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Predictors of Self-Esteem and Spiritual Well-Being Among Sexually Abused Women

Kathryn D. Rodriguez

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abused women**

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Western Conservative Baptist Seminary, 1988

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Predictors of Self-Esteem and Spiritual Well-Being
Among Sexually Abused Women

by

Kathryn D. Rodriguez

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APPROVAL

PREDICTORS OF SELF-ESTEEM AND SPIRITUAL WELL-BEING
AMONG SEXUALLY ABUSED WOMEN

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AMONG SEXUALLY ABUSED WOMEN

Western Conservative Baptist Seminary

Portland, Oregon

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ABSTRACT

The purpose of the study was to a) formulate an equation for predicting self-esteem and spiritual well-being among women molested as children and b) analyze the role of beginning age of abuse, ending age of abuse, relationship between offender and victim, family authority structure, and religious orientation of the home in predicting self-esteem and spiritual well-being in contributing to these equations.

The sample consisted of 50 adult women between the ages of 18 and 60 who were involved in outpatient treatment for childhood sexual abuse in one of six outpatient treatment facilities in the Northwestern United States.

Stepwise multiple regression analysis was performed to determine which combination of the five predictor variables formed a predictive equation for two criteria. Results revealed that none of the five

predictor variables entered into a predictive equation for either General Assertiveness or Spiritual Well-Being. Forced entry analysis revealed that the total amount of variance accounted for by the five predictor variables is insignificant. SGR and SWB scores in this clinical sample as compared to normals were lower.

The results suggest that the adult self-esteem and spiritual well-being of these sexual abuse victims cannot be explained in terms of the five predictor variables used in this study. Apparently the cause and effect relationship between experiential factors of abuse and later overall adjustment is much more complex and individualized than previously believed.

Based upon the negative correlation found in this study between family authority structure and religiosity it is concluded that the relationship between these two variables may be in the opposite direction from that previously reported. Further, neither of these two variables were predictive of self-esteem or spiritual well being. Suggestions for future research include identification of other variables to be tested for predictability of adjustment, identifying new ways of operationalizing these variables, and

exploring possible curvilinear relationships between experiential variables of sexual abuse victims and measures of adjustment.

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CHAPTER ONE

INTRODUCTION

In recent years professional clinicians have come to recognize the widespread incidence and effects of sexual abuse of children. A survey conducted in 900 randomly selected homes in the San Francisco area revealed that 38 percent of the women interviewed reported being sexually abused before the age of 18 (Conte, 1984).

Indeed, some researchers in the field believe that these statistics are only the tip of the iceberg due to so many cases having gone unreported in the past. Justice and Justice (1979) believe this is a problem of growing magnitude. They report 50 to 500 percent increases in the number of confirmed cases of incest reported each year. Their work in the Houston, Texas area suggests that for every case reported as many as 20 cases go unreported.

To more brutally compound these tragic statistics the offender is only a stranger to the child in approximately 8 to 10 percent of the cases; a full

forty-seven percent of sex offenders are members of the victim's own family, and the other 40 percent are at least known to the child (Conte, 1984). Father-daughter relationships account for about three fourths of all incest with fathers being middle-aged (30-50 years old). Other forms of sexual abuse include sibling incest with older brothers, incest between mothers and sons as well as other family members or baby sitters, persons whom the child usually knows well (Schecter & Roberge, 1976).

Incest and the sexual misuse of children is not a new phenomenon. It has been documented as cultural practice, albeit taboo in many ancient cultures as well those populating the earth today. Feminist writers have well documented the prevalence of sexual misuse of children occurring in patriarchal societies where women and children were treated as property to buy and sell. Biblical history, unfortunately, is no exception to this, with several instances of incest being recorded among the leading patriarchal families, including Lot, Judah and King David.

Sexual exploitation and misuse of children is a complex, multidimensional social problem. It has been

shown to be intergenerational, sometimes occurring over as many as three or more generations. Schecter and Roberge (1976) see that individuals with characterological defenses such as denial, rationalization and projection often perpetuate sexual exploitation across generations.

The literature has focused upon treatment of child victims as well as offenders. Research has explored the characteristics of offenders, victims and their families as well as the effects sexual abuse has upon the victims. Much of the research to date has been done with clinical samples utilizing structured interviews and/or surveys to gather information for making correlations between the abuse and its effects.

Statement of the Problem

In addition to the correlational studies mentioned above, it is believed that studies which investigate the predictive relationships between common experiential variables among victims of sexual abuse and individual personality measures would provide a

missing link in the literature. Assuredly, there has been much descriptive and correlational research done in this area. However, if a clinician searches for a statistically precise clinical model of these individuals it is yet to be found.

While it is understood that clinical populations are difficult to statistically define, any efforts to this end are badly needed to lend even more credibility to this area of research. The primary method of investigation that has been used to explore the potential long range effects of sexual abuse has been correlation. There is a volume of literature in this area that suggests a strong relationship between sexual abuse and later problems with self-esteem as well as overall well-being (Finkelhor, 1979; Silver & Boon, 1983; Van Buskirk & Cole, 1983). However, no cause and effect models exist that would directly link certain experiential aspects of the abuse and the family dysfunction to subsequent adjustment problems in victims.

In fact, the literature has been criticized for lacking this very thing. Several studies as well as reviews of the existing literature postulate that no

serious effects of sexual abuse have been demonstrated. Cepada (1978) did not find that children with dull normal or borderline intelligence experienced any serious repercussions of incest. Henderson (1972, 1983) in his reviews of the literature concluded that there were not any serious side effects to incest demonstrated by the "poorly done" studies in existence. Schultz (1980) also does not believe the literature demonstrates any serious effects of incest much less the existence of any type of causal relationship between incest and post-incest behavior.

Hyde and Kaufman (1984), however, identified eight factors which appear to influence the degree of damage sexual abuse has upon the victim. Among them are the age at which the abuse began, the frequency and duration of the abuse, the relationship of the offender, the victim's interpersonal relationship with the offender, the form of the abuse, the degree of secret control, the isolation of the secret and the exposure of the secret. In addition, Hyde and Kaufman surface the need for research that will not only clarify the degree of damage but will help in explaining why sexual abuse has less impact on some victims than on others.

The purpose of the present study was to develop two predictive equations utilizing two of the variables Hyde and Kaufman cited (age of abuse and relationship of offender) as predictor variables along with family authority structure and religiosity of the home to determine whether, when in linear combination, these predictor variables could predict self-esteem and spiritual well-being.

It was expected that such a predictive model would be useful in estimating the amount of damage sexual abuse could have upon the victim's self-esteem and her spiritual well-being. In addition, it was anticipated that this predictive model, due to its linear function, would yield important information about the interdependence of certain experiential factors as they affect self-esteem and spiritual well-being in women who have been sexually abused. Having such a predictive capability could yield significant implications for overall treatment outcomes and therapeutic strategies to be used in treating adult victims of sexual abuse.

Definition of Terms

Because the following terms will be used throughout this study they are operationally defined here for the reader's conceptual understanding. The terms incest, sexual misuse and sexual abuse may sometimes be used interchangeably in this study. It is necessary that the reader be able to differentiate among these terms as well as have a broad synthetic understanding of the problem.

Incest.

Incest is defined as any sexual approach which includes exposure of sexual organs, genital fondling, oral-genital contact, and/or vaginal or anal intercourse between relatives by blood, marriage or adoption (Meiselman, 1978). Whether these approaches are actually carried out is irrelevant; any inappropriate sexual approach between family members is defined as incest.

Sexual Misuse.

Sexual misuse of a child refers to the exposure of the child to sexual stimulation inappropriate for the child's age, level of psychosexual development and role

in the family (Brown, 1979). These offenses may be of a touching or non-touching nature. Touching offenses include fondling, vaginal, oral, or anal intercourse, incest and rape. Non-touching offenses include verbally expressed sexual stimulation intended to arouse the child's interest (National Committee for Prevention of Child Abuse, 1982).

Sexual Abuse.

The National Center on Child Abuse and Neglect, (cited by Peters, 1986), offers the following definition of sexual abuse:

Contacts or interactions between a child and an adult when the child is being used for the sexual stimulation of the perpetrator or another persons. Sexual abuse may also be committed by a person under the age of eighteen when that person is either significantly older than the victim or when the perpetrator is in a position of power or control over another child. (133-146)

Self-Esteem.

The evaluation an individual makes about herself which expresses an attitude of approval or disapproval, and indicates how worthy, significant and

successful she considers herself to be (Coopersmith, 1967).

Assertiveness:

For the purposes of this study H. A. Virkler's definition of assertiveness will be used as it appears in Baker's Encyclopedia of Psychology (1985):

Assertiveness can be defined as the ability to express disagreement, to defend oneself against unfair or inaccurate accusations, to be able to say "no" to unreasonable or inconvenient demands from others, and to ask for reasonable favors and help when these are needed. It also encompasses a number of friendship skills, including the ability to initiate, maintain, and terminate conversations, and to give and receive compliments comfortably. In all of these there is an emphasis on respecting the needs, feelings, and rights of the other person while expressing one's own. (p. 75)

Spiritual Well-Being.

The affirmation of life in a relationship with God, self, community and environment that nurtures and

celebrates wholeness (National Interfaith Coalition on Aging, 1975, p. 1).

Rationale

In outlining the rationale for the present study, it is necessary to provide the reader the context surrounding the effects of sexual molestation. Therefore, this review of the literature will first describe the dysfunctional family in which incest takes place. Then the literature will be examined concerning the long range effects correlated with sexual abuse. The review of the literature will then turn to the specific dependent variables to be explored in this particular study, self-esteem and spiritual well-being. Next, the discussion will explore the independent variables of the present study and finally a brief description of the study's design will bring these ancillary factors together into the overall objective.

The Sexually Dysfunctional Family

In general, the family in which incest occurs is not a respecter of persons. Incest has been reported in higher than average income families as well as low income families. Family discord and physical violence are often part of the dysfunctional family as well (Julian & Mohr, 1979; Riemer, 1940; Weinberg, 1955). These families are often observed to be socially isolated with little access to peers or helping agencies (Scheurell & Rinder, 1973). Schultz and Jones (1983) dispelled the myth, however, that incest is most prevalent among rural or mountain families. In their survey of 267 West Virginia students they found that females reared in the city are more likely to have a childhood sexual experience than their rurally reared peers.

Symptoms of the dysfunctional family include role reversals, shifts in power, deteriorating communication patterns, and blurred generational boundaries. Indeed Machota, Pittman and Flomenhaft (1967) see incest as a family affair wherein the incest serves as a function in families to freeze role relationships and so preserve them from any change that would stress the

family system. Thorman (1983) also sees that the dysfunctional family is characterized by a lack of strong coalition between the parents, role reversals between mother and daughter and unequal parental distribution of power.

Feminist researchers view the patriarchy of the father as the primary cause of incest and view it in the much larger context of a societal problem not just a family problem. Brownmiller (1975) claims that a patriarchal society creates cultural support for the dehumanization of women and children; incest and rape are among the results. Herman and Hirschman (1977) link male supremacy within a society with a greater incidence of incest. Patriarchy, according to feminist researchers such as Florence Rush (1980) actually creates opportunities for the victimization of women and children.

Father-Offenders.

Cohen (1983) describes the incestuous father as over exercising his paternal control over the family. Indeed he often is seen as exploiting his authoritative role in the family by becoming controlling and jealous of his daughter as well as projecting blame upon her for the seduction (Cormier, Kennedy & Sangowicz, 1962).

Often coming from an emotionally deprived family background himself, he seeks to recapitulate his own experience by giving his daughter the attention and affection he desired as a child (Cohen, 1983). In this way, he is able to rationalize his incestuous behavior.

De Young (1982) describes paternal offenders as being patriarchal individuals living a socially acceptable facade; yet they are unable to effectively parent because they themselves are emotionally dependent and self-involved. Spencer (1981) observes incestuous fathers to be authoritarian religious fanatics who exhibit paranoid personalities. Gebhard, Gagnon, Pomeroy and Christenson (1965) found incest offenders to have a hard time accepting responsibility for their behavior, preferring elaborate rationalizations that displace the responsibility for the incest onto the victim.

Justice and Justice (1979) characterize several types of incestuous fathers. The "Teacher" believes that having a sexual relationship with his daughter will be beneficial in preparing her for future sexual relationships. The "Sexually Liberated" father exploits his daughter sexually. "Authoritarian"

incestuous fathers use their own role in the family to possess their daughter while the "Occasional" incestuous father considers himself superior and is primarily interested in preserving his own bloodline by producing children through his daughter.

Non-Offending Spouse.

The wives of sex offenders are often perceived by the offenders as being hostile and rejecting. Cormier et al. (1962) found that these factors, coupled with the spouse's emotional and sexual withdrawal and role reversal with her daughter, set the stage for the incest to occur. Some victims remember their mothers as being ill or otherwise incapacitated as well as role reversals and separations during their childhood (Gordon & O'Keefe, 1984; Herman & Hirschman, 1981). Maisch (1972) also reported wives of incestuous fathers are weak and incapacitated. Spencer (1981) reports that incestuous fathers who are insecure about their own masculinity often marry weak, dependent women who are unable to protect their children from abuse and do not believe children when the incest is disclosed.

In addition to the role reversals prevalent in the sexually dysfunctional family, the mother often colludes in the incest. The dysfunctional mother fears

separation; tolerating the incest is perceived as essential to holding the family together. Lustig, Dresser, Spellman and Murray (1966) found this type of dysfunctional system to meet the needs of both husbands and wives in six dysfunctional families they treated. The parents were able to meet their dependency needs while the daughter was able to express her revenge against the mother for the rejection she had experienced. Therefore, as Machota et al. (1967) noted, the incest is actually in service of the dysfunctional family. It freezes role relationships and preserves them from any change that would stress the family system.

Browning and Boatman (1977) found the mothers of fourteen incest victims referred to their clinic to be chronically depressed and have subservient, subordinate relationships with their husbands. De Young (1982) describes the early childhood of these mothers to be characterized by emotional insecurity and physical and/or sexual abuse. Eager to escape their own abuse they marry early and develop passive, detached styles of coping with their patriarchal husbands. Kaufman, Peck and Tagiuri (1954) found denial to be the most

widely used defense mechanism employed by mothers of child incest victims.

Kroth (1979) believes the high degree of collusion of mother in the incestuous family, in addition to her unwillingness to intervene, is predictive of the long term consequences the incest is likely to have on the victim daughter. It appears that the behavior modeling of the mother also affects the vulnerability of the victim. Finkelhor (1979) found that mothers who do not model self-protective behavior, and who do not provide their daughters adequate sexual information or adequately supervise them, increase the likelihood of incestuous as well as non-incestuous victimization of their daughters.

Siblings of Victims.

Although very little is reported concerning the role of the victim's siblings, what has been recorded reveals that siblings often experience "incest envy" or remember being the "unchosen incest object" (Berry, 1975; De Young, 1981a; Heims & Kaufman, 1963). In addition, De Young found that some siblings become frightened that they too will be victimized and will collusively participate in setting up the victim for incest.

Victim.

The literature appears to be divided somewhat on the role of the victim in the incestuous family. Some researchers have found reason to put blame and responsibility on the victims themselves while others see them as being innocent. Revenge is seen to be a motive of victims in colluding with the family in the incest. Howard (1959) sees victims as expressing revenge against both parents, while Henderson (1972) concludes revenge is only expressed against the father when his interest in them begins to decrease.

However, Browning and Boatman (1977) suggest that victims for many different reasons may be viewed as being "special" members of the family. Sometimes this may be due to physical illness or the experience of unusual life circumstances. In any event, their need for attention and affection may be stronger. Browning and Boatman believe this desire for specialness may in some way invite an impulse-ridden father to engage them in sexual behavior. De Young (1982) says that when all the factors which have traditionally pointed blame upon the victim are taken in the familial context, the victim's culpability diminishes considerably.

Later in 1984, De Young, based upon her study of four child victims, said that the "seductive" behavior of victims often reported in the literature is actually a symptom of counterphobia. Victims who have been repeatedly victimized, in her words, "attempt to master the anxiety created by the initial sexual victimization by unconsciously and compulsively confronting the source of that anxiety by recreating victimizing situations" (De Young, 1984, p. 333-339). Gruber (1981) believes situational pressures as well as fear of displeasing an adult and enjoyment of attention are factors to be considered in why children often cooperate with their offenders and maintain the secrecy.

Summary.

Dysfunctional families where incest occurs are characterized by role reversals, shifts in power and collusiveness among family members in maintaining the incest. This is perceived to be a way of protecting the family. Each family member, offender, non-offending spouse, victim and sibling presumably plays a part in maintaining the family dysfunction.

Long Range Effects of Sexual Abuse
Upon The Victim

According to De Young (1985) the long range effects sexual abuse victims experience as adults fall roughly into five symptom-cluster categories: compulsive and or self-defeating acting out behaviors; emotional and/or diagnosable psychological problems; psychosomatic complaints; sexual problems and relationship problems. Each of these will be examined in further detail.

Acting Out.

Incest victimization in childhood or adolescence appears to occur significantly more often in the backgrounds of self-mutilators (Carroll, Schaffer, Spensley & Abramowitz, 1980; De Young, 1981b; Grunenbaum & Klerman, 1967). Carroll et al. go on to clarify that in addition to incest, separation anxiety and the threat of abandonment, family disharmony and family violence are also background factors in self-mutilating behavior. De Young (1981b) believes the self mutilating behavior may be an attempt by the victim to make herself unattractive and thereby put a stop to the

incest, or an attempt to encourage special inquiry from others, or the victim's need to punish herself for her perceived collusive role in the incest.

Malmquist, Kiresuk and Spano (1966) report more frequent and repeated illegitimate pregnancies among five women who had experienced incest either as a child or as an adult. Miller, Moeller, Kaufman, Di Vasto, Pathak and Christy (1978) found that eighteen percent of those women who had received treatment on more than one occasion for rape had experienced incest.

Vitaliano, Boyer and James (1981) discovered that 52% of the prostitutes in their sample of eight groups of female criminals were incestuously abused as children. Fifty-nine percent of the incest victims in the Vitaliano et al. study reported experiencing serious social and/or emotional problems because of the incest. In addition, Yeary (1982) reported that a high rate of female substance abusers report incest in their backgrounds.

Psychological Problems.

There is much debate as to whether incest or sexual abuse in childhood or adolescence actually disrupts emotional development. Many clinicians have found a high degree of prevalence of childhood sexual

abuse among their psychiatric populations. Out of thirty-two adult psychiatric patients, Bess and Janssen (1982) found ten to have a history of incest victimization. Herman (1981) studying 40 female adults who were victimized by incest found depressive symptoms with suicidal ideation, substance abuse, repeated sexual and physical victimization and sexual dysfunctions.

Meiselman found in her 1978 study that half of the twenty-six adult victims she studied were diagnosed as neurotic and the other half demonstrated adjustment reactions or personality disorders. In her 1980 study of sixteen adult victims who were in therapy for incest-related problems she found elevations on the depression scale, the psychopathic deviate scale, and the schizophrenic scale. This suggests that the adult victim of incest is impulsive, delinquent, isolated and possibly prepsychotic (Meiselman, 1980).

Rosenfeld (1979) found eighteen adult patients who were incest victims to be treated for presenting problems of marital discord, sexual dysfunction and hysterical character disorder. Saltman and Solomon (1982) suggest that a relationship of some kind exists between incest and the later manifestation of multiple

personality in incest victims. Lastly, Westermeyer (1978) found that out of a sample of 32 psychiatric patients who reported a history of incest, twenty were diagnosed as psychotic or neurotic, six had behavioral problems, six had psychosomatic complaints and the rest were experiencing sexual dysfunction problems.

Psychosomatic Complaints.

Several researchers have found that there is a high frequency of incest in the histories of individuals demonstrating psychsomatic complaints. Levitan (1982) found that psychosomatic patients as compared to non-psychosomatic patients were significantly more likely to report a history of incest. It is theorized that this is possibly representative of the ego's ineffective defense structure possibly created by the incest.

Sexual Problems.

Sexual dysfunction has already been alluded to in earlier studies cited. Among them Hersko (1966), Meiselman (1978) and (1980) found that adult victims of incest demonstrate a greater frequency of sexual disturbances to include promiscuity, frigidity, diminished sexual enjoyment and confusion over sexual identity.

Relationship Problems.

The early betrayal of trust inherent in sexual abuse, coupled with low self-esteem, appears to interfere with victims' abilities to establish satisfying relationships with others. Herman and Hirschman (1977) found that fifteen female adult survivors of incest demonstrate overvaluing of men yet tend to choose relationships with abusive men. Herman (1981) believes that adult victims expect abuse and disappointment in all intimate relationships as a result of the early betrayal experience. Meiselman (1978) observes that adult victims often take a "masochistic" stance in relationships, submitting themselves to a great deal of abuse and rejection which replicates their earlier feelings of helplessness and powerlessness. It appears that suffering to get what they want is a familiar path for them. Rascovsky and Rascovsky (1950) and Tompkins (1940) both see the incest victim seeking out "father figures" in adult heterosexual relationships.

Among eight adult victims of paternal incest who were administered a battery of personality and relationship surveys, Van Buskirk and Cole (1983)

observed that these women experienced difficulties in interpersonal relationships because of their low self-esteem and a seemingly impaired ability to trust.

Summary.

As was suggested early on in the Rationale for the present study, the field is somewhat divided as to the likelihood of serious effects resulting from incest. Although sheer documented volume would indicate serious resulting effects, it is a point well taken that the literature has failed to demonstrate an active causal relationship between the incest experience and its presumed after effects. The literature suggests strongly, however, that the victim's overall psychological well being, her sexuality and her ability to interpersonally relate are all affected.

Several studies have attempted to account for the dynamics that may provide a link between sexual abuse in childhood and later psychological functioning. Unfortunately, the overall validity of these studies is questionable since they were performed utilizing clinical samples. Trying to generalize characteristic variables of a clinical population to normal populations is erroneous and most often leads to

inaccurate conclusions. Among these studies, Courtois (1979) suggests that the variables of duration, frequency, degree of relatedness, coercion and nondisclosure demonstrate no relationship with reported after-effects of victims. This study goes on to suggest that incest initiated in the prepubertal years is much more likely to lead to long term effects.

The conclusion of Curtois is supported by the work of Summit and Kryso (1978), who suggest that the key dynamic that determines overall harm done to the victim is the climate of environmental response. They go on to say:

A child trapped in an encounter with a cherished parent may suffer greater psychological damage than another child rescued from an incestuous rape. Psychological harm seems to occur not so much in the sexual experience itself, nor even in the fact of exploitation by an adult. We believe harm results from the perception by the child that the sexuality is socially inappropriate and that the relationship is exploitative. (p. 248)

Meiselman (1978) also feels that while incest is clearly a source of stress on the victim, it is the host of

environmental, individual and genetic factors that interplay with the incest experience that predisposes daughters to psychological disturbance.

Summit and Kryso (1978) believe a real need exists for established, reliable data in this area so that constructive intervention will not be impeded by uncertainty and interprofessional misunderstanding. It is their contention that the ambiguity of the literature has lead to a clouded social response. Although reporting of child abuse is required now in most states:

there is neither sufficient evidence of harm nor sufficient optimism for treatment to justify legal intervention into intrafamily sexual abuse. As clinicians involved in the daily tragedies of sexual abuse, we are appalled at such a nihilistic interpretation" (p. 249)

The Effects of Sexual Abuse upon
Self-Esteem and Spiritual Well-Being

Self-Esteem.

Self-esteem, as already defined by this study, is the evaluation an individual makes about herself with regard to her worth, significance and success. It has long been observed by clinicians that those persons experiencing interpersonal problems are plagued by doubts concerning their own worthiness which makes it extremely difficult for them to give or receive love for fear of exposure (Fromm, 1939 cited in Coopersmith, 1967). Isolation is the consequence of avoiding closeness and these individuals find themselves having a hard time trusting others.

As previously mentioned, several studies have suggested that adult women who were molested as children suffer from low-self esteem and an impaired ability to trust. (Finkelhor, 1979; Meiselman, 1978; Summit, 1983; Van Buskirk & Cole, 1983). Van Buskirk and Cole (1983) found that five women in their sample of eight seeking therapy for the effects of incest were unassertive. They viewed themselves as worthless,

undeserving and helpless. In addition, the majority of these women sought out spouses/lovers whom they perceived to be like their offending fathers. Summit (1983) believes that it is the abandonment by the very adults most crucial to the child's protection that cause her to be propelled deeper into self-blame, self-hate, alienation and revictimization.

William James (1890, cited in Coopersmith, 1967) viewed the self as:

the sum total of all that he can call his, not only his body and his psychic process, but his clothes and his house, his wife and his children, his ancestors and his friends, his reputation and works, his lands and horses, and yacht and bank account....to wound any one of these, his images is to wound him."

G. H. Mead (1934, cited in Coopersmith, 1967) elaborates on James' ideas with what he terms the social self and concludes that in the process of becoming an integrated member of a social group an individual internalizes the ideas and attitudes expressed by the significant people in his life. Self-esteem, therefore, is largely a mirrored image which reflects others' appraisal (Coopersmith, 1967).

Anxiety develops when an individual expects to be or actually is rejected by herself or others. Coopersmith (1967) makes the assumption that persons with low self-esteem have experienced the derogation of significant others and therefore anticipate future derogation. Harry Stack Sullivan, as Coopersmith discusses, suggests that early familial experiences play an important role in how an individual learns to diminish or thwart threats to her self-esteem. Sullivan sees parents and siblings particularly important in the development of an interpersonal sense of self-esteem. Karen Horney (1945, 1950, cited in Coopersmith, 1967) in her discussion of "basic anxiety" sees that the common antecedent within the conditions that precipitate anxiety to be a disturbance between the parents and the child. Rosenberg (1965, cited in Coopersmith, 1967) found that the amount of paternal attention and concern demonstrated is significantly related to self-esteem. Specifically, he found that adolescents who enjoyed closer relationships with their fathers were higher in self-esteem than those who experienced more distant, impersonal relationships.

Coopersmith (1967) finds four major factors which contribute to the development of self-esteem. The

first factor has to do with the amount of respect an individual receives from the significant others in her life. In short, an individual will only value herself to the degree that she is valued. The second factor has to do with one's history of successes, status and position held within the world. These must be filtered through a third factor of values and aspirations. Both how the individual lives up to standards within the world and the value the individual places on those standards are decisive factors in the value the individual places upon herself. Finally, Coopersmith's fourth factor is the manner in which an individual responds to devaluation and the strength of the defenses she uses to preserve her picture of herself.

Assertiveness as a Measure of Self-esteem. There have been a number of studies which have investigated the relationship of self-esteem and assertiveness. Petrie and Rotheram (1982) found in their study of 106 firemen measuring stress, assertiveness and self-esteem that assertiveness contributed to self-esteem and self-esteem appeared to be directly related to stress. Lefevre and West's (1981) results indicated a significant positive relationship between assertiveness and level of self-esteem in a sample of 36 19-53 year

old undergraduates as they assessed the relationships among assertiveness and five cognitive-personality variables. Percell, Berwick and Beigel (1974) conducted a study among 100 psychiatric outpatients to examine whether people who are assertive are more self-accepting and less anxious. They found a substantial positive relationship to exist for both men and women between assertiveness and self-acceptance using the Interpersonal Behavior Test (IBT) and the Self-Acceptance scale of the California Psychological Inventory. In addition, they measured whether assertiveness training increased self-esteem and assertive behaviors. Subjects in the assertive training group reflected significant increases in assertiveness (measured by the IBT) and self-acceptance (measured by the Breger Self-Acceptance Scale). Finally, Lorr and More (1980) identified four kinds of assertive behaviors: Directness, Social Assertiveness, Defense of One's Interests, and Independence. They found these four types of assertive behaviors to be positively correlated with self-esteem.

The studies cited above demonstrate that there appears to a substantial relationship between assertive behaviors and self-esteem. Correlational analysis

indicates that assertiveness positively relates to self-esteem and vice versa. Based upon this evidence the researcher concluded that a measure of assertive behaviors would generally reflect level of self-esteem. Further rationale for the exact means of measuring assertiveness will be detailed in Chapter Two.

Spiritual Well-Being.

Silver and Boon (1983) administered a comprehensive questionnaire to seventy-seven adult female incest survivors to assess the extent to which these survivors had interpreted meaning out of their experience. They found the search for meaning to be more intense among women whose incest experience lasted longer and was terminated when they were older. In addition, the active search for meaning appears to be correlated with more current psychological distress, lower social functioning and lower self-esteem.

Much of human experience involves the inner direction of man, his or her "spirit" if you will, and therefore there is a dimension of human experience which can be said to be "spiritual" (Moberg, 1971). Bollinger (1969), cited by David Moberg (1971) in the White House Conference on Aging states:

spiritual needs are the deepest requirements of the self, which, if met, make it possible for the person to function with a meaningful identity and purpose, so that in all stages of life that person may relate to reality with hope. (pp.50-51)

Erich Fromm (1955), cited in Coopersmith (1967), believed individuals to have five basic needs which persist throughout life: the need for identity, relatedness and belonging, rootedness (such as to a place, a geographical location or spiritual concept), transcendence beyond the reality of our time-limited existence and finally the need for a frame of reference by which to organize one's life which may be religious and/or philosophical. It is one's spiritual well-being, therefore, that can provide stability and anchoring in the midst of confusion and rapid change. Moberg (1971) cites the Committee on Religion as stating:

Spiritual well being protects the dignity and personal worth of the individual, establishes status in what a person is by virtue of God's action rather than in

what he possesses or has accomplished, gives a generation-bridging understanding of oneself and others, enables the constructive handling of tensions and heightened emotions, stimulates efforts to correct social injustices, and provides a framework of meaning and values that points to the future in hope even in the hour of death. (pp. 23-24)

Moberg also believes that the spiritual is so interwoven into human life that none of man's other needs can ever be fully resolved without including attention to his spiritual well-being.

Various researchers have attempted to assess quality of life. However, even those that have been concerned with subjective well-being have largely ignored the spiritual dimension. Campbell (1981) has suggested that well-being is dependent upon three basic needs: the need for having, the need for relating and the need for being. Campbell reported in 1976 that religious faith was highly important for the quality of life in 25% of the American population. However, his data was reanalyzed later by McNamara and George (1979); they found religious satisfaction is a more

accurate predictor of well-being than Campbell's factors.

This finding is not so surprising in light of a recent Gallup poll which found that 94% of all Americans believe in God or a universal spirit. In addition, 84% of those believing in God find comfort in this belief. Therefore, as the surveyors concluded, religiosity in the lives of individual Americans at least is more a source of strength than a abstract conviction (Christianity Today, 1981).

In order to more effectively operationalize the concept of spirituality, Moberg (1971) conceptualizes spiritual well-being in an individual as being two dimensional. It includes a vertical dimension which refers to an individual's sense of well-being in relation to God and a horizontal dimension which refers to a sense of life purpose and life satisfaction, not specifically religious. Ellison (1983) stipulates that spiritual well-being involves a religious component as well as a social-psychological component.

Further research in the area of religious and/or spiritual conceptualization involves parental images. Godin and Hallez (1965), for instance, noted a relationship

between parental images and God concept. Their results indicate that when there is a marked preference for the parent of the opposite sex, the concept of God is pulled in that direction. Conceptualizing of God in terms of parental image tends to fade with age. In investigating women who have been sexually abused as children, the issue of the impact the paternal offender has upon the spiritual well-being of the victim and her concept of God arises.

In an exhaustive search of the literature by this researcher, the Silver and Boon (1983) study was the closest research undertaken to explore the existential implications for victims of sexual abuse. Therefore, research undertaken to more closely examine these existential implications is warranted. In light of the professing spiritual interest in 94% of the American population as cited earlier, the investigation of spiritual, religious, and existential variables as indicators of adult psychological adjustment of sexual abuse victims also seems warranted.

As Ellison (1983) sees it, the spiritual dimension is an integrating force within the total personality of the individual. It is affected by physical health,

thoughts, feelings and relationships. To be spiritually healthy one must be psychologically healthy as well.

Ellison (1983) goes on to explain that spiritual well-being may not be the same thing as spiritual health or even spiritual maturity. Spiritual well-being measures are analagous to the stethoscope rather than the heart itself. It is one manifestation of spiritual health. It appears to typify the state of being spiritually well rather than being the sum total of spiritual health or spiritual maturity.

Ellison documents the need for specific life circumstances to be studied in relationship to spiritual well-being. He also sees the need to investigate the relationship between spiritual well-being and personality measures. He suggests socialization experiences shape both personality and spiritual well-being. Parenting and life experiences which promote trust increase the capacity for hope and faith.

Sexual abuse makes an impact upon the personhood of the individual who is victimized. A wholistic approach to treating victims must consider the effects abuse has upon psychological and

spiritual well being. An understanding of the interplay and interdependence of key experiential variables with the adult psychological adjustment measures of spiritual well-being and self-esteem as measured by assertiveness provides needed information links concerning the long range effects of sexual abuse and will also contribute to and enlarge our overall understanding of these two concepts.

Experiential Variables Related
to Sexual Abuse

As stated at the beginning of this study, there is a need for a predictive model that will examine the predictability of self-esteem and spiritual well-being among women who have been sexually abused. The need also exists to statistically document the interrelationship of age of abuse, relationship of offender, family structure and religious orientation of the home to the abuse. Two of these variables were taken from the Hyde and Kaufman (1984) study which identified eight variables which in their experience appeared to influence the degree of damage sexual

abuse had upon the victim. Hyde and Kaufman's variables were:

1. The age at which the molestation began.
2. The frequency and duration of the molestation.
3. The perpetrator or the offender.
4. The interpersonal relationship of the offender.
5. The form of the abuse.
6. The secret control of the abuse.
7. Isolation of the secret.
8. Exposure of the secret.

This study will focus on two of the eight variables identified by Hyde and Kaufman: Age of Abuse and Relationship of Offender. In addition, in view of the vast amount of published research concerning patriarchy and its role in fostering sexual abuse the researcher concluded that family authority structure might potentially predict self-esteem and spiritual well-being (Rush, 1980). Lastly, research exists which suggests that sexual abuse occurs predominantly in patriarchal religious homes or fundamentally religious families. In view of this and in an attempt to understand more clearly the

distinctions between patriarchy and religion within the sexually dysfunctional family, the religious orientation of the victim's home will also be investigated. Each of these independent variables will now be discussed.

Age of Abuse.

Several studies suggest that the younger the child is at the onset of sexual abuse, the more severe the effects (Courtois, 1979; Hyde & Kaufman, 1984). However, other clinicians in the field such as Peters (1976); Sloane and Karpinski, (1942); and Summit and Kryso (1978) suggest that sexual abuse is least harmful for the younger child but the risks increase the closer the abuse occurs to adolescence. Courtois and Watts (1982) as well as others caution against taking any isolated variable outside of the victim's immediate experience. The research of Courtois (1979), Burgess and Holmstrom (1974) and Finkelhor (1979) suggest that as yet no cause and effect relationships have been clearly demonstrated. It is their contention that "all aspects of the incest experience, taken alone and together, along with the individual's personality, and other life experiences influence how she will

respond." There is a great deal of literature documenting the problems of individuals who have a history of being sexual molested. There appears to be a cause and effect relationship operating based upon numbers of studies alone. To date, however, this cause and effect relationship has been yet to be effectively demonstrated.

Relationship of Offender

Many studies indicate that the closer the relationship of the offender to the victim the more severe the psychological harm that results (Bender & Blau, 1937; Landis, 1956; Meiselman, 1978; Peters, 1976). "Most authorities agree that, other things being equal, the psychological trauma to the child is greater when the perpetrator of the abuse is close to the child than when he is a stranger" (Rizer, 1982, p. 34). Peters (1976) found the most acute emotional problems occurring when the offender was the child's father. Bender and Blau (1937) found anxiety and confusion to be more observable among incestuously molested children than those who had been molested by a non-family member. In his retrospective study of 2,000 college students, Landis' (1956) data indicates that individuals

experienced more emotional upset when they knew the offender than when the offender was a stranger.

Family Authority Structure.

As suggested previously within the context of the sexually dysfunctional family, several studies observed that incest appeared most often in homes when the father ran the home in an authoritative manner (Cohen, 1983; Cormier et al. 1962; De Young, 1982; Gordon & O'Keefe, 1984; Maisch, 1972; Spencer, 1981). Feminist researchers, such as Rush (1977), believe that patriarchy has been so extremely influential in the formation of attitudes, values and practices within our Western society that we have even at times attempted to cover up the truth because the anxiety it provoked was too much. She cites the well-known example of Sigmund Freud who later retracted his belief that sexual abuse existed between parents and children. She states:

Sigmund Freud, whose theories have enormous influence on modern thinking, knew that the sexual abuse of children existed, but he could not reconcile the implications of that abuse with either his self-image or his identification with other men of his social class, and thus

he altered his telling of reality. Eventually he succeeded in gaslighting an age into ignoring a devastating childhood reality and a very serious problem (p. 32).

Rush's account of Freud's altering of his clinical experience because he could not contend with his own anxiety over the subject is based upon his private letters to his friend, Wilhelm Fliess, which were published after his death. If Rush's contentions about the widespread influence of patriarchy and the "gaslighting" of a society are true, then some implications for family structure must be drawn. The clinical research, in terms of volume alone, suggests that where fathers perceive themselves in charge, a greater vulnerability for sexual exploitation of children exists. The question that must be asked is this: Is it the family system, i.e. father as head of the home that is perverted? Is it not possible that analogous perversions happen in other family systems, i.e. mother as head of the home? Justice and Justice (1979) suggest that mothers who commit incest with their sons are motivated by the very same reasons that incestuous fathers are. In addition, the very same

dynamics of role reversals, social isolation, jealousy and possessiveness present in father-daughter incest are present in mother-son incest. Perhaps it is not so much the inherent family system, patriarchy or matriarchy, that causes it to dysfunction as much as it is individual psychopathology that perverts the system.

Meier (1977) contends that there are five basic ingredients to a happy home: Love, Acceptance, Discipline, Shared Power between Father and Mother and Father as Head of the Home. There are certainly many thriving Christian families today that testify to a patriarchal structure. The fact remains, however, that authoritative patriarchy with or without religiosity superimposed upon it appears to be operating to a certain degree in those homes where there is sexual victimization.

Religious Orientation of the Home

As already noted, there is research evidence that would suggest that some variable of religion or religious values appears to be operating in certain sexually dysfunctional families (Spencer, 1981). Whether this is descriptive of a religious culture in general or Christianity specifically is unclear. One clinician notes that those sex offenders who have been

reared to believe in the teachings of fundamentalist religion believe sex of any kind is dirty (Delin, 1978). Meiselman (1978) describes a subcultural variety of incest offender who tended to be devoutly religious, moralistic, intolerant of deviant sexual practices, and very desirous of marrying a virgin. Peters (1976) recalls an offender who sexually molested his 12 year old daughter while simultaneously preaching fundamentalist religion and sexual abstinence. Yochelson and Samenow (1976) cite many criminals involved in their research as being from professing Baptist or fundamentalist backgrounds. Mohr, Turner and Jerry (1965) found 64% of their sample of pedophiles to be practicing their religious beliefs. Many studies such as Mohr et al. have been done on incarcerated populations of sex offenders and indicate high degrees of professing religiosity. Gebhard et al. (1965) found the most religious group to be unveiled was the incest offender. These individuals were found to be either members of Pentecostal sects, hardshell Baptists or Methodists. They appeared to come from backgrounds where sexual morality was publically supported but privately breached.

It has been observed that sexual abuse occurs in fanatically religious families, religious patriarchal families and fundamentally religious families. This has led a number of researchers and clinicians to point a blaming finger towards fundamentalist religion. It appears that oftentimes fundamentalist religion and perhaps born-again Christianity is somehow linked to the interpersonal and intrapsychic problems of the offender without clear, exact and quantifiable support for such claims.

Indeed, when one considers the statistics already cited identifying a religious dimension of 94% in the American population, it is little wonder that coupled with Conte's (1984) statistic of 38% for sexual abuse, we find that religion and sexual abuse do co-exist in some homes. However, to imply a cause and effect relationship or even to suggest a noteworthy correlation between religiosity and sexual abuse is based upon insufficient evidence founded upon a base rate phenomenon.

In order to get a clearer picture of what it is that is operating within the family that would condone sexual abuse, it is necessary to separate the

concepts of patriarchy and religiosity. It appears, at least from this researcher's perspective, that these concepts have often been lumped together without clear distinctions so that patriarchy becomes religion and religion is analogous to patriarchy. The boundaries have become blurred and there is not a clear understanding of where the perversion in thinking and/or behavior takes place that leads some families into sexual abuse. Rush (1980), for instance, states that social, religious and political patterns have historically been conducive to the sexual exploitation of children. These patterns are then lumped together under the umbrella of patriarchy and the distinctions between the individual patterns and the result is obscured. Man's nature (generically speaking) being what it is, depraved, man can pervert anything he chooses, whether it be how he runs his home or his religious convictions. One of the objectives of the present study was to separate these two dynamics so that a more realistic view of what is actually being perverted could actually be observed and measured.

Design of the Present Study

The purpose of the present study was to formulate two separate equations to predict self-esteem and spiritual well-being respectively. Five experiential variables of childhood sexual abuse were used as predictor variables.

The literature is replete with data derived from simple correlational studies; however the predictive model that is needed necessitates the use of a multivariate procedure. Multiple regression is the technique of choice because it is a statistical technique that will analyze the relationships among the variables under investigation. It provides an effective method for determining the relationship between a dependent variable (Y) and a set of independent variables (X . . . X). As Gunst and Mason (1980) point out, regression analysis is distinguished among statistical techniques in that it expresses the dependent or response variable as a function of the independent or predictor variables. Such an expression is needed in order to predict values of the response variable, discover those variable(s) which most affect

the response variable, and/or to test causal models hypothesized about the relationship, all of which multiple regression does (Cohen & Cohen, 1983).

There are a number of underlying assumptions that are associated with the use of multiple regression. Four of these which are commonly made are: (a) no specification error--the relationship between \underline{X} and \underline{Y} is in fact linear and all relevant independent variables have been included and all irrelevant independent variables have been excluded; (b) no measurement error, i.e. the dependent and independent variables are accurately measured; (c) the error term conforms to certain conventions--the expected value for each observation of the error term is zero or zero mean, the variance of the error term is constant for all values of \underline{X} (homoscedasticity), the error terms are uncorrelated (no autocorrelation), the independent variable(s) are uncorrelated with the error term with the error term being normally distributed; and (d) multicollinearity is absent--none of the predictor variables are perfectly correlated with another predictor variable or linear combination of other independent variables (Lewis-Beck, 1980). In addition,

good statistical practice uses three basic assumptions with both regression and correlation analysis:

(a) random sampling, (b) the absence of nonsampling errors, and (c) continuous interval data (Babbie, 1983).

To determine the most appropriate subset of predictor variables is a primary concern when using multiple regression. As Montgomery and Peck (1982) note, there are two conflicting goals that must be harmonized in building a regression model that includes only a subset of available predictor variables:

(a) as many variables as possible should be included in order that the "information content" in these factors can influence the predicted value of \underline{Y} , and (b) as few variables as possible should be included because the variance of the predicted \underline{Y} increases as the number of variables increases. Selecting a regression model that finds a compromise between these two goals is known as selecting the "best" regression equation. However, it should never be assumed that a perfect or infallible method exists to arrive at the best equation or model.

Among those variable selection techniques available such as simultaneous, hierarchical and stepwise, the researcher concluded that the use of the

stepwise selection procedure was most appropriate for this study. This method was chosen because it selects from the group of predictor variables the one variable at each "step" or stage in the construction of the equation which accounts for the largest contribution to the multiple correlation.

Summary

The rationale for the present study has been to demonstrate the need for developing a clearer sense of a cause and effect relationship between childhood sexual abuse and later psychological adjustment. The literature is inconsistent concerning whether childhood sexual abuse has long range effects. In addition, research in this area has been criticized because cause and effect relationships have not been demonstrated.

In an attempt to provide the research literature with a predictive model in the area of sexual abuse the goal of the present study was to develop an equation to predict self-esteem and spiritual well-being among sexually abused women. The predictor variables were

composed of two factors identified by Hyde and Kaufman (1984), age of molestation and relationship of offender. Due to the volume of literature suggesting the relationship between patriarchy and sexual abuse as well as the research linking religiosity to sexual abuse, the researcher included the variables of family authority structure and religiosity in the home as potential predictor variables. An additional objective of the study was to clarify the relationship between the concepts of patriarchy and religiosity. It was believed that a predictive study of this nature would substantially add to the research literature in the area of sexual abuse and shed further light on the hypothesized cause and effect relationship between childhood sexual abuse and long range psychological adjustment.

CHAPTER TWO

METHODS

This study was designed to formulate two predictive equations using five experiential variables of victims of sexual abuse. The purpose of the study was to determine if a linear combination of one or more of the five variables could successfully predict self-esteem and spiritual well being respectively as indicators of adult psychological adjustment.

The content of this chapter focuses upon the methods used to collect and statistically analyze the data needed to test the predictiveness of those predictors. This chapter will be divided into five sections: (a) Subjects, (b) Variables, (c) Instruments, (d) Data Collection, and (e) Statistical Design.

Subjects

The subjects used in this study were 50 adult females over the age of 18 who were presently in outpatient therapy or had been in the last year for treatment of childhood sexual abuse. Six outpatient facilities in the states of Oregon, California and Washington agreed to participate in the study and the subjects were volunteers from these facilities.

Several considerations suggest the sample size of 50 to be representative of the clinical population under investigation. The first consideration has to do with the limited number of available volunteers within this population. The women comprising the present sample had their sense of trust violated at quite a young age and consequently were not overly enthusiastic about trusting strangers. In many cases, participants in this sample did not know the researcher which seemed to make it increasingly difficult to obtain volunteers. Obtaining a larger sample than 50 from this clinical population proved to be impractical.

Another consideration was the small number of predictor variables under investigation. Many researchers using multiple regression and working with

clinical populations utilize a sample size according to rule of thumb (Courtney, 1983). Courtney indicates the minimum subjects needed for regression analysis with five independent variables to be 54 (14 subjects for the first variable and 10 for the second and subsequent variables). However, only 50 subjects agreed to participate even after the data collection was extended by four months.

While in reality a true representative sample is impossible to obtain under any circumstances, great effort should be expended to obtain as representative a sample as possible. In the present study six private outpatient treatment facilities were contacted by the researcher and asked to participate in the study which resulted in a sample that was drawn from three different states in the Northwestern United States.

In view of this sampling of varied treatment facilities in different states it is believed that an inherent strength to this study is its wide representation of the population under investigation. Many research studies in the area of sexual abuse utilize samples of less than 10 subjects while this sample utilized 50 subjects. Therefore, the overall representativeness of the sample under consideration

make the results of this study a significant contribution to the research literature on sexual abuse.

Finally, subjects had to meet specific criteria before they were accepted for participation in the study. These criteria are listed below:

- (1) Participants were at least 18 years of age at the time the study was conducted.
- (2) Participants were presently in therapy or have been in therapy during the last year.
- (3) Their offender was at least five years older than themselves or else a sibling.
- (4) Participants must have been molested before the age of 16.

Variables

Dependent Variables.

The dependent variables in the study were Self-esteem as measured by the General Assertiveness Subscale (SGR) on the Interpersonal Behavior Scale (IBS) developed by Mauger, Adkinson, Zoss, Firestone

and Hook (1980) and Spiritual well-being (SWB), which is the summed total score on the Spiritual Well-Being Scale developed by Paloutzian and Ellison (1979). The total SWB score is produced by the summing of the two subscales, Religious Well-Being (RWB) and Existential (EWB). The RWB subscale contains ten items which reference God and are designed to measure one's well being in relationship to God. The EWB subscale also contains ten items which include no reference to God and are intended to measure one's well being in relationship to life purpose and satisfaction.

Independent Variables.

Five independent variables were examined regarding their predictiveness of the two criterion variables, SGR and SWB. Each of these independent variables was selected because of its potential ability to account for a portion of the variance in SGR and SWB scores. In addition, all of these variables are shown in the research literature to be of considerable contributing interest in the field of sexual abuse. The first three variables beginning age of abuse, ending age of abuse, and relationship of the offender were included out of Hyde and Kaufman's (1984) study. Finally, as a result of considerable controversy over the contributions of

patriarchy and religiosity in the research literature on sexual abuse, the researcher concluded that the inclusion of these two variables as predictors could shed considerable light on the plausibility of their cause and effect role in sexual abuse and its after effects. Listed below is a list the independent variables included in the study with a description, rationale for inclusion, and means of measurement presented for each.

Beginning Age of Abuse (BAGE). This variable refers to the age at which the individual was first sexually abused by either a family or non-family member. The research literature is quite divided over the effects age of molestation has on the child who has been sexually abused. As mentioned in the previous chapter, there are several studies that infer more severe repercussions result the younger the child is at onset of abuse (Courtois, 1979; Hyde & Kaufman, 1984). Since age of abuse is a debated issue in the research the present study examined both the beginning age of abuse (BAGE) and ending age of abuse (EAGE).

Ending Age of Abuse (EAGE). As mentioned already, the research literature in the area of sexual abuse is

conflicting as to what age results in the most serious after effects when a female child is sexually abused. Just as there are those who contend that the younger the child is, the worse the effects, there are also those who believe the age of most concern is the closer the abuse occurs to adolescence (Peters, 1976; Sloane & Karpinski 1942; Summit & Kryso, 1978). In an effort to get a clearer picture as to the role age of abuse plays in the later adjustment of sex abuse victims ending age of abuse (EAGE) was included as an independent variable.

Relationship of Offender (OFFENDR). Several studies suggest the closer the relationship of the offender to the victim the more severe the resulting psychological harm that results (Bender & Blau, 1937; Landis, 1956, Meiselman, 1978; Peters, 1976). Rizer (1982) believes the psychological trauma of abuse is greater when the offender is known to the child. Some researchers believe the resulting psychological effects are greatest when the perpetrator is a member of the victim's own family, especially the father (Bender & Blau, 1937; Peters, 1976). In view of the supporting literature, relationship of offender (OFFENDR) was selected to be a predictor in the equation.

Family Authority (FAMAUTH). Sexually dysfunctional families, according to the supporting literature, are most often found to be homes where father runs the home in an authoritative manner (Cohen, 1983; Cormier et al. 1962; De Young, 1982; Gordon & O'Keefe, 1984; Maisch, 1972; Spencer, 1981). In addition, feminist researchers, such as Rush (1980) believe that patriarchy in some way is related to the abuse of both women and children. The issue to be investigated is whether a specific family authority structure is at fault, such as father is in charge. Or is it possible that analogous perversions also exist in other family structures as well, such as mother in charge? In an effort to understand the predictive value of a specific family authority structure, FAMAUTH was included as a predictor variable.

Religiosity of the Home (RELIG). There is research evidence that implies that some aspect of religion or religious values operates in certain sexually dysfunctional families (Spencer, 1981). It is not clear whether this is attached to any specific religious belief. Research with sex offenders has often revealed them to be devoutly religious and

moralistically rigid (Delin, 1978; Meiselman, 1978; Yochelson & Samenow, 1976). The observation prevalent throughout the literature is that there is a relationship between sexual abuse, patriarchy and religion. For this reason, RELIG was included as a predictor variable.

Table 1 contains a list of the predictor and criterion variables included in the present study.

Table 1

Predictor and Criterion Variables

PREDICTOR (Independent) Variables:

- BAGE - Beginning age of sexual abuse.
- EAGE - Ending age of sexual abuse.
- OFFENDR - Relationship of Offender
- FAMAUTH - Family Authority Structure
- RELIG - Religiosity in the Home

CRITERION (Dependent) Variables:

- SGR - The General Assertiveness Subscale of the Interpersonal Behavior Scale.
 - SWB - The Spiritual Well-Being Scale
-

Instruments

As already mentioned the two instruments used in the study were the IBS and the SWB. Both of these instruments are supported by a sound foundational body of theoretical and empirical research which show them to be reliable and valid measures.

Spiritual Well-Being Scale (SWB).

The SWB scale is composed of 20 self-report items which the individual rates along a Likert scale. The SWB scale is made up of two subscales of ten items each. The Religious Well Being (RWB) subscale includes ten items which measure the vertical dimension of relationship to God. The Existential Well Being (EWB) subscale is also composed of ten items and measures the horizontal dimension of meaning, purpose and satisfaction in life.

Ellison (1983) reports the test-retest reliabilities for the SWB, RWB, and EWB to be .93, .96, and .86 respectively. Split half reliabilities were .89, .87, and .78. Bufford (1984) reports that preliminary validation studies of the SWB scale reflect it to be "positively related to self-esteem, Purpose in

Life, Intrinsic Religious Orientation Survey, and to self-reports of experiencing positive peer relationships, positive parent-child relationships and family togetherness as a child" (p. 2). Bufford further reports the SWB scale to be negatively correlated with the endorsement of success and personal freedom as personal values.

Interpersonal Behavior Survey (IBS).

The IBS is a 272 item self-report questionnaire wherein the individual reports each item as being true or false for her. The IBS has been successfully used to assess certain behavioral tendencies, primarily assertiveness and aggressiveness. It contains three validity scales much like the ones used on the Minnesota Multiphasic Personality Inventory (MMPI) as well as seven scales measuring aggressiveness, eight scales measuring assertive behaviors and three relationship scales (Mauger & Adkinson, 1980).

The General Assertiveness Scale (SGR) of the IBS is a general measure of assertiveness. The scale content covers a broad range of assertive behaviors with such examples as, "If someone were annoying me during a movie, I would ask that person to stop," to which the individual answers true or false.

Coefficient alphas for the IBS range from .57 to .88 and test-retest reliability coefficients are all reported to be above .80 (Hernandez & Mauger, 1980). The IBS has also been validated against 13 well-known personality inventories (Mauger, Adkinson, Hernandez, Firestone and Hook, 1978). Among the personality inventories the IBS has been validated against is the Tennessee Self-Concept Scale (TSCS). The assertiveness scales of the IBS were found to have moderate to high correlations with the positive behavior characteristics of the TSCS and moderate to non-significant correlations with the negative behavior characteristics on this scale (Mauger et al. 1978).

The IBS was used in this study to measure self-esteem via degree of assertiveness for several reasons. First, the IBS has been shown to be highly positively correlated with the TSCS, a long standing validated measure of self-esteem. Secondly, the definitions for self-esteem of Mead (1934, cited in Coopersmith, 1967) and Coopersmith (1967) suggest that the development of self-esteem comes largely through the mirror of others' appraisal of us. Coopersmith (1967) sees low self-esteem as being the result of

experiencing the derogation of significant others. Therefore, it can be asserted that self-esteem may in large part be a reflection of how individuals interpersonally relate. Research has also demonstrated a significant positive relationship between assertiveness and self-esteem with each contributing to the other (Lefevre & West, 1981; Lorr & More, 1980; Percell, Berwick & Beigel, 1974; Patrie & Rotheram, 1982). Finally, numerous studies e.g. (Herman & Hirschman, 1977; Herman, 1981; Meiselman, 1978) suggest that poor interpersonal relationships are a long range effect of childhood sexual abuse.

Questionnaire.

A 22-item questionnaire was the third instrument used in this study and was designed in accordance with Dillman (1978) for clarity of content, accuracy of results and a high rate of return. The questionnaire was divided into six segments and included four demographic items, four sexual history items, five items with regard to family sexual abuse, four items with regard to non-family sexual abuse, one family authority item and six religious items. The questionnaire also contained several questions which

were not a central focus of the present study. These questions surveyed the beginning ages for menstrual cycle and intercourse as well as frequency and enjoyment of sexual intercourse and were included to transition the participant from the least offensive items appearing early in the questionnaire to the more offensive items appearing later. The structure, wording and order of items followed Dillman's (1978) method.

Beginning Age of Abuse (BAGE). On this item, participants in the study were asked to note the age at which their sexual abuse began. This item was asked for both family and non-family sexual abuse, and appeared on two different occasions in the questionnaire.

Ending age of abuse (EAGE). This item required participants to write the age at which their sexual abuse ended. Again, the question appeared for both family and non-family sexual abuse.

Relationship of Offender (OFFENDR). Participants were provided a list of family members, Father, Mother, Brother/Sister, Grandparent, Uncle, Other, and asked to mark all those with whom sexual activity occurred. In

a similar way an another item participants were also asked to mark all of the following non-family members with which sexual activity occurred, Neighbor, Family Friend, Stranger, Personal Friend, Other. The predictor variable OFFENDR was in reality ordinal data. However, Cohen and Cohen (1983) as well as Gorsuch (1983) argue that data such as this can be treated as interval "like" data. The intervals created using the data collected were (1) Abused by Family and Non-Family, (2) Abused by family only, or (3) Abused by non-family only.

Family Authority (FAMAUTH). Participants were asked to mark the situation that best described the family authority structure of the home in which you grew up, (1) Father in Charge, (2) Mother in Charge, (3) Shared Parental Authority (4) No Parental Authority.

Religiosity of the Home (RELIG). Two separate questions requested the participants to mark the statement which best described the religious experience of father/mother, (1) My father respected and attempted to follow the moral and ethical teachings of Christ. (2) My father received Jesus Christ into his life as

his personal Savior, (3) My father received Jesus Christ as his personal savior and lord and attempted to follow the moral and ethical teachings of Christ, (4) Do not know the religious experience of my father. The same question was repeated for mother. The variable RELIG was measured on an ordinal scale, but it was treated as interval "like" data as argued by Cohen and Cohen (1983) as well as Gorsuch (1983). The intervals for the variable RELIG were (1) Both parents had accepted Jesus Christ as Lord, (2) Only one parent had accepted Jesus Christ as Lord, (3) Both parents followed the moral teachings of Christ (4) One parent followed the moral teachings of Christ, or (5) Do not know religious experience of either parent.

Data Collection

Prior to October 15, 1987, the researcher made personal contacts with four therapists representing private outpatient facilities in the Northwestern United who agreed to furnish volunteers for the study among their clients seeking treatment for childhood

sexual abuse. Representatives from these facilities agreed to seek volunteers and also carry out the prescribed instructions for the follow-up process. However, in the end only three of these original four therapists were able to furnish volunteers. Subsequently two additional therapists representing private treatment facilities in the Portland, Oregon area were personally contacted and agreed to furnish participants.

Questionnaire packets were put together composed of the Questionnaire, the IBS, and the SWB Scale along with a cover letter attached to the outside. Packages of packets were mailed to their respective sites on October 15, 1987. Each therapist received a detailed letter of instruction concerning the distribution and follow-up procedures to be followed regarding the packets they were responsible for. Appendix D contains copy of this letter of instruction.

The distribution of questionnaire packets took place as follows: Site A received 10 packets, four were given out and four returned. Site B received 10 packets, four were given out and four returned. Site C also received ten packets. However, the therapist was

not able to locate any volunteers, therefore, no packets were actually given out. Site D received 40 packets, 30 were given out and only 6 returned. Site E received 33 packets. All 33 were given out and 24 were returned. Site F received 14 packets. All 14 were given out and 10 returned. This distribution resulted in the return of 50 useable packets.

Apparently, several of the representative therapists encountered difficulty both in obtaining volunteers and retrieving the packets they had given out. While a sufficient number of follow-up letters accompanied the packets with instructions as to their utilization, it is unclear as to whether or not they were actually used. Representatives were asked to give out follow-up letters to those volunteers who had not returned their packets after 14 days. At the end of 30 days, they were to give new packets to anyone who still had not returned their packets.

Whether the follow-up letters were used or not, most representatives were able to get their packets back during the allotted data collection time, except for the therapist representative for Site D who was not able to get packets back even after 60 days. At this

time the researcher wrote another letter attached to new packets and dispatched them to the Site D representative. This resulted in six more responses. A copy of this additional letter is attached as Appendix C. By this time, Sites E and F had been identified and the remainder of the sample gathered. The original data collection period was October to December 1986 which had to be extended for the reasons outlined above to April 1987.

Statistical Design

The purpose, as previously stated, was to formulate two predictive equations utilizing the predictor variables contained in Table 1 to predict the criterion variables of SGR and SWB. The statistical techniques most appropriate for this type of study was multiple regression (Kachigan, 1982). The data was analyzed using the Statistical Package for Social Sciences-PC Plus (SPSS/PC+) described by Norusis (1986).

Descriptive statistics were calculated for the sample noting the average age of participants, income

level, education level, marital status, religious affiliation, belief, frequency of devotions and attendance at religious services. In order to provide as concise an overview as possible of the data, the means and standard deviations of the five predictor variables were also calculated.

Using the SPSS subprogram, Regression, through a stepwise selection procedure, the data was run for two separate regression analyses. Draper and Smith (1981) recommend the stepwise selection procedure because of its computer economy and its ability to avoid working with more X's than necessary while still improving the equation at every stage.

The variables were evaluated according to the default settings of PIN (0.05), POUT (0.10) and TOLERANCE (0.01). Statistics yielded by the data analysis were according to the default setting and yielded the following for each of the equations:

1. Multiple R: "the correlation between the weighted sum of the predictor variables and the criterion variable" (Kachigan, 1982, p. 182).

2. Multiple R Square: "what proportion of the variance of the criterion variable is accounted for by

all the predictor variables combined" (Kachigan, 1982, p. 182).

3. Adjusted R Square: a downward adjustment to account for possible overinflation of R Square due to sampling error (Kachigan, 1982).

4. Standard Error of Estimate: the standard deviation of the predictor variable values about the criterion value (Kachigan, 1982).

5. Analysis of Variance: a test of the significance of the predictive equation through an analysis of the proportion of the criterion's variance attributed to the regression and to other error-related sources. The probability level of the resulting F statistic determines whether or not the equation is significant (Norusis, 1984). As mentioned above, the significance level for the overall regression equations was set at $p < .05$.

6. Beta Weights or Coefficients: the standardized z score forms of the predictor variables in the regression equation which are used to assess the relative importance of these individual predictor variables (Kachigan, 1982).

In addition, two regression analyses, using a forced entry method, placed all five predictor

variables in an equation with SGR and SWB as criterion respectively. The purpose of these analyses was to estimate the total amount of variance which all the predictor variables combined accounted for in each criterion.

One of the most important parts of the data analysis was the testing of the regression model assumptions. This is usually effected by examining the final regression equations, the correlation matrix and the residuals.

A correlation matrix which included the five predictor variables and the two criteria (SGR and SWB) was developed and the size of the intercorrelations between the predictor variables was checked. This check was made to insure that multicollinearity or high correlations between predictor variables was not present (Kachigan, 1982).

An examination of residuals was performed using a histogram of the standardized residuals, a normal probability plot of the standardized residuals against the expected residuals, a summary table of the residuals, and a listing of outliers in the casewise plot of standardized residuals.

Summary

In this chapter the methods used in collecting and statistically analyzing the data necessary to accomplish the study's stated purposes were outlined. The present sample was 50 volunteer females over the age of 18 who were presently seeking outpatient treatment for childhood sexual abuse in the Northwestern United States.

The independent variables were five experiential variables of childhood sexual abuse: beginning age of abuse, ending age of abuse, relationship of offender, family authority and religiosity of the home. The two dependent variables were self-esteem as measured by the SGR subscale of the Interpersonal Behavior Survey (Mauger et al. 1980) and spiritual well-being as measured by the Spiritual Well-being Scale developed by Paloutzian and Ellison (1979).

A 22-item questionnaire was designed using recommendations from Dillman's (1978) Total Design Method to measure the predictor variables as well as gather descriptive information concerning the sample.

The final sample consisted of 50 volunteers or a 58.8% return rate.

The SPSS subprogram Regression, utilizing a stepwise model, used the data to run the two separate regression analyses. In addition, two additional regression analyses were run using the forced entry method to determine the total amount of variance accounted for by the five predictor variables. The final step in the statistical analysis for this study was the testing of the regression assumptions.

CHAPTER THREE

RESULTS

The purpose of this study was to formulate two predictive equations utilizing five proposed experiential variables as predictor variables which in linear combination would predict self-esteem and spiritual well-being. The results of the statistical analyses performed to fulfill the study's intent are presented in this chapter in three sections:

- (a) Sample Characteristics, (b) Regression Results, and
- (c) Tests of Regression Assumptions.

Sample Characteristics

The sample consisted of 50 adult women over the age of 18 who were receiving treatment for childhood sexual abuse and voluntarily participated in the study. The sample was gathered from six outpatient treatment facilities specializing in treatment for adult victims of sexual abuse located in the states of California,

Oregon and Washington. Data was recorded on five predictor variables and two criterion variables in order to address the research question. Table 2 presents the frequency of response for both the predictor and criterion variables for the entire sample.

Table 2
Means and Standard Deviations of Predictor and
Criterion Variables

Variable	Mean	S.D.	MIN.	MAX.
Predictor				
FAMAUTH	1.76	.870	1	4
OFFENDR	2.22	.648	1	3
RELIG	2.28	1.325	1	5
BAGE	6.48	3.55	1	16
EAGE	12.74	4.62	2	22
Criterion				
SGR	24.26	14.02	1	52
SWB	85.90	19.70	34	118
RWB	46.46	11.48	17	60
EWB	39.44	10.80	17	58

Note: N=50

The 50 female participants in the sample ranged in age from 18 to 60 years of age, with an average age of 34. There were 21 (42.0%) married participants, 13 (26.0%) never married, 13 (26.0%) divorced, 1 (2.0%) widowed, 1 (2.0%) separated and 1 (2.0%) living together with someone. The average income level was \$15,000.00 to \$19,999 annually and the average educational level was college.

Of the 50 women surveyed 33 (66.0%) were Protestant, 4 (8.0%) were Roman Catholic, 1 (2.0%) was Mormon, 7 (14.0%) claimed to be "other" and 5 (10.0%) claimed no religious preference. Frequency of religious devotions ranged from more than once a day to less than once a month with the mean number of times being once to three times a week. The average attendance of religious services was two to three times per month.

Regression Results

A stepwise multiple regression analysis was performed to determine what combination of the five

predictor variables accounted for the most variance on each of the two criteria: self-esteem (SGR) and spiritual well-being (SWB). In the stepwise regression analysis with SGR as criterion, none of the five predictors was selected. And with SWB as criterion, none of the five predictor variables was selected as well. Stepwise regression analysis with RWB and EWB as criterion respectively likewise resulted in none of the five predictor variables entering into the equation.

Two additional regression analyses, using a forced entry method, were performed in order to determine the amount of variance accounted for in SGR and SWB by all the predictor variables combined. Tables 3 and 4 present the summary statistics of these equations. The combined predictive power of all five independent variables only accounted for 6.5% of the variance in SGR and 4.6% of the variance in SWB. The overall F was .692 and .828 respectively, which did not reach the .05 level of significance in either case.

Appendix G shows the correlations between the predictors and the two criterions. It is quite evident that the correlations are quite low. Discussion of these low correlations and the lack of predictive relationship will be the subject of the next chapter.

Table 3

Forced Entry of all Predictors with SGR as Criterion

Multiple R	=	.255
R Square	=	.065
Adjusted R Square	=	-.041
Standard Error	=	14.308

Associated Analysis of Variance

	Degrees of Freedom	Sum of Squares	Mean Square
Regression	5	625.918	125.184
Residual	44	9007.702	204.721
F	=	.611	
Sig F	=	.692	

Note: N=50

Table 4

Forced Entry of all Predictors with SWB as Criterion

Multiple R	=	.215
R Square	=	.046
Adjusted R Square	=	-.062
Standard Error	=	20.305

Associated Analysis of Variance

	Degrees of Freedom	Sum of Squares	Mean Square
Regression	5	877.858	175.572
Residual	44	18140.642	412.287
F	=	.426	
Sig F	=	.828	

Note: N=50

Tests of Regression Assumptions

As stated earlier in a previous chapter, there are four central assumptions to be met in testing multiple regression: (a) the absence of specification error,

(b) the absence of multicollinearity, (c) the absence of measurement error, and (d) the conformation of the error term to certain conventions. Examination of the results of the regression analyses yielded results applying to the first two assumptions while the latter two assumptions were tested by studying the residuals.

The absence of specification error was the only central regression equation that could not be entirely ruled out. The fact that no significant regression equation was developed indicates that if linearity was present it was miniscule. Also, the low amount of variance that both the SGR equation and the SWB equation accounted for suggests that the linear relationship was weak. While it is possible that a number of potentially relevant predictors that could have added more predictive power to the equation were omitted, such as the other variables identified by Hyde and Kaufman (1984), the present study suggests that the correlation between certain experiential factors of sexual abuse and later measures of overall adjustment is much more complex, multifaceted and possibly individualized than researchers had first considered. However, the possibility exists that the inability of any of the predictor variables to enter the equations

could indicate that they are irrelevant and should not have been included in the study.

An examination of the intercorrelations among the five independent variables (See Appendix G) revealed low correlations for most of the independent variables. It must be remembered that when independent variables are highly correlated, Beta weights become less reliable. Therefore, it is very critical that the independent variables under investigation not be highly correlated. Out of the 25 possible correlations only three reached the .05 level of significance. FAMAUTH correlated negatively with RELIG (-.312) and OFFENDR correlated negatively with RELIG (.240) and positively with EAGE (.393). However, none of these correlations are large enough to pose a problem.

The assumption of the absence of measurement error in the independent and dependent variables was met. The residual analysis of the forced entry analyses revealed that all of the standardized residuals for the two regression equations fell between +3 and -3, the acceptable range (Younger, 1979). No outliers were detected for either equation.

The final assumption, which involved the conformation of the error term to certain conventions,

was addressed by two residual statistics completed for each of the regression equations: a histogram of the standardized residuals and a normal probability plot of the standardized residuals against the expected residuals from a normal distribution. The output from these statistics indicated that the residuals of each regression equation were approximately normally distributed.

Summary

This chapter presented the results of the statistical analyses used to address the purpose of the present study. The sample consisted of 50 adult women over the age of 18 who were participating in outpatient treatment for childhood sexual abuse. The average age was 34 years and the majority were unmarried. The participants' experience of sexual abuse encompassed a large range in beginning age (BAGE) of abuse and (EAGE) ending age of abuse. In addition, the home in which the abuse took place varied considerably in family authority structure and religiosity.

Neither of the criterion variables, SGR or SWB was successfully predicted by regression equations using the independent variables of beginning age of abuse (BAGE), ending age of abuse (EAGE), relationship of offender (OFFENDR), family authority structure (FAMAUTH) or religiosity (RELIG). Two additional regression equations performed using a forced entry method revealed that all five predictors combined accounted for only 6.5% and 4.6% of the variance in SGR and SWB respectively. The majority of the correlations between the predictor variables and the criteria were low. In order to test the central regression equations, an examination of the regression equations, the correlation matrix and the residuals was accomplished. The assumptions involving the measurement error, the error term, and multicollinearity did not appear to be violated. However, the absence of specification error could not be ruled out entirely due to the inability of any of the five predictor variables to enter on either equation.

CHAPTER FOUR

DISCUSSION

The chapter presents a discussion and summary of the study's results. It is divided into four sections (a) Summary of Methods and Results, (b) Conclusions (c) Limitations of the Study, and (d) Recommendations for Future Research.

Summary of Methods and Results

The purpose of the present study was to formulate two predictive equations, for Self-esteem (SGR) and Spiritual Well-Being (SWB) respectively. The study proposed five experiential variables of childhood sexual abuse which in linear combination would predict the two criterion variables, SGR and SWB. A stepwise model of multiple regression analysis was used to construct the prediction equations.

The five variables selected to be predictor variables in the study were beginning age of abuse

(BAGE), ending age of abuse (EAGE), relationship of offender (OFFENDR), family authority structure (FAMAUTH) and religiosity of the home (RELIG). These were chosen because of their potential ability to account for a portion of the variance in SGR and SWB scores. A complete description, including rationale for inclusion and means of measurement, was presented for each predictor in Chapter Two.

The General Assertiveness Scale (SGR) of the Interpersonal Behavior Scale (IBS) (Mauger et al., 1980) was used to measure self-esteem and the Spiritual Well-Being Scale (SWB) (Paloutzian & Ellison, 1979) was used to measure spiritual well-being. Both instruments have a strong foundation of statistical research to support their use and are considered to be the most reliable and valid measures of general assertiveness and spiritual well-being respectively that are currently available.

Therapists representing six outpatient facilities in the Northwestern United States were personally contacted by the researcher and agreed to participate in the study by asking for volunteers among their clients involved in treatment for childhood sexual abuse.

Prior to October 15, 1986 therapists from four of the treatment facilities were contacted by the researcher and agreed to ask for volunteers to participate in the study and to monitor the follow-up process for the questionnaire packets.

A 22-item mail questionnaire was developed to measure the five predictor variables under investigation. In order to insure sufficient clarity of content, accuracy of data, and a high return rate, the questionnaire was constructed using the Total Design Method of Dillman (1978). In addition, a copy of the IBS Administration Booklet and a blank answer sheet were part of the questionnaire packet along with a blank copy of the SWB scale. An introductory letter from the researcher along with instructions for completion of the questionnaires were attached to the top of each packet.

The initial data collection process was carried out during October, November, and December 1986 but had to be extended through January, February, March and April 1987 due to insufficient return. Several of the therapist representatives from the treatment facilities experienced difficulty both in initially obtaining

volunteers to agree to participate in the study and subsequently getting them to return the packets once the participants had taken them. A sufficient number of follow-up letters accompanied the packets designated for each site. Therapist representatives were instructed to give out these follow-up letters 14 days after handing the initial packets to the volunteer participants. In addition, they were instructed to hand out new packets to each volunteer who had not returned her packet after 30 days. It was necessary for the researcher to both send an additional letter with new packets to one representative (who still did not have any of her packets returned after 60 days) and to extend the data collection. During the extension time two additional therapists agreed to participate in the research and so the data collection was extended in total by four extra months.

Observations of Data Collection Process.

Observations concerning the difficulty of the data collection process with this population centers around the actual method used for collecting the data and surfaces two important issues: the low degree of trust among the population under investigation and the

impracticality of depending upon "other" collectors of the actual data to follow precise instructions concerning the data collection process. With regard to the first observation it was interesting to note that those participants who at least knew the researcher by sight participated more willingly. Of those volunteer participants where this was the case, an overall rate of 90% responded. However, at those treatment facilities where the researcher was not known, less than 50% responded. The final return was 50 usable questionnaires which, for this clinical population, produced a significantly larger sample than the sample sizes utilized in similar studies.

The present study was limited by methodological error, nature of the sample and an insufficient sample size. The data collection process with sexual abuse victims needs to be carried out in person rather than relying upon a representative to hand out and collect packets. With this population under investigation, it was observed that at least if the participant knew of the researcher, especially having had personal contact with her, she was much more willing to trust and participate in the study. For this reason, it is suggested that future research

in this area of inquiry be done where the individual researcher has direct access to the participants.

Handling experiential data of this nature poses methodological problems. It is difficult to quantify experience. The data from the questionnaire was treated as interval data which in the end was not very descriptive and useful, especially with regard to the predictor variables. It is suggested that the decision for how the data is to be treated be carried out at the time the questionnaire is being conceptualized so that once the data is collected it can be analyzed and interpreted as descriptively as possible.

It is believed that the sample is reasonably representative of the population under investigation. In an effort to achieve this type of representation the study was carried out using participants from six sites in three different states. This methodology produced a more representative sample but may have resulted in a lower degree of participation than if the researcher had carried it out locally.

Finally, it should be noted with regard to the nature of the sample that it was a volunteer clinical sample which furnished self-report data. Sample results of this nature should always be critically

evaluated in view of their potential for responses biases and limited generalizability.

Discussion of Descriptive Statistics.

With 76% of the sample indicating some religious affiliation, a mean number of devotion times being one to three times per week, and an average attendance at religious services to be two to three times per month, it appears that the majority of the sample actively practices their religious beliefs.

Discussion of Predictor Variables. Forty-six percent of the sample indicated that there was paternal family authority in the home and thirty-eight percent indicated maternal authority. The other 16% indicated shared parental authority or no parental authority at all. Almost half of the sample grew up in homes where paternal parental authority was the case, the majority of the other 50% grew up with maternal parental authority. For this reason, it is not possible to conclude that the sexual abuse victims in this sample came from patriarchal homes.

Twelve percent of the sample were abused by both family and non-family members while over half (54%) were sexually abused by family member(s) only. The rest of the sample indicated they were sexually abused by

non-family members. Thus, it can be said for this sample at least, that the research literature is supported in that the offender is usually someone that child knows or with whom she has a relationship (Conte, 1984).

Sixty-four percent of the sample grew up in homes where either one parent or both parents had accepted Jesus Christ as Savior. The remaining 36% either grew up in ethical Christian homes or did not know the religious beliefs of their parents. At first glance this seems to suggest that parental religious involvement is positively related in some way to sexual abuse and/or patriarchy. However, a look at the correlation coefficient for FAMAUTH and RELIG as well as OFFENDR and RELIG both indicate significant negative correlations. While it should be noted that the magnitude of these correlations is low they do suggest that as paternal family authority increases family religious involvements decreases. Secondly, the more traumatic the sexual abuse (i.e. multiple abuse and incest), the less religious activity is present in the home.

These findings reflect some interesting observations with regard to the feminist research

literature on religion and patriarchy (Delin, 1978; Rush, 1980; Meiselman, 1978; Spencer, 1981) In this particular sample at least, no support was found for a positive relationship between religion and patriarchy or religion and sexual abuse, much less one of significant magnitude.

In view of the fact that this particular sample would be considered "religion practicing" these results are significant. It is expected that if the strong positive relationship existed between religion and patriarchy and religion and sexual abuse as many researchers have led us to believe, it would show up in this sample more than others. The most obvious conclusion is that the relationship between these variables may be in the opposite direction from that which these researchers have indicated.

Discussion of Criterion Variables. The mean t-score for SGR was 42.00 (14.02). Comparisons of this mean score with other samples yields some interesting results. Sherman (1986) compared SGR scores among eating disorder inpatients (INP), eating disorder outpatients (OUTP) and medical patient (MEDP). In addition, Mullins (1986) examined the SGR scores among

chronic pain patients (PAINP). A presentation of their results as compared to the present sample is contained in Table 5.

Table 5

Comparison of Other Samples on SGR

Sample	Mean	S.D.	N	t
Present Sample	42.00	14.02	50	
INP	41.35	8.73	37	.27
OUTP	45.00	13.02	25	.92
MEDP	49.04	9.79	56	2.96**
PAINP	50.98	9.01	41	3.69**

Note: * $p < .05$, ** $p < .01$

INP = Eating Disorder Inpatients
 OUTP = Eating Disorder Outpatients
 MEDP = Medical Patients
 PAINP = Chronic Pain Patients

There was no significant difference in the mean t-scores between the present sample and INP or OUTP.

However, the difference between the mean scores of MEDP and PAINP was significant. These comparisons reveal that the sexually abused women who composed this sample are significantly less assertive than medical patients or chronic pain patients.

At least two factors may account for this appreciable difference in assertiveness between samples. First, the multiple violations of trust by significant others that these women experienced may in some way have contributed to a "passive" type of posture in social situations out of fear that they will be betrayed all over again. The volume of research which testifies to the increased relationship problems as well as low self-esteem would surely support this observation (Herman & Hirschman, 1977; Meiselman, 1978; Rascovsky & Rascovsky, 1950; Tompkins, 1940; Van Buskirk & Cole, 1983).

A second factor which could be contributing to lower assertiveness scores among members of this population has to do with a dysfunctional family dynamic wherein the incest serves the family by freezing role relationships and preserving the family from change and growth (Machota et al. 1967).

Hence, it is not unreasonable to speculate that these women may be somewhat developmentally arrested because their family dysfunction prevented them from adequate developmental maturation beyond their victim role. This developmental arrest would logically be reflected in their inability to socially relate and act assertively on their own behalf.

The SWB scores for this sample also compared to other samples. Again, the samples of Sherman (1986) and Mullins (1986) were useful in this comparison. In addition, Mueller's (1986) study of seminary students (SEM) and Clarke's (1986) research with Youth for Christ (YFC) staff members were used as comparison samples on the criterion measure of SWB. While neither RWB or EWB were criterion measures for this particular sample, an examination of the comparison between samples on these measures provides some interesting observations. Tables 6, 7 and 8 provide these comparisons among samples.

Table 6

Comparison of Other Samples on SWB

Sample	Mean	S.D.	N	t
Present Sample	85.90	19.70	50	
INP	77.59	15.43	37	2.21*
OUTP	80.36	17.05	25	1.26
MEDP	99.89	16.01	56	3.98**
PAINP	85.34	19.75	41	.13
SEM	106.00	10.29	51	6.41**
YFC	106.20	10.94	298	7.10**

Note: * $p < .05$, ** $p < .01$

INP = Eating Disorder Inpatients

OUTP = Eating Disorder Outpatients

MEDP = Medical Patients

PAINP = Chronic Pain Patients

SEM = Seminary Students

YFC = Youth for Christ Staff Members

Table 7

Comparison of Other Samples on RWB

Sample	Mean	S.D.	N	t
Present Sample	46.46	11.48	50	
INP	41.65	10.04	37	2.07*
OUTP	39.56	12.15	25	2.36*
MEDP	51.50	9.67	56	2.43*
PAINP	43.93	10.81	41	1.29
SEM	54.75	5.92	51	4.55**
YFC	55.35	5.27	298	5.40**

Note: * $p < .05$, ** $p < .01$

INP = Eating Disorder Inpatients
 OUTP = Eating Disorder Outpatients
 MEDP = Medical Patients
 PAINP = Chronic Pain Patients
 SEM = Seminary Students
 YFC = Youth for Christ Staff Members

Table 8

Comparison of Other Samples on EWB

Sample	Mean	S.D.	N	t
Present Sample	39.44	10.80	50	
INP	35.92	8.20	37	1.73
OUTP	40.80	8.67	25	.59
MEDP	48.50	8.38	56	4.79**
PAINP	41.66	11.13	41	.96
SEM	51.25	5.88	51	6.82**
YFC	50.96	6.92	298	7.34**

Note: * $p < .05$, ** $p < .01$

INP	= Eating Disorder Inpatients
OUTP	= Eating Disorder Outpatients
MEDP	= Medical Patients
PAINP	= Chronic Pain Patients
SEM	= Seminary Students
YFC	= Youth for Christ Staff Members

There was a significant difference between the SWB scores of this sample and Sherman's (1986) eating

disorder inpatient sample. However, there was no significant difference between eating disorder outpatients (OUTP) and Mullins (1986) sample of chronic pain patients. The present sample scored significantly higher on SWB than the eating disorder inpatients (INP) in Sherman's sample but significantly lower than both Mueller's (1986) seminary sample (SEM) and Clarke's (1986) YFC sample.

There were significant differences between the scores of the present sample and all the other samples compared except for chronic pain patients (PAINP). The RWB score for this sample was significantly higher than inpatient (INP) or outpatient eating disorder patients (OUTP) but significantly lower than the seminary (SEM) sample or the Youth for Christ (YFC) sample.

Regarding EWB scores, there was no significant difference between scores obtained in this sample and those Sherman (1986) obtained for inpatient and outpatient eating disorder patients as well as Mullins (1986) sample of pain patients. Scores for MEDP, SEM and YFC were significantly higher than scores obtained in the present sexually abused sample. All three scores, SWB, RWB and EWB were significantly lower than

those reported for seminary students or Youth for Christ staff workers (Clarke, 1986; Mueller, 1986).

Discussion of Regression Results.

The SPSS subprogram Regression, utilizing a stepwise selection process, was used to run the two separate regression analyses: one with SGR as criterion and one with SWB as criterion. Two additional regression analyses, using a forced entry method, were performed in order to determine the total amount of variance accounted for in SGR and SWB respectively by all the predictor variables combined.

Stepwise regression analyses revealed that none of the five predictors was selected to be in the equation. The forced entry analyses revealed that the combined predictive power of all five independent variables only accounted for 6.5% of the variance in SGR and 4.6% of the variance in SWB.

These results suggest that the adult adjustment of these sexual abuse victims cannot be explained in terms of the five predictor variables used in this study. Apparently the relationship between experiential factors of sexual abuse and later overall adjustment is much more complex and individualized than

conceptualized by such researchers as Hyde and Kaufman (1984).

While one somewhat disturbing finding of the present study revealed a significant positive relationship between ending age of abuse (EAGE) and SGR the low amount of shared variance between these variables (6%) suggest the overall magnitude of this finding to be extremely low. The older the victim was when her abuse ended the higher her degree of assertiveness. This poses the possibility that perhaps ending age of sexual abuse may be more predictive of later overall adjustment than beginning age or duration of abuse. While there is no absolute way to account for this positive relationship, the possibility exists that these results reflect a false positive.

Discussion of the Implications of the Present Study

This study examined whether a linear combination of five experiential variables under consideration in this study could predict the later adjustment criteria of self-esteem and spiritual well-being among women who

had been sexually abused as children. The following conclusions can be drawn:

1. None of the five predictor variables under consideration in this study were successful in predicting either SGR or SWB. Thus these variables did not form a linear equation that adequately predicted self-esteem or spiritual well-being of women sexually abused as children.

2. The total amount of variance the five predictor variables accounted for using a forced entry method of regression was only 6.5% for SGR and 4.6% for SWB. This suggests that the variables used in this study are not useful for the prediction of such adjustment criteria as self-esteem and spiritual well-being and new variables need to be identified or other already identified variables such as those in the Hyde and Kaufman (1984) study need to be tested for their overall predictability.

3. The fact that neither family authority nor religiosity positively correlated with any of the other predictor variables and that they were not part of a predictive equation for self-esteem and spiritual well-being casts doubt upon the contributing role they

play in sexual abuse. While the absence of a predictive equation certainly does not rule out any degree of relationship between these variables, it does suggest that this relationship may not be as strong as researchers such as Rush (1980), Spencer (1981), and Meiselman, (1978) have led us to believe. This data provides no support for a hypothesized cause and effect relationship between religious involvement and sexual abuse; such a relationship in fact, may not exist.

4. While the majority of the sample under investigation reported themselves to be actively practicing their religious beliefs, their SWB scores did not reflect the degree of spiritual well-being that might be expected to accompany their degree of religious practice. Mullins' (1986) results on SWB of chronic pain patients were not significantly different from the results of the present study, yet of his sample of 41, 70% reported attending church once a year or less. The average number of times participants in the present sample attended church was two to three times per month. While this discrepancy suggests that the present sample's religious actions may not be instrumental in facilitating spiritual well-being, it

should also be remembered that 94% of the American population believes in God or a universal spirit, yet only 100 million adults are members of a church or synagogue (Christianity Today, 1981).

While members of this sample appear more religious practicing than the general population, it is also possible that religious actions on the part of victims of emotional trauma are not necessarily reflective of overall well-being. The findings of this study using assertiveness as a criterion of adjustment suggests that the women in the present sample are passive, yet religion practicing. The implication is that religiosity without emotional well-being does not lead to overall spiritual well-being. Perhaps for sexually abused women it is the existential aspects of well-being that must be reckoned with and overcome if genuine healing in self-esteem and well-being is to take place.

If this hypothesis is correct, intervention strategies for adult women that have been sexually abused as children should be targetted at not only helping them to grow and mature in a religious sense but should also be aimed at facilitating emotional and

existential autonomy as well. If overall spiritual well-being is as Moberg (1971) and Ellison (1983) have conceptualized, i.e. composed of both a religious and existential dimension, it is not unreasonable to expect that well-being will only be adequately achieved when both these dimensions are in balance to one another. From this sample at least, it does not appear that practicing religiosity is enough to achieve self-esteem and spiritual well-being. To weather the emotional trauma of sexual abuse, treatment of both the spiritual and emotional domains must be concurrent if successful intervention is to take place.

Suggestions for Future Research

As previously mentioned, there is a clear need to identify other variables which may potentially play a significant causal role in the adjustment of sexual abuse victims. For instance, the other six variables in the Hyde and Kaufman (1984) study which were not a focus of the present investigation should be tested for their predictability of adjustment in sexual abuse victims. Along this same line, it is equally necessary

to continue to explore different combinations of predictive variables along with different adjustment measures in order to more accurately understand the relationship of childhood sexual abuse and well-being in adulthood.

Because of the response biases and lack of insight that is prevalent among clinical populations such as the present one under consideration, self-report measures may not be the most useful methodology for obtaining information. For instance, the five predictors in the present study may in fact be significant. However, the way in which they have been measured may be a confounding problem. Therefore, not only should new variables be identified but new ways of operationalizing these variables should also be a continued area of investigation.

The adjustment criteria which were the focus of this study should be investigated in future studies utilizing different samples in order to determine their usefulness as measures of adjustment and overall well-being.

Curvilinear relationships between experiential variables and adjustment measures should also be

investigated in order to better understand the nature of the role of human experience in sexual abuse.

Summary

The purpose of the present study was to formulate two separate predictive equations that would accurately predict self-esteem and spiritual well-being. Five experiential variables of sexual abuse victims were chosen to see whether in linear combination these variables could predict self-esteem as measured by the General Assertiveness Subscale of the IBS and spiritual well-being as measured by the SWB scale. The five predictor variables under investigation were: beginning age of abuse, ending age of abuse, family authority, relationship of offender and religiosity of the home.

The results of the study indicate none of these five variables entered into a predictive equation for either SGR or SWB.

None of the major regression assumptions were considered to be violated with the possible exception of specification error. Only as new variables and

combinations of variables are further identified and evaluation undertaken can the absence of specification error be effectively ruled out. The study was considered to be valid in view of the foundational research and rationale for inclusion of each predictor variable. In addition, the sample is considered to be large as compared to other research samples in the field and representative of the population under investigation.

This study was the first research effort in the area of examining the strength of the predictive relationship between specific experiential variables of sexual abuse victims and later measures of adjustment. It is hoped that the results of this study will stimulate other researchers to investigate other measures of adjustment in this population and identify potential combinations of variables that could prove a significant cause and effect relationship between childhood sexual abuse and later adjustment and well-being.

The results may indicate that the relationship between sexual abuse and later adjustment is different than first conceptualized. Another possible

explanation of these findings is that there is a need to develop new means of operationalizing the predictor variables used in this study in order to adequately measure the experience of sexual abuse victims and its contributing role in later adjustment. Finally, other measures of overall adjustment may be identified that could produce more predictive relationships.

Based upon the failure of family authority or religiosity to enter the predictive equation, and the negative correlations between these two variables it is suggested that the relationship that exists between them is opposite to that which many researchers have proposed. Further, no support was found for the view that patriarchy and religiosity are related and contribute to sexual abuse.

REFERENCES

- Babbie, E. (1983). The practice of social research.
Belmont, CA: Wadsworth.
- Baker Encyclopedia of Psychology. D. Benner (ed.)
(1985). Grand Rapids, MI: Baker Book House.
- Bender, L. & Blau, A. (1937). The reactions of
children to sexual relationships with adults.
American Journal of Orthopsychiatry, 7: 500-
518.
- Berry, G. W. (1975). Incest: Some clinical variations
on a classical theme. Journal of the American
Academy of Psychoanalysis, 3: 151-161.
- Bess, B. & Janssen, Y. (1982). Incest: A pilot study.
Hillside Journal of Clinical Psychiatry 4(1):
39-52.
- Brown, S. (1979). Clinical illustrations of the sexual
misuse of girls. Child Welfare, 58(7): 435-442.
- Browning, D. & Boatman, B. (1977, January). Incest:
Children at risk. American Journal of
Psychiatry, 134(1): 69-72.
- Brownmiller, S. (1975). Against our Will. New York:
Simon and Schuster.

- Bufford, R. (1984). Empirical correlates of spiritual well-being and spiritual maturity scales. Presented at the Christian Association for Psychological Studies annual meeting, Dallas, 1984.
- Burgess, A. & Holmstrom, L. (1974). Sexual trauma of children and adolescents: Pressure, sex and secrecy. Nursing Clinics of North American, 10 554-563.
- Campbell, A. (1976). Subjective measures of well-being. American Psychologist.
- Campbell, A. (1981). The sense of well-being in America: Recent patterns and trends. New York: McGraw Hill.
- Carroll, J., Schaffer, C., Spensley, J., & Abramowitz, S. (1980). Family experiences of self-mutilating patients. American Journal of Psychiatry, 137 (7): 852-853.
- Cepada, M. (1978). Incest without harmful repercussions. Medical Aspects of Human Sexuality. 12(1): 131.

- Christianity Today (1981). George Gallup Polls America on Religion. Princeton, NJ: The Gallup Organization Incorporated and the Princeton Religion Research Center.
- Clarke, D. (1986). Predictors of Spiritual Well-Being Among Full Time Youth for Christ/USA Staff Members. Unpublished doctoral dissertation, Western Conservative Baptist Seminary, Portland, Oregon.
- Cohen, T. (1983, March). The incestuous family revisited. Social Casework, 64(3): 154-161.
- Cohen, J. & Cohen, P. (1983). Applied Multiple Regression Correlation Analysis for the Behavioral Sciences. Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers.
- Conte, J. (1984). Progress in treating the sexual abuse of children. Social Work, May-June, 258-262.
- Coopersmith, S. (1967). The Antecedents of Self-Esteem. San Francisco: W. H. Freeman and Company.
- Cormier, B., Kennedy, M., & Sangowicz, J. (1962, October). Psychodynamics of father-daughter incest. Canadian Psychiatric Association Journal, 75: 203-217.
-

- Courtney, E. (1983). Analysis. Corvallis, Oregon: Division of Continuing Education, Oregon State University.
- Courtois, C. (1979). The incest experience and its aftermath. Victimology: An International Journal, 4(4): 337-347.
- Courtois, C. & Watts, D. (1982). Counseling adult women who experienced incest in childhood or adolescence. The Personnel and Guidance Journal 275-279.
- Delin, B. (1978). The Sex Offender Boston: Beacon Press.
- De Young, M. (1981a). Siblings of Oedipus: Brothers and sisters of incest victims. Child Welfare, 60(8): 561-568.
- De Young, M. (1981b). Self-injurious behavior in incest victims: A research note. Child Welfare, 61(8): 577-584.
- De Young, M. (1982). The Sexual Victimization of Children. Jefferson, NC: McFarland.
- De Young, M. (1984). Counterphobic behavior in multiply molested children. Child Welfare, 63(4): 333-339.

- De Young, M. (1985). Incest: An Annotated Bibliography. Jefferson, NC: McFarland,
- Dillman, D. (1978). Mail and Telephone Surveys: The Total Design Method. New York: Wiley.
- Draper, N. & Smith, H. (1981). Applied regression analysis (2nd ed.). New York: John Wiley & Sons.
- Ellison, C. (1983). Spiritual well-being: Conceptualization and measurement. Journal of Psychology and Theology, 11(4) 330-340.
- Finkelhor, D. (1979). Sexually Victimized Children. New York: The Free Press.
- Gebhard, P., Gagnon, J., Pomeroy, W., & Christenson, C. (1965). Sex offenders: An analysis of types. New York: Harper and Row.
- Godin, A. & Hallez, M. (1965). Paternal Images and Divine Paternity. In A. Godin (Ed.) From Religious Experience to Religious Attitude Chicago: Loyola University Press.
- Gordon, L. & O'Keefe, P. (1984). Incest as a form of family violence: Evidence from historical case records. Journal of the Marriage and the Family, 46(1): 27-34.

- Gorsuch, R. (1983). Factorial Analysis. Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers.
- Gruber, K. (1981). The child victim's role in sexual assault by adults. Child Welfare, 40(5): 305-311.
- Grunenbaum, H. & Klerman, G. (1967). Wrist slashing. American Journal of Psychiatry, 124(4): 527-534.
- Gunst, R. & Mason, R. (1980). Regression Analysis and its Application. New York: M. Dekker.
- Heims, L. & Kaufman, I. (1963). Variations on a theme of incest. American Journal of Orthopsychiatry, 33(2) 311-312.
- Henderson, D. (1972). Incest: A synthesis of data. Canadian Psychiatric Association Journal, 17 (4): 299-313.
- Henderson, D. (1983). Is incest harmful? Canadian Journal of Psychiatry, 28(1): 34-40.
- Herman, J. & Hirschman, L. (1977). Father-daughter incest. Journal of Women in Culture and Society, 2(4): 735-756.
- Herman, J. & Hirschman, L. (1981). Families at risk for father-daughter incest. American Journal of Psychiatry, 138(7): 967-970.

- Herman, J. (1981). Father-Daughter Incest. Cambridge, Massachusetts: Harvard University Press.
- Hernandez, S. & Mauger, P. (1980). Assertiveness, Aggressiveness and Eysenck's Personality Variables. Personality and Individual Differences. In press.
- Hersko, M. (1966). Incest: A three way process. Journal of Social Therapy, 7: 22-31.
- Howard, H. (1959). Incest-The Revenge Motive. Delaware State Medical Journal, 31: 223-225.
- Hyde, M. & Kaufman, P. (1984). Women molested as children: Therapeutic and legal issues in civil actions. American Journal of Forensic Psychiatry, (5) 4.
- Julian, V. & Mohr, C. (1979). Father-daughter incest: Profile of the Offender. Victimology: An International Journal, 4(4): 348-360.
- Justice, B. & Justice R. (1979). The Broken Taboo. New York: Human Sciences Press.
- Kachigan, S. (1982). Multivariate Statistical Analysis. New York: Radius Press.

- Kaufman, I., Peck, A., & Tagiuri, C. (1954). The family constellation and overt incestuous relations between father and daughter. American Journal of Orthopsychiatry, 24(2): 266-277.
- Kroth, J. (1979). Child Sexual Abuse. Springfield, Illinois: Charles C. Thomas, Publisher.
- Landis, J. (1956). Experiences of 500 children with adult sexual deviation. Psychiatric Quarterly (Supplement), 30: 91-109.
- Lefevre, E. & West, M. (1981, December). Assertiveness: Correlations with self-esteem, locus of control, interpersonal anxiety, fear of disapproval, and depression. Psychiatric Journal of the University of Ottawa 6(4): 247-251.
- Levitan, H. (1982). Explicit incestuous motifs in psychosomatic patients. Psychotherapy and Psychosomatics, 37(1): 22-25.
- Lewis-Beck, M. (1980). Applied Regression: An Introduction. Beverly Hills, CA: Sage.
- Lorr, M. & More, W. (1980, April). Four dimensions of assertiveness. Multivariate Behavioral Research 15(2): 127-138.

- Lustig, N., Dresser, J., Spellman, S., & Murray, T. (1966). Incest: A family group survival pattern. Archives of General Psychology, 14(1): 31-40.
- Machota, P., Pittman, F., & Flomenhaft, K. (1967). Incest as a family affair. Family Process, 6: 98-116.
- Maisch, H. (1972). Incest. New York: Stein and Day.
- Malmquist, C., Kiresuk, T. & Spano, R. (1966). Personality characteristics of women with repeated illegitimacies: Descriptive Aspects. American Journal of Orthopsychiatry, 36 (3): 476-484.
- Mauger, P. & Adkinson, D. (1980). Interpersonal Behavior Survey (IBS) Manual. Los Angeles, CA: Western Psychological Services.
- Mauger, P., Adkinson, D., Zoss, S., Firestone, G. & Hook, D. (1980). Interpersonal Behavior Survey (IBS). Los Angeles, CA: Western Psychological Services.
- Mauger, P., Adkinson, D., Hernandez, S., Firestone, G. & Hook, J. (1978). Can assertiveness be distinguished from aggressiveness using self-report data? Paper presented at the American Psychological Association, 1978.

- McNamara, P. & George, A. (1979). Measures of Religiosity and the Quality of Life: A Critical Analysis. In D. O. Moberg (Ed.) Spiritual Well-Being Sociological Perspectives. Washington, DC: University Press of America.
- Meier, P. (1977). Christian Child Rearing and Personality Development. Grand Rapids: Baker Book House.
- Meiselman, K. (1978). Incest: A Psychological Study of Causes and Effects with Treatment Recommendations. San Francisco, Jossey Bass.
- Meiselman, K. (1980). Personality characteristics of incest history psychotherapy patients: A research note. Archives of Sexual Behavior, 9(3): 195-197.
- Miller, J., Moeller., Kaufman, A., Di Vasto, P., Pathak, D., & Christy, J. (1978). Recidivism among sex assault victims. American Journal of Psychiatry, 135(9): 1103-1104.
- Moberg, D. (1971). Spiritual Well-Being: Background and issues. Washington, DC: White House Conference on Aging.
- Mohr, J., Turner, R. & Jerry, M. (1965). Pedophilia and Exhibitionism: A Handbook. Toronto: University of Toronto Press.

- Montgomery, D. & Peck, E. (1982). Introduction to Linear analysis. New York: John Wiley & Sons.
- Mueller, E. (1986). The Relationship Between Religious Beliefs/Attitudes and Psychopathology in an Evangelical Seminary Sample. Unpublished doctoral dissertation. Western Conservative Baptist Seminary, Portland, Oregon.
- Mullins, W. (1986). Chronic Pain: A Study of Treatment Outcome as it relates to Coping Behaviors, Assertiveness, Spiritual Well-Being and MMPI Scores. Unpublished doctoral dissertation. Western Conservative Baptist Seminary, Portland, OR.
- National Interfaith Coalition on Aging. (1975). Spiritual Well-Being: A Definition. Athens, GA: NICA.
- National Committee for the Prevention of Child Abuse (1982). Basic Facts About Sexual Child Abuse. Chicago, IL.
- Norusis, M. (1984). SPSS/PC: SPSS for the IBM PC/XT. Chicago: SPSS.
- Norusis, M. (1986). Advanced statistics SPSS/PC+ Chicago, IL: SPSS, Inc.

- Paloutzian, R. & Ellison, C. (1979). Developing a measure of spiritual well-being. In R. F. Paloutzian (Chair), Spiritual well-being, loneliness, and perceived quality of life. Symposium presented at the annuyal meeting of the American Psychological Association, New York.
- Percell, L., Berwick, P., & Beigel, A. (1974). The effects of assertive training on self-concept and anxiety. Archives of General Psychiatry 31(4) 502-504.
- Peters, D. (1986). Betrayal of Innocence. Waco, TX: Word Books.
- Peters, J. (1976). Children who are victims of sexual assault and the psychology of the offender. American Journal of Psychotherapy, 30(3): 398-421.
- Petrie, K. & Rotheram, M. (1982). Insulators against stress: Self-esteem and assertiveness. Psychological Reports 50(3, Pt 1) 963-966.
- Rascovsky, M. & Rascovsky, A. (1950). On consummated incest. International Journal of Psychoanalysis, 31: 42-47.
- Riemer, S. (1940). A research note on incest. American Journal of Sociology, 45: 566-575.

- Rizer, A. (1982). A Study of the Effects of Parent Child Incest on the Child's Perception of Parental Acceptance-Rejection and Perception of Self. (Doctoral Dissertation, Catholic University of America.)
- Rosenfeld, A. (1979, June). Incidence of a history of incest among eighteen female psychiatric patients. American Journal of Psychiatry, 136(6): 791-795.
- Rush, F. (1980). The Best Kept Secret. Englewood Cliffs, NJ: Prentice Hall.
- Rush, F. (1977). The Freudian Coverup. Chrysalis, 1, 3-45.
- Saltman, V. & Solomon, R. (1982). Incest and Multiple Personality. Psychological Reports, 50(3, pt 2): 1127-1141.
- Schechter, D. & Roberge, L. (1976) Sexual exploitation. In R. Helfer, C. Kempe & W. Mondale (ed.) Child Abuse and Neglect: The Family and the Community. Cambridge, MA: Ballinger Publishing Company.
- Scheurell, R. & Rinder, I. (1973). Social networks and deviance: A study of lower class incest, wife beating, and non-support offenders. Wisconsin Sociologist, 19(2-3): 56-73.

- Schultz, L. (Ed.). (1980). The sexual victimology of youth. Springfield, IL: Charles C. Thomas, Publisher.
- Schultz, L. & Jones, P. (1983). Sexual abuse of children: Issues for social service and health professionals. Child Welfare, 62(2): 99-108.
- Sherman, D. (1986). A Comparison of Interpersonal Behavior Traits and Spiritual Well-Being Among Eating-Disordered Patients and Medical Outpatients. Unpublished doctoral dissertation. Western Conservative Baptist Seminary, Portland, OR.
- Silver, R. & Boon, C. (1983). Searching for Meaning in misfortune: Making sense of incest. Journal of Social Issues, 39(2): 81-101.
- Sloane, P. & Karpinski, E. (1942). Effect of incest on the participants. American Journal of Orthopsychiatry, 12: 666-673.
- Spencer, J. (1981, November). Father-daughter incest: A clinical view from the corrections field. Child Welfare, 57(9): 581-589.

- Summit, R. & Kryso, J. (1978). Sexual abuse of children: A clinical spectrum. American Journal of Orthopsychiatry, 48: 237-251.
- Summit, R. (1983). The child sexual abuse accommodation syndrome. Child Abuse and Neglect, 7: 177-193.
- Tompkins, J. (1940). Penis envy and incest: A case report. Psychoanalytic Review, 27: 319-325.
- Thorman, G. (1983). Incestuous Families.
Springfield, IL: Charles C. Thomas, Publisher.
- Van Buskirk, S. & Cole, C. (1983). Characteristics of eight women seeking therapy for the effects of incest. Psychotherapy: Theory, Research, and Practice, 20(4): 503-514.
- Vitaliano, P., Boyer, D., & James, J. (1981). Perceptions of Juvenile Experience: Females involved in prostitution versus property offenders. Criminal Justice and Behavior, 8(3): 325-342.
- Weinberg, S. (1955). Incest Behavior. New York: Citadel.

- Westermeyer, J. (1978). Incest in psychiatric practice: A description of patients and incestuous relationships. Journal of Clinical Psychiatry, 39(8): 643-648.
- Yeary, J. (1982). Incest and chemical dependency. Journal of Psychoactive Drugs, 14(1-2): 133-135.
- Yochelson, S. & Samenow, S. (1976). The Criminal Personality Volume I: A Profile for Change. New York: Jason Aronson.
- Younger, M. (1979). A handbook for linear regression. Belmont, CA: Duxbury.

APPENDIX A
LETTER OF INTRODUCTION

Dear Research Participant:

Thank you for agreeing to participate in this research project concerning women who have been molested as children. Your participation has a tremendous potential for helping others who experience the kind of pain you have experienced.

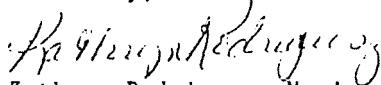
Please fill out the three questionnaires in the enclosed packet in the following order:

1. BACKGROUND INFORMATION QUESTIONNAIRE
2. INTERPERSONAL BEHAVIOR SURVEY
3. SPIRITUAL WELL-BEING INVENTORY

To assure confidentiality of your responses, please do not put your name on any of the questionnaires. A summary of the results of the study may be obtained by contacting me at 1417 S.W. Wallula Drive, Gresham, Oregon 97080 or by telephoning me at (503) 665-5509. If you wish to have feedback on your personal results, please place your name, address and ID number on the enclosed 3X5 card and return it in a separate envelope.

Again, thank you very much for your participation and I wish you well in your therapy process.

Sincerely,



Kathryn Rodriguez, M. A.
Project Coordinator

APPENDIX B
FOLLOW-UP LETTER NUMBER ONE

Dear Research Participant:

Several weeks ago you agreed to participate in a survey among women who were molested as children. I have not yet received your questionnaire and would like to urge you to complete it as soon as possible. In order to have a more accurate reflection of the experience of adult victims of sexual abuse, it is important that I hear from you. So you see, your opinions and experiences do count! Let me take this opportunity to encourage you to participate in this study which will enable those involved in helping adult victims like yourself to be more knowledgeable and understanding of the pain you have experienced.

Thank you for your participation and again I wish you well.

Sincerely,

Kathy Rodriguez, M.A.
Project Coordinator

APPENDIX C
FOLLOW UP LETTER NUMBER TWO

January 6, 1987

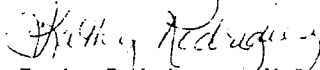
Dear Research Participant:

Several weeks ago you agreed to participate in a research study regarding adult victims of sexual abuse. I realize with the holiday season you may not have found time to complete the questionnaires. For this reason I want to give you a new survey packet in case you may have misplaced the first one. Now that the holidays are over, may I encourage you to complete this packet as soon as possible and return it to your therapist?

Perhaps you think your opinion and experience doesn't really count. Nothing could be further from the truth! It is only as we learn more about victim experiences that we can do more to help you recover. Your willingness to share your experience anonymously through this survey can be of future benefit to adult women who were sexually molested as children. So you see your input can contribute substantially to our ability as therapists to be able to help those who have experienced pain as you have. I strongly encourage you therefore to complete this survey as soon as possible. Your input is urgently needed.

I would like to take this opportunity to wish you success in your recovery process.

Sincerely yours,


Kathy Rodriguez, M.A.
Project Coordinator

APPENDIX D
LETTER OF INSTRUCTION TO
REPRESENTATIVE THERAPISTS

Predictors - 136

1417 S.W. Wallula Drive
Gresham, Oregon 97080
(503) 665-5509
October 22, 1986

Bette L. Boyd, M.S., M.F.C.C.
4320 Auburn Blvd.
Sacramento, CA 95841

Dear Bette:

I visited you the latter part of July, with Carol Clifton, concerning research for my dissertation on adults molested as children. At that time you agreed to function as a point of contact for subjects who would be interested in participating in the study. Finally, everything is ready to go for data collection. I have enclosed 40 survey packets for subjects within your purview. I believe you were sure you could guarantee 25 volunteers, maybe more.

Please note the requirements for participants:

1. Volunteer
2. At least 18 years of age at the present time.
3. Their offender must have at least 5 years older than themselves or else a sibling.
4. Participants must have been molested before the age of 16.
5. Must have been in treatment within the last year.

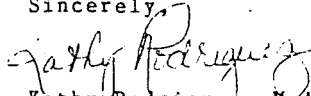
In addition, please follow the following procedures in administering the data collection:

1. Hand out packets to volunteers asking them to return them to you the following week. Please record how many packets you hand out and how many you receive back. You may want to keep some personal record as well of who takes a packet in order to follow-up with them.
2. Two weeks after you hand out packets, hand out the enclosed follow up letter to only those individuals who have not yet returned their packets encouraging them to complete the packet and return it as soon as possible.
3. Approximately 4-5 weeks after you hand out the original packets, you will receive new packets from me with letters for all those individuals who still have not yet returned their packets.
4. On December 18th or when you have received all the packets you handed out, whichever comes first, please mail the survey packets to me at the above address C.O.D. including a note indicating how many packets you handed out, and how many you received back.

If you have any questions, regarding the above instructions please do not hesitate to call me collect at the telephone number listed above.

I want to take this opportunity to thank you for agreeing to function in this capacity for me. If you would like to know the results of the study after its completion, I would be more than happy to send you a copy. Hopefully, this particular piece of research will yield some valuable information in regard to victims. Again, thank you for your help. It is very much appreciated.

Sincerely,

A handwritten signature in cursive script that reads "Kathy Rodriguez". The signature is written in dark ink and is positioned above the typed name.

Kathy Rodriguez, M.A.
Project Coordinator

APPENDIX E
BACKGROUND INFORMATION QUESTIONNAIRE

**BACKGROUND INFORMATION
QUESTIONNAIRE**

Q-1 What is your present age as of your last birthday?

_____ YEARS

Q-2 What is the highest level of education that you have completed? (Circle one)

- 1 GRADES 1-12
- 2 COLLEGE
- 3 POST COLLEGE

Q-3 Which of the following categories best describes your total family income from all sources for last year, 1985? (Circle one)

- 1 LESS THAN \$5,000
- 2 \$5,000 to \$9,000
- 3 \$10,000 to \$14,999
- 4 \$15,000 to \$19,999
- 5 \$20,000 to \$29,999
- 6 \$30,000 to \$39,999
- 7 \$40,000 to \$59,999
- 8 OVER \$60,000

Q-4 Which of the following best describes your present status? (Circle one)

- 1 NEVER MARRIED
- 2 MARRIED
- 3 DIVORCED
- 4 WIDOWED
- 5 SEPARATED
- 6 LIVING TOGETHER

Q-5 At what age did you begin your menstrual cycle?

_____ YEARS

Q-6 At what age did you first experience sexual intercourse?

_____ YEARS

Q-7 In general, how do you feel about sexual intercourse?
(Circle one)

- 1 STRONGLY DISLIKE
- 2 MILDLY DISLIKE
- 3 NEITHER LIKE NOR DISLIKE
- 4 MILDLY LIKE
- 5 STRONGLY LIKE

Q-8 How often do you currently (within the last year) have sexual intercourse? (Circle one)

- 1 MORE THAN SEVEN TIMES A WEEK
- 2 FOUR TO SEVEN TIMES A WEEK
- 3 TWO TO THREE TIMES A WEEK
- 4 ONCE A WEEK
- 5 ONE TO THREE TIMES A MONTH
- 6 LESS THAN ONCE A MONTH
- 7 NOT AT ALL

Q-9 Have you ever experienced sexual activity of any nature with a member of your family? (Circle one)

- 1 NO
- 2 YES

Q-10 If you have experienced sexual activity with a family member, which of the following describes with whom this sexual activity occurred? (Circle all that apply)

- 1 FATHER
- 2 MOTHER
- 3 BROTHER/SISTER
- 4 GRANDPARENT
- 5 UNCLE
- 6 OTHER
- 7 DOES NOT APPLY

Q-11 At what age did this sexual activity with a family member begin?

_____ YEARS

Q-12 At what age did this sexual activity with a family member end?

_____ YEARS

Q-13 In your opinion, was your mother aware that this sexual activity was taking place? (Circle one)

- 1 SHE WAS CERTAINLY AWARE
- 2 SHE WAS PROBABLY AWARE
- 3 UNSURE IF SHE WAS AWARE
- 4 SHE WAS PROBABLY NOT AWARE
- 5 SHE WAS CERTAINLY NOT AWARE

Q-14 Did you ever experience non-voluntary sexual activity with someone outside of your family before the age of 16? (Circle one)

- 1 NO
- 2 YES

Q-15 If you experienced non-voluntary sexual activity with a non-family member, which of the following describes with whom this sexual activity occurred? (Circle all that apply)

- 1 NEIGHBOR
- 2 FAMILY FRIEND
- 3 STRANGER
- 4 PERSONAL FRIEND
- 5 OTHER
- 6 DOES NOT APPLY

Q-16 At what age did this sexual activity with a non-family member begin?

_____ YEARS

Q-17 At what age did this sexual activity with a non-family member end?

_____ YEARS

Q-18 Which of the following best describes the family authority structure of the home in which you grew up? (Circle one)

- 1 FATHER IN CHARGE
- 2 MOTHER IN CHARGE
- 3 SHARED PARENTAL AUTHORITY
- 4 NO PARENTAL AUTHORITY

Q-19 What is your religious preference? (Circle one)

- 1 ROMAN CATHOLIC
- 2 MORMON
- 3 JEWISH
- 4 PROTESTANT
- 5 OTHER.....(SPECIFY) _____
- 6 NONE

Q-20 How often do you attend religious services? (Circle one)

- 1 ONCE A WEEK OR MORE
- 2 TWO OR THREE TIMES A MONTH
- 3 ABOUT ONCE A MONTH
- 4 LESS THAN ONCE A MONTH
- 5 NEVER

Q-21 How often do you have personal religious devotions?
(Circle one)

- 1 MORE THAN ONCE A DAY
- 2 FOUR TO SEVEN TIMES A WEEK
- 3 ONE TO THREE TIMES A WEEK
- 4 ABOUT ONCE A WEEK
- 5 TWO OR THREE TIMES A MONTH
- 6 ABOUT ONCE A MONTH
- 7 LESS THAN ONCE A MONTH

Q-22 Which of the following statements best describes the religious belief system present in your home while growing up? (Circle one)

- 1 THE BIBLE IS GOD'S WORD AND IS TRUE.
- 2 IN ADDITION TO THE BIBLE, PAPAL DECREES ARE IMPORTANT TO RELIGION.
- 3 MAN HAS THE ABILITY TO JUDGE WHAT IS TRUE IN MATTERS OF RELIGION.
- 4 IN ADDITION TO THE BIBLE, RELIGIOUS EXPERIENCE SUCH AS SPEAKING IN TONGUES IS AS IMPORTANT TO FAITH.
- 5 NONE OF THE ABOVE

Q-21 At the time of your abuse, which statement best describes the religious experience of your father or father substitute?
(Circle one)

- 1 MY FATHER RESPECTED AND ATTEMPTED TO FOLLOW THE MORAL AND ETHICAL TEACHINGS OF CHRIST.
- 2 MY FATHER RECEIVED JESUS CHRIST INTO HIS LIFE AS HIS PERSONAL SAVIOR AND LORD.
- 3 MY FATHER RECEIVED JESUS CHRIST AS HIS PERSONAL SAVIOR AND LORD AND ATTEMPTED TO FOLLOW THE MORAL AND ETHICAL TEACHINGS OF CHRIST.
- 4 DO NOT KNOW THE RELIGIOUS EXPERIENCE OF MY FATHER.

Q-22 At the time of your abuse, which statement best describes the religious experience of your mother or mother substitute?

- 1 MY MOTHER RESPECTED AND ATTEMPTED TO FOLLOW THE MORAL AND ETHICAL TEACHINGS OF CHRIST.
- 2 MY MOTHER RECEIVED JESUS CHRIST INTO HER LIFE AS HER PERSONAL SAVIOR AND LORD.
- 3 MY MOTHER RECEIVED JESUS CHRIST AS HER PERSONAL SAVIOR AND LORD AND ATTEMPTED TO FOLLOW THE MORAL AND ETHICAL TEACHINGS OF CHRIST.
- 3 DO NOT KNOW THE RELIGIOUS EXPERIENCE OF MY MOTHER.

APPENDIX F
SPIRITUAL WELL-BEING SCALE

SPIRITUAL WELL-BEING SCALE

 FOR EACH OF THE FOLLOWING STATEMENTS CIRCLE THE CHOICE THAT BEST INDICATES THE EXTENT OF YOUR AGREEMENT OR DISAGREEMENT AS IT DESCRIBES YOUR PERSONAL EXPERIENCE:

SA-STRONGLY AGREE
 MA-MODERATELY AGREE

A-AGREE
 D-DISAGREE

MD-MODERATELY AGREE
 SD-STRONGLY AGREE

- | | |
|--|-----------------|
| 1. I don't find much satisfaction in private prayer with God. | SA MA A D MD SD |
| 2. I don't know who I am, where I came from, or where I'm going. | SA MA A D MD SD |
| 3. I believe that God loves me and cares about me. | SA MA A D MD SD |
| 4. I feel that life is a positive experience. | SA MA A D MD SD |
| 5. I believe that God is impersonal and not interested in my daily situations. | SA MA A D MD SD |
| 6. I feel unsettled about my future. | SA MA A D MD SD |
| 7. I have a personally meaningful relationship with God. | SA MA A D MD SD |
| 8. I feel fulfilled and satisfied with life. | SA MA A D MD SD |
| 9. I don't get much personal strength and support from God. | SA MA A D MD SD |
| 10. I feel a sense of well-being about the direction my life is headed in. | SA MA A D MD SD |
| 11. I believe that God is concerned about my problems. | SA MA A D MD SD |
| 12. I don't enjoy much about life. | SA MA A D MD SD |
| 13. I don't have a personally satisfying relationship with God. | SA MA A D MD SD |
| 14. I feel good about my future. | SA MA A D MD SD |
| 15. My relationship with God helps me not to feel lonely. | SA MA A D MD SD |
| 16. I feel that life is full of conflict and unhappiness. | SA MA A D MD SD |

17. I feel most fulfilled when I'm in close communion with God. SA MA A D HD SD
18. Life doesn't have much meaning. SA MA A D HD SD
19. My relation with God contributes to my sense of well-being. SA MA A D HD SD
20. I believe there is some real purpose for my life. SA MA A D HD SD

APPENDIX G
CORRELATION MATRIX

CORRELATION MATRIX

	FAMAUTH	OFFENDR	RELIG	BAGE	EAGE	SWB	SGR
FAMAUTH		.168	-.312*	.123	-.056	-.025	-.013
OFFENDR			-.240*	-.162	.394*	.021	.079
RELIG				-.155	-.111	-.008	.045
BAGE					.179	.096	.091
EAGE						.185	.236*
SWB							.397*

*p<.05

APPENDIX H
RAW DATA

Key of Raw Data by Columns

- 1 = Subject
- 2 = Age
- 3 = Education
- 4 = Income Level
- 5 = Marital Status
- 6 = Family Authority Structure
- 7 = Religious Preference
- 8 = Attendance at Religious Services
- 9 = Religious Devotions
- 10 = Religious Belief
- 11 = Beginning Age of Abuse
- 12 = Ending Age of Abuse
- 13 = Offender
- 14 = Religiosity in the Home
- 15 = General Assertiveness Raw Score
- 16 = Religious Well-Being
- 17 = Existential Well-Being
- 18 = Spiritual Well-Being

01	45	3	6	5	2	5	3	2	5	09	14	3	2	35	58	45	103
17	38	1	3	3	1	4	1	3	5	09	10	2	4	25	59	46	105
18	45	2	3	3	2	4	1	3	5	12	14	3	1	03	36	30	066
19	31	1	3	3	4	4	1	1	5	06	22	3	1	29	60	39	099
21	18	2	7	1	1	1	4	4	1	05	09	2	4	36	50	44	094
22	47	1	1	3	3	4	3	4	1	01	17	3	1	36	36	20	056
23	60	2	3	4	1	4	2	1	5	04	11	2	4	17	47	45	092
30	34	2	7	2	2	4	1	1	5	04	04	2	1	07	45	30	075
31	34	1	5	2	1	6	4	1	5	09	12	2	1	52	43	53	096
32	37	2	2	3	2	5	4	2	5	01	05	1	2	10	45	36	081
33	24	2	6	2	1	5	5	1	5	10	15	2	4	45	60	56	116
36	24	2	2	1	1	4	1	2	1	05	12	1	5	06	48	49	097
45	30	1	5	2	1	6	4	4	3	10	18	2	1	12	31	29	060
46	32	2	2	1	2	6	4	7	3	04	14	3	3	27	29	25	054
47	40	3	1	1	2	5	1	1	5	03	14	2	5	10	57	31	088
48	39	2	7	2	1	4	1	4	5	09	20	2	2	37	54	51	105
52	25	1	4	3	3	6	5	6	5	14	18	1	1	26	41	35	076
53	30	2	1	1	2	4	1	4	1	09	09	2	2	12	51	45	096
54	37	2	4	1	1	4	1	3	5	07	12	2	2	15	48	43	091
55	47	3	1	3	2	4	2	2	1	01	18	2	3	52	44	47	091
56	35	1	2	3	2	4	2	2	1	12	12	2	1	32	37	42	079
57	38	2	5	3	4	4	1	2	3	05	05	2	1	13	60	44	104
58	35	1	3	3	2	4	1	7	5	07	08	2	1	21	32	30	062
59	35	2	6	3	2	4	1	4	5	08	12	3	1	19	45	23	068
61	33	2	8	2	2	4	2	3	1	06	11	3	5	09	54	43	097
62	21	2	6	1	3	4	1	3	3	04	15	3	2	11	43	43	086
63	26	1	4	2	2	5	4	7	1	06	07	2	5	18	17	17	034
66	41	1	8	2	1	4	1	2	5	04	18	3	2	15	53	30	083
68	43	1	3	2	1	4	1	1	5	01	11	3	1	20	32	24	056
69	40	2	6	2	1	4	1	5	4	03	18	3	2	01	34	35	069
72	29	1	5	2	1	4	1	4	5	04	18	3	2	01	38	36	074
73	35	2	5	2	1	4	3	1	0	03	17	3	3	32	60	47	107
74	32	2	5	2	1	4	2	2	1	05	11	2	5	36	52	41	093
75	32	2	3	2	2	4	4	3	1	10	10	1	3	26	46	43	089
76	38	2	5	2	2	4	1	2	1	10	17	2	3	50	60	58	118
77	31	1	3	3	1	4	3	2	5	08	18	2	2	29	52	44	096
78	37	2	4	2	1	5	1	2	5	03	18	3	1	24	59	51	110
79	43	1	4	2	1	4	1	1	3	11	18	2	1	26	56	53	109
81	36	1	5	2	2	4	1	2	3	08	08	1	2	28	52	26	078
82	22	1	2	1	2	1	1	7	1	08	12	2	4	14	19	28	047
83	26	2	2	1	2	4	2	2	1	16	16	2	2	05	60	24	084
84	35	1	4	3	2	4	1	1	3	01	02	1	1	07	57	43	100
85	33	3	4	1	1	4	5	7	1	03	04	2	4	31	42	41	083
86	40	2	6	2	4	4	4	3	5	11	11	3	2	51	57	57	114
87	32	3	7	2	1	1	5	7	2	08	08	2	3	37	26	30	056
90	23	2	3	6	1	1	4	7	5	05	10	2	1	09	30	37	067
91	25	2	8	1	3	6	4	7	5	05	16	3	1	36	41	54	095
92	26	2	1	1	1	2	1	1	5	03	15	3	2	41	59	48	107
95	25	2	3	2	1	5	1	1	5	06	13	2	1	46	54	57	111
96	21	1	2	1	3	4	4	4	5	08	10	3	1	16	54	24	078

APPENDIX I

VITA

VITA

KATHRYN DAVIS RODRIGUEZ
1417 S. W. Wallula Drive
Gresham, Oregon 97080
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EDUCATION

1974-1976 Brookdale Community College,
Lincroft, New Jersey. A.S. Degree
in Social Sciences.

1978-1980 University of Maryland, Overseas
Campus, Munich, Germany

1978-1980 The University of the State of New
York, Regents External Degree
Program, Albany, New York. B.S.
Degree in Social Sciences with
Psychology concentration.

1983-1985 Western Conservative Baptist
Seminary, Portland, Oregon. M.A.
Degree in Clinical Psychology.

1985-Present Doctoral Candidate-Western
Conservative Baptist Seminary,
Portland, Oregon. Expected
graduation date: May 1988

EXPERIENCE

1972-1983 U.S. Army. Assignments included
Military Intelligence
Coordinator, Military
Intelligence Special Agent, and
First Sergeant. Highest pay
grade achieved: Sergeant First
Class (SFC) (E-7). Decorations
include the Army Achievement
Medal, Army Commendation Medal
(First and Second Aware), and the
Meritorious Service Medal. Last
assignment as a First Sergeant

- required personal counseling, crisis counseling, and domestic counseling of 80-90 soldiers under my supervision.
- 1984-Present Lay Counselor at Good Shepherd Community Church, Boring, Oregon. Individual and Family Counseling.
- 1985-1987 Professional Counselor-Christian Counseling Services, Gresham, Oregon. Individual, family, and group therapist. Intellectual and personality assessment for adults and children.
- 1985-1987 Graduate Fellow to Dr. Rodger Bufford, Chairman of the Psychology Department, Western Conservative Baptist Seminary. Duties included writing for the department and proofreading dissertations as well as interviewing and counseling with potential students.
- 1986 Graduate Fellow to Dr. Wayne Colwell, Director of Clinical Training, Western Psychological Services Center, Portland, Oregon. Supervised prepracticum students in training and functioned as group therapy leader.
- 1986-1987 Doctoral Intern on the Psychiatric Ward of Portland Adventist Medical Center, Portland, Oregon under the supervision of Dr. Robert C. Wolgamott, Chief of Psychiatric Services. Performed psychosocial, intellectual, and personality assessment as well as inpatient therapy. Co-facilitated in-patient therapy groups. Participated in assessment and treatment of eating disorder in-patients.

- 1987 Doctoral intern at New Day Drug and Alcohol Treatment Center, Portland, Oregon. Provide case management, diagnostic, and family therapy services. Co-facilitate family patient treatment groups.
- 1987 Doctoral intern at Christian Counseling Services, Gresham, Oregon.

AWARDS

Selected as an Outstanding Young Woman of 1986 by Outstanding Young Women of America.

PUBLICATIONS

Vredevelt, P. & Rodriguez, K. (1987) Surviving the Secret. Old Tappen, New Jersey: Fleming H. Revell.

FAMILY BACKGROUND

Married January 1, 1978 to Jovino Rodriguez. Jovino is employed by the U.S. Post Office in Portland, Oregon. He is pursuing a second Masters Degree at Western Seminary and is a lay counselor at Good Shepherd Community Church. We have one child, Timothy Manuel, age 9 months.