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**OFFERING SANCTUARY: UNDERSTANDING THE RELIGIOUS
RESPONSES OF SEXUAL VIOLENCE SURVIVORS**

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Offering Sanctuary:
Understanding the Religious Responses of Sexual Violence Survivors

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Abstract

Although many survivors of child sexual abuse and rape turn to their pastors for help, most clergy persons are not sufficiently trained to deal appropriately with the complex issues involved. For many survivors, religious issues are primary issues in healing but yet most social workers are not trained to see the value of addressing these issues in a therapeutic context. This mixed methods exploratory study examines the theological beliefs and religious practices of adult survivors of child sexual abuse and demonstrates how these themes impact the healing process. Implications can help clergy to deal appropriately with theological and practical issues concerning sexual assault and abuse. In addition, the research can help social workers address theological and religious issues in healing.

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Introduction

Carol is a member of Waco Christian Church. Carol is also a survivor of child sexual abuse who is plagued with reoccurring nightmares of her grandfather touching her in her 'private places' and having no one to tell. As a woman of deep Christian faith and strong convictions she feels a tremendous amount of guilt and shame over being 'sexually active' before she was married. Her grandfather was a deacon in the church and well loved by everybody. Because of this, she couldn't tell her family as a child and she has never told her husband, even after 15 years of marriage. When the memories started to overwhelm her, Carol turned to her pastor for help and guidance. She wanted to know why this happened to her, if somehow God was punishing her for a past sin, if she had to forgive her grandfather, and most importantly, she wanted to know whether or not God loved her. After telling her story, Carol's pastor began to read Matthew 6: 14-15; "for if you forgive others their trespasses, your heavenly Father will also forgive you; but if you do not forgive others, neither will your Father forgive your trespasses." (NRSV). He told her not to become bitter but to believe that everything happens for the glory of God. He did not acknowledge sexual abuse as a sin. He did not hold her perpetrator accountable for the crime. He failed to tell her that the abuse was not her fault. He did not remind her of God's love for her. At the end of the meeting, the pastor asked Carol if she wanted to pray. As he began, he placed his hand on her shoulder. Carol cringed at his touch, as it reminded her of her grandfather's hand on her shoulder during prayers before dinner. As Carol left the church, tears streamed down her face. She wondered if anyone would ever understand her pain. She wondered

if God loved her or was just continuing to punish her over and over again for what happened. She never felt so alone in her entire life.

What Carol doesn't know, is that she isn't alone at all. One in every six (17 %) women and one in every three (3%) men reported experiencing an attempted or completed rape at some point in their lives (Tjaden and Thoennes, 2000). That equals nearly 200,000 rapes a year, or 545 rapes a day and 24 an hour (Catalano, 2004). Among female victims of rape and sexual assault, 70 percent of the crimes were committed by intimates, other relatives, friends or acquaintances (Catalano, 2004). Rape, childhood sexual abuse, and domestic violence are among the most common causes of Posttraumatic Stress Disorder (PTSD) in women. The chances that a woman will develop PTSD after being raped are between 50% and 95%. For those who hope to receive some support from their pastor, a study conducted by Johnson (1992), showed that only 30% of 1200 surveyed clergy reported receiving specific training on issues

Although research shows that the level of a person's spirituality has an impact on his/her ability to cope with a trauma and that a traumatic incident can have a negative and positive influence on one's religiosity, little is known about the factors that contribute to these effects (Falsetti, Resnick & Davis, 2003). This exploratory study attempts to highlight theological issues and religious practices that may aid or hinder healing after a sexual assault. Specifically, the research addresses the following questions: 1) What proportion of adult women survivors of child sexual abuse identify theological issues as primary factors in healing? 2) What are the most common

theological issues they identify? 3) How do these theological issues and practices impact the healing process?

Review of the Literature

In the midst of the crisis of sexual abuse, it is not uncommon to raise questions concerning theological beliefs and religious practices in an effort to make sense of severity of the situation (Fortune, 1999). We grow up thinking of grandfathers, fathers, mothers, uncles, and even strangers as trustworthy and innately good. So when this worldview is challenged by the senseless act of sexual violence, many survivors begin their never-ending journey of healing with existential questions and theological problems.

Recent studies in psychology and sociology reveal an increased scientific interest and therapeutic awareness of the importance of theological issues and religious practices in the lives of people who are dealing with trauma, crisis and grief (Weaver, 2003; Sigmund, 2003). Studies indicate that religious issues are factors that can have positive or negative influences on coping skills. In addition, research purports that a traumatic event can have positive or negative effects on the ability of a person to maintain a commitment to their religious tradition and practices. This literature review will illustrate the relationship between religiosity (sometimes identified as “spirituality” (Valentine & Feinauer, 1993) or “existential well-being” (Feinauer, Middleton & Hilton, 2003)) and the ability to cope with sexual abuse. We will explore whether or not theological issues and religious practices are primary factors in healing and what

research indicates about the role of clergy in the healing process (Kennedy, 1998).

Finally, despite the increased attention to issues of faith, the literature review will show that there remains a dearth of research on what survivors of sexual abuse and rape are actually taught theologically, on what they actually believe and how those beliefs determine their responses to their trauma.

The effects of religiosity on coping ability

As research indicates, religion can have a positive and negative effect on a person's ability to cope after a trauma (Valentine, 1993; Doxey, 1997; Feinauer, 2003; Phillips, 2004; Kennedy, 1998). In related but independent studies, Valentine (1993) and Doxey (1997) both hypothesized that a high level of religiosity would have a positive effect in overcoming an experience of child sexual abuse. In her study, Doxey noted a correspondence between participants with high levels of religiosity and high scores on emotional maturity, depression, self-esteem and relationship stability, including those participants who were sexually abused as children. In addition, sexual abuse survivors who had low levels of religiosity scored the lowest on measures of mental health indicators, suggesting that religion had a positive effect on a survivor's ability to cope with sexual abuse. Based on 57 interviews with women who had been sexually abused as children, Valentine (1993) suggests that religion serves several functions in helping participants to overcome the experience of sexual abuse, most notably as a conduit to giving meaning to their life in spite of the sexual abuse.

The effects of trauma on religiosity

Other research measures how a traumatic event, like child sexual abuse, affects a person's capacity to maintain spiritual practices and beliefs (Kennedy, 1998; Ganje-Fling, 2000; Falsetti, 2003). In a study measuring the change in the role of spirituality among 70 minority inner city women who had experienced a sexual assault 9 to 24 months prior, 60% indicated an increase in the role of spirituality in their lives (Kennedy, 1998). This was determined by measuring the changes in well-being and changes in spiritual since the experience of sexual violence. Ganje-Fling, however, yielded conflicting results. The majority of the individuals in her study experienced obstacles to their spirituality following the abuse, particularly with existential questions and feelings of unworthiness. Falsetti's results supported Ganje-Fling's, as her research indicates that more people became 'less religious' after a first traumatic event than 'more religious.' As a result, Ganje-Fling suggests that further research would identify specific theological issues and religious practices of survivors of sexual violence that could aid therapists in addressing religious issues with their clients. Kennedy also points out that further research on the causality of different religious responses to sexual abuse would be helpful in treatment.

Theological issues and the role of therapists and pastors.

Fortune (1999) suggests that both secular counselors and pastors must address theological questions and religious practices with sexual abuse survivors because they are primary issues in healing. Despite this reality, very few social work students have had training on dealing appropriately with religious and spiritual issues and very few seminaries in the United States offer a class exclusively dedicated to addressing sexual

and domestic violence issues. Research indicates that belonging to a church community provides a much needed support network and a place for survivors to find meaning in their lives (Valentine, 1993; Doxey, 1997). In addition, a positive pastoral response offers a unique opportunity for sexual abuse survivors to work on issues regarding faith (Sigmund, 2003). In fact, one study purports that although survivors rarely consult their pastors after sexual abuse, pastors are more likely to be first responders than rape crisis centers (Golding, 1989; Weaver, 2003).

Methodology

Research Design

This exploratory and descriptive study builds on a pilot study conducted by the researcher in 2000-2001. In this study, six adult women survivors of child sexual abuse were interviewed concerning their childhood understanding of God, what they learned growing up about suffering, sin and anger, what forgiveness meant to them and what kind of response they needed from their pastor. All six women identified the following theological factors in their healing process: suffering, sin, anger, sexuality, forgiveness and hope. From this pilot study, a list of questions was developed for this study concerning these theological issues and questions about the needs of victims from their pastors or church community. These questions were given in the form of a survey in combination with face-to-face tape-recorded interviews.

Sample

This study utilized a non-probability convenience sample of 22 women who are survivors of child sexual abuse and adult rape and current or former clients at a central

Texas advocacy center for crime victims. There were 22 participants who completed the Offering Sanctuary Survey. 16 of those participants agreed to be interviewed and this paper is a focused analysis of a subsample of five interviews within that larger sample.

Two different instruments were used to collect data. The first, a multifaceted survey entitled Offering Sanctuary Survey (OSS), measures the importance of theological issues and religious practices in healing from sexual assault. The second instrument, Offering Sanctuary Interview (OSI), is a semi-structured face-to-face interview that identifies qualitative data concerning theological factors in healing from sexual assault. Study participants were asked to complete both instruments.

Findings

Summary of Quantitative Findings

The average age of the participants was 38 years old; nine of the women were between 20 and 30 years of age and five were over fifty (Table 1). 55% (n=11) of the participants were between the ages of six and 15 at the time of the abuse. 100% (n=22) of the participants consider themselves to be Christian and 75% (n=18) identified specifically as Baptist. Non-Denominational (8) and Lutheran (2) were represented by more than one participant while Presbyterian, Methodist and Catholic had one participant each (Table 2). All of the participants were female; there were 18 Caucasians, three African-Americans and one Hispanic. Family members were responsible for the sexual abuse in all five women who participated in the interview; two were sexually abused by their fathers, two by their brothers and one by her brother-in-law.

The purpose of question one on the survey was to assess the importance of faith in relation to other factors immediately after a sexual assault. A frequency test was run to determine where “having someone to pray with me,” “talking to a clergy person” and “addressing why this happened to me” ranked in order with other important factors listed. All four of these factors signify the importance to addressing theological issues. The test yielded the following order: feeling a sense of safety, expressing emotion, knowing why the offender did this, making choices for myself, addressing why this happened, being believed by my family, having someone to pray with me, feeling support from friends, talking with clergy, my offender being punished, being believed by law enforcement and finally, receiving medical attention. It is interesting that all of the factors related to theological issues or issues of faith ranked above being believed by law enforcement and receiving medical attention (Table 3).

Questions four and five of the survey addressed the importance of addressing theological issues and the significance of faith in the healing process. A frequency routine showed that a majority of the respondents (86.4 %, n=19) indicated that addressing theological issues are highly important (the highest score on the 4-point Likert scale) while nearly all said that faith has been a highly important factor in the healing process (90.5%, n=19).

Question ten of the survey measures the impact of a sexual assault on religious beliefs. Over half of the participants (64%, n=15) reported that they occasionally or never thought that God was punishing them. The majority of the participants stated that they have occasionally or never been angry at God for the abuse (65%, n=15). When

asked if they had ever asked God for forgiveness for the sexual assault, 43% (n=10) stated “never” while 30% (n=7) stated “all of the time.” Half (51%, n=12) of the participants found it difficult to regularly attend a worship service either “all of the time” or “frequently” yet an overwhelming majority (78%, n=17) stated they believed faith is an important aspect of the healing process. When asked if they used the Bible as a tool to heal, 43% (n=10) responded “all of the time” and 21% (n=5) responded “frequently.” Finally, 52% (n=12) of the responded reported that they “never” blamed God for what happened while the remaining 48% (n=14) stated that they blamed God “occasionally,” frequently,” or “all of the time” (Table 4).

Of the 22 participants who filled out the survey, 60% (n=15) sought help from a clergy person in dealing with the sexual assault. However, when asked how helpful the clergy person was with addressing sexual assault issues, 53% (n=8) reported that it was not helpful at all. In addressing theological issues, 53% (n=8) reported “very helpful” or “helpful” while 13% (n=2) stated “somewhat helpful” and 33% (n=5) indicated “not at all helpful.” When asked if they thought the clergy person was properly trained, 64% (n=9) indicated no and 35% (n=5) reported yes. Over half (52%, n=7) of the respondents reported that the clergy person did not acknowledge that the offender was sinful.

Summary of Qualitative Findings

The semi-structured interviews and the qualitative responses on the survey were designed to address the second and third parts of the research question: what are the most common theological issues participants identify as primary issues in healing and how do these theological issues and practices impact the healing process? Qualitative

information from the survey showed that prayer was overwhelming the most important practice important in the healing process (17 out of 22). When asked to describe Christian practices that were roadblocks to their healing, the majority of people answered “none.” However, three respondents said “prayer,” two stated “going to church,” and one stated “judgmental Christian people.” The semi-structured interviews resulted in the emergence of several theological themes, including suffering and sin, anger, forgiveness, what their abuser said/did, perception of their abuser, role of the pastor, and hope.

Suffering and Sin: Each respondent was asked what they learned growing up about suffering and why they imagined that they were suffering at the time of the sexual abuse. I then followed up with a question about sin and whether or not they thought they were being sinful or that their offender was engaging in sinful behavior. All of the women interviewed suggested that they were the cause of the suffering, that it was somehow their fault. The majority of the interviewees believed that the abuse occurred because God was punishing them for being a “bad person” and never thought to blame their offender for the abuse. In addition, most of them stated they felt unworthy to be loved by God while one woman said she questioned why God wasn’t powerful enough to stop the abuse. Two women stated that they believed at the time of the abuse that they were going to hell for what happened to them. Of the five women interviewed, only one woman stated that she did not think God was causing the abuse and recognized that her brother was the person who was in the wrong. This same person

did not question God's love for her, although she still stated that she thought she had done something wrong to deserve the abuse.

Anger: All of the women described being angry at some point in their lives for the abuse. Four out of the five women stated that they were angry first with themselves and then with God. Three women stated that they were unable to have feelings of anger towards their abusers. All of the women interviewed stated that they were taught growing up that it was not acceptable for a Christian woman to be angry.

Forgiveness: During the interview, I asked all of the women what they learned growing up about forgiveness, if they thought they needed to be forgiven and whether or not they were able to forgive their offender. All five of the women stated that they learned growing up that you have to forgive but they had varying answers as to what that means. One woman stated that she learned that if you forgive, the feelings of anger will automatically go away. Another woman stated she learned that in order to forgive someone, they have to admit they were wrong (which ultimately keep her from forgiving her offender, since he has never admitted guilt). "Forgiveness makes me angry" said one participant, because she doesn't know how someone is supposed to forgive someone who does something so bad. And another woman stated that it never occurred to her that her father needed to be forgiven (i.e. that he did something wrong).

Four of the women stated that they learned growing up that if you forgive someone then you forget what they did to you. All four women stated that this was troubling for them, as they could not forget the abuse. One woman used to pray to God immediately after the abuse that she would forget what just happened to her. Three of the women,

who were all over 50 years old, had come to a place where they had forgiven their abusers to God without their abuser's knowledge. All three of them still maintained relationships with their abusers and chose not to tell other family members about the abuse. Three of the women have come to understand forgiveness not to mean excusing or forgetting about what happened but not letting it have control over their lives. All of the women, regardless of whether they had forgiven their offender or not, stated that there were many things that they wanted to forgive themselves for – that they felt they needed to be forgiven for some things related to the sexual abuse. Some examples are: being promiscuous afterwards, not telling someone, not stopping it and letting it affect their children.

What abuser said/did: All of the women I interviewed stated that there were things their abuser said or did that made it difficult for them to tell someone and made them feel responsible for the abuse. One woman stated that her brother told her after one episode of abuse that their mother would not believe her if she told. Another woman stated that it wasn't what her father said, but what he did to make sure he didn't tell. One woman stated that her brother never threatened her but she knew not to tell because it was something bad that they shouldn't be doing.

Perception of abuser: When asked to describe how friends and family perceived their abusers, four of the five women stated that they were well respected and appreciated people in the community. One woman described her abuser as always a lot of fun and very outgoing. Another woman described her father as a decorated soldier who was respected and feared by those who worked with him. Another woman described her

abuser as a successful businessman that gave a lot of money to church and to the community. Only one woman described her home as obviously abusive to the community and this was due more to her father, who was a drunk, than to her brother, who was her abuser. Four of the five women stated that the community would not have believed them if they would have gone public about the abuse. One woman, who reported the abuse, stated that close friends and family were not surprised by the disclosure, it was the police that did not believe her (and her sister) and questioned their allegations.

Role of the pastor: 3 out of the 5 women I interviewed never talked to a pastor about their abuse. Both women who went to talk with pastors about the abuse had a good experience. One woman stated that she wanted to understand forgiveness and the pastor told her she didn't need to be forgiven for the abuse but that she would help her deal with the sin that the offender literally left on her body. Another woman stated that she talked with a woman pastor who made her feel it was ok to express her feelings. All of the other interview participants said they didn't go to a pastor because their theological issues could be dealt with privately with God.

Hope: All five women stated that they were glad they came to participate in the research. They all said that they came to be interviewed because they wanted to help someone else – either another victim, a pastor or both. Although four of the five the women expressed anger at God or disappointment that God had 'allowed the abuse to happen' and although they found it difficult at times to talk about their faith, they all

expressed a desire to be in a 'relationship' with God and connected to a community of Christian people.

All of the qualitative data supports the research question: that addressing theological issues in healing are highly important in the healing process. Some of the common themes addressed among all of the participants were: they believed they were bad and deserved to suffer, God caused or at least allowed the suffering because they needed to be punished, they felt guilty because of their anger, they felt that they needed to be forgiven and they had hope for healing in the future. The ability to address these issues, either privately, in therapy or in pastoral care was a significant factor in the ability to heal from the abuse.

Conclusions and Implications

Interpretation of Findings

For the majority of women who participated in this research project (86%), theological issues are primary factors in healing from childhood sexual abuse. The qualitative interviews demonstrated that there are several common themes among survivors that must be addressed in order to experience true healing. All of the women stated that understanding the larger existential and theological questions, such as why God allowed this to happen or why it happened to them, were necessary to address in the healing process. For some women, having a context in which to address the issues, i.e., the research, was therapeutic in and of itself. For others, they admittedly will continue to suffer the consequences and effects of the child abuse until they get some answers – especially from God.

When compared to other important factors immediately following a sexual assault, such as being believed, addressing issues of faith and praying with others did not seem as important at first glance. However, when combined with the qualitative data from the survey and interviews, several important observations emerge. First, the ranking of important factors immediately following a sexual assault fell exactly in line with current research on the subject. Issues of safety, being able to express emotions and being in control, i.e. making choices, are exactly what advocacy groups and therapists teach about typical responses to such a crisis. What this research demonstrates however, is that having someone to pray with, addressing why this happened and talking to a clergy person are more important to the respondents than being believed by law enforcement and receiving medical attention; two decisions which research demonstrates are the most difficult for a survivor to make. This means that survivors are more likely to want to talk to someone from their church or a clergy person before law enforcement or medical personnel. However, 50% of the respondents who attempted to talk to a clergy person stated that the experience was “not at all helpful.” This raises questions about the relationship between a poor response from a clergy person and further isolation, a deeper sense of guilt and/or a desire to be forgiven for victims of sexual abuse. Clearly, the majority of respondents did not think the clergy person was properly trained which can, as we see, do unnecessary emotional damage.

The premise of this research project was to try and get an understanding of religious beliefs and practices that help or hinder the healing process. Many of the respondents stated that prayer with God was important religious practice in their healing process yet

many did not do it with others in the context of church. As the qualitative interviews suggest, although there was much healing within the practice of prayer, it was generally a private act without any sense of connection to community. In some cases, an entire process of forgiveness of the offender happened without anyone else's knowledge or help. Part of this can be attributed to a Baptist understanding of the importance of a personal relationship with God. Although healing clearly took place within the context of personal prayer, it raises questions further questions about further isolation, shame and guilt on the part of the survivor.

All of the qualitative interviews suggested that people who are sexually abused as children believe that they have done something wrong which is causing the abuse to happen. By asking specifically about issues of faith and the importance of addressing theological questions, we become acutely aware of how deeply embedded these thoughts are in the lives of survivors and how necessary it is to address these issues in the healing process. As several women pointed out, they asked God why they were even born if they were just going to suffer all of this pain. This existential questioning, as difficult as it is, gets at the heart of issues surrounding this crime. Even though the theological questions may be the most difficult aspects of the healing process, they may also be the key to true, life-long healing.

In order fully to address all aspects of healing from sexual abuse, it is imperative that social workers pay attention to this type of research. Few schools of social work teach their students how to practically address these issues of faith with clients, therefore missing out on a key factor in healing. Not only does this type of research help

social workers and other clinicians understand the need to address issues of faith but it provides first hand narrative that explains religious beliefs and practices that are helpful and hurtful to the healing process. It is very likely that social workers will not only receive clients with these same questions and concerns, but they will likely have clients who have been further victimized by a clergy person or lay person in a larger faith community.

In addition, pastors and priests are in a unique position to offer healing from sexual abuse but most are not properly trained to respond adequately. This type of research illustrates the complexity of how what we learn growing up in faith communities and families influences the way in which we see the world, experience suffering and heal from pain. It was the one woman who *did not* spend her childhood going to Sunday school and vacation bible school who was able, at the time of her abuse, to recognize that God loved her and that her brother was ultimately responsible for her pain. This type of data calls into question what we are teaching our children about God, suffering, sin and forgiveness as well as the power that offenders have over individual victims, families and communities—even communities of faith.

Finally, pastors and social workers must learn to work together to serve the whole individual. This includes knowing how to respond to the practical and life-saving issues immediately following sexual abuse but also being willing to walk along side a person struggling with the tough existential and theological questions that naturally arise out of this type of crisis. Pastors and social workers do not necessarily need to be able to

serve every need of the client perfectly, but working together, can help the healing process more complete.

Tables

Table 1: Age

20-30 years	9
30-40 years	5
40-50 years	3
50+ years	5

Table 2: Denomination

Baptist	11
Non-Denominational	8
Lutheran	2
Catholic	1
Methodist	1
Presbyterian	1

Table 3: Important factors immediately following the sexual assault

	N	Mean
Safety	22	1.18
Expressing Emotion	21	1.33
Why offender	22	1.45
Choice	21	1.52
Why	22	1.64
Being believed	22	1.68
Prayer	21	1.71
Support from friends	21	1.90
Talking with Clergy	21	2.05
Offender punished	20	2.15
Law enforcement	18	2.22
Medical	20	2.60
Valid N (listwise)	17	

Table 4: Religious beliefs

Since the SA, have you...	All of the time	Frequently	Occasionally	Never
Ever thought God was punishing you	17%	17%	34%	30%
Been angry at God	17%	17 %	39%	26%
Had difficulty believing that God loved you	13%	26%	30%	30%
Asked God for forgiveness for the sexual assault	30%	4%	21%	43%
Found it difficult to regularly attend worship service	30%	21%	26%	21%
Believed faith is an important aspect of the healing process	78%	13%	6%	2%
Maintained the same religious beliefs	34%	13%	13%	21%
Changed the way you think about God	39%	21%	4%	34%
Used the Bible to heal	43%	21%	26%	8%
Blamed God for what happened	13%	13%	21%	52%

References

- Adams, C.J., & Fortune, M.M. (1995). *Violence against women and children: A Christian theological sourcebook*. New York, NY: Continuum Press.
- Brennan Homiak, K. & Singletary, J. (2007). Family violence in congregations: An exploratory study of clergy's needs. *Social Work and Christianity*, 34 (1), 18-46.
- Connor, K.M., Davidson, J.R.T., & Lee, L-C. (2003). Spirituality, resilience and anger in survivors of violent trauma: A community survey. *Journal of Traumatic Stress*, 16(5), 487-494.
- Catalano, S.M (2004). Criminal victimization 2003. Department of Justice. Washington: Government Printing Office; Publication No. NCJ 199994. Retrieved October 14, 2005 from www.ojp.usdoj.gov/bjs/pub/pdf/cv02.pdf.
- Doxey, C., Jensen, L. & Jensen, J. (1997). The influence of religion on victims of childhood sexual abuse. *International Journal for the Psychology of Religion*, 7(3), 179-186.
- Durkheim, E. (1951). *Suicide: A study in sociology*. New York, NY: The Free Press.
- Falsetti, S.A., Resick, P.A., & Davis, J.I. (2003). Changes in religious beliefs following trauma. *Journal of Traumatic Stress*, 16(4), 391-398.
- Feinauer, L. Middleton, K.C. & Hilton, G.H. (2003). Existential well-being as a factor in the adjustment of adults sexually abused as children. *The American Journal of Family Therapy*, 31, 201-213.
- Fortune, M.M (1994). A Commentary on religious issues in family violence.
- Ganje-Fling, Veach, M., McCarthy, P., Haijiang, K., & Houn, B. (2000). Effects of

childhood sexual abuse on client spiritual well-being. *Counseling & Values*, 44(2), 84-92.

Ganqevooort, R.R. (2002). Common themes and structures in male victims' stories of religion and sexual abuse. *Mental Health, Religion & Culture*, 5, 313-325.

Imbins, A. & Jonker, I. (1992). *Christianity and Incest*. Minneapolis: Fortress Press.

Kennedy, M. (2000). Christianity and child sexual abuse – The survivor's voice leading to change. *Child Abuse Review*, 9, 124-141.

Kennedy, J.E., Davis, R.C., & Taylor, B.G. (Year). Changes in spirituality and well-being among victims of sexual abuse. *Journal for the Scientific Study of Religion*, 37(2), 322-339.

Lemoncelli, J., & Carey, A. (1996). The psychospiritual dynamics of adult survivors of abuse. *Counseling & Values*, 40(3), 175-185.

Lovett, B.B. (2004). Child sexual abuse disclosure: Maternal response and other variables impacting the victim. *Child and Adolescent Social Work*, 21(4), 355-371.

Pargament, K.I., Olsen, H., Reilly, B., Falgout, K., Ensing, D.S., Van Haitsma, K. (1992). God help me (II): The relationship of religious orientations to religious coping with negative life events. *Journal for the Scientific Study of Religion*, 31(4), 504-513.

Phillips, E.R., Pargament, K.I., Lynn, Q.K., Crossley, C.D. (2004). Self-Directing religious coping: A deistic God, abandoning God, or no God at all? *Journal for the Scientific Study of Religion*, 43(3), 409-418.

Population Information Program. (2000) Population Reports: Ending Violence Against Women.

Center for Communication Programs, The John Hopkins School of Public Health
and

Center for Health and Gender Equality.

Pritt, A. F. (1998). Spiritual correlates of reported sexual abuse among Mormon women. *Journal for the Scientific Study of Religion*, 37(2), 273-286.

Sigmund, J.A. (2003). Spirituality and trauma: The role of the clergy in the treatment of Posttraumatic Stress Disorder. *Journal of Religion and Health*, 42(3), 221-229.

Valentine, L. & Feinauer, L.I. (1993). Resilience factors associated with female survivors of childhood sexual abuse. *The American Journal of Family Therapy*, 21(3), 216-224.

Tjaden P, Thoennes (2000). Full report of the prevalence, incidence, and consequences of violence against women: findings from the national violence against women survey. Washington: National Institute of Justice.

Weaver, A. J., Flannelly, L.T, Garbarino, J., Figley, C.R., & Flannelly, K.J. (2003). A systematic review of research on religion and spirituality in the *Journal of Traumatic Stress: 1990-1999*. *Journal of Traumatic Stress*, 6 (3), 215-228.

Webb, M., & Otto Whitmer, K.J. (2003). Parental religiosity, abuse history and maintenance of beliefs taught in the family. *Mental Health, Religion & Culture*, 6(3), 229-239.