


1998

The Effects Of Childhood Sexual Abuse Upon Adult Male Attachment/Separation, Conflict Resolution And Psychospiritual Well-Being

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**THE EFFECTS OF CHILDHOOD SEXUAL ABUSE UPON ADULT MALE
ATTACHMENT/SEPARATION, CONFLICT RESOLUTION
AND PSYCHOSPIRITUAL WELL-BEING**

BY

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**Submitted in partial fulfillment of the requirements
of the Degree of Doctor of Philosophy
Seton Hall University
1998**

THE EFFECTS OF CHILDHOOD SEXUAL ABUSE UPON ATTACHMENT/SEPARATION, CONFLICT RESOLUTION AND PSYCHOSPIRITUAL WELL-BEING.

Amber Thani Samaroo
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ABSTRACT: The sexual abuse of boys has been a hidden problem that only recently began to emerge in research and clinical literature. This study explored the relationship between childhood sexual abuse, psychosocial and psychospiritual development. The theoretical framework was based upon an integration of Erikson's (1968) theory of individual development, and Whitehead and Whitehead's (1979) theory of religious development. Three groups of subjects were involved in this investigation. One group was comprised of individuals who were sexually abused by clergy. A second group consisted of subjects who were sexually assaulted by non-clergy. The third group was comprised of individuals who were not sexually abused before they were 13 years old. Eighty-six subjects were used in the research. Nine subjects were excluded from the study due issues of psychopathology. These individuals completed four questionnaires: The Personal History/Sexuality Questionnaire (Samaroo, 1997), Millon Multiaxial Clinical Inventory (Millon, 1987), Measures of Psychosocial Development (Hawley, 1988) and Spiritual Well-being Scale (Paloutzian & Ellison, 1982). The results of a Bonferoni multiple comparison post hoc test at $p < .05$ shows that individuals who were sexually abused by clergy experienced significant difficulties in their psychosocial and psychospiritual development, compared with the other two groups in the study. This analysis of variance was conducted after a Wilks-Lambda, $F(6) = 22.10$, $p < .05$) Manova indicated that there were significant differences between the three groups on all three of the dependant variables.

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Chapter I

Introduction

This research evaluates the negative effects that male child sexual abuse has had upon its victim's (age 0 - 13 years) psychosocial development, specifically, attachment/separation, conflict resolution issues and psychospiritual well-being as adults (ages 30-40 years). The independent variable in this study was male childhood sexual abuse and the dependent variables were psychosocial development/attachment/separation and conflict resolution, and psychospiritual well-being. Child sexual abuse is defined as sexual contact between an adult and a prepubescent child (under 13 years old). Attachment vs. separation will be operationalized as intimacy vs. isolation. Confliction resolution will be operationalized as identity vs. confusion.

Child sexual abuse has posed a serious problem to society and to the individual victims (Scott, 1992). This included mental, psychological, spiritual, sexual, psychosocial, and, sometimes, physical damage to the victims. Sexuality misused, has the capacity to destroy all that is trustworthy, holy, and true (Vander Mey, 1988). Briere & Elliot (1993) and Shearer & Hubert (1987) agree from their study of child sexual abuse, that sexual abuse could affect the victims in ways that are so traumatic that they lose their belief in a higher power.

Child sexual abuse is based upon coercion and psychological manipulation due to age, size and power differences between the child and the abuser, making informed consent to the sexual activity impossible (Briere & Elliot, 1993). This manipulation is further utilized by the offender's need to maintain the secret; consequently, controlling any outside interference (Courtois, 1988; Haywood, Kravitz & Wasyliv, 1996).

Background of the Problem and Need for the Study

Research has revealed a correlation between childhood sexual abuse and long-term psychopathology in adults (Briere & Elliot, 1993). Investigators, such as Scott (1994), have shown that adult male victims have higher than normal difficulty with mental health problems. This may be attributed to the dynamics of their psychosocial development into adulthood (Kellog & Hoffman, 1995; Parish, Myers, Brandner & Templin, 1985).

The research illustrates that sexual abuse was frequently observed in the childhood histories of a significant number of individuals with psychiatric disorders (Brown & Anderson, 1991; Shearer & Hubert, 1987). The manifestations of this trauma may range from minimal dysfunctions to being life-threatening. It was stated that 63% of all male victims require therapy due to the debilitating after effects of the trauma of sexual abuse (Finkelhor, 1989; Petrovich & Templer, 1992). Some of the most commonly found effects among adult male survivors include distrust, attachment/separation and difficulties with conflict resolution (Scott, 1994). This is due, in part, to the betrayal and the failure of the male survivor's assailant to behave as a responsible adult (Becker, 1989). This instills in the child feelings which indicate that they are basically bad and unworthy of help (Fleming, Mullen & Bammer, 1997; Krug, 1989). The male survivors learn to distrust both adults and authority figures. As a result, the majority of them never disclose their sexual abuse. Because of the secrecy and shame of the sexual abuse, these victims never turn to anyone for help; hence, they may deal with their emotional problems through self-destructive ways (Metcalf, Oppenheimer, Dignon & Palmer, 1990; Scott, 1994; Swett, Surrey & Cohen, 1990).

According to Lowery (1987), the prevalence of male victims among the general

population has been estimated by researchers to be as high as 20% (Finkelhor, 1990; Scott, 1994). In one study, Van der Mey (1988), stated that 28% of 894 males reported being sexually abused. Approximately one quarter of a million men have been sexually abused (Lowery, 1987).

Abraham and Hoey (1994), indicated that untreated male victims are plagued by negative manifestations, such as low self-esteem, depression, feelings of lack of trust, difficulty with intimate relationships and self-destructive behavior. Although many of these symptoms are manifested in individual adult male survivors, a clear pattern has been documented in prior research (Dimock, 1988). These symptoms may be revealed in life or may be triggered later by some life event. However, many of these male victims may seek treatment for these chronic manifestations without ever revealing the sexual abuse (Swett, Surrey & Cohen, 1990).

The attitude of concern, sexual protection and restraint is generally expected from all men; especially the clergy (Francis & Turner, 1995). Parents who entrust their children, both boys and girls, to the care of male and female pastors as teachers, coaches, club directors, counselors, or advocates presume that the contact will foster good character and growth in self-confidence, moral values, spiritual and mental health (Isely & Isely, 1995). Those pastors who use their positions of trust and the presumption of moral integrity as a cover for their sexual activity with children present a formidable challenge of society.

Isely and Isely (1990) wrote that sexual abuse is multi-dimensional. It violates the body and the integrity of the victims. As a result, it leaves the abused with lifelong body-related issues. It also violates trust and destroys the possibility of a healthy connection between the victim and the abused (Abraham & Hoey, 1994). It likewise makes it difficult for the victim to form attachments to others; hence, it impedes upon current and future relationships (McLaughlin, 1994;

Scott, 1992). Further, pedophiles thrive in a secretive situations which sustain this abusive relationship and create a destructive environment for both the offender and the victim. Lastly, sexual abuse destroys and misuses sexuality (Scott, 1992). McLaughlin (1994) found that sexual abuse damages the victim's feelings about sexuality and leaves him/her with after effects which will change his/her ability to accept and express his/her sexuality long after the abuse has ended.

Much has been learned about the effects that sexual abuse has had upon the victims through extensive research. This includes treatments which were effective and those which were not effective, and with which subgroups of victims, treatment has offered the best prognosis. Through the research of McNulty & Wardle (1994), Scott (1992) and Shearer & Hubert (1987), one has come to understand that, in general, victims of child sexual abuse have suffered from dysfunctional progression through the normal developmental stages, and victims have often questioned the role of God in their lives. Although these scholars have made valuable contributions to the study and effect of early childhood sexual abuse, they have only addressed the aforementioned dimensions of sexual assault as a small part of their respective studies.

There have only been a limited number of studies which have supported the hypothesis that sexual abuse upon children has been directly correlated with questioning their belief in God as adults. The effects of this abuse have inflicted a sense of helplessness upon these individuals (Abraham & Hoey, 1994; Francis & Turner, 1995; Isely & Isely, 1990; Vogelsang, 1990). Further, this research focused, in its entirety, upon these subjects' psychosocial development and their psychospiritual well-being, as well as the difficulties that they have experienced in adulthood.

Theoretical Rationale

Theories of religious development have been derived from those of human development.

This study was based upon Whitehead and Whitehead's (1979) theoretical perspective of Erikson's theory of psychosocial development and its relationship to spiritual development. According to Erikson, (1968), one of the primary psychological struggles throughout childhood and into adolescent years is identity confusion. Identity, conflict resolution and attachment/separation formation is recognized as a lifelong process; however, many important decisions about adult development are made during the early stage of life. For many individuals, religious development is a large part of ideological identity. If individuals were able to successfully resolve the conflict between development identity and role confusion, they would be able to make a faithful commitment. This includes trust and trustworthiness and the ability to commit oneself to a cause or a person. This is a process of attachment and maintenance of autonomy, simultaneously.

Whitehead and Whitehead (1979) wrote an application of Erikson's stages of adult development and the progression of adult religiosity. Whitehead and Whitehead (1979) explained that crises, by their very structure, invite an adult to re-examination and even re-orient her or his life. In the disorientation of a crisis, the believer can begin the experience of believing in God. Whitehead and Whitehead noted that the passivity one generally feels when in crisis, is similar to an experience in which an individual feels impotent in relation to God. Further, there can be a sense that a part of the person's life is coming to an end and that the person needs to reorder his or her priorities for effective future behavior.

One of the primary and continuous psychological crisis's of adulthood is thought to be conflicts (Erickson, 1968). Whitehead and Whitehead (1979) described three religious elements which are important to this stage. First, for the vast majority of people, marriage is an act

associated with religion. As such, marriage can help individuals experience the religious aspects of the marriage covenant. Second, Whitehead and Whitehead discussed divorce and the coming out of gays and lesbians as two "disguised passages of intimacy," in which the Christian church and other religious organizations have often inhibited the development of intimacy in the adult. Third, the adults must have come to terms with their own past, a process that Whitehead and Whitehead referred to as self-intimacy. They suggested that one must forgive oneself, if one is to grow and become intimate with others. The confrontation of one's past imperfections and the forgiveness that follows that confrontation can be central to one's development through the life cycle. At some point in one's development, they must learn to resolve these conflicts.

Statement of the Problem

The purpose of this study was to determine whether men, who were sexually abused before they were 13 years old, experience difficulties with their psychosocial and psychospiritual development as adults.

Significance of the Study

This study was designed to assist in the understanding of the further adverse effects that sexual abuse has upon these men, their psychosocial development, specifically, attachment/separation, conflict resolution, and psychospiritual well-being. The seriousness of the failure of male victims to adequately progress and negotiate through the different psychosocial and psychospiritual developmental stages have not been satisfactorily documented because of the difficulties inherent in child sexual abuse research. Opposing definitions, inadequate subject populations, unclear methodologies and utilization of non-standardized instruments have made it difficult to generalize about the findings of these different studies to all male victims of childhood

sexual abuse.

The present study was a response to the need to provide more information to the study of the effect of male sexual abuse. The current literature suggests that a large body of work has been done on child sexual assault, however, few studies have investigated the long-term effects upon adult men. In conclusion, this study adds to the present literature on adult male survivors and how they are different from men who were not sexually abused as children.

Hypotheses

1. Adult male survivors of clergy sexual abuse will have a higher score on attachment, compared with a group of men who were sexually abused by non-clergy, and a group of adult men who were not sexually abused as children (before 13 years old).
2. Adult male survivors of clergy sexual abuse will have a higher score on separation compared with a group of men who were sexually abused by non-clergy, and a group of adult men who were not sexually abused as children (before 13 years old).
3. Adult male survivors of clergy sexual abuse will have a higher score on conflict resolution compared with a group of men who were sexually abused by non-clergy, and a group of adult men who were not sexually abused as children (before 13 years old).
4. Adult male survivors of clergy sexual abuse will have a higher score on spirituality compared with a group of adult males who were sexually abused by non-clergy and a group of adult men who were not sexually abused as children (before 13

years old).

Definition of Terms

1. Child sexual abuse: Conceptually, it is a sexual act between a child who is 13 years old or younger and an adult. For operational purposes, this was reported on the Personal Sexual History Questionnaire (Samaroo, 1997).
2. Psychosocial development: Human beings pass through an invariable sequence of developmental stages (not necessarily linked exactly with chronological age). These stages are attachment/separation and conflict resolution. These will be measured by a scores on the Measures of Psychosocial Development (Hawley, 1988), as follows: The scores on the intimacy vs. isolation scale are operationalized as attachment/separation, and the scores on the identity vs. confusion scale are translated as conflict resolution.
3. Spiritual well-being: Paloutzian and Ellison (1982) used the definition of spiritual well-being as the affirmation of life in relationship with God, self, community and environment that nurtures and celebrates wholeness. This will be operationalized by scores on the Spiritual Well-Being scale (Paloutzian & Ellison, 1982).

Limitations of the study

Limitations of this study are as follows:

1. The results of this study can be generalized only to the population which was being studied.
2. The limited size of the sample and minimal control over the selection of participants in the adult male clergy survivors' group.
3. The second comparison group, which is composed of men who were sexually

abused as children, by non-clergy represented a voluntary group of men. It may be possible that those men who did not chose to volunteer represented a group of men with great difficulties with their psychosocial and psychospiritual development.

4. The third sample group is composed of men who were not sexually molested as children. Some of them may have has been sexually abused as children; however, they may have not remembered this incident because of the trauma of the abuse or due to dishonesty, denial, repression, or other factors unknowing to this researcher.
5. All of the participants volunteered to be a part of this research.
6. The subjects may have had prior experience with the testing tools, that are being used in this study. As a result, they may be familiar with the correct answers.
7. Some of the questionnaires were mailed to subjects who were no longer attending therapy.
8. There was limited critical review of one of the instruments of this study, Measures of Psychosocial Development (Hawley, 1988).
9. The subjects in the present study were not well represented in the normative studies of the assessment instruments.

Chapter II

Review of Related Literature

Introduction

In recent years much attention has been focused on the issue of sexual abuse of children and adolescents. Most professionals have concentrated their effort on treating female children, more specifically, victims of father-daughter incest (Briere, 1992; Courtois, 1988). In many respects, according to Kinzl and Mangweth (1996), this approach appears to be logical for the majority of child-sexual abuse cases involved an adult or adolescent male who abuses a child or adolescent female. However, similar efforts should be made to identify male victims of child sexual abuse (Kellogg & Hoffman, 1995). According to Dziuba-Leatherman and Finkelhor (1994), it is estimated that between 46,000 and 96,000 male children are sexually abused each year.

If problems exist in arriving at an accurate estimates of child sexual abuse victimization, the available data is even less clear in providing a reliable profile of victim characteristics. Early reports suggested, for example, that the ratio of female to male victims was ten or eleven to one (Kercher & McShane, 1984). More recent research indicates that there may be more male victims than previously thought (Bolton, Morris & MacEachron 1989; Scott, 1992). It may be that male victims are more likely to go unreported to agencies that typically handle such cases (Fleming, Mullen & Bammer, 1997).

Sexualized behavior and sexual contact within a relationship between an adult and a child is a violation of the special role assigned to adults and a misuse of their power and authority (Becker, 1989; Conte, 1989). Clergy are expected to act in their congregants' best interests even

when the clergy's needs or interests are not met (Francis & Turner, 1995). Congregants recognize that the clergy have resources, talents, knowledge, and expertise that are useful for fulfilling their role, and they grant the clergy influence over them (Isely & Isely, 1990). Congregants allow themselves to be vulnerable to the clergy, particularly in times of crisis, because they trust that pastors will use their power only for the congregants' best interests (Haywood, Kravitz & Wasyliv, 1996; Isely & Isely, 1990; Vogelsang, 1993).

Sexualized behavior and sexual contact in the adult-child relationship is an abuse of meaningful consent (Becker, 1989; Groth, 1984). Perpetrators will argue that their actions are not wrong because it is mutually consented (Becker, 1989; Conte, 1989). According to Vogelsang (1993), meaningful consent requires: a clear understanding of information about the nature of the relationship, verifiable comprehension of the information, equality of resources, lack of direct or indirect coercion, lack of restraints on choice, ability to say no, legal competence, and freedom to say no (no punishment, rejection, or shame for saying no). Children who are involved sexually with an adult often state that they feared the loss of the adult relationship, if they did not consent (Nagel, Putnam, Noll & Trickett, 1997). They were misinformed about the adult's status and intent, or they were experiencing such intense loss that the perpetrator's attention seemed to be comforting (Briere & Runtz, 1986; Bruckner & Johnson, 1989).

What are the effects of this violation of trust and abuse of the adult-child relationship? Abraham and Hoey (1994) writes that victims of sexual abuse in the ministerial relationship often experience loss of faith, estrangement from the congregation, a sense of betrayal by the church, God, anxiety, confusion, shame, depression, and anger (Elliot & Tarnowski, 1990; Rossetti, 1995). They hope for a connection with someone of power and to be considered special;

however, they experience being manipulated, violated, and used (Seat, Trent & Kim, 1994).

Sexual Abuse and Developmental Theory

The knowledge and theory about the impact of sexual abuse on the child's developing sexuality are meager, hampered in part by contemporary and historical influences. Child sexual abuse and childhood sexuality traditionally have been denied (Tharinger, 1990). Only during the last 10 years has sexual abuse of children by adults responsible for their care been widely acknowledged (Myer, 1989; Reinhart, 1987). In addition, although adult attitudes toward sexuality have been liberalized over the past 30 years (Yates, 1982), little change has occurred in cultural attitudes toward childhood sexuality. Childhood sexuality, viewed developmentally as beginning in infancy, remains highly controversial and has received relatively little attention in the literature. Thus, comparisons about the sexuality development of abused and nonabused children are difficult to draw (Serbin & Sprafkin, 1987; Tharinger, 1990).

Furthermore, Freud's seduction theory has thwarted the study of the effects of child sexual abuse on children's sexuality. Although his seduction theory recognized the reality of child sexual abuse, Freud's revised view in his oedipal theory asserted that most adults' memories of being sexually abused within their families actually were projections against their own childhood sexual desires for their parent of the opposite sex (Myer, 1989). Freud emphasized the role of fantasy and minimized the actual events of child sexual abuse. Freud's renunciation of the seduction theory encouraged others to seriously question the reality of child sexual abuse and contributed to decades of relative inattention to the events and effects associated with child sexual abuse. Fortunately, Freud's position does not any longer hold prominence. Contemporary psychoanalytic theory considers child sexual abuse real and pervasive. It accepts that child sexual abuse and

sexual fantasies can legitimately coexist (Serbin & Sprafkin, 1987). Thus, in contrast to Freud's view that emphasized children's desires for sexual intimacy with their parents, it is now acknowledged that many adults meet their own psychological needs through the sexual abuse of children, including their own (Briere & Elliot, 1993).

Recent empirical research (Briere & Elliot, 1993; Chilean, 1983; Gold, 1986) illustrates that sexual abuse negatively affects the sexual and developmental functioning of many child victims and adults abused as children, that the effects vary, and that conditions exist that mediate or buffer the effects. To understand these feelings, one must comprehend (a) prominent family qualities associated with sexual socialization, (b) theoretical formulations that account for the account for the effects of sexual abuse on developing sexuality, and (c) research findings on the impact of child sexual abuse on the sexuality development of child victims and adult survivors.

Sexuality as a Developing Process

Sexual development can be viewed as a natural, necessary, and complex process that begins at conception and continues throughout the life cycle (Chilean, 1983; Masters, Johnson & Kolodny, 1982; Tharinger, 1990). The development of sexuality in humans includes acquiring behaviors and attitudes concerning sexual behavior in general, as well as, those specific to each gender, learning and adapting to sex-role behaviors and attitudes, and understanding and adjusting to physical processes related to hormonal change (Serbin & Sprafkin, 1987). During the prenatal period, biological factors have a decided impact on sexuality development. The child's sexual development can be profoundly influenced from the moment of birth by psychosocial factors, primarily parents, family, schooling, peers, and media, all interacting with the child's biological heritage (Tharinger, 1990). This process of sexual acculturation, is known as, sexual socialization

(Calderone, 1983). However, its path can be weighted toward positive or negative outcomes (Tharinger, 1990). The goal must be to promote sexual adjustment; individuals, at each stage in their life cycles, who are confident, competent, and responsible in their sexuality (Calderone, 1983).

Several authors describe the components of healthy sexual socialization within the family (Maddock, 1983; Mrazek & Mrazek, 1981; Tharinger, 1990). Sexuality development within the family has been characterized as a series of developmental accommodations (Mrazek & Mrazek, 1981). This conceptualization emphasizes the importance of how parents and other family members acknowledge and accommodate the child's increasing sexuality development, and reciprocally how children accommodate the actions of their family (Mrazek & Mrazek, 1981). Thus, sexual development within the family can be seen as a series of conflicts and resolutions that are part of normal family development (Tharinger, 1990). Most families find some accommodation that allows them to adapt to these developmental challenges in a manner which is protective, yet facilitative (Calderone, 1983). When accommodation fails, sexual abuse may result (Maddock, 1983).

Specific guidelines for the sexually healthy family (Maddock, 1983), suggest that in families where child sexual abuse has occurred, sexual socialization before and during the abuse has been inappropriate, ineffectual, and dysfunctional. The generational power structure prominent in most of these families has not allowed for the unfolding of the child's sexuality in age-appropriate ways. Instead, the sexuality of the child has been exploited to meet the needs of the older generation, often by the father or father figure. In addition, an appreciation for sexual responsiveness of the child and an appropriate facilitation of its expression have not been

respected (Maddock, 1983). Touching and physical interaction have been exploited, and sexual boundaries have been inappropriate and disrespectful of the physical and emotional privacy of the child. Last, communication about sexuality has been ineffective, impairing the child's future decision making and problem solving regarding sexual issues (Tharinger, 1990).

A body of research supports that, before the occurrence of sexual abuse, some parents provide poor sexual socialization. Among female college students, those who have been sexually abused are more likely than those not abused to have mothers who were extremely punitive about sexual matters (Serbin & Sprafkin, 1987). These mothers were reported to warn, scold, and punish their daughters for asking questions about sexuality and for masturbating. Friedrich, Beilke and Urquiza (1988), suggested that a female who is bombarded with sexual prohibitions has difficulty in developing realistic standards about what constitutes danger. They concluded that mothers who interfere with the healthier ways of satisfying child sexual curiosity make their female children more vulnerable to adults or authority figures who give permission and opportunity to explore sexuality, albeit in the process of exploiting them.

Furthermore, evidence suggests that mothers' abilities to sexually socialize their children may be deferred when they feel oppressed if the family has adult survivors of sexual abuse themselves. Dietz and Craft (1980) agree, noting their belief that daughters from incestuous families learn to tolerate abuse from the examples set by their mothers and emulate the passivity and submissiveness of their mothers. The possible impacts of non-offending mothers' poor sexual socialization of their children before and during the sexual abuse within the family should be carefully considered. This experience may place the child at greater risk. However, the offender's abusive behavior itself cannot be overlooked as the extreme of inappropriate sexual socialization

(Cammaert, 1988; Walker, 1988).

Theoretical Formulations

There are numerous theoretical formulations which have been proposed to address the effects of sexual abuse including developmental, psychoanalytic, social learning theory, and cognitive perspectives. These perspectives are reviewed briefly, followed by the traumagenic dynamics conceptualization proposed by Finkelhor and Browne (1986, 1988).

Developmental View

The prevailing developmental view contends that a child progresses through a series of developmental stages in which issues salient to each stage need to be resolved (Erikson, 1968). Each issue represents a life span developmental task that requires ongoing coordination and integration to facilitate the individual's adaptation to the environment (Cicchetti, 1989; Erikson, 1969). Furthermore, corresponding roles for care givers exist that increase the probability that children under their care will successfully resolve each state-salient issue (Sroufe, 1979). It is instructive to examine the conceptual explanations for the impact that sexual abuse has on children's negotiation of stage-salient issues of sexuality development.

The research demonstrates and many theorists and clinicians have proposed that sexual abuse results in the failure to complete developmental tasks in the sexual domain (Freud, 1981; Long, 1986; Kempe & Kempe, 1984). Sexual stimulation and preoccupation with sexual relationship are believed to disrupt the accomplishment of age-appropriate developmental tasks. From a psychoanalytic, developmental perspective, Freud (1981), explained that child and adult sexuality are not on the same level. He postulates that abuse children experience a form of sexual stimulation for which they are unprepared developmentally. However, children cannot avoid

being aroused, and the sexual stimulation results in experiences that disastrously disrupt their normal sequence of sexual development. Consequently, abused children are forced into a premature phallic or genital stage of psychosexual development, and legitimate prior developmental needs go unaddressed. Kempe and Kempe (1984), agree and believe that sexually abused boys and girls lack the opportunity to follow a normal course of psychosexual development. Sexualized children lack the ability to repress and sublimate sexual interest so as to allow the freedom for learning and peer activity. Thus, these children are handicapped by the characteristic turbulence of their latency years.

Additional Theories

There are several other explanations, which have been offered to account for the aberrant sexual behaviors and sexual dysfunctions of victims of child sexual abuse. It is suggested that these consequences are maladaptive attempts to compensate for or somehow adapt to the distortions created in a developing psyche suffered as a result of sexual exploitation and emotional disregard. Others write that inappropriate sexual behavior could represent a process whereby sexual activity under pathological circumstances becomes the medium for expression of ordinary affection (Tharinger, 1990). The idea that sexualized behaviors in abused children are the result of a lack of inhibition of sexual impulses also has been hypothesized (Friedrich, Urquiza & Beilke, 1988). Some scholars have offered a psychoanalytic explanation that children's and adult survivors' sexualized behavior represents, through the repetition compulsion, an attempt to master the initial abuse experience (DeYoung, 1984).

Another position maintains that sexualized behavior develops as a result of social learning. Victim's are trained by perpetrators to act in certain prescribed ways (Becker, 1989; Conti, 1989;

Yates, 1982). Oversexualized behaviors exhibited by incestuous children are thought to be exaggerations of the behaviors learned by all children. A final view proposes that the sexually abused child, perceiving the sexual abuse to be inappropriate and exploitative and feeling little support, internalizes a self-view of being bad and unworthy (Abraham & Hoey, 1994). Resulting inappropriate sexualized behavior becomes, then, a primary way to acquire attraction or power. This view is similar to the "damaged goods syndrome" described by Porter, Blick and Sgroi (1982), and the dynamic of stigmatization conceptualized by Finkelhor and Browne (1986, 1988).

What knowledge exists about the impact of sexual abuse on the sexual development of children and of adults who were abused as children and how the development process can be disrupted? The available research literature does not discuss the impact of abuse on sexuality development or on the developmental process; however, rather addresses the abused child or adult survivor's sexualized behaviors, hypersexuality, sexual maladjustment, heightened sexual activity, hypermature responsiveness, and eroticized and seductive behavior. There does not appear to be any longitudinal studies that trace the effects of sexual abuse on the developmental sexuality process. The existing literature has a number of limitations; the predominance of case studies and cross-sectional studies, as well as clinical and heterogeneous abuse samples; a focus on sexual behavior and dysfunction rather than on the development of sexuality, a failure to examine the impact of mediators on outcome; a failure to include control groups; and the absence of guiding theoretical models. Noting these shortcomings, the findings of studies involving child victims and adult survivor are summarized, with particular attention given to recent, empirical studies with child victims.

Capps (1993) examined some of the basic theories for sexual misconduct occurs between parishioners and their pastors. He writes that sexual interaction between a member of the clergy and that of a parishioner, involves an abuse of power. The entire relationship between the clergy and his parishioner is one based upon an unequal relationship. However, it was the parishioners who gave their ministers this power (Isely & Isely, 1990). Parishioners view their pastors as an individual who has knowledge with respect to spirituality. This was also found in the Seat, Trent and Kim (1994) study. Consequently, these victims of sexual abuse loved and trusted their pastors. Abraham and Hoey (1994), learned that the concept of power was one of the most overwhelming aspects of clergy sexual assault. This was also found by Mullen, Martin, Anderson, Romans and Herbison (1996). Capps (1993) also found that there was a significant correlation between individuals who are needy/vulnerable/low self-esteem and sexual abuse.

In those cases which involve the sexual molestation of children, the clergy whom Capps studied, were people with whom the victim's family knew, trusted, and included them as a part of their family. Seat, Trent and Kim (1994), explained that it was this betrayal of trust that these families had with their minister that was the source of pain and trauma. The minister befriended these individuals and sexually molest them. Dziuba-Leatherman and Finkelhor (1994) also illustrates a high correlation between children who are vulnerable and the probability of being sexually abused. Consequently, they were vulnerable to the advances which were put forward by these offenders. These sexual offenders use this need to manipulate and abuse their victims (Bolton, Morris & MacEachron, 1989; McLaughlin, 1994; Myer, 1989; Scott, 1992).

Furthermore, Bolton, Morris and MacEachron (1989), write that both the children and adults in their study, related that they were extremely afraid to relay their sexual abuse to anyone.

These subjects eluded to the fact that no one would believe them because the offender was seen as an individual who was respected, kind and gentle in the community. Myers (1989) mentioned similar findings. As a result, these victims simply did not say anything about the sexual molestation which occurred to them.

Groth (1982), further writes that some offenders are vulnerable themselves to the advances of potential victims. He found a high correlation between those offenders who were young and inexperienced with stressful life events and sexual misconducts. Capps also learned that in the case of pastors, these individuals needed guidance and assistance, while they were conducting their pastoral duties. However, this was not provided for them. They were left alone to conduct duties for which they were not adequately prepared. Hence, Capps concludes that this coupled with the vulnerability of parishioners and the inability of the pastors to cope with issues of their own sexuality, the pastors were extremely susceptible to being involved with sexual misconducts.

Sexual Abuse and its Effect upon Attachment/Separation/Conflict Resolution

Gruber and Jones (1983), studied two groups of children between 5 and 12 years old. One group of 20 male children were identified as being sexual abused. A control group of 20 male children were identified as juvenile delinquents with anti-social behaviors. The two variables which were identified in this research are home environment and activities which would make these children predisposed to be sexually abused. A Step-Wise form of discriminate analysis was used to evaluate the data. This was an adequate statical procedure.

Gruber and Jones discovered those children who were abused, (83%) belonged to families where only one parent was present. A later study conducted by Pierce and Pierce (1985), found

similar family situations from the data which they collected and analyzed. Furthermore, Gruber and Jones (1983), learned that these children were constantly involved in activities outside of their home which did not require their parents to be involved or present were more likely to be sexually victimized. McLaughlin (1995), indicated from his study, that when children are isolated, it makes them more easily victimized, for they turn to adult males to fill this void in their lives. This finding was later confirmed by Nagel, Putnam, Noll and Trickett (1997). Further, Conte (1989), concluded that offenders use this isolation to target potential victims.

Additionally, 83% of those children who were molested, identified an adult male as the offender. All of the children claimed that they were simply attempting to form a meaningful and close relationship with the offender. They were seeking male role models. According to Groth (1982), and Conte (1989), the boys knew what was happening to them; however, they wanted to deny that it was actually occurring. Consequently, the boys were used and manipulated sexually by the men who they and their parents trusted (McLaughlin, 1995).

There was also a high correlation between children who were molested by strangers and those who were molested by members of a family, where there were marital strifes. These children were vulnerable (Conte, 1989). They had a developmental need for attachment (Erikson, 1969; Tharinger, 1990). Since they were not involved in a nurturing relationship with the parents, they were seeking this from other adults. Hence, their vulnerability was exploited by those males who they sought as mentors (Becker, 1989; Groth, 1982).

Pierce and Pierce (1985), compared the effects of child sexual abuse upon 25 male (8-12 years old) with that of 180 female (8-13 years old) who were sexually assaulted by adults. They used family composition, closeness to the perpetrator and length of time of the abuse as variables

to determine the effect and nature of the trauma which these victims experienced. All of the subjects were obtained through the Child Abuse Hot Line League from the Texas League of Children. All of the subjects were randomly selected. The collecting and analyzing of the data was completed over a period of 4 years.

These researchers found that the average age of the males were 7 years old, at the time of their abuse; while the females were 14 years old. Johnson and Shriver (1985) also found the male victims in their sample were 6/7 years old at the time of their sexual molestation. In addition, Reinhart (1987) learned in his study that the average age for the male victims was 6.1 years old when they were assaulted. Consequently, the age group of the males studied by Pierce & Pierce were not different from that of other research. Pierce and Pierce further demonstrate a high correlation between the serious nature of the trauma and the relationship of the offender and the victim. This observation was also indicated by Gruber and Jones (1983) and Kellogg and Hoffman (1995). This was a variable which has been reported in a number of other significant studies (Bolton, Morris & MacEachron, 1989; Finkelhor & Browne, 1990).

Furthermore, a majority of the males who were sexually molested were living with only a single parent. Consequently, Pierce and Pierce found a high correlation between boys seeking adult male companionship/attachment and sexual abuse. Groth (1982) and Conte (1989), noted that adult offenders generally, groom these boys to the point where the boys trust them completely. Groth (1984), also writes that sexual offenders are extremely skilled in manipulation; as a result, it was easy for them to befriend these children and their families. This finding receives further support from Gruber and Jones (1983). There was also a high correlation between the sexually abused boys perception of the violence which will occur to them if they were to tell

anyone about their abuse. Mullen, Martin, Anderson, Romans and Herbison (1996) stated similar results in their study. This phenomenon was also presented in the McLaughlin (1994) study. According to those subjects, they hoped that if they did not relate the assault, occurring to their person, it would simply stop.

Furthermore, Pierce and Pierce suggested that the perpetrators had caused severe emotional and physical damage to the boys. This observance receives support from Conte (1989), who studied sexual offenders. He found that offenders generally brings significant physical pain to their victims. Pierce & Pierce claimed that the differences between the nature of the impact between the males and females may be a reflection of the boys' desire to have a male role model. This finding receives support from other studies McLaughlin, (1994) and; Gruber & Jones, (1983); and Kellogg and Hoffman (1995). Although the Pierce and Pierce study is thirteen years old, the findings are valid, for it continues to be used as a stimulant for research in this field.

In addition, Johnson and Shier (1985), studied 40 adult males who were sexually victimized as children. Their ages ranged between 5 and 12 years old at the time of the initial report. However, the average age at the time of the sexual molestation was 7.6 years old. Also, it is important to add that 30 of the 40 male victims reported that their molestation occurred between the ages of 6 and 8 years of age. This falls within the age range of a number of other studies (Blanchard, 1987; Brierie, 1988 ; Dziuba-Leatherman & Finkelhor, 1994; Reinhart, 1987; Sebald, 1987). This study evaluated the psycho-social problems which were associated with the abuse. These scholars did not indicate the tools that they used to evaluate their subjects. Also, the trauma which was associated with the abuse because of the close relationship between the offender and the victim.

Johnson and Shier reported a significant correlation between the seriousness of the trauma and the attachment/close relationship between the subjects had with their assailants. This was also reported by other researchers (Schacht, Kerlinsky & Carlson, 1990; Scott, 1992; Vogelsang, 1993). All of these scholars found that a significant number of their subjects knew the offender over an extended period of time. Freeman-Longo (1987), notes that offenders use this time to groom their victims. It was this need for attachment/connections which the offenders use to exploit their victims (Kohan, Pothier & Norbeck, 1987).

Smith and Howard (1994) evaluated the success and failures of adoption and foster placement of children who were sexually abused. They studied 35 children (5-15 years old) who were placed in adoptive homes. A control group of 113 children who were placed in foster homes and adoptive homes. These subjects did not indicate any history of sexual abuse. Smith and Howard did not meet the children, interview them, or conduct any form of psychological testing with them. The information which they used for this study was gathered from the case records. The variables which were measured involved disruptive behavior, which was the cause of their displacement, attachment/separation and sexually acting out issues. An appropriate framework was used for this study.

Smith and Howard cited a significant number of individual studies, that were conducted in the past, used only one of these variable in relationships to disruptive placement in adoptive homes. However, these scholars provided a more comprehensive study of all of those different variables in this research. They used a number of previous studies in support for the rationale for this study. They also used adequate statistical analysis to assess the variables and differentiating the issue of sexual abuse between the two groups.

The group of sexually abused children were divided by sex. It was found that 48.6 percent of the abused children as being boys and 51.4 of them being girls. In the control group, 26.9 percent were girls and 74.1 percent were boys. This representation of boys in the sexually abused sample, was higher than that which is recorded in the earlier literature (Bolton, Morris & MacEachron, 1989; Finkelhor, 1990; Scott, 1992). When an examination of previous studies was done, it was found that about 1 of 5 girls and 1 of every 10 male victims report their sexual abuse (Finkelhor & Browne, 1988; McLaughlin, 1994; Scott, 1992).

Smith and Howard indicated a high correlation between sexually abused and these children's ability to form attachment/separation in a relationship. They also had difficulty with resolving conflictual issues in their lives. They moved on an average of 6.49 times; whereas, subjects from the control group, were moved 4.24 times. The greater number of moves of the sexually abused children had a direct correlation between their behavioral/emotional disturbances and their sexual abuse.

Also, the adoptive and foster parents experienced difficulties in relating to these children and addressing their sexual issues. One of the reasons for this behavioral problem was the traumatic nature of the sexual abuse which they experienced early in their life. This finding suggests that the behavioral problems with these children manifested themselves in sexual aggression toward other children. However, the subjects in the control group did not present these difficulties.

Another variable which had a high level of correlation was between disruption in the foster or adoptive placement and a sense of powerlessness. They were not adequately prepared to resolve conflicts that they experienced. Those in the sample group had a history of behavioral

problems which was reflective of a need to have control over their lives. The research indicates that children who experienced sexual abuse at an early stage in their life, did not feel any sense of control over their bodies (Finkelhor & Browne, 1988). Hence, they express feelings of powerlessness (Bolton, Morris & MacEachron, 1989; McLaughlin, 1994; Scott, 1992). This feeling eventually leads to unacceptable and avoidance/separation types of behavior. Further, Scott (1992) suggests that this feeling of powerlessness and their aggressions, could also be the source of future problems, which is due to their strong fear of attachment.

Many of the children who were placed in foster and adoptive homes experienced difficulties with attachment and separation. As a result, Smith and Howard (1994) were able to show a strong relationship between separation, loss and anxiety, and the children's early experience with being sexually abused. This lack of trust was also found by McLaughlin (1994), in his study of adults who were sexually abused as children by members of the clergy. Consequently, the validity of the concept of trust has received support from other studies.

Furthermore, another ramification of this lack of trust correlated with their expression of anger which was also an indication for separation in relationships. A significant number of the abused children demonstrated a severe amount of rejection and guilt from their family for placing them into this situation. Again, this was further illustrated in McLaughlin (1994) study. In addition, Katz (1987), discussed behaviors of provoking rejection and repelling closeness which was fueled by this anger. These behaviors are characteristic of children who have not mastered their feelings of their separation from birth parents (Tharinger, 1990). Smith and Howard described some of the children who did not exhibit behavioral problems prior to their adoptive placement; but, exhibited very rigid destructive behavior, such as, panic reaction because of

simple insecurities. Boyne (1978) discussed this dynamic as being symptomatic of a revival of the child who grieves. Erikson (1968) and Tharinger (1990) explained that it was important for individuals to complete one developmental stage before he/she is able to progress to the next stage in one's development. As a result, children in the sample group, were not able to accomplish the natural developmental tasks without receiving adequate counseling.

Furthermore, Myers (1985) studied 53 sexually abused children were between 2.5 and 5 years old. All of the subjects were pre-tested using the Learning Assessment Profile. After a careful needs assessment was completed it was decided which of them would be accepted into the study. A treatment program was provided for these children which included age-appropriate developmental skills, growth and fine motor skills and social skills.

Myers used a Pierson correlation matrix to illustrate the relationships between early sexual abuse and developmental delays. However, Myers did not use a control group as a baseline for this comparison. Myers indicated that there were a number of developmental difficulties with these children. Initially, they illustrated signs of hyperactivity, fear of failure, difficulties in attending to instructions, verbal inhibitions and passive/aggressive behaviors. All of these factors were indicated through a developmental testing. Further, the testing illustrated that the children were suspended in the pre-concrete stage of their chronological development. They were not able to complete that developmental stage because they were not able to adequately fulfill all of the developmental tasks. Hence, they could not progress to the next stage (Erikson, 1968).

At the completion of this intense treatment program, 80% of the children were able to make significant developmental strides. This was illustrated through re-testing on the learning assessment profile. They acquired those skills which are needed to trust adults. Blanke (1993)

concluded that the ability to create and re-develop trusting relationships with adults is significant in their developmental process. Jumper (1995) found similar finding in a Meta-Analysis which he conducted to evaluate the effect of childhood sexual abuse. In addition, McNulty and Wardle (1994) claim that since these children were molested by adults, they accepted the fact that it was not safe form attachment to them.

In addition, Brierie, Evans, Runtz and Wall (1988) studied 40 men and 40 women who were sexually molested as children. They compared these two groups with a control group of 40 men and 40 women who did not experience this trauma. This research examined a number of psychological difficulties which these individuals experienced as adults. These scholars employed a multivariate analysis of co-variants to evaluate their data. This research was conducted in a manner which followed adequate statistical procedures.

Brierie found that there existed a high number of suicide attempts and suicidal ideations from subjects in both groups of men and women in the study group. In addition, the men who were sexually molested, had a high correlation between their daily level of anxiety and their sexually abusive experience. The women in the sample group also experienced anxiety on a daily basis, which was just as significant. McCann and Pearlman (1994) cited in their study of female survivors, that the phenomenon of anxiety was something which they experienced at a more intense level than other people who were not traumatized in their development. Sebold (1987) found that a significantly high number of the men in his study, experienced difficulty with forming close relationships.

Brierie, Evans, Runtz and Wall (1988) also illustrated a relationship between subjects' self-perception of their sexual orientation and their sexual abuse. The men indicated that they felt

people would treat them differently because they were sexually molested by other men; as a result, they were afraid of being labeled as homosexuals. This was also stated by both Bolton, Morris & MacEachron (1989), and Dziuba-Leatherman and Finkelhor (1994), in their research. The dilemma with which these men's encounters center around their attachment/separation with other men (Bruckner & Johnson, 1987; Sebold, 1987). Also, Cameron, Coburn, Larson, Proctor, Forbes and Cameron (1986) states a significantly high correlation between those who stated that they were homosexual, and their desire and attraction toward boys who were between the ages of 13 and 16. Although some of them have not acted upon these desires, others have conducted sexual activities with boys who are within that age range. Consequently, these men were now inducting a new generation of boys who were being sexually molested. This presents as one of the most extreme scenarios of the ramifications of early child sexual abuse (Conte, 1989; Becker, 1989; Longo-Freeman, 1987). Cameron, Coburn, Larson, Proctor & Cameron (1986), writes that 1/3 of the subjects who were involved in this project claimed that homosexuality was their sexual orientation. As a result, these scholars inferred that there was a direct correlation between the early sexual trauma in their lives and their present sexual orientation. Cameron and his colleagues (1986) assert that since these individuals' first experiences involved the same sex relationships, it was this imprinting and shaping which remains within their sexual identity. Hence, these scholars agreed that this sexual trauma had a tremendous impact upon the sexual development of these adults.

Reinhart (1987) evaluated 189 males who were victims of early childhood sexual abuse. This sample comprised of 151 Caucasian boys, 21 Afro-American boys, 18 Hispanic boys, and 9 others. The subjects from these four (4) ethnic groups reported their sexual abuse occurred

between the ages of 3 and 5 years old. The mean age for the Caucasian victims were 6.1, Afro-Americans 4.7, Hispanic 5.9 and the others 4.7 years old at the time of the victimization. This study evaluated the methods which boys and girls disclosed their sexual assault. This scholar used adequate statistical procedure and testing instruments.

Reinhart cited a small difference between the percentage of boys and girls who spontaneously revealed their sexual molestation. However, boys intentionally disclose their abuse at a higher rate than girls. This scholar found that the atmosphere was conducive for them producing the information about the sexual assault. Beck and Vander Volk (1987); Everson, Hunter, Runyon, Edelshon, and Coulter (1987); and Testa, Miller, Downs & Panek (1992) supports this finding. In addition, Bolton, Morris, and MacEachron (1989) postulates that when boys have a good, supportive and loving home environment, they are more likely to disclose any form of inappropriate behavior that they experienced. However, when they did not believe that they would receive support and comfort from their families, they simply kept this information within themselves. Consequently, in some cases, the sexual abuse continued (Bruckner & Johnson, 1987). Reinhart further illustrates a strong correlation between physical anguish and sexual molestation. It was discovered that the boys in this sample had multiple bruises, bite marks, rashes, and the like. A number of prior research on child sexual offenders found that these individuals cause physical pain to their victims (Awart, Saunders & Levene, 1986; Mendel, 1995).

Further, Reinhart claims that 96% of the males were molested by males; whereas, only half of the female population were molested by males. As a result, the boys experienced great difficulties with their sexual identity and their attachment/separation issues with other males. This

finding was reinforced by a number of other studies which indicated that boys who were sexually assaulted by males displays a number of symptoms of having difficulties with their psychosocial development (Scott, 1992 ; Summit, 1983, Kerchner & McShane, 1984; Vogelsang, 1994).

In addition, another study by Friedrich, Urquiza & Beilke. (1988) involved 85 sexually abused children whose ages ranged from 3 through 12 years old. This research measured behavioral problems which were exhibited by these subjects within a 24 month period prior to them receiving any form of treatment. This study was also designed to determine the validity and effectiveness of treatment. The Child Behavioral Checklist was used as the measuring instrument. All of the children were tested prior to and at the end of treatment. A multiple regression technique was used to analyze the data which was collected.

The result of this research reflects a sample population of 24 males and 61 females. The average age of the children at the time of assault was 6 years old. Brierie (1988), noted similar findings in the age of the boys, he studied. All of the subjects received group therapy. They were also involved in family therapy with one or both of their parents. Friedrich and his colleagues illustrated that the older children exhibited behaviors which indicated that they looked outside of themselves for their locus of control. Whereas, the young children looked within themselves. This was a reflection of their sense of helplessness (Scott, 1992). In another study, Miller and Knutson (1997) found a strong correlation between powerless and the continuous assault upon the victim's body.

In addition, Schacht, Kerlinsky and Carlson (1990) studied both boys and girls who were sexually abused. This research was conducted in a psychiatric setting over a two year period. The treatment was in an open group setting. A cognitive-behavioral model was used to conduct

the group therapy. The age of these children ranged from 10 to 14 years old. The central issues of counseling was agitation, depression, expressive fears, phobia, psychosomatic complaints, borderline personality traits, multiple personality disorder, premature sexualization, pseudo-maturity, guilt, fear, low self-esteem, anger, hostility, distrust, blurred role boundaries and role confusion, post-traumatic stress syndrome, and bed-wetting.

Schacht, Kerlinsky and Carlson claimed that there was a high level of correlation between sexual abuse and sexual boundaries/attachment/separation. Initially, these subjects had difficulties in maintaining their personal, sexual and physical boundaries during group counseling. However, after they had completed the cognitive/behavioral program, they were able to observe and respect others' and their own personal and sexual space.

Porter's (1986) study employed a hierarchical multiple regression. He used a control group of ten (10) men who were abused as young children and who were receiving therapy on a weekly basis for 25 weeks. The Beck Depression Inventory Scale was used to evaluate depressive symptoms. Both groups of men were tested prior to the beginning and at the conclusion of the 25 weeks of cognitive therapy. However, the control group was only provided with open and free flowing discussion without any direction or focus upon their sexuality. The treatment group was provided with a structured cognitive program. Porter wrote that after cognitive/restructure therapy, the subjects in the treatment group were more equipped to function in a healthy sexual manner. As a result, the work which was done by Schacht, Kerlinsky & Carlson (1990), has concurrent validity with other studies.

Furthermore, Kercher and Bell (1989) studied 33 children who were sexually abused. They conducted a 16 week therapy program with 11 and 12 year old girls. The program was

based upon the behavioral model of counseling. The Pierce/Harris Children's Self Concept Scale and the Child Behavioral Checklist was used as the pre and post-test instrument. Kercher & Bell, were able to teach their subjects to become more socially aware of the effects which the sexual abuse has had upon them. These scholars also discovered through this process, the children were able to learn that they did not have to continue to believe that they did not have any control over their bodies. Consequently, they were learning to correct their prior distorted cognition, which they had maintained because of their early sexual abuse (Beck, 1992). As a result, Kercher and Bell (1989) concluded that this method of therapy assisted these young victims to become empowered, at a cognitive level.

Kercher and Bell (1989) wrote that a sense of isolation and loneliness were directly correlated with their sexual abuse. These researchers conducted intense interviews with family members. They demonstrated that most of the children were isolated prior to being sexually abused. Nagel, Putnam, Noll and Trickett (1997) had similar results in their study. After the children were provided with social and ego-enhancing skills, they became less isolated, and their self-concept improved.

Scott (1992) documented behavioral interventions through a group modality in his work with sexually abused boys. His interventions addressed unsafe, aggressive behaviors in a group setting. His treatment model addressed boys whose ages ranged from 6 through 16 years old. All of the boys who were involved in this study were referred for treatment from a Family Service Agency. Scott employed a random method of selecting his subjects. He did not indicate the specific group which they belonged. Scott used a questionnaire for all of the children which was completed at the beginning and at the end of treatment. This was done to assist in evaluating their

change in behaviors. Through this method of data collection, Scott observed a number of issues which were important to his subjects. Consequently, an understanding of the above mentioned dynamic had a profound effect upon their treatment. This insight resulted in a significant improvement in their self-concept at the end of treatment. These findings were later supported by Miller and Knutson (1997). The older boys were not as offensive and apprehensive about others crossing into their personal space. Scott was able to demonstrate that through modeling and psychodrama, the older boys were able to recognize that they had control over their life. They did not need to be afraid of others invading their space. The younger children were able to demonstrate an understanding of boundary issues through drawings.

Kinzi and Mangweth (1996), conducted a study of the adverse effects of early childhood sexual abuse. They used a sample population of 301 male subjects. The variables which they examined were attachment in adult life and sexual dysfunctions. They used adequate testing instruments to obtain their data. Also, they used standard statistical procedures to test their hypotheses.

The result of this study indicates that a significant number of these victims (60%) who were abused by males, experienced great difficulties in marital relationships. Also, they have problems maintaining employment. In addition, these victims of early childhood sexual abuse had problems with long term close friendships. Furthermore, these scholars indicated that the subjects had difficulty with sexual performance. They believe that they were extremely inhibited with their sexual expression.

Fleming, Mullen and Bammer (1997), studied 6,000 adult males who were sexually abused as children. The group was equally divided into groups of those who were abused prior to age

twelve and subjects who were sexually abused between twelve and eighteen years old. These scholars used the Parenting Bonding Instrument to test emotional deprivation and attachment issues with these subjects. The variable which was being explored was the ability for emotional attachment. Also, they used Alcohol Use Disorder Identification Test. The variables which they tested were isolation and alcoholic behaviors. They also used acceptable statistical procedures to test their hypotheses. They found that a significantly large number of the population experienced difficulty with emotional distancing and attachment issues. In fact, subjects who were abused prior to age twelve demonstrate significantly higher levels on their mean scores than those individuals who were not abused prior to age twelve (12). Consequently, they were able to use factor analysis to illustrate that subjects who were abuse before age twelve had more difficulties with attachment issues, than those who were abuse after age twelve.

Kellogg and Hoffman (1995) studied 142 individuals who were eighteen years old. They had a mixed group which consisted of 60% female, and 40% male. The main focus of this study was the effect of unwanted sexual experiences, and its effect on self-esteem/self-worth and self-destructive behaviors. These scholars employed testing which produced ordinal data. They used adequate statistical procedures to evaluate the data.

The results indicated that 47% of the males who participated in this study had attempted to hurt themselves at least one time as adults. It should be added that all of the participants were between the ages of eighteen and twenty-two. These researchers wanted to have individuals who memory of abuse was intact. In addition, they indicate that both male and female subjects assumed a significant amount of responsibility for the sexual abuse. Consequently, they did not reveal this sexual maltreatment until four years after the abuse ended.

Furthermore, they believe that all of the subjects had extreme difficulty with trust after that abusive experience. In addition, there was a higher percentage of males who had marital discourse than females. Consequently, these scholars suggested that there was a direct correlation between the sexual abuse and these subjects ability to form and maintain meaningful relationships.

Sexual Abuse and its Effects upon Spiritual Well-being

Thoburn and Balswick (1994), studied the effects of child sexual abuse upon victims of Roman Catholic priests. They used questionnaires which were received from 41 non-offending priests. Further, they conducted interviews with 193 individuals who were assaulted as children by priests. The subjects from both of the sample groups were randomly selected.

Thoburn & Balswick found that 95% of the clergy believed that child sexual abuse was a major threat to the stability of the Catholic church. They did not believe that child sexual abuse by priests was prevalent in society. However, they did suggest that this situation needs to be addressed by the church. In addition, within this sample population, 9% were bishops, who concluded that it was the church's duty to provide solace and healing to individuals who were sexually assaulted by members of the clergy. Cothran and Haney (1986) also found that the upper echelon of the Catholic church has not been willing to deal with this issue.

However, Thoburn and Balswick concluded from their interviews with victims sample that they had a tremendous amount of anger and hostility at their church; specifically, at the priests who assaulted them. They felt alienated from the church. As a result, they did not feel that they could return to their church. In addition, on those occasions when they were believed, they were blamed for being molested (Capps, 1993). Further, these scholars claimed that when these individuals brought their abuse to the hierarchy of the church, they were not believed.

Consequently, they became disenchanted by the way the church handled their abuse (Haywood, Kravitz & Wasyliv, 1996).

Strickman-Johnson and Strickman-Johnson (1994) examined the psychological, emotional and sexual ramifications of clergy sexual abuse upon their victims. These scholars randomly selected a sample population of 20 clergy sexual offenders and 40 priests who were sexually assaulted as children. They also evaluated prior research in this area to validate the purpose of this study.

They claimed that 59% of those priests interviewed, mentioned that they were sexually victimized as children. Also, there was a high correlation between emotional, physical, sexual and psychological abuse and the sexual misconducts which these priests were themselves involved. These variables were also found to be significant in other studies (Becker, 1989; Conte, 1989; Groth, 1982). Consequently, Strickman-Johnson and Strickman-Johnson found that priests who were sexually abused themselves as children, have a higher probability of being sexual offenders than those who were not abused.

However, those priests who were abused in all aspects in their lives, have a greater propensity toward sexually inappropriate behaviors. Strickman-Johnson wrote that because of the early imprinting in their lives, these sexually abusive priests had never completed those developmental tasks which are necessary to move to the next developmental stage. They had not learned adequate attachment/separation boundaries. This argument receives support from Tharinger (1990). Hence, when these priests experienced significant stressors and they had a need for gratification, they regressed to those stages in their lives in which they have become comfortable. Capps (1993) concurs with this conclusion.

Strickman-Johnson and Strickman-Johnson were further able to articulate that there were a high number of the adult victims who found it difficult to resolve their conflicts with their church and return to church. This was also found by Pollner (1989) Mendel (1995) in their studies

Also, Abraham and Hoey (1994) presented a single case study where they clearly demonstrated the trauma which was experienced by a 37 year old female who was sexually molested as a child. This individual was raised in a Christian home where she was sexually molested by her older brother. The molestation began when she was 8 years old and ended when she was 13 years old. Her brother later became a pastor.

Abraham and Hoey illustrated a strong correlation between her lack of developmental progression and her sexual abuse. This finding was also reported in early studies (Blanchard, 1987; Kercher & McShane, 1984; Scott, 1992; Vogelsang, 1993). In fact, Abraham & Hoey wrote that she felt that this assault upon her body was her fault. This observation also receives support from Bolton and his colleagues, in their (1989), study of adults who were sexually molested as children. There exists a wealth of research which demonstrates that most victims of sexual abuse experienced this lack of developmental progression (Bolton, Morris & MacEachron, 1993; Dziuba-Leatherman & Finkelhor, 1994).

This person also punished herself because she believed that she allowed herself to be abused. She did not conduct this action in order to deter her sexually abusive brother, she was simply inflicting pain upon herself for she believed that she was evil. She did not learn those skills which are necessary to resolve the conflict which she experienced. Scott (1992) wrote that this form of self-abuse was a reflection of severe anger, a sense of helplessness, and lack of assertive

skills. These symptoms are exhibited by a majority of the victims (male and female) of early childhood sexual abuse (Faber, Showers, Johnson, Joseph & Oshins, 1994; Homer, 1984).

McLaughlin (1994) studied 43 adult victims who were sexually assaulted by male members of the clergy when they were children. He acknowledged that this sample group was skewed. All of these individuals were attending a conference for survivors of clergy sexual abuse in Chicago. He provided a questionnaire to all of the 250 participants. Consequently, this was not a random method of selecting his subjects. However, only 43% of the questionnaires were returned. He stated that of those returned, 35 of the individuals were Catholics and survivors of sexual abuse from priests. The other 7 subjects were sexually victimized by clergy of other denominations.

The Measure of Spirituality Test (M.O.S.T.) was used as the measuring instrument. He used adequate statistical analysis to evaluate this data. McLaughlin claimed that as a result of the abuse, (a) victims stopped attending church or synagogue; (b) they did not trust church officials (God); and (c) the victims' relationship with God ceased to grow.

McLaughlin found that as children, the adults in this sample blamed themselves for the abuse. They knew the priest as a member of the church. They envisioned the church as a place of worship which has a direct correlation to God. This finding also received support in earlier studies (Sergeant, 1989). These scholars found that the impact which these children felt as a result of the sexual abuse upon their bodies was extremely traumatic. Consequently, they believed that members of their family would not believe that this abuse was truly happening to them. This was one method of surviving because of psychological damage which the assault had upon them. This concept of disassociation has had a long history in the treatment of victims of trauma (Scott,

1992).

Another important observation involved McLaughlin's subjects being cognitively and developmentally delayed. The concept of moving through the different developmental stages as a natural progression is important (Erikson, 1968). Erikson (1968) explained the importance of completing one developmental stage and accomplishing all of its tasks, before moving to the next stage. McLaughlin's work was clearly theory driven; and as a result, this added to the validity of the research.

McLaughlin found a strong correlation between those who were sexually violated and their difficulties with attachment/separation. This related to their need for intimacy vs. isolation (Erikson, 1968). They wanted to be emotionally and physically close with these males and females; however, because their abusers were male clergy, they were concerned about the ramifications of their relationship with other males.

Furthermore, McLaughlin's subjects claimed that when they were children, they prayed for God to stop the abuse. However, the abuse continued. Sergeant (1989) postulates that the subjects he studied, struggled with their healing and feeling of being abandoned by God. However, the Sergeant (1989), study had a treatment group of adults who were sexually abused by Catholic clergy. Those who received treatment were able to find peace with God through their healing. They recognized that God did not abandon them. However, Rossetti (1995) expressed an opposing view in view of his research.

Leigh (1994), examined the universal factor of grief and loss when there is an end to a significant relationship. She employed a number of case studies to illustrate this hypothesis. She demonstrates a correlation between the damage which was affected when there was a crossing of

personal and sexual boundaries between a pastor and a parishioner.

Leigh explained that sexual fantasies are a human part of living. It is a normal part of our daily interaction with each other (Masters & Johnson, 1994). As a result, when a pastor invades the sexual boundaries of a member of his parish, the damage which it creates is not only traumatic to the parish as a whole; however, it is most catastrophic to the victim. Hence, the impetus needs to be placed upon the pastor to constantly maintain emotional, sexual, physical and psychological boundaries with their parishioners (Abraham and Hoey 1994; Capps, 1993).

Leigh illustrated a high correlation between a loss of attachment when there was a sexual breach between a pastor and his congregation. Capps also found this to be true in his (1993) study. However, there was a more significant loss when there was sexual misconduct between a clergymen and an individual from his parish. Vogelsang (1993), mentioned similar findings in his research. According to Leigh, victims never fully recover from the trauma which they endured from this sexual interaction. Bolton and his colleagues, concur with this finding. Most victims have come to love, respect, and befriend their pastor. Consequently, they view their pastor as someone who was larger than life. It was this loss of attachment to the pastor, at the end of this sexualized relationship, which was the source of a tremendous amount of pain for them.

Leigh further demonstrates a correlation between the loss of their spirituality with the end of this sexual relationship. These subjects, blamed themselves for the assault which occurred to them. They were seeking attachment to an individual who had used his power to abuse them. Capps (1993) explains that this was a tremendous abuse of power which the pastors were given by the parishioners.

Steele (1986) presented one (1) case study of an individual who was repeatedly sexually

abused as a child over a number of years. The variables which were studied involved the effects of the trauma of the sexual abuse, trust, a loss of religion and attachment/separation through the life cycle.

Steele indicated that developmentally, this individual was not cognitively equipped to cope with the assault upon his person. This abuse was inflicted upon him by his foster father, a minister. It began when he was 9 years old and ended when he was 17 years old. Hence, he was never able to complete the developmental tasks which were required of him at the different levels of his childhood. Consequently, his coping mechanisms were not fully developed (Tharinger, 1990; Erikson, 1968). Consequently, he did not learn to adequately deal with stressors at different stages in his life. This lack of adequate developmental skills left a tremendous void in his life. Further, Tharinger (1990) postulates that developmentally, a substantial number of victims of sexual abuse, regress or never progress to other developmental stages.

Steele further indicated a relationship between this subject's sexual abuse and his difficulties with romantic (attachment/separation) in relationships. Over the course of his thirty-five (35) years, has had three (3) marriages, all of which ended in divorce. In addition, he has experimented with homosexual relationships which had a direct relationship to the end of his marriages. Cameron and his colleagues (1986) write that their subjects who were sexually abused by males, also experimented with homosexuality. Vogelsang (1993) concluded that the subject that he studied did not find same-sex experience to be either rewarding or satisfying. Hence, this struggle was a developmental issue.

Steele writes that although this subject was a good and caring person, he struggles with his ability to be a good parent. He has three (3) children from his marriages. He believes that

since he did not have good modeling as a child, he did not feel confident to be a parent.

Freeman-Longo (1986) mentioned that this phenomenon was not uncommon to a significant number of men that he studied. Freeman-Longo (1986), further postulates that in some extreme cases, they perpetrate assaults upon their own children. This was also indicated in many well-researched studies (Conte, 1989 and Becker, 1989).

Pollner (1989) examined the religious convictions of 25 subjects who experienced sexual trauma as young children. He studied their social relationships, as well as, their religious convictions. His hypothesis illustrates a significant correlation between individuals who had a strong religious and social base with good adjustment after a traumatic event. Those who were abused and were able to cope, explained having a feeling and a sense of security in their religious and social convictions. Conversely, individuals who did not have strong religious conviction, did not indicate a sense of well being after the abusive event. They did not have a strong religious base to sustain themselves during this time of emotional, psychological and physical hardship. Pollner's statistical and testing measures were adequate.

Pollner writes that individuals who were sexually harmed by pastors experience significant difficulty in reconciling the pain and suffering which they have endured. This scholar claims that this was because his subjects felt great trust in that pastor. One of the most important findings of this study, illustrates that when the trauma occurred to these individuals during their formative years, the impact of that trauma was more severe. Erikson (1969) writes that they were still in the process of developing a sense of their identity, the abuse alters that development. Consequently, the trauma which they endure became a part of their identity. Other scholars such as McLaughlin, (1994); Mannarino and Cohen (1986); and Sebold (1987) indicate similar findings.

Pollner further illustrated a strong relationship between sexual abuse and the loss of trust in the clergy. McLaughlin (1994) also suggests that the concept of trust was the most important aspect of the pastoral relationship. Pollner's subjects held their pastors in high regard. As a result, when this trust was betrayed, it was difficult for them to accept that this person would inflict harm upon them.

Frances and Turner (1995) collected information from 277 pastors in six Southern States concerning their interactions with their parishioners. These researchers distributed a questionnaire which consisted of 33 items. They asked explicit questions with respect to pastors-congregation sexual/intimate relationships. These scholars used adequate statistical methods to evaluate their data.

These scholars were able to illustrate that a large number of pastors have had sexual interaction with their congregation. Sipe (1990; 1994) writes that 7 to 10 percent of the priests that he studied were involved sexually with members of their congregation. The questionnaires that were returned, indicated that many of the individuals with whom they had sexual relationships had a poor sense of their own boundaries. Capps (1993) asserts in his study, that it was the role and duty of the pastor to always maintain adequate boundaries in that relationship. This is assuming that the pastor-parishioner interaction was adult and consenting in nature. However, when a child is involved, the assumption of consent is negated. Frances and Turner (1995) claim in their research that these pastors who assaulted members of their parish were not able to fully recognize and respect the personal and sexual space of those individuals with whom they were sexually abusing. According to Longo-Freeman (1987), this was one of the most significant traits within the personality of child sexual offenders.

Frances and Turner discovered that those pastors who indicated that they were sexually involved with people who viewed them (children and adults) as authority figures. Isely and Isely (1990) postulate that sexual interaction between a clergy and a parishioner was always based upon the use of power. It must be agreed that this was the most abusive form of power which exists (Capps, 1993). According to Becker (1989) these pastors groomed their victims in a way that was similar to that of habitual and repetitive child sexual offenders. These ministers, generally, became very friendly with their victims and used this friendship to manipulate and sexually abuse them (Becker, 1989; Conte, 1989; Freeman-Longo, 1987; Groth, 1984).

Furthermore, there was a high correlation between sexual abuse and the isolation of the subjects felt from their families. They were emotionally and physically needy. However, sexual gratification was not within their need. Dziuba-Leatherman and Finkelhor (1994) found similar characteristics with those subjects who participated in their study. Kellogg and Hoffman (1995) write of similar results in their research. However, subjects in this study, reported that in general, they manipulated their victims and used the vulnerability which they exposed to sexually gratify themselves. There was also a high level of correlation between the sexual abuse and the loss of spiritual well-being. They also mentioned that these victims have stopped attending church for a period of time. Consequently, the sexually offending pastors were fully aware that because of their sexually inappropriate behavior, they have had a severe impact upon the religious practices of the victims.

Highbaugh (1994) evaluated the trauma of alienation from the church and its congregation when an Episcopal priest sexually assaulted an individual. This was indicated through a single case study of a twenty-eight (28) year old person who was sexually molested as a child by a parish

priest.

Highbaugh demonstrates the pain and suffering which this victims felt when she was shunned by her church for stating that she was sexually assaulted by one of its custodians. As an adult, she reported the abuse to the church's higher authority; however, they proceeded to protect the bishop. Concurrently, they accused her of lying. She found it difficult to believe that she would be treated in a demeaning, uncaring and unjust manner. Consequently, she was unable to attend church because of this betrayal.

However, she did not believe that God had abandoned her. According to McLaughlin (1994) and Isely and Isely (1990), both of whom indicated that the subjects they studied, felt that God had abandoned them. This individual felt that it was the instrument of God, the bishop, who was evil. She did not view her relationship with God as being tainted. However, one of the most traumatic events which occurred to her, centered around her loss of her faith in the church. This was not uncommon for a significantly large number of victims of clergy sexual abuse (Abraham & Hoey, 1994; Vogelsang, 1993; Francis & Turner, 1995).

Rossetti (1995), studied the impact of sexual abuse upon religious values and beliefs in God from a pool of 347 victims of clergy sexual abuse. Also, he compared them with 307 individuals who were not sexually abused by clergy. He used an analysis of variance to compare the level of trust in priests, church and God for both of these groups. Rossetti's (1995) findings indicate that both groups of individuals suffered severely due to this sexual violation upon their person. However, those subjects who were abused by clergy, experienced greater difficulties with their religiosity. They also had great distrust in organized religion. However, the scores were more elevated for the subjects who were sexually molested by Catholic priests. Consequently,

this study clearly indicated that individuals who were abused by clergy have great difficulty reconciling their sense of religious well-being.

Conclusion

It is evident that there is only a small number of good research that has been conducted in the area of clergy sexual abuse. As a result, this study is limited by this factor. This review has examined qualities associated with abusive sexual socialization, classic and recent theoretical perspectives that explain the effects of sexual abuse on all aspects of psychological development, and research findings on the impact of child sexual abuse on the sexual functioning of child sexual abuse on the sexual functioning of child victims and adult survivors. The availability of rich, theoretically driven, and methodologically strong empirical research examining relationships between child sexual abuse and the resulting impact on psychosocial development is notably lacking. Clinical experience and reports provide much of the current knowledge, and although current theoretical models are useful in organizing and interpreting existing findings, they have had little impact on directing empirical studies. Recent studies note that not all sexually abused children are affected equally, and that many factors serve to mediate or buffer the impact. Additionally, methodologically sophisticated research is needed to more fully understand the impact of child sexual abuse on all aspects of development. Theoretical frameworks, such as the traumagenic dynamics model of Finkelhor and Browne (1985; 1986; 1988), should be used to guide research questions. Large-scale longitudinal research addressing the effects of child sexual abuse, including effects on sexuality, need to be conducted. Research needs to examine differential effects by gender, age, and type of abuse and to incorporate appropriate control groups. Samples are needed that have not been referred because of extreme behavior problems or

psychological distress. Mediating variables need to continue to be included in research.

Chapter III

Methodology

Introduction

This chapter describes how the data was collected. Also, a review of all of the testing instruments is included in this section. This includes the Personal/Sexual History Questionnaire, the Millon Clinical Multiaxial Inventory III, the Measures of Psychosocial Development and the Spiritual Well-being Scale.

Participants

A total of ninety-five individuals volunteered for this study. However, only eighty-six individuals were included in this research. They were gathered from four different sources. They were Catholic Social Services, and three other private therapists on the east coast of the United States. A preliminary power analysis was conducted utilizing the formulas suggested by Cohen (1988). A power level of .80, defined as conventional or medium effect size, was utilized.

The subjects in all three groups met the following criteria:

- 1) Age 30 - 40.
- 2) Voluntarily participated in this study.
- 3) Mental health stability, no psychosis.
- 4) No mental retardation.

All of the subjects were compared using the following variables:

- 1) Age when sexual abuse began.
- 2) Age when sexual abuse ended.

- 3) Length of abuse history.
- 4) Religiosity
- 5) Sexual abuse history (multiple-assailants).
- 6) Knowledge of the offender.

Procedure:

All of the questionnaires were administered by mental health therapists/mental health organization. Those who were no longer attending therapy received the questionnaire through the mail from the above mentioned therapist/mental health organization (see appendix A). All of the questionnaires were completed in the subject's home and were returned to this investigator through the mail, within one month of receiving them.

Measuring Instruments

Personal/Sexual History Questionnaire

This is a tool developed by this researcher to collect demographic information (see appendix C). This information will be used to organize the data with respect to similarities and differences between the three groups of subjects.

The Millon Clinical Multiaxial Inventory - III (MCMI - III)

This instrument is used as a screening tool to rule out those individuals who exhibit psychopathology. The MCMI-III is a brief 175 item clinical inventory designed for use with an adult population (over the age of 17), who have attained at least an eighth grade education and are undergoing diagnostic screening or clinical assessment. The MCMI-III is designed to be administered to an individual or group and can usually be completed in less than 30 minutes. The MCMI-III included three modifier scales designed to correct for faking-good, denial, and random

responding. Profiles of report (BR) scores range from 0 to 115 with high scores representing the presence of characteristic personality traits (Choca & Stanley, 1992).

Scores of the MCMI-III scales are reported in base rate (BR) scores, which are transformed scores derived to maximize correct diagnostic classification by optimizing valid positive to false positive ratios (Levy, 1987). The BR scores are test design features and a BR score of 75 or better indicates that a particular trait is likely to be present, while the observance of a BR score of 85 or better suggests that it is likely to be the most prominent trait or severe trait present for a particular individual (Millon, 1983). Subjects whose score exceeded 75 on any of the 24 scales, were excluded from this study.

Data are scored by computer in conjunction with National Computer Services (NCS) interpretive reports. The MCMI-III is an improvement of both the MCMI I and II. It was normed on 1079 adult clinical subjects from 26 states. The subjects were gathered from both inpatient and outpatient settings. All of these individuals were diagnosed with some form of psychiatric disorder, as per the DSM-IV.

The MCMI-III was published in 1983. As a result, recent studies on reliability and validity are continuously evolving. Hence, a significant number of current publications have built upon the validity and reliability of the MCMI-I and the MCMI-II.

Reliability

Gibertini, Brandenburg, and Retzlaff (1986) found that the internal consistency for the clinical scales, alpha coefficients range from .66 for compulsive to .90 for major depression. In addition, these scholars concluded that alpha coefficients exceed .80 for 20 of the 26 scales. Furthermore, McNeil and Meyer (1990) found that the test-retest correlations for each scale for two test

administrations between 5 & 14 days apart, ranged from .82 for debasement to .96 for somatoform. The median stability coefficient was .91.

The reliability of the MCMI-III has been sound, with the Axis II scales showing the highest stability as predicted by Millon (1987). Joffe and Regan (1989) found normal subject had noticeably higher stability coefficients than clinical subjects. Millon (1987) stated that this was one of the major limitations to the reliability of the MCMI-III. Morey (1988) tested the stability of high point and double high point configurations. This study reports that high point codes are fairly stable over a month, with nearly two thirds of 168 subjects achieving the same scale high point. For double high point configurations, 25% achieve the same high scores with another 18% achieving the same two scales, but in reverse order. Lumsden (1988) writes that this kind of information is important in evaluating whether the scores are sufficiently stable to warrant detailed configural interpretations.

According to Morey (1988), internal consistency seems to be easier to evaluate. Based on part of the normative sample, Lumsden (1988) reports quite high internal consistencies. The average of 22 clinical scales is .89, and the range is from .81 to .95. These values are excellent.

Validity

A significantly large number of correlation studies have been conducted between scores for each MCMI-III scale and scores from collateral instruments that claim to measure similar or identical constructs. Boyle (1985) indicated in this study that a general maladjustment factor produced fairly high correlations between the Beck Depression Inventory (BDI) and a large number of MCMI-III scales. With the exception of the histrionic (-.49), narcissistic (-.40), and compulsive (-.30) scales, the highest correlations, as expected, were with the major depression

(.74) and dysthymia (.71) scales. In addition, among the personality disorder scales, high correlations were obtained with the depressive (.56), borderline (.56), self-defeating (.53), and schizoid scales (.53). However, relative weak relationships were achieved between the BDI and the aggressive (sadistic) (.22) and antisocial (.20) personality disorder scales.

Stone (1985) studied schizoid personality. This scholar writes that the correlations between the MMPI schizophrenia scale and the MCMI-III schizotypal scale (.60) and thought disorder (.61) scales were high. Equally strong correlations were obtained with both the self-defeating and depressive scales, .60. Also, Joffe and Regan (1989) found a high MMPI scale correlations with such Axis I MCMI-III measures as the dysthymia (.67) and major depression (.67) scales. The relationships between MMPI hypomania scale and its MCMI-III parallel scales, bipolar manic and delusional disorder, were the highest obtained among the MCMI-III scales, .43 and .44 respectively with outpatient depressed patients. Finally, MMPI social introversion scale was most closely related to the MCMI-III avoidant scale at .74 (Joffe & Regan, 1989).

The issue of validity naturally remains a partly open question. Retzlaff, Sheehan and Fiel (1991) concluded that the MCMI-III is a continuing process, never finally complete. There are many problems with the MCMI-III, one of which concerns the structure of the MCMI-III. Because of extensive item overlap, one can not be sure of the factor structure of this instrument. However, there are also overlaps based on the overlap of the constructs; that is, personality disorders are not distinct entities (Kass, Skodol, Charles, Spitzers & Williams, 1988).

The Measures of Psychosocial Development

The Measures of Psychosocial Development (MPD; Hawley, 1988), comprising an objective self-report assessment based Erik Erikson's theory was used to assess personality developing of all

of the subjects. The MPD underwent a series of refinements from the 1980 version to the current 1988 edition. The eight developmental stages proposed by Erikson's theory and the conflicts that characterize each of these eight stages are all represented on this 112-item inventory. The MPD is self-administered, taking 15-20 minutes to complete. Respondents use a 5-point scale to rate how accurately the brief statements and phrases represent themselves (Hawley, 1988). The scores range from 0 to 28 in each of the sub-scales. The lower score is a reflection of poor psychosocial adjustment. Conversely, high scores are reflective of good adjustment at that stage of development.

The MPD format consists of self-descriptive items, sometimes just a single adjective, other times a phrase containing a number of words. The items are presented in a test booklet. Individuals taking the test are asked to react to each statement on a 5-point scale, ranging from "very much like me" to "not at all like me." Test takers record their answers on a separate answer sheet. The MPD can be self-or examiner administered, individually or in groups. The directions appear on the front cover of the test booklet.

In constructing the test, Hawley attempted to write and select stage-specific items that reflected as closely as possible Erikson's developmental theory. She also decided to have as separate scales with favorable and unfavorable attributes associated with each of the eight stages, resulting in 16 one-dimensional scales (Rod & Ledbetter, 1987). Because Erikson included diverse subconstructs for each stage, an attempt was made to select items here that would represent all facets of a stage. Initially, the items were generated from detailed definitions of each of the eight negative and eight positive scales (Carmer, 1992).

Scales included on the MPD.

Positive Scales	Negative Scales	Resolution Scales
P1 Trust	N1 Mistrust	R1 Trust vs. Mistrust
P2 Autonomy	N2 Shame & Doubt	R2 Autonomy vs. Shame & Doubt
P3 Initiate	N3 Guilt	R3 Initiative vs. Guilt
P4 Industry	N4 Inferiority	R4 Industry vs. Inferiority
P5 Identity	N5 Identity Confusion	R5 Identity vs. Identity Confusion
P6 Intimacy	N6 Isolation	R6 Intimacy vs. Isolation
P7 Generativity	N7 Stagnation	R7 Generativity vs. Stagnation
P8 Ego Integrity	N8 Despair	R8 Ego Integrity vs. Despair
TP Total Positive	TN Total Negative	TR Total Resolution

The MPD scales are listed above. Each subtest (Trust, Autonomy, etc.) contains seven items, each scored on a 5-point scale (0 to 4). A separate four-page profile form is available for males and females, each including separate norms for individuals aged 13-17, 18-24, 25-49, and 50+ years.

Each developmental stage assessed yields as Positive scale, a Negative scale, and a Resolution scale. The Positive scale for each of the developmental stages is an attempt to measure the developmentally desirable outcome of that developmental stage's conflict. The Negative scale represents the problematic side of the conflict, with the Resolution scale being the difference between the Positive and the Negative scales (Carmer, 1992). Thus, for Erikson's first developmental stage, the MPD yields three scales: Trust, Mistrust, and Resolution (the difference between the Positive and the Negative scales (Carmer, 1992). Thus, for Erikson's first developmental stage, the MPD yields three scales: Trust, Mistrust, and Resolution (the difference

between the attained scores on the Trust and Mistrust Scales). What emerges for each administration of the MPD functions as an indicator of the developmental issues and conflicts that are salient for an individual (Gable, 1992). The assessment of all eight developmental stages relative to each individual regardless of the individual's age is consistent with Erikson's assertion that the conflicts characterizing each of the developmental stages are present at all times (Erikson, 1968). In addition, Erikson's theory of human development contends that the developmental conflict intensifies when psychological, social, and biological factors all lead to a focus on the central issues associated with a particular developmental stage (Erikson, 1969). For example, although Erikson hypothesized the conflict between Ego Integrity versus Despair is the central developmental theme of late adulthood, the issues surrounding this conflict are present throughout life, not just late adulthood (Erikson, 1968).

Norm Group

The MPD has an eighth-grade reading level and has been used with high school and college students and with adults up to 86 years (Hawley, 1988). The norms for this test are based upon 2,480 individuals age 13 to 86 primarily representing single, whites with greater than 12 years of education. A total of 225 items were developed and presented in random order to a panel of judges to determine the items' content validity. Of the 112 items eventually included on the MPD, 94 (83.9%) were agreed upon by the majority of the judges (Drummond, 1992). The remaining 18 items were selected to adequately cover the 16 domains and to balance each scale with an equal number of items. Hawley (1988) stressed that the items were arranged on the test in "an appropriate psychological order," one that moved from the more objective items first to the more personal last.

Validity and Reliability

There is not extensive support from the literature presented for content validity. Realizing the difficulties in asserting the attitudes and dynamics associated with Erikson's developmental theory based upon stage conflicts, the author properly defends several instrument development decisions that lead to the content validity (Gable, 1989).

According to Carner (1992), the alpha internal consistency reliability coefficients ranging from .65 to .84 at a level of significance of .05. These coefficients are reported for samples of 372 adolescents and adults. Test-retest (from 2- to 13-week intervals) reliabilities near .80 are presented for 108 adolescents and adults. The alpha coefficients reflect the adequacy of item sampling from the targeted domain of content; the test-retest correlations also support the stability of the scores over appropriate time periods.

In addition, Gable (1992) writes that test-retest coefficients, based on 108 adolescents with an interval of 2 to 13 weeks between testing, range from a low of .67 on Inferiority to a high of .91 on Total Negative and Identity vs. Identity Confusion. The median coefficient was .82. Cronbach's (1989) alphas were computed on a sample of 372 adolescents, producing coefficients that ranged from a low of .65 on trust to a high of .84 on Industry, with a median coefficient of .74.

Hawley (1988) also present correlations with the Inventory¹ of Psychosocial Development (Constantinople, 1966; 1980) and the Self-Description Questionnaire (Boyd, 1966). The coefficients between similar scales on the IPD and the MPD measured by different methods ranged from .46 to .78, and on the MPD and the SDQ from .28 to .65 (Carner, 1992). The intercorrelations among the scales on the MPD are presented as well as the correlations among

the MPD and other scales having neither trait nor method in common (heterotrait-heteromethod comparison). Hawley (1988) concludes that when the results from the monomethod cross-comparisons were studied, the revealing hierarchy of values met the Campbell and Fiske requirements consistently, with the exception of some heterotrait-same pole values for the negative scales that exceed the validities.

In an unpublished paper, Roid and Ledbetter (1987) writes that the age trends for each of the MPD scales also were studied to determine age groupings for normative purposes and to provide additional evidence of test's construct validity. Hawley (1988) concluded that the majority of the MPD Positive and Resolution scales showed an age trend of increasing scores through age 25, a leveling off scores between ages 30-40, followed by a downward decline of scores in the 50+ age group. The age groupings were decided upon partly from the data on the means and standard deviations by age and partly from Erikson's theory (Gable, 1992). Furthermore, Carner (1992) indicated similar results for four age groups were selected for calculating the norms: 13-17 (adolescents), 18-24 (young adults), 25-49 (adults), and 50+ (upper aged adults).

Critique

The MPD has potential as a useful assessment instrument for psychologists. The measures could serve as a valuable addition to other instruments in studying psychosocial development and developmental stages across the life span. Although easy to administer and score, a computerized scoring and interpretation system might enhance the MPD's value. The profile sheet could be improved by including a brief description of the scales on one side and the specific age/gender profile on the other.

However, more work is needed to document this instrument's validity and reliability. Only a

limited number of studies have been reported on the reliability of the test, with relatively small numbers of individuals. If the author is going to report norms at different age levels, there needs to be more evidence of the reliability of the test, both with relatively small numbers of individuals and both utilizing adolescents and adults. In addition, there needs to be more evidence of the reliability of the MPD across the four age groupings. This would provide more reliable evidence of construct validity.

Overall, the MPD adequately uses the challenge of assessing affective variable associated with a developmental theory. It is comprehensive, well-written, and a model of desired professional test development standards. Also, support for accurate and meaningful score interpretations is clearly present.

The Spiritual Well-Being Scale:

The Spiritual Well-Being Scale was designed by Paloutzian and Ellison (1982). It has a vertical dimension of spirituality, and the Existential Well-Being (EWB) subscale measures a horizontal dimension of well-being in relation to the world around us, including a sense of life purpose and life satisfaction. It has two subscales; a) the spiritual well-being scale which assess one's relationship with God. About half of the items are worked in a reversed direction to minimize the role of response sets (Ledbetter, 1991). Ledbetter, Smith, Vosler-Hunter and Fischer (1991), writes that the SWBS item format is presented in a modified Likert-rule format. Response choices for each item are scored from 1 (strongly disagree) to 6 (strongly agree). In scoring the SWBS, the 10 RWB and 10 EWB items are summed to yield the two subscale scores. Possible values for each subscale range from 10 to 60, with high scores indicating "more" religious and existential well-being and low scores indicating "less." Similarly, the total Spiritual Well-being

Scale (SWBS) score is obtained through the sum of both the RWB and EWB subscales.

Although the SWBS has received significant attention in previous studies, its ability to generate research over the last several years has been limited.

The Religious Well-Being (RWB) subscale contains 10 items which was factor analyzed on 206 undergraduate students at three religiously-oriented colleges. This revealed that they clustered together essentially as expected (Ledbetter, Smith, Vosler-Hunter & Fischer, 1991). The first three eigenvalues emerging from the analysis were 7.136, 2.716, and 0.859.

Reliability:

Research with the SWBS shows test-retest reliability above .85 in three samples at intervals of one, four, and ten weeks (Ellison, 1983), and above .73 in a fourth sample after six weeks.

Coefficient alpha, a measure of internal consistency, was above .84 in seven samples (Kirschling & Pittman, 1989; Paloutzian & Ellison, 1982). These figures suggest that the SWBS has adequate reliability. High correlations have also been found between SWB and RWB ($r = .90$) and EWB ($r = .59$).

In addition, a test-retest reliability coefficients obtained from 100 student volunteers at the University of Idaho (Paloutzian & Ellison, 1982) were .93 (SWB), .96 (RWB) and .86 (EWB). The magnitude of these coefficients suggests that SWB has reliability and internal consistency. With regard to validity, examination of the item content suggests good face validity (Ledbetter, Smith, Vosler-Hunter & Fischer, 1991). The SWB scores have also correlated in predicted ways with other theoretically related scales (Ledbetter, Smith, Vosler-Hunter & Fischer, 1991). The SWB, RWB and EWB were all found to be negatively correlated with the UCLA Loneliness Scale (Russell, Peplau & Ferguson, 1978), and positively correlated with the Purpose of Life

Test, Intrinsic Religious Orientation and self-esteem (Allport & Ross, 1967).

Validity:

Validity involves the question of whether a scale measures what it proposes to measure. A factor analysis of the SWBS revealed that the items were loaded on two factors (Carson, Soeken & Grimm, 1988). These researchers also found that some of the RWB items were loaded on the first factor, and several of the EWB items clustered on the second factor. The remaining EWB items clustered together; however, did not have an eigenvalue greater than 1.0 (Ellison, 1983; Ledbetter, Smith, Vosler-Hunter, & Fischer, 1991).

Subsequent research has shown that the scale is a good general index of well-being. In summary, SWBS and its subscales, EWB and RWB, are positively correlated with several indicators of well-being, including a positive self-concept, finding meaning and purpose in life, high assertiveness and low aggressiveness, good physical health, and good emotional adjustment (Ledbetter, Smith, Vosler-Hunter & Fischer, 1991). In contrast, SWBS is negatively correlated with indicators of ill health, emotional maladjustment, and dissatisfaction with life.

The Need for Norms:

Although the SWBS has been used extensively in research, and there has been increased interest in the scale during the past few years, it has lacked established norms which would permit the ready interpretation of scores in comparison to identified populations. Initially, one of the limitations of the scale is that it did not provide descriptive data for any of the samples cited. However, as research and refinement of this instrument evolved, the normative data will help to facilitate the interpretation of group means and individual scores. It also provides for the possible use of the scale as a diagnostic instrument to assess global indications of distress in personal

functioning.

Data presented on the SWBS include a wide variety of groups differing on several factors, especially religious affiliation. The data from Carson, Soeken and Grimm (1988), and Ellison (1983) are largely consistent with data from the Northwest suggesting that differences among regions of the United States may not be important.

All of the SWB items deal with transcendent concerns, or those aspects of experience which involve meaning, ideals, faith, commitment, purpose in life, and relationship to God (Ellison, 1983). In keeping with the earlier discussion and the writing of others, this scale measures *spiritual* well-being, while distinguishing between two interrelated, yet distinct aspects of spirituality: religious and existential well-being. The fact that the scale related highly with such a measure as the Purpose in Life Test, especially with regard to existential well-being, and that intrinsic religious orientation (Allport & Ross, 1967), is also highly related to spiritual and religious well-being supports the initial conceptualization.

The consistent relationship demonstrated in several studies between spiritual well-being and type of religious commitment (Born Again/Evangelical; Ethical; Non-Christian) also supports the initial conceptualization that those with a more internalized and intimate relationship between one's religious commitment and spiritual well-being has been further supported by the preliminary studies done on doctrinal, liturgical, devotional and community orientations.

Working from the assumption of the continuous nature of spiritual well-being, the authors constructed the SWBS to measure both high and low spiritual well-being. Although it has not been stated, but implicit in the assumption of spiritual well-being is a normally distributed variable. Furthermore, if the construct of spiritual well-being is similar in occurrence to other personality

constructs, one would expect normality unless evidence suggest otherwise. If spiritual well-being is a continuous variable that is distributed normally, it would expect to find a large percentage of respondents clustering in the middle of the spiritual well-being continuum, with fewer and fewer cases observed as one approaches the extremes of the continuum.

Design

This study used a planned group comparison, quasi-experimental design. The groups that are being examined are as follows: a.) Participants who were sexually molested by clergy; b.) participants who were molested by non-clergy, and; c.) a control group of participants who were not sexually molested.

Chapter IV

Analysis of the Data

Introduction

This chapter describes the different statistical procedures that we used to evaluate the data that was collected. Also, there is a description of the participants in the three different groups involved in this study. Also, there are explanations of the results produced by the different statistical procedures.

A total of 95 subjects volunteered to participate in this study, of which 34 were adult males who were sexually abused by members of the clergy, 30 were adult males who were sexually abused by non-clergy, and 31 were adults who were not sexually abused before they were 13 years old. Four participants who were sexually abused by members of the clergy illustrated significant psychopathology. This was also the case for two participants who were sexually abused by non-clergy and three who were not sexually abused. As a result, they were excluded from this study. Hence, 86 individuals were used in conducting this study. It should also be stated, that 60 packets were sent to individuals who were sexually abused by clergy, and 50% of these questionnaires were returned. Also, 50 packets were distributed to those who were sexually abused by non-clergy and 58% of these questionnaires were returned. In addition, 60 packets were mailed to men who were not sexually abused. However, only 45% of these questionnaires were returned.

Statistical Procedure

This researcher chose to use an analysis of variance (ANOVA) to conduct the hypothesis testing in this study. The observations (data) from all of the three groups of subjects were

normally distributed. Also, the population variance for all of the groups were relatively close, hence, this illustrates homogeneity of the variances. However, the testing materials that were completed by the subjects in the three different groups produced ordinal data. Ordinal data is classified as being qualitative (Wicker, 1992; Stevens, 1996). However, according to Witte (1989), when quantitative data is being evaluated, one of the most appropriate tests to conduct to evaluate the null hypothesis is the ANOVA.

Witte (1989) writes that "although lacking an absolute zero, many ordinal measurements contain some interval information; therefore, tend to approximate interval measurements". The resulting data receive the same statistical treatment as do regular interval and ratio data. In addition, Licht (1995) stated that multiple regression and correlation is now widely recognized as a flexible and variables can be continuous or categorical. Furthermore, Licht (1995) wrote that "behavioral scientists are willing to assume that measures are interval scales even in the absence of empirical demonstration of this and many use statistical tests that require the underlying dimensions have equal intervals".

It was felt that the dependant variables were moderately intercorrelated, hence; a Wilks-Lambda multivariate test was conducted to evaluate how much of each variance was intercorrelated. The Wilks-Lambda multivariate test is significant $F(6) = 22.10, p < .05$, which means that there are differences between the three groups in all three of the dependant variables (intimacy vs. isolation, identity vs. confusion, and spiritual well-being) simultaneously. A Levene's test of equality of error variance was used to test homogeneity of variance for each dependant variable. Also, a Bonferoni univariate post hoc test was conducted on all of the dependant variables to evaluate the difference in the means between the three different groups

after the significant F test.

Table 1

Frequency distribution for age of victim when sexual abuse by clergy began

Frequency (N=30)	Age of Victims
2	7
3	8
4	9
11	10
6	11
4	12

Note: \bar{x} Age=10:03, SD=1.56

Table 2

Frequency distribution for age of victim when sexual abuse by non-clergy began

Frequency (N=29)	Age of Victim
1	4
2	5
3	6
7	7
6	8
1	9
4	10
2	11
3	12

Note: \bar{x} Age=8:14, SD=2-19

Tables 1 and 2 demonstrate the difference in the age between these two groups of

individuals at the beginning of the abuse. The range for those participants who were sexually abused by clergy had a minimum age of 7 years and a maximum of 12 years old. The range was 5 years. The range for those who were sexually abused by non-clergy was 8 years, with the minimum being 4 years and the maximum begin 12 years old.

Table 3

Frequency distribution for the age when sexual abuse ended for victims of clergy

Frequency (N=30)	Age of Victim
1	7
3	8
2	9
6	10
9	11
9	12

Note: \bar{x} Age=10.55, SD=1.44

Table 4

Frequency distribution for the age when the sexual abuse ended for victims of non-clergy

Frequency (N=29)	Age of Victim
3	7
1	8
1	9
9	10
4	11
9	12
2	13

Note: \bar{x} Age=10.55, SD=2.01

Tables 3 and 4 show that the minimum age when the abuse ended for those participants who were abused by clergy was 7 years and the maximum age was 12 years. This produced a range of 5 years. The minimum and maximum age for those abused by non-clergy was 4 and 12 year old, producing a range of 8 years. The mean age for the group who were sexually abused by clergy, when the abuse ended was 10.55 and 10.55 for those abused by non-clergy.

Table 5

Frequency distribution for religious practice of all of the participants prior to 13 years old

Religion		Abused by Clergy	Abused Non-Clergy	Not Abused	Total
Catholic	Count	21	19	22	62
	Expected Count	21.6	20.9	19.5	62.0
Protestant	Count	8	8	3	19
	Expected Count	6.4	6.4	6.0	19.0
Jewish	Count	0	2	1	3
	Expected Count	1.0	1.0	.9	3.0
Other	Count	1	0	1	2
	Expected Count	0.7	0.7	0.6	2
Total	Count	30	29	27	86
	Expected Count	30.0	29.0	27.0	86.0

Table 5 illustrates that 62(72%) of all of those individuals who participated in this study practiced the Catholic religion prior to being (13) years old. Furthermore, 21(70%) and 19(65%) of all of the participants belonging to the groups who were sexually abused by clergy and non-clergy were Catholics, at the time of the assault. Only a nominal number of the participants

belonged to the Jewish and other religious denominations.

Table 6

Frequency distribution for those participants who are presently actively religious
(30-40 yrs. old)

Actively Religious		Abused by Clergy	Abused Non-Clergy	Not Abused	Total
No	Count	23	18	7	48
	Expected	16.7	16.2	15.1	48.0
Yes	Count	7	11	20	38
	Expected	13.3	12.8	11.9	38.0
Total	Count	30	29	27	86
	Expected	30	29	27	86

Table 6 illustrates that 77% of the individuals who were sexually assaulted by the clergy do not practice any religion as adults (30-40 years old). In addition, 62% of those who were sexually abused by non-clergy do not actively participate in any religious practice. Conversely, 74% percent of those participants who were not sexually abused, actively practiced religious faith.

Analysis of hypothesis one and two

1. Adult male survivors of clergy sexual abuse will have a higher score on attachment (intimacy) compared with a group of men who were sexually abused by non-clergy, and a group of adult men who were not sexually abused as children (before 13 years old).
2. Adult male survivors of clergy sexual abuse will have a higher score on separation (isolation) compared with a group of men who were sexually abused by non-clergy, and a group of adult men who were not sexually abused as children (before 13 years old).

Table 7

Tests of between-participants effects on the dependent variable, intimacy vs. isolation

Source	Type III Sum of the Squares	df	Mean Square	F
Group	12598.02	2	6299.01	55.25
Error	9462.69	83	114.01	
Total	22061.00	86		

Note: $p < .05$)

A composite score for all of the participant's level of intimacy vs. isolation is presented in Table 7.

A Levene's test of Equality of Error Variances was used to check for homogeneity of variance.

The test indicated a marginal violation of the assumptions [$F(2,83)=3.71, p < .029$]. Since the

analysis of variance is robust against the violation, this problem was not considered serious

(Witte, 1989). As shown in Table 7, there was evidence that on the average, the groups are

different. [$F(2,83)=55.25, p < .05$].

Table 8

Table of means and standard deviation for intimacy vs. isolation

Group	Mean	Standard Deviation
Abused by Clergy	-13.47	11.01
Abused by Non-Clergy	-1.345	12.71
Not Abused	16.22	7.40
Total	-5.81	16.11

Table 8 shows the mean and standard deviation for the three different groups in the study.

Table 9

Bonferroni - test of a multiple comparison between the dependent variable.
intimacy vs. isolation, and the three different groups in this study

Group	Group	Mean Difference	Std. Deviation
Abused by Clergy	Abused by Non-Clergy	-12.12	11.01
Abused by Clergy	Not Abused	-29.68	12.71
Abused by Non-Clergy	Not Abused	-17.57	7.40

Note: $p < .05$)

Table 9 shows that there are significant differences between Identity vs. Isolation for the three different groups that were involved in this study. A Bonferroni univariate post hoc test was conducted to evaluate the difference in the means between all three groups of participants after the significant F test. In addition, table 9 represents a mean score of -13.47 with a standard deviation of 11.01 for individuals who were sexually abused by clergy, a mean score of -1.34 for those subjects who were assaulted by non-clergy and a mean of 16.22 for the participants in the control population with a standard deviation of 7.40.

In addition, table 9 indicates that participants who were sexually abused as children by clergy, had the highest negative mean -13.47, compared with those individuals in the group who were sexually abused by non-clergy. These subject's mean score was -1.34. Hence, the mean difference between these two groups was -12.12 (table 9). However, those subjects who were not sexually abused as children indicated a positive mean score of 16.22 compared with those who were abused by clergy, -13.47 and -1.34 for those subjects who were sexually abused by

non-clergy. As a result of these findings, the null hypothesis of no differences between the mean scores for intimacy vs. isolation for those subjects who were sexually abused by clergy, compared with a group on those who were sexually abused by clergy, compared with a group of those who were sexually abused by non-clergy and those who were not sexually abused before (13) years old is rejected.

Analysis of hypothesis three

3. Adult male survivors of clergy sexual abuse will have a higher score on conflict resolution (identity vs. confusion) compared with a group of men who were sexually abused by non-clergy, and a group of adult men who were not sexually abused as children (before 13 years old).

Table 10

Test of between-participants (all) on the effects size on the sub-scale of
identity vs. confusion (conflict resolution)

Source	Type III Sum of the Squares	df	Mean Square	F
Group	8700.80	2	4350.3	61.19
Error	5900.85	83		
Total	4881.00	86		

Note: p<.05)

A composite score for all of the participant's level of identity vs. confusion is presented in Table 10. A Levene's test of Equality of Error Variances was used to check for homogeneity of variance. The test indicated no violation of the assumption [F(2,83)=.181, p<.05)]. As shown in table 10, there was evidence that, on the average, the groups are different [F(2,83)=61.19,p<.05].

Table 11

Table of means and standard deviation for identity vs. confusion

Group	Mean	Standard Deviation
Abused by Clergy	-8.73	9.24
Abused by Non-Clergy	-.28	9.16
Not Abused	15.74	6.43
Total	1.80	13.11

The means and standard deviation for the three groups are presented in table 11.

Table 12

Bonferroni - test of a multiple comparison between the dependent variable.

identity vs. confusion and the three different groups

Group	Group	Mean Difference	Std. Deviation
Abused by Clergy	Abused by Non-Clergy	-8.46	9.25
Abused by Clergy	Not Abused	-24.48	9.15
Abused by Non-Clergy	Not Abused	-16.01	6.43

Note: $p < .05$)

A Bonferroni univariate post hoc test between the participants was used to illustrate the mean difference between the three different groups after the significant F test. Table 12 shows that there are differences in the mean scores between the three groups on the dependent variable; Identity vs. Confusion in this study. Table 12 shows that those individuals who were sexually abused by clergy had a mean score of -8.73, on Identity vs. Confusion, with a standard deviation

of 9.25. Those individuals belonging to the group who were abused by non-clergy had a mean score of -.28 with a standard deviation of 9.15 and those individuals in the control group had a mean score of 15.74 with a standard deviation of 6.43. Table 12 illustrates significant disparity between the scores of the mean difference of those individuals who were sexually assaulted and those who were not sexually abused as children. Consequently, as illustrated in Table 12, it was evident those participants who were sexually abused as children by clergy has a larger negative mean score., -8.73, compared with those subjects who were sexually abused as children by non-clergy, -.28 and those who were not sexually abused before they were (13) years old, 15.74 (see table 11). Hence, the scores of the mean differences between the groups were also different.

Table 12 shows that there was a significant difference between those individuals in the three different groups involved in this study. Clearly, there was a strong relationship between being sexually abused before age (13) years old and a poor level of intimacy.

As a result of these findings, the null hypothesis of no difference between the scores in Identity vs. Confusion (conflict resolution) for men who were sexually abused by clergy, compared with a group of men who were sexually abused by non-clergy and a group of men who were not sexually abused before the were (13) years old is rejected. There were significant differences between the three groups mean differences and mean scores in the univariate analysis which was conducted.

Analysis of hypothesis four

4. Adult male survivors of clergy sexual abuse will have a higher score on spirituality compared with a group of adult males who were sexually abused by non-clergy and a group of adult men who were not sexually abused as children (before 13 years old).

Table 13

Tests of between-participants (all) effects on the spiritual well-being scale

Source	Type III Sum of the Squares	df	Mean Square	F
Group	7337.95	2	3668.97	26.43
Error	11522.40	83	138.82	
Total	444893.00	86		

Note: $p < .05$)

A composite score for all of the participant's level of spiritual well-being is presented in Table 13.

A Levene's test of Equality of Error Variances was used to check for homogeneity of variance.

The test indicated that there was not any significant violation of the assumption [$F(2,83) = .226$,

$p < .05$]. There was evidence that, on the average, the groups are different [$F(2,83) = 26.43, p < .05$].

Table 14

Table of means and standard deviation for spiritual well-being

Group	Mean	Standard Deviation
Abused by Clergy	58.97	9.17
Abused by Non-Clergy	71.79	12.91
Not Abused	81.55	13.04
Total	70.38	14.90

The means and standard deviations for the three groups is presented in Table 14.

Table 15

Bonferroni test of a multiple comparison between the dependent variable: spiritual well-being

Group	Group	Mean Difference	Std. Deviation
Abused by Clergy	Abused by Non-Clergy	-12.83	9.17
Abused by Clergy	Not Abused	-22.59	12.91
Abused by Non-Clergy	Not Abused	12.83	13.04

Note: $p < .05$)

A Bonferroni univariate post hoc test was conducted to compare means after the significant F test to analyze this part of the fourth hypothesis. This ANOVA was able to produce the mean scores for the three different groups of participants, those abused by clergy, individuals sexually abused by non-clergy and those who were not sexually abused as children. The difference in the mean scores for the three different groups are presented in table 14. The mean scores for those sexually abused by clergy was 58.97 with a standard deviation of 9.17. The mean score for individuals who were sexually abused by non-clergy was 71.79 with a standard deviation of 12.91 and the control group had a mean score of 81.55 with a standard deviation of 13.04. These scores on the Spiritual Well-Being scale are significantly different. The greatest disparity was between the control group and the group abused by clergy.

Table 15 illustrates the mean score of the group of adult men who were sexually abused as children by members of the clergy were lower, 58.967, compared to the group sexually abused by non-clergy, 71.79. Hence, the mean difference between the two scores was -12.82. The relationship between the two means was negative. As a result of these findings, the null hypothesis

of no differences between men who were sexually abused by clergy, compared with men who were abused by non-clergy and a group of men who were not sexually assaulted before they were (13) years old, on their scores on the Spiritual Well-Being Scale is rejected.

Chapter V

Conclusion and Recommendations

Introduction

The purpose of this chapter is to illustrate support, interpretations and conclusions of the results of the data which was collected and presented in chapter four. In addition, implications of the findings are also discussed with recommendations for future research in the area of the effect of male childhood sexual abuse.

Demographic Data for Adult Men Who Were Sexually Abused by Clergy and Non-Clergy

The demographic information presents a number of differences between these two group of participants who were sexually assaulted. Table 1 shows that those individuals who were sexually abused by clergy were much older, 7 years old, at the beginning of the sexual abuse. Whereas, in table 2, those who were sexually abused by non-clergy, were 4 years old. This difference may be due to the fact that those who were abused by the clergy are not involved with activity that includes their minister until they are older. Hence, they were not in a position where these people would have access to them. However, those participants who were assaulted by non-clergy, experienced this trauma much earlier in their lives because their assailants had access to them at that stage in their development. Also, Table 1 shows that the mean age for the two groups are substantially different. Those individuals sexually assaulted by clergy was 10.03 years old and 8.14 (see Table 1) years old at the start of the abuse. Again, this may be a ramification that those who were abused by the clergy did not interact with them until they were much older. However, according to Table 4, there was not a significant difference between the mean score for the two groups when the abuse ended. Tables 3 and 4 illustrate that the mean age for the group

abused by the clergy was 10.55 and 10.55 years for the group who was assaulted by non-clergy when the abuse ended. Also, the median age for both groups was 11 years old. One could extrapolate that those individuals who were sexually abused at an early stage of development would have more difficulty as they progress through their development. Hence, those subjects who were assaulted by non-clergy did not suffer more development difficulty through their life cycle. However, one explanation as to why this did not occur may be due to the fact that those subjects who were assaulted by the clergy endured this trauma over a longer period of time, compared with those who were sexually abused by non-clergy.

Further, there were significant differences in the religious practices between the two experimental groups and the control group. Table 5 illustrates that 62 (72%) of all of the subjects were practicing Catholics before age 13. However, Table 6 shows that only 48 (54%) were practicing Catholics between 30-40 years old. This may be due to the fact that a large number of the individuals were Catholic, as a result, this group had the greater impact in not practicing that faith. It could be suggested that 21 (70%) of those participants who were abused by clergy, were assaulted by their priest (see Table 5). This could be an explanation of the redirection in religious practice for these subjects as adults (30-40 years old). Conversely, Table 6 shows that a significant number (77%) of those who were sexually abused by clergy did not practice religious faith as an adult. Hence, it could be suggested that the assault upon them may have had an effect upon this part of their development.

Hypothesis 1 & 2

The first and second hypotheses state that adult male survivors of clergy sexual abuse will have higher on scores on intimacy vs. isolation (attachment vs. separation), compared with a

group of men who were sexually abused by non-clergy, and a group of men who were not sexually abused before 13 years old.

A statistically significant difference was found between adults who were sexually abused by clergy and those who were sexually abused by non-clergy. Also, there was a significant difference found between the participants of both of the above groups and those in the control group. Specifically, adults who were assaulted by clergy demonstrated significantly lower scores in the sub-scale of intimacy *vs.* isolation. This suggested that these individuals were more isolated than those individuals who were sexually abused by non-clergy and those individuals who were not sexually abused as children. The univariate analysis which was used to assess these hypothesis was effective in illustrating the significance between the means and means difference for the participants in these three separate groups.

Those participants who obtain a higher positive mean and mean difference on their scores on the sub-scale of Intimacy *vs.* Isolation are individuals who were more developmentally well-adjusted (intimacy). They were able to form close and meaningful relationships with other individuals. They were not afraid to allow themselves to be involved intimately, at all levels of their lives. Consequently, they were able to form healthy attachments to other individuals. It could be suggested that individuals in the control group were able to obtain a level of functional intimacy in their lives. However, those participants whose mean scores (Table 8) and mean differences (Table 9) were negative, was a reflection of having difficulty with attachment. In fact, these individuals demonstrated themselves to be very isolated. Further, the higher the negative score, the more isolated and separated these participants were from their environment and other individuals. Clearly, this was the case for those individuals who were sexually abused by members

of the clergy (see table 7).

Table 8 further indicates that those individuals who were sexually abused as children by clergy, had the highest negative mean -13.47, compared with those subjects in the group who were sexually abused by non-clergy. These individual's mean score was -1.34. Hence, according to Table 3, the mean difference between these two groups was -12.12 (see Table 9). This suggests that the subjects who were sexually abused by members of the clergy, were more isolated than those individuals who were sexually abused by non-clergy. However, this does not imply that those participants who were sexually abused by non-clergy were developing normally through their life cycle in terms of others' ability to form meaningful and close relationships, for they were also isolated in their daily lives and activities. Clearly, according to Table 9, subjects from both of these groups, had difficulty with forming attachment and close relationships with others. They were afraid of closeness and intimate relationships. These participants were more alone and self-absorbed because of their fear of closeness. Furthermore, they were emotionally distant. They were, perhaps, not emotionally mature to maintain and nurture a loving and intimate relationship. It could be extrapolated for the above means and means differences in tables 8 and 9 that there could be a relationship between the sexual abuse that subjects endured at a formative period in their development and the tremendous effect which it had upon their development of intimate relationships as adults (30-40 years old).

However, Table 8 illustrates that participants who were not sexually abused as children indicated a positive mean score 16.22 compared with those who were abused by clergy, -13.47 and -1.34 for those subjects who were sexually abused by non-clergy. As a result, Table 9 shows that there were significant differences between the mean difference of those individuals who were

not sexually abused and those who were sexually assaulted by clergy -29.67 and a score of -17.57 for those who were sexually abused by non-clergy. This could be interpreted as the ability of those who were not sexually abused to form attachment because they could form and develop intimate relationships (attachment). They were not afraid of closeness and being loving and caring with other individuals. Thus, they had the ability to trust and attach to other individuals. Consequently, the control sample population was progressing normally through the life span cycle, compared with both of the groups of participants who were sexually abused. Hence, it could be inferred that those individuals who were sexually abused before they were 13 years old, had significant difficulties with their ability to create and form close and intimate relationships which are nurturing and growth-oriented (attachment). However, participants who did not have this experience, did not have these difficulties. Consequently, it could be suggested that there was a correlation between early childhood sexual abuse and the inability of the victims to develop concrete commitments, affiliation and partnerships (attachment), even as adults. Hence, these participants demonstrated themselves to be very isolated (isolation).

Previous Studies

The findings in this study are in accordance with the current literature. Vogelsang (1993), Seat, Trent and Kim (1994) and Steele (1986), have all cited a lack of attachment to be one of the major difficulties experienced by the subjects that they studied. These scholars found that the isolation which their subjects experienced was one of the most debilitating factors in their lives. It was also learned from these studies that the sexual trauma was more severe because the offenders were members of the clergy (Isely & Isely, 1990). These clergy were trusted and respected members of the community. Also, the boys (victims) explained that they loved and had close

relationships with the clergy. Hence, the betrayal of this trust may have had an effect upon these individuals' ability to form intimate relations as adults. In addition, Tharinger (1990) writes that developmentally, when individuals experience extreme trauma to their lives, it is very difficult to move beyond that phase in their life cycle. This could be especially true for individuals who are at the formative and tender stage in his/her development (Gable, 1992; Jumper, 1995).

Consequently, they may be stagnated at that stage of their development. Hence, according to Kellogg and Hoffman (1995), the trauma needs to be addressed or resolved in order to assist these victims to move to the next stage in their life cycle development.

Hypothesis 3

This hypothesis states that adult male victims of clergy sexual abuse will have a higher score on conflict resolution (Identity *vs.* Confusion), compared with a group of men who were sexually abused by non-clergy, and a group of adult men who were not sexually abused as children.

A statistically significant difference was found between adults who were sexually abused as children by clergy and those subjects who were sexually abused by non-clergy before they were 13 years old. Table 10 suggests that, on the average, there was evidence that a relationship exists between being sexually abused and one's inability to develop a sense of one's identity. Table 11 shows the mean difference between both of the above two groups of subjects who were sexually abused and those individuals who were not sexually abused. Specifically, those individuals who were sexually abused by clergy illustrated a significantly lower score in the sub-scale of Identity *vs.* Confusion (conflict resolution), compared with the scores of the other two groups of men. This is an indication that these subjects did not have a good understanding of their own identity.

As a result, they are not able to be assertive in all of the different aspects of their life. Consequently, they had great difficulty with resolving conflictual situations in their lives. Hence, they continue to feel victimized.

Table 11 illustrates that participants belonging to the control group had a positive mean of 15.74 on Identity vs. Confusion scale, compared with the mean score -8.73 for those who were sexually abused by clergy and .28 by those who were assaulted by non-clergy. This suggested that these individuals in the control group were more integrated in their Psychosocial development. More specifically, they had a better sense of their identity. They were able to form meaningful and close relationships. Further, they welcomed intimate friendships. They did not believe or feel that others would take advantage of them. As a result, they were more able to resolve conflicts in their lives because they had a better sense of their identity. Consequently, participants who were sexually abused as children experienced great difficulty with resolving conflict in their lives. However, the subjects in the group that were sexually abused by clergy had significant problems with this part of their development. Table 12 also showed these participants to have the lowest mean difference -8.73 on this sub-scale, compared with the other two groups in this study.

Previous Studies

The findings of this study are congruent with the current literature. Smith & Howard (1994), found that the adopted children that they studied were not able to resolve conflicts because they did not have a sense of their own identity. As a result, they were always in conflictual situations as adults. In addition, Myers (1985), studied adults who were sexually abused between 2.5 and 5 years old. This scholar also discovered that these adults were

extremely angry individuals. Furthermore, they were constantly experiencing problems with conflicts in relationships. In addition, Brierie, Evans, Runtz and Wall (1988), demonstrated that the subjects that they studied struggled to maintain balance in their lives. This ranged from issues dealing with their sexuality to being assertive. However, one of the most important aspects of that study examined the effects of sexual abuse upon children prior to 10 years old. It is apparent, according to Jumper (1995), that those who were sexually abused as young children experienced significant difficulties with their own identity. These scholars explained that this was due to the fact that the abuse occurred at a very formative stage in their development.

Hypothesis 4

This hypothesis states that adult survivors of clergy sexual abuse will have a higher score on Spiritual Well-Being, compared with a group of adult males who were sexually abused by non-clergy and a group of adult men who were not sexually abused as children (before 13 years old).

A statistically significant difference was found between adults who were sexually abused as children by clergy and those who were sexually abused by non-clergy. Table 13 indicates that on the average, there was a difference between the groups of participants and their relationship to spiritual well-being. This also suggests that the three groups are different from each other. Table 14 demonstrates that there were significant differences between the mean scores of these individuals who were sexually abused and those subjects in the control group. Table 14 presents the greatest difference existed between the means of those who were sexually abused by the clergy, 58.97 and 71.79, for those who were sexually assaulted by non-clergy, compared with these individuals in the control group, 81.56. This suggests that individuals who were assaulted

by members of the clergy suffered more with respect to their spiritual well-being. This low mean score was anticipated given the fact that these participants were assaulted by members of the clergy. However, Table 14 shows the greatest difference existed between the mean scores of those subjects who were sexually abused by the clergy, 58.97 and those subjects in the control group, 81.56. This is an indication that those people in the control group, had a better sense of their spiritual well-being. However, individuals who were sexually abused by the clergy had great difficulties with their understanding of their spirituality. They simply did not believe that God was one of the most important and driving forces in their lives as adults.

Previous Studies

These findings are in accordance with the current literature. Thornton and Balswick (1994), cited a poor level of religiosity to be one of the primary difficulties which are experienced by individuals who were sexually abused by priests. In fact, 90% of the subjects that these scholars studied were not able to experience any form of spiritual practice as adults. In addition, Abraham and Hoey (1994), learned that a significant number of the participants that they evaluated were not able to practice any religion as adults. Furthermore, McLaughlin (1994), studied 43 adults who were sexually abused by members of the clergy when they were children. McLaughlin used the Measure of Spirituality Test to measure this variable. He found that a statistically significantly large number of these individuals did not have any trust in God. This was higher than the control population that he studied. Hence, their scores on the Measure of Spiritual test was lower than the sample population. As a result, the sexual abuse that they experienced from the clergy was significant in these subjects not having a relationship with God. Also, Leigh (1994) and Capps (1993), learned in their studies that these subjects stopped

attending church. Rossetti's (1995) study concurs with these earlier findings.

Implications of the Present Research Findings

The implications of the present research findings are relevant to both adult male survivors and children who are presently enduring the aftereffects of this assault upon their person. Young victims of sexual abuse develop into adults who do not have a healthy sense of their identity. This may be a ramification of the abuse, the lack of nurturance and support from a society which is not able to listen to their pain. Instead, they develop psychological/spiritual/destructive behavior/defensive methods of functioning which stemmed from the negative effects of this early trauma.

The concepts of attachment (intimacy) and separation (isolation) are significant aftereffects for these men to overcome. It is clear from the findings of this study, that a large majority of adult male victims, endured this childhood abuse without learning to develop normally throughout their life cycle. However, many of them are now in the process of obtaining the specialized help that they need to assist them to form and develop healthy relationships.

Scott (1992), wrote about the concept and the importance of immediate therapeutic intervention with victims of early childhood trauma. Specifically, males who were sexually abused at this stage of their lives. He stated that over the last several years, programs have been developed to address the treatment of adult and young male victims of sexual abuse. However, by in large, a significant majority of male victims do not access these treatment programs. In addition, according to Steele (1986), many of those who attended sexual abuse treatment programs found them to be ineffective, for these programs did not address their specific needs. The findings of this study strongly support making programs available to children so that they

could feel more at ease in discussing the abuse which occurred to them . It would also be helpful if these programs could be located within different school systems, where teachers and school counselors are very often the child's first and in some cases, the only contact outside of their home.

There are a number of specific implications for the findings of this research which are important to social workers, counselors, psychologists, marriage and family therapists. The first is the fact that adult male victims of sexual abuse have difficulty with connecting to others at different levels of their development. In addition, Scott (1992), clearly stated the importance of adequate diagnosing sexual abuse to be one of the main goals of the intake interview. When this assessment is made at the onset of the treatment, clients are able to progress more readily, with their healing. Furthermore, this also helps the therapist to be more effective with his/her interventions (Abraham & Hoey, 1994).

It is abundantly clear from the findings of this research that adult male victims of early childhood sexual abuse have difficulty with obtaining and maintaining adequate intimate relationships. This applies to both of the experimental groups. As a result, it is of the utmost that social workers, counselors, psychologists and psychiatrists learn to develop a relationship with them when they attend counseling. This must be based upon respect, bonding and trust. They must allow these victims to progress in counseling at their own and natural process. This therapeutic environment must be one that feels comfortable and safe for these survivors. Also, this atmosphere must be one which is safe from any form of blame or intrusion which could be seen as threatening. It would be helpful if the therapist conduct themselves with understanding and without judgment of these patients.

When the therapist has been able to make the diagnosis, it is very important that the therapist acknowledge the realization of the existence of sexual abuse. This acceptance is one of the most pivotal parts of the client's healing. It has been found through this research, that an adult male victim of sexual abuse has a higher level of social isolation than adult males who were not sexually abused. It is imperative that the therapist becomes aware of this aftereffect of early childhood sexual abuse so that it could be addressed as an integral part of that individual's therapy.

A sense of one's belief in a higher power (God) or having a sense of religiosity, has been found to be a very powerful instrument in aiding individuals to develop coping mechanisms in order to address difficult and traumatic events in their lives. Consequently, it may be helpful for therapists to use instruments which assess one's perception of his spiritual well-being. With the use of these tools, it is evident that these male victims could be helped more effectively. Hence, the therapy would not become a process of frustration for either the therapist or these clients.

The problem of distrust of others ultimately stems from betrayal by the abuser. It is clearly illustrated in this study, that those subjects who were sexually assaulted by members of the clergy had significantly more difficulty with their spiritual well-being than those who were not sexually abused by clergy. McLaughlin (1994), found individuals who were betrayed by people in authority had greater problems with trust and attachment. In addition, he learned that those subjects who were sexually assaulted by clergy illustrated substantial difficulty with being isolated. Furthermore, they had a poor level of spiritual well-being. They felt that God did not help them when they needed him the most in their lives. Hence, many of these adult survivors became more isolated from their previous spirituality. Consequently, it may be an important part of the

treatment of these victims, to discuss the concept of God, religiosity and their spiritual well-being. This may not be a naturally developing topic of the therapy. As a result, the impetus must be placed upon the skilled therapist to bring this issue into the therapy session. This intervention could help these clients to once again reclaim their faith and obtain that sense of spiritual well-being that they once enjoyed. This may also assist them to empower themselves to improve and develop this aspect of their lives which has been dysfunctional to them, obtaining healthy relationship with other individuals should be a further important goal which could be obtained through the use of the patient-therapist relationships. As a result, these patients will feel better about themselves, then they will be able to attach with others and hopefully regain their sense of their spiritual well-being.

In summary, the current study has found that isolation, a lack of intimacy, poor identity and a low level of spiritual well-being are all the negative aftereffects which are experienced by adult males who were sexually assault as children. This was especially true for those subjects who were molested by members of the clergy. This study has expanded upon the present literature on adult male survivors. Also, it has clearly illustrated that not all males who were sexually abused suffer from the same side effects. As a result, it is important for each individual client to be adequately assessed and diagnosed in order to provide him with the most appropriate treatment available. Consequently, the topic of religion is something which must be approached in a way that is gentle and non-intrusive in order to provide effective intervention with these individuals.

Suggestions for Future Research

A number of different areas could be developed from the findings of this investigation. This study illustrates statistically significant differences for all four of the hypotheses. A

replication study should be done to assess if similar results could be obtained. In addition, the sample size for all of the 3 different groups were small. As a result, a larger number of subjects should be involved in a replication study to increase and hopefully include a larger sample size of males who had disclosed their sexual abuse as children. The possibility of encompassing a larger sample populations in the assessing of the aftereffects of early childhood sexual abuse would also add to the validity of this study. Furthermore, this study should also be replicated in a different parts of the United States. In addition, it would be important to obtain a sample population which has not received any form of intervention and compare their scores with that of the subjects in the replicated study. There may be a significant difference between these two studies for the sample populations are different. However, this could add to the strength of the generalization of the results of this study.

In addition, further replication and expansion of this study's comparison of adult male survivors and non-abused adult males on demographic variables such as marital status and employment history could help to expand and include questions pertaining to the marital difficulties and employment problems that these individuals may have experienced in their lives. This will further demonstrate or refute that they have problems with relationships (intimacy). Also, this follow-up study may illustrate that they are not able to bond with others at an intimate level. However, it may show that they are able to resolve conflicts at different points in their lives. As a result, they have a sense of their identity. Consequently, they do not allow themselves to be victimized as is evident of the assault upon their person as children. This may provide valuable information as to why adult male survivors are involved in different types of relationships and why a significantly greater amount of male survivors are divorced, as compared to

non-abused males.

A further replication and expansion of the present study could be done with adult males who were sexually abused by clergy and a group of boys 0-13 years old who were not sexually assaulted. If these victims came to the forefront early, they would be able to obtain the therapy which they need to help them to develop attachment, intimacy, identity and a sense of their spiritual well-being. This will certainly reduce a significant number of the problems that they experience later in their development. It is hoped that a study which uses a sample population which is younger, all of the scores on the different variables should be noticeably different.

Finally, it is suggested that future research be utilized to replicate this study on adult female survivors. It would be interesting to see if the comparisons of male and female survivors are different. This may contribute to the insight into sex differences that exist in terms of demographic information as well as the aftereffects of early childhood sexual abuse in attachment, intimacy, identity and spiritual well-being.

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APPENDIX A

LETTER OF INFORMATION

To anyone considering participation in this study to increase the current knowledge about adult men who had experienced childhood sexual abuse by a male before they were 13 years old

My name is Amber Samaroo. I am currently a doctoral student in the Professional Psychology & Family Therapy Program at Seton Hall University. A requirement of the doctoral program is to complete a dissertation that includes research. My research on adult men who had sexual experiences with adult males before the age of 13 and how that experience affected their ability for attachment/separation, conflict resolution and psychospiritual development. It is hoped that the knowledge gained through this research will be utilized in the future treatment of adult male survivors of early childhood sexual abuse.

I will be asking you to complete and return a number of questionnaires. They contain sensitive information with respect to demographics and sexual history.

Your participation in this study is completely voluntary. If you decide to participate in this study and then choose to withdraw, you may do so at any time.

Your participation in this study will be strictly confidential and anonymous. No one will know how you answered any of the questions within the packet. Code numbers have been assigned to each set of questionnaires only to identify that all four have been answered by the same person.

Once you agree to participate, you will be asked to fill out a General Directions Form, and four paper and pencil questionnaires. These questionnaires address events about your childhood and your feelings, attitudes and behaviors at present. The time required of you to participate in this study is approximately one hour. Your cooperation could benefit many other men in the future.

Some of the questions may be difficult, sensitive or uncomfortable for you to answer and may result in you thinking about certain issues in a different way. If you wish to address these issues, you should discuss them with your current therapist or a trusted friend. If you do not have a therapist, you may contact me.

Your participation is greatly appreciated and I would like to thank you in advance for your cooperation and efforts to further the advancement of knowledge and treatment in this field. If you have any questions pertaining to your participation, please call.

Sincerely,

Amber T. Samaroo
20 Warwick Road
Haddonfield, NJ 08033
609-354-8525

APPENDIX B

GENERAL DIRECTIONS

- 1.) **Before** completing the *Personal/Sexual History Questionnaire*, the *Measure of Psychosocial Development Scale* and the *Spiritual Well-being Scale*, please check off the following:

_____ I understand the following directions:

- 2.) Please answer all three sets of questionnaires, whether or not you had sexual experiences with adult men before the age of 13. Thank you.

- 3.) **The Personal/Sexual History Questionnaire**

Some questions may be difficult and/or sensitive for you to answer. Please answer all questions to the best of your ability in remembering events of the past. There is no one correct answer and you may take all of the time necessary to answer these questions.

- 4.) **The Measure of Psychosocial Development Scale**

This set of questions has been designed to provide an understanding of your Psychosocial Development. Please read each statement carefully, and place an (X) on the response (either like me or unlike me) which best describes your feelings about each statement.

- 5.) **The Spiritual Well-being Scale**

The following list of statements are those that people use to describe their spiritual beliefs. The questions asked here assist in describing your spiritual feelings and attitudes. Try to be as honest and open as you can in marking the statements. Please do not be concerned that some of these questions may seem unusual; they are included because they describe people with many types of problems. When you agree with a statement or decide that it describes you, fill in the **T (True)** on the answer sheet. If you disagree with a statement or decide that it does not describe you, fill in the **F (False)**. Try to mark every statement even if you are not sure of the choice.

- 6.) **Millon Clinical Multiaxial Inventory**

These questions are designed to assist in assessing one's personality characteristics. Please do not be concerned that some of these questions may seem unusual; they are included because they describe people with many types of problems. When you agree with a statement or decide that it describes you, fill in the **T (True)** on the answer sheet. If you disagree with a statement or decide that it does not describe you, fill in the **F (False)**. Try to mark every statement even if you are not sure of the choice.

Please answer every statement, even if you are unsure of your answer. Remember to take as much time as you need to answer all the statements.

APPENDIX C

THE PERSONAL/SEXUAL HISTORY QUESTIONNAIRE

- A. Code Number _____
- B. Age _____
- C. Religion:
Catholic _____
Protestant _____
Jewish _____
Other - please specify _____
- D.) Before the age of 13, did you have any sexual experience with an adult male?
____ Yes
____ No
- E.) How old were you when this first occurred?
____ Age
____ Not Applicable
- F.) How old were you when it ended?
____ Age
____ Not Applicable
- G.) What was his relationship to you?
____ Relative
____ Acquaintance
____ Coach
____ Clergy
____ Stranger
____ Other - please specify _____
- H.) Do you actively practice a religious faith?
____ Yes
____ No
- I.) If you do not actively practice a religious faith, is it due to any of the following?
____ Marital Difficulties
____ Relationship Issues
____ Sexual Abuse Issues
____ Spiritual Issues
____ Family Issues
____ Other - please specify _____
____ Not Applicable

APPENDIX D

**TWO MAJOR PROBLEMS
TROUBLING YOU MOST**

1ST		2ND
1	Marital or Family	1
2	Job/School/Work	2
3	Loneliness	3
4	Moodiness	4
5	Self-Confidence	5
6	Ill/Tired	6
7	Alcohol	7
8	Drugs	8
9	Sexual Problems	9
10	Antisocial Behavior	10
11	Other	11

YRS OF EDUC.
0
1
2
3
4
5
6
7
8
9

MARITAL STATUS

- 1 Never Married
- 2 First Marriage
- 3 Remarried
- 4 Separated
- 5 Divorced
- 6 Widowed
- 7 Cohabiting
- 8 Other

RACE

- 1 White
- 2 Black
- 3 Hispanic
- 4 Asian
- 5 American Indian
- 6 Other

TEST TAKER INSTRUCTIONS:

1. Fill in the circles that apply in each section. Do not complete the information on page 1 unless you are asked to.
2. Use a soft, black lead pencil only, and fill in the circles with a heavy, dark mark.
3. If you want to change an answer, erase it carefully and then fill in your new choice.
4. Do not make any marks outside the circles.

TEST DIRECTIONS:

The following pages contain a list of statements that people use to describe themselves. They are printed here to help you in describing your feelings and attitudes. Try to be as honest and serious as you can in marking the statements.

Do not be concerned if a few statements seem unusual; they are included to describe people with many types of problems. If you agree with a statement or decide that it describes you, fill in the (T) to mark it True (●T). If you disagree with a statement or decide that it does not describe you, fill in the (F) to mark it False (TF●). Try to mark every statement, even if you are not sure of your choice. If you have tried your best and still cannot decide, mark the (F) for False.

There is no time limit for completing the inventory, but it is best to work as rapidly as is comfortable for you.

This form will be scored by computer and the results will be kept confidential.

- 1 (T) (F) Lately, my strength seems to be draining out of me, even in the morning.
- 2 (T) (F) I think highly of rules because they are a good guide to follow.
- 3 (T) (F) I enjoy doing so many different things that I can't make up my mind what to do first.
- 4 (T) (F) I feel weak and tired much of the time.
- 5 (T) (F) I know I'm a superior person, so I don't care what people think.
- 6 (T) (F) People have never given me enough recognition for the things I've done.
- 7 (T) (F) If my family puts pressure on me, I'm likely to feel angry and resist doing what they want.
- 8 (T) (F) People make fun of me behind my back, talking about the way I act or look.
- 9 (T) (F) I often criticize people strongly if they annoy me.
- 10 (T) (F) What few feelings I seem to have I rarely show to the outside world.
- 11 (T) (F) I have a hard time keeping my balance when walking.
- 12 (T) (F) I show my feelings easily and quickly.
- 13 (T) (F) My drug habits have often gotten me into a good deal of trouble in the past.

- 14 (T) (F) Sometimes I can be pretty rough and mean in my relations with my family.
- 15 (T) (F) Things that are going well today won't last very long.
- 16 (T) (F) I am a very agreeable and submissive person.
- 17 (T) (F) As a teenager, I got into lots of trouble because of bad school behavior.
- 18 (T) (F) I'm afraid to get really close to another person because it may end up with my being ridiculed or shamed.
- 19 (T) (F) I seem to choose friends who end up mistreating me.
- 20 (T) (F) I've had sad thoughts much of my life since I was a child.
- 21 (T) (F) I like to flirt with members of the opposite sex.
- 22 (T) (F) I'm a very erratic person, changing my mind and feelings all the time.
- 23 (T) (F) Drinking alcohol has never caused me any real problems in my work.
- 24 (T) (F) I began to feel like a failure some years ago.
- 25 (T) (F) I feel guilty much of the time for no reason that I know.
- 26 (T) (F) Other people envy my abilities.
- 27 (T) (F) When I have a choice, I prefer to do things alone.
- 28 (T) (F) I think it's necessary to place strict controls on the behavior of members of my family.

- 29 (T) (F) People usually think of me as a reserved and serious-minded person.
- 30 (T) (F) Lately, I have begun to feel like smashing things.
- 31 (T) (F) I think I'm a special person who deserves special attention from others.
- 32 (T) (F) I am always looking to make new friends and meet new people.
- 33 (T) (F) If someone criticized me for making a mistake, I would quickly point out some of that person's mistakes.
- 34 (T) (F) Lately, I have gone all to pieces.
- 35 (T) (F) I often give up doing things because I'm afraid I won't do them well.
- 36 (T) (F) I often let my angry feelings out and then feel terribly guilty about it.
- 37 (T) (F) I very often lose my ability to feel any sensations in parts of my body.
- 38 (T) (F) I do what I want without worrying about its effect on others.
- 39 (T) (F) Taking so-called illegal drugs may be unwise, but in the past I found I needed them.
- 40 (T) (F) I guess I'm a fearful and inhibited person.
- 41 (T) (F) I've done a number of stupid things on impulse that ended up causing me great trouble.

- 42 (T) (F) I never forgive an insult or forget an embarrassment that someone caused me.
- 43 (T) (F) I often feel sad or tense right after something good has happened to me.
- 44 (T) (F) I feel terribly depressed and sad much of the time now.
- 45 (T) (F) I always try hard to please others, even when I dislike them.
- 46 (T) (F) I've always had less interest in sex than most people do.
- 47 (T) (F) I tend to always blame myself when things go wrong.
- 48 (T) (F) A long time ago, I decided it's best to have little to do with people.
- 49 (T) (F) Since I was a child, I have always had to watch out for people who were trying to cheat me.
- 50 (T) (F) I strongly resent "big shots" who always think they can do things better than I can.
- 51 (T) (F) When things get boring, I like to stir up some excitement.
- 52 (T) (F) I have an alcohol problem that has made difficulties for me and my family.
- 53 (T) (F) Punishment never stopped me from doing what I wanted.
- 54 (T) (F) There are many times, when for no reason, I feel very cheerful and full of excitement.
- 55 (T) (F) In recent weeks I feel worn out for no special reason.
- 56 (T) (F) For some time now I've been feeling very guilty because I can't do things right anymore.
- 57 (T) (F) I think I am a very sociable and outgoing person.
- 58 (T) (F) I've become very jumpy in the last few weeks.
- 59 (T) (F) I keep very close track of my money so I am prepared if a need comes up.
- 60 (T) (F) I just haven't had the luck in life that others have had.
- 61 (T) (F) Ideas keep turning over and over in my mind and they won't go away.
- 62 (T) (F) I've become quite discouraged and sad about life in the past year or two.
- 63 (T) (F) Many people have been spying into my private life for years.
- 64 (T) (F) I don't know why, but I sometimes say cruel things just to make others unhappy.
- 65 (T) (F) I flew across the Atlantic 30 times last year.

- 66 (T) (F) My habit of abusing drugs has caused me to miss work in the past.
- 67 (T) (F) I have many ideas that are ahead of the times.
- 68 (T) (F) Lately, I have to think things over and over again for no good reason.
- 69 (T) (F) I avoid most social situations because I expect people to criticize or reject me.
- 70 (T) (F) I often think that I don't deserve the good things that happen to me.
- 71 (T) (F) When I'm alone, I often feel the strong presence of someone nearby who can't be seen.
- 72 (T) (F) I feel pretty aimless and don't know where I'm going in life.
- 73 (T) (F) I often allow others to make important decisions for me.
- 74 (T) (F) I can't seem to sleep, and wake up just as tired as when I went to bed.
- 75 (T) (F) Lately, I've been sweating a great deal and feel very tense.
- 76 (T) (F) I keep having strange thoughts that I wish I could get rid of.
- 77 (T) (F) I have a great deal of trouble trying to control an impulse to drink to excess.
- 78 (T) (F) Even when I'm awake, I don't seem to notice people who are near me.
- 79 (T) (F) I am often cross and grouchy.
- 80 (T) (F) It is very easy for me to make many friends.
- 81 (T) (F) I'm ashamed of some of the abuses I suffered when I was young.
- 82 (T) (F) I always make sure that my work is well planned and organized.
- 83 (T) (F) My moods seem to change a great deal from one day to the next.
- 84 (T) (F) I'm too unsure of myself to risk trying something new.
- 85 (T) (F) I don't blame anyone who takes advantage of someone who allows it.
- 86 (T) (F) For some time now I've been feeling sad and blue and can't seem to snap out of it.
- 87 (T) (F) I often get angry with people who do things slowly.
- 88 (T) (F) I never sit on the sidelines when I'm at a party.
- 89 (T) (F) I watch my family closely so I'll know who can and who can't be trusted.

- 90 (T) (F) I sometimes get confused and feel upset when people are kind to me.
- 91 (T) (F) My use of so-called illegal drugs has led to family arguments.
- 92 (T) (F) I'm alone most of the time and I prefer it that way.
- 93 (T) (F) There are members of my family who say I'm selfish and think only of myself.
- 94 (T) (F) People can easily change my ideas, even if I thought my mind was made up.
- 95 (T) (F) I often make people angry by bossing them.
- 96 (T) (F) People have said in the past that I became too interested and too excited about too many things.
- 97 (T) (F) I believe in the saying, "early to bed and early to rise . . ."
- 98 (T) (F) My feelings toward important people in my life often swing from loving them to hating them.
- 99 (T) (F) In social groups I am almost always very self-conscious and tense.
- 100 (T) (F) I guess I'm no different from my parents in becoming somewhat of an alcoholic.
- 101 (T) (F) I guess I don't take many of my family responsibilities as seriously as I should.
- 102 (T) (F) Ever since I was a child, I have been losing touch with the real world.
- 103 (T) (F) Sneaky people often try to get the credit for things I have done or thought of.
- 104 (T) (F) I can't experience much pleasure because I don't feel I deserve it.
- 105 (T) (F) I have little desire for close friendships.
- 106 (T) (F) I've had many periods in my life when I was so cheerful and used up so much energy that I fell into a low mood.
- 107 (T) (F) I have completely lost my appetite and have trouble sleeping most nights.
- 108 (T) (F) I worry a great deal about being left alone and having to take care of myself.
- 109 (T) (F) The memory of a very upsetting experience in my past keeps coming back to haunt my thoughts.
- 110 (T) (F) I was on the front cover of several magazines last year.

- 111 (T) (F) I seem to have lost interest in most things that I used to find pleasurable, such as sex.
- 112 (T) (F) I have been downhearted and sad much of my life since I was quite young.
- 113 (T) (F) I've gotten into trouble with the law a couple of times.
- 114 (T) (F) A good way to avoid mistakes is to have a routine for doing things.
- 115 (T) (F) Other people often blame me for things I didn't do.
- 116 (T) (F) I have had to be really rough with some people to keep them in line.
- 117 (T) (F) People think I sometimes talk about strange or different things than they do.
- 118 (T) (F) There have been times when I couldn't get through the day without some street drugs.
- 119 (T) (F) People are trying to make me believe that I'm crazy.
- 120 (T) (F) I'll do something desperate to prevent a person I love from abandoning me.
- 121 (T) (F) I go on eating binges a couple of times a week.
- 122 (T) (F) I seem to make a mess of good opportunities that come my way.
- 123 (T) (F) I've always had a hard time stopping myself from feeling blue and unhappy.
- 124 (T) (F) When I'm alone and away from home, I often begin to feel tense and panicky.
- 125 (T) (F) People sometimes get annoyed with me because they say I talk too much or too fast for them.
- 126 (T) (F) Most successful people today have been either lucky or dishonest.
- 127 (T) (F) I won't get involved with people unless I'm sure they'll like me.
- 128 (T) (F) I feel deeply depressed for no reason I can figure out.
- 129 (T) (F) Years later I still have nightmares about an event that was a real threat to my life.
- 130 (T) (F) I don't have the energy to concentrate on my everyday responsibilities anymore.
- 131 (T) (F) Drinking alcohol helps when I'm feeling down.
- 132 (T) (F) I hate to think about some of the ways I was abused as a child.

- 133 (T) (F) Even in good times, I've always been afraid that things would soon go bad.
- 134 (T) (F) I sometimes feel crazy-like or unreal when things start to go badly in my life.
- 135 (T) (F) Being alone, without the help of someone close to depend on, really frightens me.
- 136 (T) (F) I know I've spent more money than I should buying illegal drugs.
- 137 (T) (F) I always seem to find that my work is finished before taking time out for leisure activities.
- 138 (T) (F) I can tell that people are talking about me when I pass by them.
- 139 (T) (F) I'm very good at making up excuses when I get into trouble.
- 140 (T) (F) I believe I'm being plotted against.
- 141 (T) (F) I feel that most people think poorly of me.
- 142 (T) (F) I frequently feel there's nothing inside me, like I'm empty and hollow.
- 143 (T) (F) I sometimes force myself to vomit after eating.
- 144 (T) (F) I guess I go out of my way to encourage people to admire the things I say or do.
- 145 (T) (F) I spend my life worrying over one thing or another.
- 146 (T) (F) I always wonder what the real reason is when someone is acting especially nice to me.
- 147 (T) (F) There are certain thoughts that keep coming back again and again in my mind.
- 148 (T) (F) Few things in life give me pleasure.
- 149 (T) (F) I feel shaky and have difficulty falling asleep because painful memories of a past event keep running through my mind.
- 150 (T) (F) Looking ahead as each day begins makes me feel terribly depressed.
- 151 (T) (F) I've never been able to shake the feeling that I'm worthless to others.
- 152 (T) (F) I have a drinking problem that I've tried unsuccessfully to end.
- 153 (T) (F) Someone has been trying to control my mind.
- 154 (T) (F) I have tried to commit suicide.
- 155 (T) (F) I'm willing to starve myself to be even thinner than I am.
- 156 (T) (F) I don't understand why some people smile at me.
- 157 (T) (F) I have not seen a car in the last ten years.

- 158 (T) (F) I get very tense with people I don't know well because they may want to harm me.
- 159 (T) (F) Someone would have to be pretty exceptional to understand my special abilities.
- 160 (T) (F) My current life is still upset by flashbacks of something terrible that happened to me.
- 161 (T) (F) I seem to create situations with others in which I get hurt or feel rejected.
- 162 (T) (F) I often get lost in my thoughts and forget what's going on around me.
- 163 (T) (F) People say I'm a thin person, but I feel that my thighs and backside are much too big.
- 164 (T) (F) There are terrible events from my past that come back repeatedly to haunt my thoughts and dreams.
- 165 (T) (F) Other than my family, I have no close friends.
- 166 (T) (F) I act quickly much of the time and don't think things through as I should.
- 167 (T) (F) I take great care to keep my life a private matter so no one can take advantage of me.
- 168 (T) (F) I very often hear things so well that it bothers me.
- 169 (T) (F) I'm always willing to give in to others in a disagreement because I fear their anger or rejection.
- 170 (T) (F) I repeat certain behaviors again and again, sometimes to reduce my anxiety and sometimes to stop something bad from happening.
- 171 (T) (F) I have given serious thought recently to doing away with myself.
- 172 (T) (F) People tell me that I'm a very proper and moral person.
- 173 (T) (F) I still feel terrified when I think of a traumatic experience I had years ago.
- 174 (T) (F) Although I'm afraid to make friendships, I wish I had more than I do.
- 175 (T) (F) There are people who are supposed to be my friends who would like to do me harm.



APPENDIX E

MPD Item Booklet

Instructions

Begin by completing the information on the top of the MPD Answer Sheet. Enter your name, sex, age, education, marital status, and the date.

This booklet is divided into seven sections containing statements or phrases which people often use to describe themselves, their lives, and their experiences. For each statement, fill in the circle on the answer sheet which best represents your opinion, making sure that your answer is in the correctly lettered circle. **DO NOT ERASE!** If you need to change an answer, make an "X" through the incorrect response and then fill in the correct circle.

Fill in (A) if the statement is *not at all like* you.

Fill in (B) if the statement is *not much like* you.

Fill in (C) if the statement is *somewhat like* you.

Fill in (D) if the statement is *like* you.

Fill in (E) if the statement is *very much like* you.

For example, if you believe that a statement is very much like you, you would fill in the (E) circle for that statement on your answer sheet.

Example
(A) (B) (C) (D) (E)

Fill in only one circle for each statement. Be sure to respond to all of the statements. Please note that the items are numbered in columns.

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Section 1

1. Calm, relaxed, easy going
2. Stick to the tried and tested
3. Have worked out my basic beliefs about such matters as occupation, sex, family, politics, religion, etc.
4. Bored
5. Self-sufficient; stand on my own two feet
6. Easily distracted; can't concentrate
7. Warm and understanding
8. Life has passed me by
9. Good things never last
10. Seek out new projects and undertakings
11. Not sure of my basic convictions
12. Like taking care of people and things
13. Easily embarrassed
14. Eager to learn and develop my skills
15. Prefer doing most things alone
16. Believe in the basic dignity of all people



Section 2

17. Generally trust people
18. Can't seem to get going
19. Clear vision of what I want out of life
20. Younger generation is going to the dogs
21. Make my own decisions
22. Give up easily
23. Share my most private thoughts and feelings with those close to me
24. Full of regret
25. It's a cold, cruel world
26. Insist on setting goals and planning in advance
27. A bundle of contradictions
28. Involved in service to others
29. Can't be myself
30. Industrious, hardworking
31. Keep my feelings to myself
32. Believe in the overall wholeness of life



Section 3

33. Optimistic, hopeful
34. Tend to delay or avoid action
35. Stand up for what I believe, even in the face of adversity
36. Not getting anywhere or accomplishing anything
37. Do things my own way, though others may disagree
38. Feel inferior to others in most respects
39. Others share their most private thoughts and feelings with me
40. Wish I'd lived my life differently
41. Others let me down
42. Like to get things started
43. Wide gap between the person I am and the person I want to be
44. Absorbed in the creative aspects of life
45. Stubborn; obstinate
46. Competent, capable worker
47. No one seems to understand me
48. Life is what it should have been



Section 4

49. Good things are worth waiting for
50. Cruel, self-condemning conscience
51. Found my place in the world
52. Self-absorbed; self-indulgent
53. Independent; do what I want
54. Do only what is necessary
55. Comfortable in close relationships
56. A "has been"
57. Generally mistrust others
58. Like to experiment and try new things
59. Uncertain about what I'm going to do with my life
60. Deep interest in guiding the next generation
61. Very self-conscious
62. Proud of my skills and abilities
63. Emotionally distant
64. Life has meaning



Section 5

65. Generous
66. Inhibited; restrained
67. Others see me pretty much as I see myself
68. Uninvolved in life
69. Neither control, nor am controlled by others
70. Can't do anything well
71. Willing to give and take in my relationships
72. Life is a thousand little disgusts
73. Pessimistic; little hope
74. A real "go-getter"
75. Haven't found my place in life
76. Doing my part to build a better world
77. Uptight; can't let go
78. Stick to a job until it is done
79. Avoid commitment to others
80. Feel akin to all humankind—past, present, and future



Section 6

81. Trustworthy; others trust me
82. Passive; not aggressive
83. Appreciate my own uniqueness and individuality
84. Stagnating
85. Control my own life
86. Lack ambition
87. Others understand me
88. No hope for solutions to the world's problems
89. People take advantage of me
90. Adventurousome
91. A mystery—even to myself
92. Trying to contribute something worthwhile
93. Uncertain; doubting
94. Take pride in my work
95. Many acquaintances; no real friends
96. Would not change my life if I could live it over



Section 7

97. Trust my basic instincts
98. Overwhelmed with guilt
99. Content to be who I am
100. Vegetating, merely existing
101. Feel free to be myself
102. Without my work, I'm lost
103. There when my friends need me
104. Humankind is hopeless
105. On guard lest I get stung
106. Aggression helps me get ahead
107. In search of my identity
108. Finding new avenues of self-fulfillment
109. Easily swayed
110. Productive; accomplish much
111. Wary of close relationships
112. Satisfied with my life, work, and accomplishments

APPENDIX E

SPIRITUAL WELL-BEING SCALE

For each of the following statements, mark with an (X) 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 Disagree
 SD = Strongly Disagree

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

SPIRITUAL WELL-BEING SCALE

For each of the following statements, mark with an (X) 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 Disagree
SD = Strongly Disagree

STATEMENT	SA	MA	A	D	MD	SD
15. My relationship with God helps me not to feel lonely...						
16. I feel that life is full of conflict and unhappiness...						
17. I feel most fulfilled when I'm in close communion with God...						
18. Life doesn't have much meaning...						
19. My relation with God contributes to my sense of well-being...						
20. I believe there is some real purpose for my life...						

Note: Items are scored from 1 to 6, with a higher number representing more well-being. Reverse scoring for negatively worded items. Odd-numbered items assess religious well-being; even numbered items assess existential well-being.

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