased in intensity. One woman summarized it in the following way: “I will never be abandoned again because I will always be connected to God.”

- *Well, and when I was little it was my, it was my refuge. I remember doing my best to pray the best.*
- *And God, at least for me and my life experience, God has always been a never ending source for compassion and mercy and love. Even though for some people that's impossible to imagine,*

because they don't "how can something that's unseen and all around us give you love?" But still, that's what it's been for me.

- *A big part! Because like I said, He's ahead of my life right now. My recovery comes first. That means before me, before my kids, before anybody. And I can't do it without Him. He is just the main one. He's the top of my every morning, every night, before I go to bed, and through the day. He's just there. I talk to Him a lot.*
- *I just feel hopeful today. And I have the faith, you know back then. I was hopeless. I felt very suicidal. I felt very homicidal. But now I just have the faith today. I believe in God. I know He's there no matter what. I know He's there,*

Healing from abuse and related issues (n = 12). All but two of the women mentioned the role God played in helping them heal from the effects of their abuse. In many cases, spirituality provided the hope that they could heal from the effects of the abuse. One woman said that spirituality helped the abuse issues surface so that she could begin the healing process. Another woman reported that God helped her enter into counseling, which later helped her deal with her issues related to childhood sexual abuse. God's help often came in the form of being with them as they struggled through the pain of feelings or thoughts related to the abuse, such as grieving over a lost childhood or realizing that they would never have a "true parent." At other times, spirituality played a role by providing them with feelings of God's comfort as they experienced flashbacks and memories of the abuse. One woman said she felt God's healing presence as she went

through her latest bout with depression. Three women stated that they did not believe it was possible to heal from sex abuse without spirituality. They further commented that helping other victims of childhood sexual abuse find God facilitated their own healing from the trauma. One participant said that it is the only way to find peace and heal.

- *Oh yeah, definitely. I think I went to spirituality, because I could look around and there was nothing there for me. I could easily eat a lot of food, or I could buy a lot of clothes or go clubbing. And I have done those things at one point in, but I feel like the thing that has sustained me the most has been praying and meditating. You know, things like that are not tangible, accessible. I just felt like it gave me a different sense of nourishment.*
- *He just made me ready to deal with it. I'm a stronger person. Now I'm glad I didn't kill myself. When I had flashbacks then I prayed. It took Him a while, but he did answer. (Laughter) up to right now I live in faith.*
- *And He's giving me the opportunity to do what I can do to heal from it. And because I don't think it will ever go away, because I remember. But I can heal. I think God can heal me.*
- *Well, I'm still alive! I think that it's, you know, given me hope that maybe someday things will be better. I guess it just helped me understand as I got older, you know, put it all together and realize it wasn't my fault. Try to understand how to forgive,*

which I haven't quite mastered but I keep trying... (some crying).

Forgiveness (n = 11). A great majority of the women discussed God's role in helping them forgive others, including their perpetrators and others who hurt them. Primarily this forgiveness included the perpetrator and/or other family members, particularly their mother. Participants reported that their spirituality and relationship with God changed their feelings of anger to understanding, and sometimes, even to feelings of compassion. They described an increased ability to see the perpetrator as "sick," with past life circumstances of their own.

Some women described God's role in forgiveness as His ability to help them to forgive themselves. Many of the participants in this study reported behaving in ways that they viewed as shameful or degrading. They also reported that God helped them see themselves as victims who made poor choices that they were no longer accountable for. Or, as one woman stated, "God helped me see myself as He saw me."

- *So my spirituality is something that helps me love my mom despite that. To accept my stepdad despite all of that. It's in our nature to hate people for something they do to us. But God says. "You know what, you have to forgive people the same way that I forgive you."*
- *Spirituality and therapy together have helped me to see more about how my dad was really a victim. And that helps with forgiveness.*

- *And I think it's going to take a long time to get to the point to where I feel I can fully forgive my father for everything he did. I forgive myself and I forgive my mom, everyone.*
- *Let's go back to my family. It taught me how to forgive my family. It taught me how to love my family, forgive them, make amends with my mom.*

God's role in relationship to others (n = 10). Most of the women reported that spirituality had played a role in improving their relationships with others around them. Primarily, it helped them learn to begin to trust others and open up, which increased their ability to become close to others. One woman said it helped her to reach out to others and tell her story. Spirituality played a role in their ability to have compassion for others, to let go of their anger, and to “know and express love.” These women reported that God had played a role in helping them to find a healthy partner, better friends, and to get along with family members.

- *Yeah, it's definitely given me a sense of that. It's given me a sense of when I talk to people. I'm going to have snap judgments about them or I'm going to be biased. But when I talk to people I've really tried to get a sense of their core. As opposed to what they look like or what their hobbies are. But just really trying to sense that.*
- *Because seeing people as whole people I feel like I was able to see them as people who were physically abused by my dad. They were frustrated. They were feeling??? So they were*

feeling powerless. In many parts of their life. I don't think it's an excuse for what they did, but I'm able to... I don't know how to explain it to people. But I really love them.

- *But I know I've got to open up and trust somebody. And I'm getting there, and God has a role in helping me get there.*
- *He was sending all types of people to me. Being open and willing was the main thing. Being willing to take suggestions.*
- *Yes. It's comforting. He's sending people my way. I'm opening my eyes again to the beauty of the world around me.*

Learning to love self (n = 9). Many of the women talked about the role of spirituality in helping them see themselves as valuable and to begin seeing their own power. They reported an increased ability to see themselves as “lovable,” and to begin loving themselves. As their knowledge of God’s love for them increased, they began to see themselves as worthy of love. Their connection to God helped them to see themselves as “somebody.” Or, as one woman stated, “How can I not be loveable? I am a part of God!”

The women talked about ways that they healed their image of self by establishing a relationship with God and with others. These actions helped them to begin to like or love themselves. Most of the women felt that spirituality played a key role in this learning process. One woman said, “I learned I’m a fighter! It took me a long time to love myself.” The more they learned to respect themselves, the less they practiced behaviors that contributed to their self hatred. One woman described integrating all the parts of her

self. Another woman learned to forgive herself for becoming what she described as “a victim of herself. “

- *I guess the main thing that spirituality has done with my sense of self has been (pause) the belief that I'm a good person.*
- *(Silence). Well, I think so. I think it has helped me to feel more, I respect myself more. during the recovery process. And I think that the reason I respect myself more I feel that I'm respected by the spiritual world, a spiritual person, whoever it might be. And I think gaining self-respect helps with a lot, not just spirituality, but it frees up our mind to think about things other than the shame and the hurt.*
- *Thinking that regardless of how I am or who I am, God loves me. I know that he wouldn't want that to have happened to me. So I feel like I'm worthy. And connected to... To the greater power. It's very strengthening!*
- *Because He's teaching me how to love myself. And that's all that matters right now today. That's a good feeling. It is! It took me a long time to love myself. A long time!*

Sent people into their life to help them through (n = 5). Several women stated that they believed God’s role in their recovery process centered around His part in sending good or spiritual people into their lives to help them heal. These people often helped bring them closer to God. Although not always themselves spiritual, these people helped the participants get through recovery and helped them see the beauty in life.

Some women identified several people, while others mentioned only one, but these “spiritual guides” played a role in helping the survivors see another part of life, a more healthy way of life. One woman said, “they helped me see that I was special.”

- *My relationship with God started changing when I was about 13. I went to camp, and I came in contact with many good adults. They were models of good adult people, and they really loved me and cared about me.*
- *I can't do it by myself. And the people that He's sending in my life work for Him. I have a lot of great people in my life today. Love, where it's real love. You know, not all wham, bam, thank you ma'am love.*

Helped them understand that the abuse was not their fault (n = 5). Several women said that their spirituality played a large role in helping them understand that the abuse had not been their fault. That is, it had never really been about anything wrong with them or about anything they did or did not do. This understanding helped them stop feeling ashamed of being abused, which helped them change their self-destructive behaviors.

- *By surrendering to God, and knowing that it wasn't my fault.*
- *It goes back again to God taught me to love myself. And with me loving myself, I know I haven't done nothing wrong for you to touch me. I haven't done nothing wrong. It's just not my fault.*

- *On the one hand, you're 100% responsible for making the changes in your life. But on the other hand, you're not responsible for what's happened to you, you're not responsible for where you're at.*

God gave meaning (n = 4). A few women reported that God played a role in their life by giving meaning to the abuse or by giving life itself meaning. One woman stated that God “made the unreasonable reasonable.” God helped them see that the abuse made them stronger, helped them become more spiritual, and allowed them to become more forgiving. It helped them realize the purpose behind the pain.

- *That he gave me insight. Everything is tied to God with me now! Anything that I do. Because there is nothing that He's going to let me do that He don't want me to do. And I'm doing what he expects me to do and my road that he wants me to go down, I'm going to go down that road. Now it's my choice, if I decide to ignore the signs that he's giving out there, to me.*
- *I think it also helped me creatively, which I think art is kind of spiritual. I also listen to a lot of music. I played piano for a while to. I think concentrating on those things helped me get through it all. I feel like that's really a benefit of all the stuff that happened to me. After all this time I can say that too. At the time, going through my stuff, I would not have recognize that I don't think. But now I can say I can recognize it as a benefit.*

Chapter 5

Discussion

Purpose of the Study

This study was an investigation of the role that spirituality plays in the on-going recovery process of female childhood sexual abuse (CSA) survivors. The major questions examined were: 1) How do CSA survivors define spirituality and how does their definition change across the recovery process? 2) What role does spirituality play in their intrapersonal functioning across the recovery process? 3) What role does spirituality play in their interpersonal functioning across the recovery process? and 4) What are the unique obstacles to spiritual functioning for CSA survivors across the recovery process?

In order to answer these questions, fourteen women who indicated that they had been sexually abused before the age of 12 years were interviewed. In the following sections, the major findings are discussed. Many of the findings in this study support others studies with respect to dysfunctional relationships and poor self esteem experienced by survivors of sexual abuse (e.g., revictimization, unstable interpersonal relationships, self blame). However, this study is unique in that it documents the role that spirituality had in the women's recovery process. Following discussion of the major results, study strengths and limitations, practice implications, and research recommendations are presented.

Major Results

Definitions of Spirituality Changed Across the Recovery Process

The women in this study reported experiencing spiritual transitions in their lives. Their transitions often precipitated changes in how they thought about life and about spirituality. These changes usually resulted in modifications to their definitions of

spirituality. Although the reasons for these definitional changes are not entirely clear, it appears that their prior conceptions of God and God's relationship to human beings no longer fit. During childhood most of the women had been raised in a Christian and/or religious environment. Some women recalled pleasant religious experiences and clear rules regarding behavior. Many women had a spiritual mentor in their life who represented the *ideal* of their religious upbringing. Other women recalled frequently feeling a connection to God, or at least a comfort in the rituals that surrounded them. When the abuse began, participants reported that they often turned to God for help. Some women remembered specifically asking God to stop the abuse. When the abuse continued, many women found themselves questioning the religious institutions and rituals that surrounded them. They asked and received no answer to the question they posed, "Why is this happening?" As they began to approach adolescence, they turned away from this seemingly silent God.

Once the women began adolescence, feelings of anger and mistrust escalated. They often rebelled. Although mistrust, rebellion, and even anger are features of the normal adolescent process, CSA survivors appear to experience these feelings more intensely; their behavioral responses appear more dangerous; and the potential for long term negative consequences seems greater. They returned to the question, "How can He let this happen?" and arrived at their own answers. As I listened to their stories of stormy adolescence, I was reminded of a scene in the movie *Forrest Gump*. One of the main characters rails his fist at God while on a ship in the middle of a hurricane, daring God to a showdown for all of the misfortune in his life. Many of the women used similar imagery to describe their anger: "I shook my fist at God!" As they turned to destructive

coping behaviors such as drugs, alcohol, and promiscuity, they stated that they participated in these activities to “get back at God.” Although they professed a disbelief in God as adolescents, participants acknowledged that in reality, they were angry. One woman reported that if God did not help her, He no longer existed. Shaking her fist at this nonexistent God, she reasoned that God did not help because God did not exist.

However, as their life paths continued, the women experienced further changes. Different catalysts precipitated these changes. Some women found a new spiritual mentor, while others said that they had “hit bottom with no where else to go.” At this point many women sought therapy, and therapy was the impetus for change that allowed them to find new spiritual connections. A few women reported that they had an intense vision or spiritual experience that changed the way they thought about many things, including religion and spirituality.

Whatever the motivating factor, almost every woman talked of a second transition, where she began to change her behaviors and to connect to her Higher Power. Following this transition, the women began to find ways to express their spiritual selves. Their conceptions of spirituality rarely matched their childhood beliefs. Rather, they were more flexible; God was no longer tied to a religion, but had been transformed into someone more personal, and God became their mentor, father, and friend. Living according to this new faith involved reaching out to others and treating others in a way that reflected God’s love. Expressing their love for God took a variety of forms and religions. The most common vehicles through which these women were able to express their spirituality, besides talking to God, were creativity and nature. Their second transition included a movement toward healthy coping mechanisms. They began to find meaning in all life

events, including the abuse. They began to see that God had been there all along. Some research suggests that making meaning out of traumatic events is a primary component of the spirituality/health link (Tix & Frazier, 1998). It is also the basis of Victor Frankel's work in logotherapy.

As the women transitioned into a healthier phase of spiritual development, they became more forgiving of themselves and of others. Their perception that they were loved by God, allowed them to see spirituality in a new light. As these changes occurred, it is not surprising that their definitions changed to encompass this new spirituality. Their reported changes parallel those in the literature on spiritual development. Research on spiritual development suggests that as people mature, their spiritual beliefs become more inclusive and less dogmatic (Worthington, 1989).

The CSA Survivors Distinguished Between Spirituality and Religion

Almost all of the women (11/14) made distinctions between religion and spirituality. Specifically, they defined religion as "a set of rules," or an institution that is more political. One was "born into" a religion. They felt that religions had more doctrines and rituals and often were based on fears and/or consequences of "sin." They defined religion as more rigid because it is "manmade." Furthermore, different religions emphasized different aspects of God.

Conversely, they defined spirituality as personal, natural, and less rigid, with fewer boundaries. Spirituality is neither male nor female, but spirit. Though not tied to a religion, people may use religion as a way to express spirituality. Some women defined spirituality as "love and harmony," or "who you are as a person." Many stated that

spirituality is about a relationship between a person and her or his God, and it is viewed as a choice they make rather than a set of beliefs forced upon them.

Possibly, religion represents childhood memories of a God who abandoned them. As the women in this study attested to, they came to regard the God of their childhood religion as unreliable. Religion has many more negative connotations for them, possibly as a result of their childhood feelings of betrayal. Some research proposes that distinctions between religion and spirituality suggest a maturity that comes with a higher spiritual development (Worthington, 1989). At any rate, the women in this study reported that they had given much thought to the topic of religion and spirituality, and in many cases studied it intensely, either in group or alone.

The CSA Survivor's Family History was Highly Dysfunctional

All of the women described being part of a family system characterized by major dysfunction. At least one parent in most of the women's family had a drug or alcohol problem. Poor communication between family members was the norm. Children and parents, as well as siblings, did not communicate directly, but through others. One participant reported that her family communicated through the family pets. Boundaries between family members were poor or nonexistent. Many of the women reported that their mother had been "emotionally unavailable."

Physical and emotional abuse existed along with sexual abuse for themselves and other family members. Many of the women witnessed the physical abuse of their mother and brothers. Other children within the family were also sexually, physically, and emotionally abused. Cycles of drug and alcohol abuse existed across generations. In

addition, many of the women described a cycle of sexual abuse within the family, with their mothers and daughters also experiencing sexual abuse.

Most women discussed past and current intense feelings toward family members, particularly their mothers. For many, their mothers were emotionally abusive or unavailable. Many of the women described their mother as “never being there. I don’t know where she was, but she was not there taking care of us.” Some mothers were unavailable because of their own drug or alcohol problem, while others were described as “living in a lost world of their own making” (e.g., church activities, hobbies, social outings) that did not include caring for children. Given the correlation between being a victim of childhood sexual abuse and having a mother who was sexually abused as a child (Fleming, Mullen, & Bammer, 1997; Leifer, Kilbane, & Kalick, 2004; Zimmerman-Hicks, 2006), this is not surprising. Survivors of CSA who never deal with their own history, would find it difficult to protect their children from becoming victims. Indeed, this is illustrated in the current study as the participants discuss their own struggles with parenting.

Much of the women’s anger stemmed from their family’s reaction to the abuse. In general, other family members did not support the victims when they learned of the abuse. Indeed, family members often did not believe the victims when they disclosed sexual abuse. Whether believed or not, most women were encouraged to keep the secret of sex abuse within the family and to allow the family to “take care of it.” Some women were themselves blamed for the abuse; this reaction was particularly true when the perpetrator was a father or stepfather. In most of these cases, the mother stayed with her daughter’s perpetrator, a finding that also is consistent with prior research on childhood

sexual abuse (Zimmerman-Hicks, 2006). Again, if these mothers had been abused as children, it would be difficult to exonerate their daughters from the abuse they had never exonerated from themselves.

At the time of their interview, all of the women reported having little or no contact with family members. Those who did have contact described very rigid boundaries because their family had not changed. Only the women themselves had changed, often as a result of therapy. Some women tried to make contact after a period of no contact and reported feeling amazed at “how sick they really are.” For instance, they returned to their family only to find that drugs and alcohol still were being abused, and that abusive behaviors continued.

Most of the women discussed the role that spirituality played in helping them to set boundaries and to forgive family members. As the women learned to love and forgive themselves, they began to have compassion for the frailties of others. This forgiveness seemed particularly forthcoming for their mothers. The women in this study reported that they began to view their mother as “doing the best she could,” a strategy that they had used as they struggled to forgive themselves for their own transgressions. Research regarding psychotherapy for survivors of childhood sexual abuse indicates that learning to love and forgive one’s self, takes precedence over most other goals (Cole & Putnam, 1992).

The CSA Survivors Experienced Numerous Obstacles to Relationships

The present participants described many broken and abusive intimate relationships. Revictimization was a common theme in their interpersonal experiences. Clinicians and theorists alike propose numerous theories regarding these issues. In fact,

revictimization is one of the strongest consequences of abuse reported in the literature (Classen, Palesh, & Aggarwal, 2005). Perhaps once a victim associates with the idea of being “a victim,” she continues to reaffirm this self assessment through her actions. Alternatively, her assessment may reflect her belief that she is somehow at fault for the abuse and thus deserves to be revictimized. The present findings support the theory that once a concept of self has been put into place, it is difficult to modify (Swann, 1997).

The women in this study reported struggling with numerous obstacles in most of their relationships. They struggled with fears of being judged by others, which resulted in their putting up walls and closing themselves off from getting close to others. They had difficulty becoming emotionally close to others, and one woman even talked of her desire to hurt others as she had been hurt. They also struggled with fears of abandonment and difficulty setting and maintaining boundaries with non-family members.

Relationships are a primary focus of clinicians who work with CSA survivors, and relationship difficulties have been consistently documented by numerous researchers (Davis & Petetric-Jackson, 2000). Survivors blame themselves for the abuse, and they believe that others will blame them, too. Any friendships they form continually require that they “keep the secret.” In addition, survivors struggle with the idea that they do not deserve to have healthy relationships because of what they have experienced, a perspective that is particularly true with intimate partners.

It is noteworthy that most of the survivors in this study represented the *third party* in an adulterous relationship. They were “the other woman.” Since they blamed themselves for the abuse, it is not surprising that they have continually recreated abusive relationships in which they are not respected or loved, including many “other woman”

relationships. The women spoke of the negative aspects of these relationships (including how their behavior hurt other women).

Feelings toward men constitute another relational issues for these women. Many described feeling uncomfortable with men. Others report feeling intense anger toward men. Although those who currently had healthy relationships expressed remorse over their treatment of their partners, most women in the study continue to carry feelings of mistrust as they try to work through their anger against men. In addition, the women often reported that they have a difficult time dealing with men without feeling a sexual tension. Prior research indicates that women who have survived childhood sexual abuse often over-sexualize relationships (Davis & Petetric-Jackson, 2000).

Many of the women in this study who were with healthy partners at the time of the interview struggled with feelings of guilt, stating that, "He does not deserve this." These findings further reflect studies demonstrating that CSA survivors typically blame themselves, feeling responsible for the success or failure of their intimate relationships (Quas, Goodman, & Jones, 2003). They struggle with finding a healthy balance between blaming themselves for intimate relationship struggles and taking responsibility for their own healing process; they often find it difficult to distinguish justified anger related to current relational issues from anger transported from the past abuser onto the current partner.

The women also reported numerous issues related to sexuality. Their issues included problems with flashbacks during sex, discomfort with sexual attention from men, and oversexualizing relationships with men and women. They reported feeling as though the only reason they have sex is to either please their mate or because they do

not know how to say no. Although few studies exist that identify the sexual challenges of women who have experienced childhood sexual abuse, most demonstrate that sexuality is an area fraught with problems. Discomfort with sexual intimacy, the inability to communicate sexual needs to one's partner, and the lack of knowledge about female sexuality have been identified as possible obstacles to sexual healing for survivors of sexual abuse (Bartoi & Kinder, 1998; Houg, B., 2002).

The relationship issues described by the present sample of women are well known among researchers who study CSA survivors. In addition, theories abound about the reasons that relational issues are so problematic. Some theorists (e.g., Davis & Petetric-Jackson, 2000; Katerndahl, Burge, & Kellogg, 2005) posit that survivors will have great difficulty overcoming these obstacles because of the complex nature of the underlying cognitive, psychological, and affective components that affect interpersonal relationships for CSA survivors. Indeed, the survivors in this study grappled with seemingly never ending battles that they face in their intimate relationships.

How then does spirituality begin to heal these wounds? The women in this study identified that one way in which spirituality was influential was through the help of other people. For some women, a spiritual mentor represented hope that they could be a part of a good relationship. Others had relationships with people who acted as role models for spirituality, regardless whether these roles models were spiritual or not. Research on resiliency indicates that having a positive role model during childhood can act as an "emotional anchor" against traumatic experiences (Clarke, 2001; Valentine & Feinauer, 1994). Most of the women in the study talked of having a spiritual role model in their life. It could be that a role model of healthy spirituality provides a buffer against spiritual

damage. The research on resiliency does not indicate how specific interventions have been useful in helping victims survive a trauma experience.

The CSA Survivors Multiple Self Issues

Feelings of powerlessness, self disgust, and a negative body image plague survivors of CSA (Cole & Putnam, 1992; Murthi, Servaty-Seib, & Elliott, 2006). The women in this study who were sexually abused by a father figure discussed feeling abandoned by their father every day throughout their childhood. These fathers would be with them and then “abandon” them for their mother. The classic study on learned helplessness and its more recent application in understanding the psychological repercussions of battered women (Walsh, Blaustein, Knight, Spinazzola, & van der Kolk , 2007) can help to explain the psychological underpinnings of victims of CSA. Growing up unable to change the circumstances of their abuse, they continue to hold themselves in bondage to uncomfortable or even dangerous situations as adults. They continue to feel powerless in situations that clearly have avenues of escape.

Feeling as though they deserve the abuse inflicted upon them as a child, survivors of sexual abuse, including those in this study, often live in fear that someone will “find out” and see them as the disgusting person they see in themselves. In order to prevent discovery, the CSA survivor makes certain that others never really know her. She “puts up a wall,” blocking herself off from others, at times convincing herself that she does not need anyone. Living in a world of self inflicted isolation, she becomes lonely. Consistent with prior research, many women in this study talked about their vague, confusing feelings of loneliness. As their self-inflicted walls of isolation further separate them from others, they become increasingly unable to see

how their desire to hide the secrets of their childhood have become a self fulfilling prophecy.

Women in this study began to identify themselves as a victim, exacerbating the problem. Rather than simply recognizing that they had been a victim in the past, which can be a positive recognition of what happened to them, they continued to carry this label into many of their current relationships. The victim role becomes a part of their identity. Indeed, researchers in one study concluded that survivors of sexual abuse identify with two types of people: victims and perpetrators (Krahe, Waizenhofer, & Moller, 2003). While most of the women in this study took on the victim role, they also discussed times when they became “the perpetrator” in relationships. Vacillating between these two roles perpetuates a vicious cycle of self hatred.

“Who would I be if I had not been abused?” This question plagues survivors. Believing the abuse defines who they are, they struggle with giving it up as they dream of what “might have been.” At least one woman in the present study discussed the safety she feels in being a victim. All of her “failures” in life became a result of CSA, until she ultimately no longer had to try to succeed. Some researchers and clinicians recommend giving the responsibility for their lives back to survivors. Although painful and frightening, they argue that until they begin to appreciate their own power, they can not heal (Gall, Basque, Damasceno-Scott, & Vardy, 2007; Walsh, Blaustein, Knight, Spinazzola, & van der Kolk , 2007).

For the women in this study, spirituality played a pivotal role in healing this “relationship with the self.” Many reported that it was through their relationship with

God that they were able to reconnect with themselves. They began to have dreams about a future that utilized their strengths. One woman stated that spirituality freed her from the shame and the hurt. Another woman said she learned how to know and love herself, which allowed her to begin to stand up for herself. She said, "I no longer take abuse from anyone." Not surprisingly, learning to love the self often preceded love toward others, a finding that is supported in research on the self and relationship to others (Cole & Putnam, 1992).

The CSA Survivors Experienced a Variety of Issues Related to the Perpetrator

The women in this study described a variety of difficult issues related to the perpetrator. Forgiving the perpetrator for his effect on her life, anger over the realization that he got away with it (in most cases) in terms of others knowing and legally too, and confusion over mixed feelings toward the perpetrator plagued each participant's healing process. Every woman struggled with issues related to forgiveness. Perpetrators rarely expressed remorse over what they had done to their victims, and many of the women described their thoughts as: "If I forgive him, it lets him off the hook." Another woman described her experience with her father as he admitted and apologized for the abuse during a confrontation. Unfortunately, on his deathbed, he "took it back," stating, "Someone said I did something bad, but I didn't." This participant continues to struggle with this "second betrayal."

What does forgiveness mean for CSA survivors? Many women described "forgiving the perpetrator" as their single greatest spiritual struggle. They felt that in order to heal, they had to forgive him. They believed that forgiveness had little to do with the perpetrator and everything to do with their own ability to "let go." In this way,

forgiveness becomes a cleansing tool. Some women were able to forgive by telling themselves that the perpetrator was “sick,” and, therefore, not entirely responsible for his actions. For others, as they learned to forgive themselves, they increasingly were able to remind themselves that the perpetrator had also been a victim, which resulted in their ability to feel more compassion for their perpetrator. A few of the women stated that they could forgive the perpetrator by accepting that God, as the ultimate judge, would someday demand retribution. Some participants stated flatly that they would never forgive the perpetrator. Despite the fact that many studies point to the importance of forgiveness in the healing process for adult survivors of CSA, little research exists to support this claim. There are few guidelines for “how to make forgiveness happen.” According to the participants of this study, spirituality offers some hope in this regard.

Although some participants professed to have “forgiven but not forgotten”, they struggle with their continued anger. Exactly what this means is not clear. However, it appears that a large part of “not forgetting” involves setting boundaries and for some women, having no contact with the perpetrator. Forgiveness, for these women, does not mean contact and most definitely does not mean trust. Furthermore, they do not allow the perpetrator to have contact with their children.

Several women struggled with confused feelings in their relationship with the perpetrator. A major part of these feelings was their anger that stemmed from a sense of betrayal. Many had been in a relationship with the perpetrator that had many positive aspects, and they described feeling “robbed” of a parent, a father, and their own childhood. As children, many were forced to constantly interact with the

perpetrator on a daily basis while the abuse was occurring. Some perpetrators did express remorse even as they continued the sexual abuse, which created a tremendous amount of confusion for the victims. Some research indicates that those women who had a positive relationship with their perpetrator apart from the abuse have a harder time separating healthy intimate relationships from abusive relationships (Quas, Goodman, & Jones, 2003). It seems likely that this confusion increases the likelihood of revictimization and continued involvement in abusive relationships. Just as more negative attention coupled with the sex abuse creates a negative self image that pushes the victim toward abusive relationships, sexual abuse that masquerades as love might make it difficult for the victim to distinguish between love and abuse. The outcome for both types of abuse is the same: continued abusive relationships.

The CSA Survivors Experienced Many Obstacles to their Spiritual Growth

The primary obstacles to spiritual healing for the women were intense feelings of trust, anger, and shame. “How could God allow this?” Most survivors struggled with reconciling the reality of the abuse with their belief in God’s ultimate love and power. The survivors deduced two possible explanations for God’s apparent lack of response: Either God did not exist and therefore could not intervene, or God did not care and therefore would not intervene. Both conclusions resulted in feelings of anger, mistrust and shame, and created an obstacle to their spiritual health and development.

The women in this study began to question their ability to trust in a God that would allow this to happen. How could they trust in a God that would allow them to be so hurt? Nearly all the participants discussed their struggles with trusting God. For

most, their religious upbringing had taught them that God was perfect. The seeming paradox of an all powerful God that loved them unconditionally, and their everyday existence with childhood sexual abuse, resulted in many women losing faith in their religion, and often in the God of their religion.

One study found that trust was a unique obstacle for spiritual development in women who had been sexually abused (Ganje-Fling, McCarthy Veach, Kuang, Houg, 2000). Another study found that women who had been sexually abused as children found it difficult to trust in God's plan and purpose for the future (Hall, 1995). Still another study found that while male victims of sexual abuse did not report a decline in their ability to trust God, female victims did. A key factor for the women in this study was feeling as though they had been abandoned by God. They often, at least for a time, blamed God for the abuse.

All of the women in this study were abused by men. Fleming, Mullen, & Bammer (1997) state that 98% of perpetrators are male. Most religious institutions, including those that the women in this study were raised in as children, depict God as male. The top leaders of these religions are male. Therefore, it is reasonable to assume that, for these women, God would become untrustworthy. Some of the women were able to voice this as a factor in their mistrust. Many of the women also talked about their loss of trust in people and the world. It could be that the loss of faith in God was part of a larger mistrust of the world in general. After all, even those women who had spiritual mentors did not tell the mentors of the abuse. The women discussed their increased anger when God continued to ignore their childhood prayers. Many professed that their "disbelief" in God was their form of punishing

God for His apparent refusal to answer their prayers. Blaming God for their lives, the women discussed the intensity of their anger. In their anger, they often attempted to destroy their lives. Perhaps their path of self-destruction was a way to “force God’s hand.” As stated earlier in this chapter, many women described turning to self-destructive behaviors until they “hit bottom.” Ironically, in using their own destruction to get even with God, they were admitting their ultimate belief in His love for them. If God did not exist, if God did not care, then what difference would their self-destructive behavior make to God? Their behavior intended to get even with a God that did not care for them became an oxymoron. If God is not to be held responsible, then the women felt that they must be somehow responsible for their own abuse. Within an environment of secrecy and abuse, these women had nowhere to go. Not surprisingly, many began to question their own role in the abuse. They began to feel a sense of shame simply because they were there and sexual acts were performed on them. Many participants commented on their sense that there was something “bad” or disgusting in them that made the perpetrator choose them. Many could not even put words to the self disgust they felt and instead used words that sounded, perhaps not surprisingly, like those that a child might use when expressing disgust (icky, yucky, dirty).

As the women felt their own shame, they began to act in ways that reinforced their feelings. Some turned to prostitution or participated in promiscuous behaviors. The self fulfilling prophecy states that people will begin to act in ways that provide proof for their image of themselves (Madon, Jussim, & Eccles, 1997). When we act in ways that are incongruous with our self image, it creates a sense of cognitive

dissonance (Madon, Jussim, & Eccles, 1997). The end result is that the women in this study did not experience shame exclusively for the abuse, but as a result of their own behaviors. “How can God love me?” This question haunted these women for many years and for most, it is even now a continuing challenge. They expressed feeling judged by those within their church and did not feel as if they “fit in.” Religious institutions and the people within them appeared judgmental and had a concept of sin that the women feared excluded them. It was not until they could redefine spirituality as something separate from the church that they could return to God and face their shame.

Another obstacle for many of these women, in their search for religious truth, was conflict between adults in their lives over religion. Although not directly related to CSA, it is an interesting finding. Witnessing these struggles for religious superiority, created confusion and distrust regarding all institutionalized religions. This topic could prove to be an interesting study in and of itself.

Therapy Helped the CSA Survivors Reconnect with their Spirituality and Heal

One unexpected finding was the role of therapy in the recovery process. The participants often reported that it was through therapy that they began to learn to love themselves. Therapy seemed to reverse the role of spirituality and self-love. That is, rather than God precipitating the healing process, which included love of self, for these women the love of self predated their reconnection to God. Self-love began through the process of therapy. Although these women first stressed the importance of God’s love, their process had a different sequence. It seems that when therapy began the healing process, self-love opened the door to loving God and loving others.

Many women felt a strong spiritual experience that allowed them to know God's love. For these women, the love of God predated their love for self and other. Interestingly, for most women it was the felt love of another during their childhood years that often precipitated their love for God. Unlike the above mentioned women that experienced Self love and then Other and God love (and also unlike available literature that indicates that therapists encourage helping survivors to love self first), some women experienced God's love first, and were then able to experience Self and Other love; still other women experienced Other love that led to feeling God's love and Self love. It appears that the order of healing and love is not important. The process of loving the self, others, and God appears to be cyclical, implying that wherever love begins, it continues and reinforces other aspects of healing. Thus, it does not seem to matter where love begins; it will lead to healing in other areas. A recent study supports this hypothesis. Gall, Basque, Damasceno-Scott, and Vardy (2007) found that development in one area of mental health (spiritual, social, emotional), usually precipitates development in other areas.

All of the women in this study had either had therapy in the past, or were currently in therapy. With the exception of 12 Step programs, the women said their therapists rarely asked about spirituality. Perhaps therapy acts as a safe relationship that can precipitate healing in many other areas. Most of the research on therapy identifies the relationship in therapy as an important factor in successful outcomes (Wolberg, 1988). Thus, therapy might have led to an increased spiritual development because it provided a healthy relationship within which love of self and God can grow. Would raising the issue of spirituality in therapy benefit CSA survivors? This is unclear. What is clear, from this study and numerous other studies, is that therapists rarely raise this issue (Hathaway,

Scott, & Garver, 2004; McCullough, 1999). Some would argue that therapists' lack of skill and/or willingness to raise the issue of spirituality with their clients constitutes a grave injustice and could even be considered a failure to provide critical treatment (Hathaway, Scott, & Garver, 2004). However, the results of this study indicate that spiritual healing occurs even when therapists do not bring up the topic of spirituality. Perhaps the therapeutic relationship provides a foundation of trust from which healthy spiritual development can begin to take root. At the very least, the topic of the role of therapy in fostering healthy spiritual development warrants further investigation.

Spirituality Played a Significant Role in the CSA Survivors' Recovery Process

Spirituality helped the present sample through the recovery process by increasing their self esteem, promoting healthy relationships, creating meaning out of confusion, and allowing forgiveness toward self and others. All of the women in this study discussed ways that God had turned their lives around and helped them heal from the effects of the abuse. Many even credit God for saving their lives, either figuratively through preventing suicide or metaphorically through helping them make healthier choices for themselves. They talked about God guiding them through their lives and carrying them through difficult and dangerous times, even when they did not know of, or acknowledge His presence. As one woman expressed simply, "He changed my life around."

One way that this transformation occurred was through the participant's ability to begin seeing themselves as important and loved. Many women discussed how God allowed them to realize that the abuse was not their fault. This acknowledgement allowed them to begin to see themselves as victims of an adult, often one who was supposed to take care of them. Discarding the burden of self blame, they allowed

themselves to see who they really were during the time of the abuse: innocent children that did not “deserve” the abuse. They could begin to hope that they were not as “bad,” “dirty,” or “unworthy” as they had supposed. If God loved them, they had to be worthy of love.

This discovery allowed them to return to the question. “How could God let this happen?” and consider other answers. Much of the research on spirituality as an intervention for trauma covers the importance of “meaning making.” One key role of spirituality is to help humans make sense of life events by attaching meaning to them. Meaning, for the present sample of women, involved their recognition that, while God was unable to stop the abuse because it was part of a larger picture, He did act as a refuge through the suffering. Many of the women discussed both the meaning of the abuse for them (made them stronger, helped mold them into becoming more compassionate toward others, made them more spiritually aware) and their increased understanding that God was always with them (as Father, friend, refuge, nourishment), even when they had not known it. Those women, in the present study, who had experienced issues related to abandonment now felt that they were never alone; they could always go to God with their sorrows and their joys. God often took the role of a benevolent, loving parent, an experience they had never had before.

This refuge allowed the women to reach out to others. They talked about their new ability to have compassion for others and to begin to set boundaries. These actions helped them let go of anger and mistrust toward others, as it had allowed them to let go of these feelings toward God. They could now tell others of the abuse without feeling shame because it was no longer their fault. They no longer had to put

up walls to keep others out. Combined, these factors allowed the women to begin to choose more healthy relationships and to forgive others for wrongdoing, as they learned to forgive themselves for their own transgressions. It appears that all 14 women were on a journey of spiritual healing, either through design, life circumstances, or a felt sense of divine intervention that was leading them further along their healing process. And though their paths varied and always included stops, starts, turns, and tracking through already traveled roads, they all hoped to find reconciliation with their Self, Others, and God. For some women, these factors allowed them to begin thinking of forgiving the perpetrator (although, as discussed earlier in this chapter, attempts to forgive also presented many challenges for the survivors). They could begin to see the perpetrator as a victim of his own past, and while most of them continued to struggle with forgiveness, they began to acknowledge that forgiveness was about their own healing process. For most women, forgiving the perpetrator was not possible without God's help.

Hypotheses based on the data

Spirituality appears to alter the negative cognitions resulting from childhood sexual abuse. One possible explanation is that their self observations begin to challenge previous observations of their behavior. This new "data" begins to challenge previously held beliefs about who they are as a person. This would support the theory of cognitive dissonance. New observations of their own behavior would have to match their self concept. Therefore, the self concept would include those that matched their new healthy, positive behaviors. If one were to ascribe to the theory of Swann (1997), that is that humans will continually affirm their negative self concepts,

it would appear that a healthy spiritual connection can overcome the negative self verification created by the abuse.

The finding that positive relationships can be more beneficial to CSA survivors than to non CSA survivors indicates that the healing power of a healthy therapeutic alliance with CSA survivors can go a long way toward healing the negative effects of CSA. Regardless of whether clinicians discuss their client spiritual beliefs, spiritual healing occurs. This provides some support for the “common factors” approach to therapy (Garfield, 1980). This theory proposes that common factors are present in all successful therapy, including expectations for growth, attention and warmth, and encouragement. Not surprisingly, these are the aspects of relationships that were missing in CSA survivors previous relationships.

Study Strengths and Limitations

The strength of this study includes the generation of detailed interview data describing how survivors of childhood sexual abuse have been able to traverse the experience and its effects. The interview data provide rich, personal information about the interplay among God, self, and others. In these interviews, participants described the healing process with their own words. With these words, they described the experience *through their own eyes, with their own feelings, with their own metaphors and images, and with their own body language*. Indeed, as I sat with these women I found myself experiencing intense grief over how they were betrayed; I felt their struggle toward healing. Conversely, I also felt their wonder in finding God’s love.

Qualitative research allows the story of the people behind the data to unfold. One woman said that participating in this interview was one way that she continued the

healing process, suggesting that the very act of research served as an intervention. The women in the study commented that they were happy for the opportunity to tell their story. Childhood sexual abuse flourishes in secretive environments. Breaking the boundaries of the silence taboo can be therapeutic in itself.

Strengths of this study include the sample, which was diverse with respect to ethnic background and age, and that consisted of women who were at varying points in their recovery process. Five categories extracted from the interview were general and 39 were typical, suggesting that they captured the experience of the present participants. The major findings generally are consistent with prior research on the effects of childhood sexual abuse.

Nevertheless, limitations of this study suggest caution in drawing conclusions based on the findings. First of all, qualitative data are not intended to be generalized to the population of interest. Therefore, it is unknown whether similar results would be obtained from other samples of victims of sexual abuse. In addition, most of the women in this study were victims of incest. The results might vary for other types of abuse. Most of the women in this study were currently, or had been, in therapy. It could be that they represent a unique group of survivors who have been struggling with life meaning issues related to spirituality. In addition, most of the study participants were raised within or identified with a western Judeo Christian philosophy. It is unclear whether results would apply to non Judeo Christian survivors. Another limitation is that the small incentive offered for participation (\$35.00) may have motivated some women to participate for monetary reasons more so than for their own personal healing and/or to

benefit others. Finally, many of the findings are based on retrospective reporting, and therefore may not be fully accurate depictions of past experiences.

Practice and Training Implications

For the women in this study, it appears that therapy can and did play an integral part in their spiritual healing. However, research indicates that therapists rarely address the issue of spirituality in therapy (Hathaway, Scott, & Garver, 2004; McCullough, 1999). One study indicates that although clients would like to discuss spirituality in counseling, they will not raise the topic unless their therapist raises it (Rose, Westefeld, & Ansley, 2001). Given that spirituality can play such a powerful role in the healing process for childhood victims of sexual abuse, this seems to be a resource that many therapists leave unexplored.

One reason that therapists give for this absence is their own discomfort (Genia, 1994, Hathaway, Scott, & graver, 2004). They do not feel qualified to explore spiritual issues with clients. They will sometimes provide referrals to those clients that request it. Unfortunately, this strategy presents two problems with this population. First, CSA survivors might not raise the issue of abuse and/or spirituality even if they wish to address these issues. One study even found that clients can sense their therapist hesitation and believe it is either wrong to bring it up or do not want to cause their therapist discomfort (Rose, Westefeld, & Ansley, 2001). Clearly, therapists and their clients would benefit from therapist training and discussion concerning the area of spirituality. Fortunately, many training institutions are beginning to address this topic in their counseling education (Hathaway, Scott, & Garver, 2004).

Research Recommendations

Further research should focus on when and how the topic of spirituality could be raised most effectively in counseling and psychotherapy. Most training programs provide little preparation for dealing with spiritual issues with clients, despite client need, although this is beginning to change. Spiritual work is not appropriate for every client, and not every therapist is able or willing to conduct spiritual work. Therefore, it is important that therapists be able to assess their clients' needs vis a vis spiritual work and either implement some of this work and/or refer these clients to appropriate resources. Studies of optimal ways to assess client desire, and readiness for spiritual work, are warranted.

Further research is needed to examine how spirituality may be a resource for other groups, for example, those who did not have the experience of a religious childhood or those who are survivors of other types of childhood trauma. Studies of male CSA survivors are needed as their spiritual healing process may differ from that of women. In addition, more studies on the topic of forgiveness, particularly in cases of childhood trauma, would be helpful. Forgiveness appears to be a pivotal process for survivors, regardless of whether they have healed in other respects. Research might investigate how and when forgiveness is an appropriate part of the treatment plan when working with childhood sexual abuse survivors and how spirituality might facilitate this process if warranted. Forgiveness may be more or less appropriate depending on factors such as client characteristics, relationship between perpetrator and survivor, and cultural norms. However, this study indicated that spirituality can be an important asset in working through this process.

Additional studies might involve women who had not experienced therapy or were at the beginning stages of therapy. It would be interesting to compare the spiritual development of those who talked about spiritual issues in therapy and those who did not. Finally, longitudinal investigations of the recovery process across the lifespan would deepen our understanding about the role of spirituality and where and when interventions with a spiritual focus might be most helpful.

Conclusion

“No words can be said, no teaching can be taught that will relieve spiritual travelers from the necessity of picking their own ways, working out with effort and anxiety their own paths through the unique circumstances of their own lives toward the identification of their own individual selves with God.”

M. Scott Peck M.D.

As already stated, this research is about voices. It is about telling stories. This dissertation research is about allowing the stories to be told. Whether there is transformative power in human stories is a separate issue. For the women in this study, spirituality allowed their stories to be told as they begin breaking the silence of their abuse. Their stories are not over; they continue to struggle, some more than others; but it is my sincere belief that these women will continue on their journey toward a deeper spiritual connection and healing.

Personal Process

“Do you want me to tell you what I find most beautiful about your species? It is that you are at your very best when things are at their very worst.”

Excerpt from *Starman*

I cannot end this dissertation research without a comment on my own process as I heard these stories. As I listened to the life stories of these women, I felt as though I experienced some of their pain and some of their triumphs over that pain. Through their ability to transform their own lives, they strengthened my belief in the power of the human spirit. The knowledge that we can transform the greatest evils of our own human making into something so powerful and good through love strengthens all of us. I feel both greatly honored and humbled to share the stories of their journey.

Table 1
Demographics

Age	20+ = 3	30+ = 6	40+ = 2	50+ = 3
Race	AfrAmer= 6	AsianAmer= 2	LatinAmer= 1	Cauc= 5
Education	<highschool= 5	Some Coll= 4	Coll degree= 4	Grad= 1
Relationship	Yes = 5	No = 9		
Religion	Christian 9	None 3	Other 2	
Duration Abuse	< 1 yrs = 3	1-6 yrs = 5	> 6 yrs = 6	
Perpetrator	Father/step 6	Mom BF 2	Other relat 3	Sibling 3
Counseling	Yes 14			

Table 2

Domains and Categories

<p>Domain 1</p> <p>Religious beliefs:</p> <p><i>This domain can be described as anything related to the participant's beliefs about God, life, religion, or spirituality. It does not include the participants' behaviors or feelings about religion or spirituality, although they may describe Feelings and behaviors may be used as examples to support their beliefs.</i></p>	<ul style="list-style-type: none"> A. Definitions of spirituality B. Distinctions between spirituality and religion C. God's responsibility in human lives D. Karma/Life as lesson E. God's rules for human behavior F. Beliefs about the world they live in G. God's relationship to us
<p>Domain 2</p> <p>Spiritual History/Experiences:</p> <p><i>This domain pertains to past and current spiritual and religious experiences. It includes current and past behaviors that expressed their spiritual/religious beliefs and feelings, as well as their personal experiences with spirituality and/or religion</i></p>	<ul style="list-style-type: none"> A. Childhood religious experiences/beliefs B. Adult religious/spiritual personal practices/expressions C. Spiritual transitions D. Influence of others on spirituality/spiritual mentors E. Visions/intense spiritual experiences

<p>Domain 3</p> <p>Effects of Abuse:</p> <p><i>This domain describes the effects of abuse as defined by the participants, including the symptoms/barriers/challenges in the women's life that, in their view, resulted directly from childhood sexual abuse. It includes feelings, psychological disorders, and both positive and negative coping behaviors that the participants identified as direct results of the abuse.</i></p>	<ul style="list-style-type: none"> A. Emotional effects of abuse B. Past negative coping behaviors C. Positive coping mechanisms D. Effects lifelong or never-ending E. Flashbacks/Memories F. Psychological disorders G. Increased spirituality
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<p>Domain 4</p> <p>Descriptions of Abuse:</p> <p><i>This domain includes anything related to the circumstances under which the abuse occurred, including ages of the survivors when the abuse first occurred, duration of the abuse, the relationship of the participant to the perpetrator, and what was happening in the survivor's life at the time of the abuse.</i></p>	<ul style="list-style-type: none"> A. Timing of abuse B. Progression of abuse across time C. Multiple abusers
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<p style="text-align: center;">Domain 5</p> <p>Disclosure:</p> <p><i>This domain pertains to dynamics and circumstances around the participants' disclosure of the abuse, including what happened after their disclosure. Also included are the participants' feelings about their disclosure, positive and negative consequences of their disclosure, and reasons that some survivors never told anyone.</i></p>	<ul style="list-style-type: none"> A. Secrecy/ non-action after disclosure B. Negative consequences of disclosure C. Positive consequences of disclosure D. Never told/told only one person
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<p style="text-align: center;">Domain 6</p> <p>Issues Related to Self:</p> <p><i>This domain involves issues related to self esteem (both present and past), regrets, future goals, and relationship with the self both internal and externally. The domain encompasses how the participants have felt about themselves in the past and how they currently feel about themselves.</i></p>	<ul style="list-style-type: none"> A. Negative feelings toward self B. Fear of rejection C. Deserved the abuse/blames self D. Body image/issues with physical self E. Powerlessness F. Self disgust G. Sex abuse as part of one's identity H. Future goals and aspirations
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<p style="text-align: center;">Domain 7</p> <p>Family Dynamics/History:</p> <p><i>This domain concerns the dynamics and relationships within the family as the abuse was occurring, and the influence of these dynamics and relationships on the participant's life and recovery.</i></p>	<ul style="list-style-type: none"> A. Family dysfunction B. Setting boundaries with family C. Feelings toward family members D. Family reactions to abuse E. Survivor's own parenting F. Family members' influence on spirituality
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<p style="text-align: center;">Domain 8</p> <p>Relationships:</p> <p><i>This domain pertains to the role of relationships in the participants' lives. The domain includes intimate relationships, friendships, and family relationships. Some of the participants' descriptions concern specific individuals, and others refer to people in general. Some of the categories concern obstacles the participants have experienced to healthy relationships, as well as some of the issues they have with relationships.</i></p>	<ul style="list-style-type: none"> A. Obstacles to relationships B. Sex/sexuality issues C. Positive relationships (current and hoped for) D. Broken/abusive relationships E. Feelings/behaviors toward men F. Relationships and spirituality G. Abandonment issues/fear of being alone H. Boundary difficulties I. Helping others
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<p style="text-align: center;">Domain 9</p> <p>Issues Related to Perpetrator:</p> <p><i>This domain concerns areas that the participants identified as important in their understanding of their relationship with the perpetrator(s). Various categories describe the women's feelings about and interactions with the perpetrator (both past and current); their relationship with him (all perpetrators in this study were male) before, during, and after the abuse occurrence; issues of forgiveness and ultimate justice.</i></p>	<ul style="list-style-type: none"> A. Forgiveness B. Feelings about the perpetrator C. Ambivalence: Love/hate D. Current interactions E. Reactions to perpetrators' lack of remorse F. Prior childhood interactions
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<p style="text-align: center;">Domain 10</p> <p>Obstacles to Spiritual Healing: <i>This domain pertains to obstacles identified by the participants that impeded their spiritual development or came between them and their God. These obstacles include internal obstacles such as emotions and thoughts about religion and spirituality, as well as external obstacles such as self observed behaviors that separated the women from God. Additional obstacles include interactions with other people and religious institutions or the participants' thoughts and feelings about interactions with other people and religious institutions.</i></p>	<ul style="list-style-type: none"> A. Trust B. Anger C. Shame D. Institutionalized religious issues E. One's self as obstacle
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<p>Domain 11</p> <p>Role of Therapy in the Recovery Process: <i>This domain describes th participants' therapy experience(s), the connection between therapy and spirituality, the ways that therapy has helped them through the recovery process, including healing from issues related to the abuse ,including feelings, family issues and relationship concerns.</i></p>	<ul style="list-style-type: none"> A. Healing from abuse B. The therapy experience C. Role of 12 step programs D. Connection between spirituality and therapy E. Dealing with feelings from abuse F. Family issues G. Relationship with others
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<p style="text-align: center;">Domain 12</p> <p>Role of Spirituality in the Recovery Process:</p> <p><i>This domain describes the role of spirituality in the participants' recovery process across the lifespan. Included are positive and negative ways in which spirituality helped each survivor go through the healing process of childhood sexual abuse. Participants discussed ways God did or did not get them through the effects of the abuse. It explains how spirituality helped them heal, including helping them to forgive, sending good people into their lives, understanding that the abuse was not their fault, and learning to love themselves and others.</i></p>	<ul style="list-style-type: none"> A. God's role in turning their life around B. God as refuge; always there C. Healing from abuse and related issues D. Forgiveness E. God's role in relationship to others F. Learning to love self G. Sent people into their life to help them through H. Helped them understand that the abuse was not their fault I. God gave meaning
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Table 3

Category Representativeness

	General (All or nearly all)	Typical (More than half)	Variant (Less than half)
Domain 1 Religious Beliefs	A. Definitions of spirituality (14)	A. God's responsibility in human lives (8) B. Distinctions between spirituality and religion (11) C. Karma/Life as Lesson (7) D. God's rules for human behavior (7)	A. Beliefs about the world they live in (4) B. God's relationship to us (3)
Domain 2 Spiritual History/ Experiences	A. Childhood religious experiences /beliefs (14) B. Adult religious/ spir pract/ express (14)	A. Influence spiritual mentors (7) B. Spiritual transitions (11)	A. Visions/intense spiritual experiences (3)
Domain 3 Effects of Abuse		A. Emotional effects of abuse (11) B. Past negative coping behaviors (11) C. Positive coping mechanisms (8) D. Effects lifelong or never-ending (7)	A. Flashbacks/Memories (6) B. Psychological disorders (5) C. Increased spirituality (4)
Domain 4 Descriptions of Abuse		A. Timing of abuse (7)	A. Progression of abuse across time (6) B. Multiple abusers (5)

Domain 5 Disclosure		A. Secrecy/non-action after disclosure (7)	A. Negative consequences of disclosure (6) B. Positive consequences of disclosure (6) C. Never told/told only one person (3)
Domain 6 Issues Related to Self		A. Negative feelings toward self (9) B. Fear of rejection (7) C. Self blame (7)	A. Body image/issues with physical self (6) B. Powerlessness (5) C. Self disgust (5) D. Sex abuse as part of one's identity (5) E. Future goals and aspirations (3)
Domain 7 Family Dynamics/History	A. Family dysfunction (14) B. Boundary issues with family members (13) C. Feelings toward family members (13)	A. Family reactions to abuse (8) B. Survivor's own parenting (7)	A. Family influence on spirituality (4)
Domain 8 Personal Relationships		A. Obstacles to relationships (11) B. Sex/sexuality issues C. Positive relationships (10) D. Broken/abusive relationships (9) E. Feelings/behaviors toward men (8) F. Relationships and spirituality (8)	A. Abandonment issues/fear of being alone (5) B. Boundary difficulties (4) C. Helping others (3)

Domain 9 Issues Related to Perpetrator		A. Forgiveness (11) B. Feelings about the perpetrator (10) C. Ambivalence: Love/hate (8) D. Current interactions (8) E. Reactions to perpetrators' lack of remorse (7)	A. Childhood interactions with the perpetrator (6)
Domain 10 Obstacles to Spiritual Healing	A. Trust (12)	A. Anger (10) B. Institutionalized religious issues (9) C. One's self as obstacle (9)	A. Shame (6)
Domain 11 Role of Therapy in the Recovery Process		A. Healing from abuse (11) B. The therapy experience (7)	A. Role of 12 Step programs (6) B. Connection between spirituality and therapy (5) C. Dealing with feelings from abuse (5) D. Family issues(4) E. Relationship with others (3)
Domain 12 Role of Spirituality in the Recovery Process	A. God's role in turning their life around (12) B. God as refuge; always there (12) C. Healing from abuse and related issues (12)	A. Forgiveness (11) B. God's role in relationship to others (10) C. Learning to love self (9)	A. Sent people into their life to help them through (5) B. Helped them understand that the abuse was not their fault (5) C. God gave meaning (4)

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Appendix A

Research Questions

1. Describe what the term Spirituality means to you.
2. Do you distinguish between spirituality and religion?
3. How do you express your spirituality?
4. Has your expression of spirituality changed over time?
5. Could you tell me about your earliest memories of spirituality?
6. If I drew a line from your earliest memories to now, where would your major and minor spiritual events lie?
7. Consider each of these times. For each memory, what was going on in terms of the sexual abuse or within you recovery process?
8. What impact did your experience of childhood sexual abuse have on your spirituality?
9. Have you experienced obstacles to your spiritual development because of the abuse? If so, what are those obstacles? How have they been obstacles? (Ask for specific examples)
10. Has spirituality played a role in your recovery process? (Ask for specific examples.)
11. What role do you see spirituality having on your ongoing recovery process in the future?
12. What impact has your spirituality had on your concept of self?
13. What impact has childhood sexual abuse had on your concept of self?
14. How has CSA affected your intimate relationships with others? With intimate partners? With friends? With family?
15. What role has spirituality played in these relationships? With intimate partners? With friends? With family members?
16. What role has spirituality played in your thoughts/feelings/behaviors toward the perpetrator(s)?
17. What other factors are important in relation to spirituality and your experience of CSA?
18. Anything else you would like to add?

Appendix B

Phone Script:

Hi, _____. My name is Bonnie Houg. Thanks for responding to the advertisement. I'd like to give you some information about the study, ask you a few questions to make sure you qualify, and also give you a chance to ask any questions you might have. So if you have about ten minutes, we can do that now.

I'm conducting a research study through the College of Education and Human Development at the University of Minnesota on the role that spirituality has played in the life of survivors of childhood sexual abuse, particularly in the recovery process.

If you agree to participate, we will set up a time for the interview, which takes about two hours. During the interview I will be asking questions about your abuse experience ("Consider these spiritual events in your life and describe what was happening in terms of the sexual abuse and/or within your recovery process."), your recovery process ("Has spirituality played a role in your recovery process?"), and your spiritual experiences ("Tell me about your earliest memories of spirituality"). Since I'll be asking questions related to your sexual abuse, the interview process might raise some uncomfortable emotions for you.

If you become uncomfortable with any question, you don't have to answer, and you can end the interview at any time without jeopardizing your relationship with NIP, the University of MN, or the researchers. At the end of the interview, I'll give you a list of referrals and an opportunity for a follow-up call. Do you have any questions?

Now I'd like to ask you some questions to make sure you qualify for the study.

1. Are you over 21 years old?
2. Was there physical contact between you and the abuser?
3. Was the abuser 21 years or older at the time of the abuse?
4. Were you under the age of twelve during the time of the abuse?
5. Are you willing to participate given the sensitive nature of the questions?

Appendix C

Demographics Questionnaire

1. Age: _____
2. Race/Ethnic Background: _____
3. Educational Level: _____
4. Relationship Status: _____
5. Religious Affiliation: _____

The following questions are related to your abuse experience.

6. Duration of Abuse: _____
7. Relationship to Perpetrator(s): _____
8. Have you participated in counseling services for abuse issues? ____