

FORGIVENESS OF PERPETRATORS AND
ADJUSTMENT IN ADULT FEMALE
SEXUAL ABUSE SURVIVORS

By

SARAH E. BURLINGAME

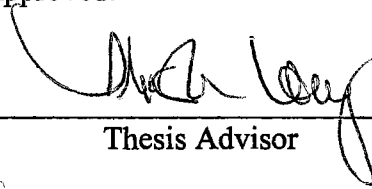
Bachelor of Science
Southwest Missouri State University
Springfield, Missouri
1999

Master of Science
Oklahoma State University
Stillwater, Oklahoma
2002


Submitted to the Faculty of the
Graduate College of the
Oklahoma State University
in partial fulfillment of
the requirements for
the Degree of
DOCTOR OF PHILOSOPHY
December, 2004

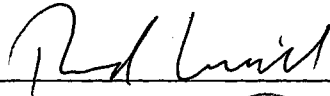
FORGIVENESS OF PERPETRATORS AND
ADJUSTMENT IN ADULT FEMALE
SEXUAL ABUSE SURVIVORS

Thesis Approved:



Thesis Advisor









Dean of the Graduate College

ACKNOWLEDGMENTS

To my committee, thank you for your part in helping me complete my study. An especially big thanks is due to my advisor, Dr. Trish Long. Thank you for supporting me in my interest of this topic, your many suggestions, and for all the time you have given to this project.

I wish to thank my parents, Harold and Elaine, who believed in my abilities, encouraged me to pursue my career goals, and supported me throughout the process. Without you both, this document would not have been possible. I would also like to thank my sister, Karen, who, through her prayers and many phone calls, has been one of my biggest encouragers. You continue to inspire me. And finally, I thank my husband, Matt, who has demonstrated his faithfulness to me, as in Ruth 1:16, "Where you go I will go, and where you stay I will stay. Your people will be my people and your God my God." Babe, it's finally your turn. I love you.

TABLE OF CONTENTS

Chapter	Page
I. Introduction	1
Childhood Sexual Abuse.....	2
Prevalence.....	2
Abuse Characteristics.....	4
Theoretical Models of Abuse Occurrences.....	10
Possible Effects of Child Sexual Abuse on Survivors	13
Theories of Negative Effects	31
Forgiveness	40
Theoretical Issues.....	40
Forgiveness and Childhood Sexual Abuse Survivors.....	63
Summary.....	70
II. Purpose of the Study	72
Hypotheses.....	73
III. Method.....	80
Participants.....	80
Measures	82
Life Experiences Questionnaire.....	82
The Santa Clara Strength of Religious Faith Questionnaire.....	84
Enright Forgiveness Inventory	85
Beck Depression Inventory-II	87
Beck Anxiety Inventory.....	88
State-Trait Anger Expression Inventory-II.....	89
Fear of Intimacy Scale	91
Procedure	91
IV. Results.....	92
Preliminary Analyses.....	92
Proposed Analyses.....	96
Power Analyses.....	102
V. Discussion.....	103
VI. References.....	111
VII. Tables	142
VIII. Appendix.....	163

LIST OF TABLES

Table	Page
1. Simple Intercorrelations of Study Variables.....	143
2. Hierarchical Regression Analyses Examining the Moderation Effect of Abuse Characteristics on the Relationship between Forgiveness and Adjustment.....	146
3. Hierarchical Regression Analyses Examining the Moderating Effects of Self-Reported Religiousness on the Relationship between Forgiveness and Adjustment.....	152
4. Hierarchical Regression Analyses Examining the Moderating Effects of Reconciliation with the Perpetrator on the Relationship between Forgiveness and Adjustment.....	155
5. Hierarchical Regression Analyses Examining the Moderating Effects of Not Frequently Thinking about the Abuse Experience (e.g., “Forgetting”) on the Relationship between Forgiveness and Adjustment.....	158
6. Hierarchical Regression Analyses Examining the Moderating Effects of Perceived Importance of Forgiving on the Relationship between Forgiveness and Adjustment.....	160
7. Multiple Regression Analyses Predicting Adjustment.....	162
8. Power Analyses and Effect Sizes for EFI with Measures of Adjustment and Other Variables of Interest.....	164

Forgiveness of Perpetrators and Adjustment in Adult Female Sexual Abuse Survivors

Throughout the past three decades, female sexual abuse has been researched extensively. Long-term effects have been documented for at least a subset of survivors. There is growing recognition that a history of childhood sexual abuse is associated with a range of problems, including depression, anxiety, anger or hostility, and relationship problems. However, less is known about how adjustment of sexual abuse survivors is related to the degree of forgiveness of the perpetrator of abuse.

The topic of forgiveness has only recently been considered within the psychological literature. There is increasing awareness that forgiveness can have a positive impact on mental health. Forgiveness of the perpetrator has been investigated empirically by few researchers (Freedman & Enright, 1996; Holeman & Myers, 1997; Moon, 1989; Wilson, 1994). Further research is needed to understand the relationship between sexual abuse history and adult adjustment.

The purpose of this study was to examine the relationship of forgiveness of the perpetrator of sexual abuse and the adjustment of adult sexual abuse survivors. It was hypothesized that sexual abuse survivors reporting less forgiveness of their perpetrators will experience greater difficulties in the areas of depression, anxiety, hostility, and interpersonal relationships. More specifically, it was hypothesized that both the release of negative feelings, thoughts and behaviors toward the offender and the presence of more positive feelings, thoughts, and behaviors will be related to better survivor adjustment. The possible moderating relationships of abuse severity, personal religiousness, reconciliation status, forgetting the abuse experience, and perception of the

importance of forgiving on the relationship between degree of forgiveness and adult adjustment was also be examined. Prior to discussing the method of study, the literature on sexual abuse and forgiveness will be reviewed.

Childhood Sexual Abuse

Prevalence

Childhood sexual abuse is now a widely recognized and researched area within the psychological literature. During the past three decades, many studies have been conducted to estimate the prevalence of abuse. According to Polusney and Follette's (1995) review of the empirical literature on child sexual abuse, estimates of the prevalence of childhood sexual abuse in the general female population range from 15 to 33 percent. In a study of health and life experiences, Vogeltanz et al. (1999) estimated the prevalence of childhood sexual abuse using a nationally representative sample ($N=1099$) and similarly concluded that prevalence rates ranged from 15.4% to 32.1%, depending on the criteria used to identify childhood sexual abuse and the interpretation of cases with incomplete data. Finkelhor, Hotaling, Lewis, and Smith (1990) reported findings from a national telephone survey conducted by the Los Angeles Times. In the Los Angeles Times Poll, broad screening questions were used to question respondents about both contact and noncontact types of abuse. Of the 1,481 female respondents, 27% reported histories of sexual abuse with 13% of the total female sample reporting actual or attempted intercourse (Finkelhor, Hotaling, Lewis, & Smith, 1990). In a corrective metaanalysis on the prevalence of sexual abuse, Bolen and Scannapieco (1999) reviewed North American prevalence studies and estimated the prevalence of female sexual abuse to range from 30 to 40 percent.

Somewhat higher prevalence rates have been reported when using geographically limited samples. For example, in a random sample of adult women in San Francisco ($N=930$), 38% reported histories of sexual abuse prior to the age of 18 years (Russell, 1986). Furthermore, 28% of Russell's (1986) sample reported histories of sexual abuse occurring before the age of 14 years. In a large scale study of Oregon high schools ($n=1193$ females, $n=1139$ males), 33.1% of females reported a history of sexual abuse (Nelson, Higginson, Grant, & Grant-Worley, 1994).

Prevalence rates of sexual abuse appear to be higher within female clinical populations, with rates ranging from 35% to 75% (Polusney & Follette, 1995). For example, in a sample of 66 female psychiatric inpatients, 29 (44%) reported histories of sexual abuse prior to age 16 (Bryer, Nelson, Miller, Downs, Gondoli, & Keil, 1987).

Difficulties accurately identifying the percentage of women who have been abused may be due to methodological factors. Varying definitions of sexual abuse, different modes of questioning, differing sample characteristics, and varying response rates may affect the prevalence rate identified (Peters, Wyatt, & Finkelhor, 1986). Definitions of childhood sexual abuse vary in their inclusion of ages, acts, and types of relationships. Differences in prevalence rates might also reflect differences in age, educational level, ethnicity, or region of the sampled population (Wyatt & Peters, 1986a, 1986b).

Wyatt and Peters (1986a, 1986b) argue the method of data collection is an important factor in accounting for variations in prevalence rates. They note that higher prevalence estimates have been found when using face-to-face interviews rather than self-administered questionnaires. In a corrective metaanalysis on the prevalence of

sexual abuse, Bolen and Scannapieco (1999) reviewed North American prevalence studies and concluded that the number of screening questions, the size of the sample, and the year in which the prevalence study was done significantly affected the reported prevalence rates. The number of screen questions accounted for the greatest variance in the prevalence of female sexual abuse, with prevalence rates increasing as the number of screen questions increased. This study also found that studies using greater numbers of respondents resulted in lower prevalence rates and that studies done in more recent years were more likely to report higher prevalence rates.

Regardless of the actual prevalence of sexual abuse of females, it is generally agreed that reported cases reflect only a fraction of the actual number of occurrences. For example, the National Incidence Study of Child Abuse and Neglect (NCCAN, 1993) reported that a total of 300,200 children were reported to Child Protective Services or other professionals or investigatory agencies as being sexually abused in 1993. Girls, with an incidence rate estimated at 6.8 per 1000, had a higher incidence rate than boys (2.3 per 1000). However, as official figures reflect only reported cases, the extent of actual victimization is likely underestimated.

Abuse Characteristics

There is great variability in the abuse experiences reported by survivors. Such variability is often noted within the literature on child sexual abuse. Based on data collected on certain abuse variables (e.g., age of onset, type of abuse, perpetrator characteristics), researchers have, however, identified particular patterns and characteristics of abuse. Abuse characteristics identified will be briefly reviewed.

Age at Victimization

While sexual abuse has been documented to occur at any age from infancy through adolescence, researchers have sought to identify the average age of onset and peaks in vulnerability for abuse. In a review of the literature on sexual abuse, Polusney and Follette (1995) estimated the mean age of onset to range between 7 and 9 years. Similarly, Trickett and Putnam (1993) estimated the mean age of onset of abuse to occur between ages 7 and 8. In a summary of six studies of female and male survivors of sexual abuse, Finkelhor et al. (1986) identified an increase in vulnerability at ages 6-7 and another very dramatic increase at age 10. Furthermore, the greatest risk for sexual abuse was estimated to occur at ages 10-12, a period when children are victimized at more than double the average rate. Finkelhor et al. (1990) reported that the median age of sexual abuse was 9.9 for boys and 9.6 for girls, with the victimization of 23% of the girls occurring before age 8. In a large study of women with sexual abuse histories ($N=2,963$ women), Elliot and Briere (1992) reported the average age at first molestation was 9.3 years ($SD= 3.5$).

Sex of Perpetrator

It is widely accepted that the majority of perpetrators of sexual abuse are male. Finkelhor et al. (1986) estimated that, among reported cases of abuse of boys and girls, 90% or more of offenders are males. In the nationwide telephone survey conducted by the Los Angeles Times, men were identified as perpetrators of abuse in 98% of the female sexual abuse cases and 83% of male sexual abuse cases (Finkelhor et al., 1990). The high rate of male perpetration appears to be true for both sexual abuse occurring within and outside the family. With a sample of 930 women in San Francisco, Russell

(1983) reported that 96% of perpetrators of both intrafamilial and extrafamilial abuse were male.

Perpetrator Relation to Survivor

Based on research using retrospective reporting of sexual abuse, extrafamilial abuse appears to be the most prevalent type of abuse. In a review of the research on sexual abuse, Bolen (2000) reported that estimates of extrafamilial abuse range from 62% to 81% for females, suggesting that the majority of sexual abuse is extrafamilial.

Findings from the Los Angeles Times Poll revealed that males were more likely to have been sexually abused by strangers (40% vs. 21%), whereas females were more likely to have been abused by family members (29% vs. 11%) (Finkelhor et al., 1990). Tong et al. (1987) also reported that boys were more likely to be victims of sexual assault by a stranger (58%), whereas girls were more often abused by a relative or acquaintance (78%).

Of the female survivors in the Los Angeles Times Poll, only 6% reported abuse by a father or stepfather (Finkelhor et al., 1990). However, half the offenders were reportedly seen by the victims to be authority figures and most of the offenders were 10 or more years older than their victims (Finkelhor et al., 1990). Russell's (1983) findings using a sample of 930 women in San Francisco revealed that, of the women reporting a sexual abuse history, 11% of perpetrators were total strangers, 29% were relatives, and 60% were known to the victims but unrelated. When considering only extrafamilial abuse, Russell (1983) reported that 15% of perpetrators of extrafamilial abuse were strangers, 42% were acquaintances, and 41% were more intimately related. Of women reporting intrafamilial abuse, 40% occurred within the nuclear family (perpetrators were

parents or siblings) (Russell, 1983). Additionally, Russell (1983) reported that 4.5% of her total sample reported abuse by father figures. Russell (1986) concluded that stepfathers are seven times more likely than biological fathers to sexually abuse their daughters. Furthermore, Russell (1986) reported that fathers, as a group, are the most common familial perpetrator.

Contradicting Russell's (1986) conclusion that stepfathers are much more likely than biological fathers to be identified as the perpetrator, Kendall-Tackett and Simon (1987) reported that biological fathers are more likely than stepfathers to be perpetrators of abuse. Using a clinical sample of 365 adults with sexual abuse histories, Kendall-Tackett and Simon (1987) reported that 39% of perpetrators were natural fathers and 20% were stepfathers. Nash, Zivney, and Hulsey (1993) surveyed the cases of 102 sexually abused girls with substantiated abuse, and reported that approximately one-third of the cases involved the biological father as perpetrator. Kendall-Tackett and Simon's (1987) and Nash, Zivney, and Hulsey's (1993) high rates of familial abuse may be explained in part by their sample. Bolen (2000) pointed out the discrepancies existing between abuse that occurs in the general population and abuse that is identified by authorities. Bolen (2000) contrasted studies of the general population with figures from the National Incidence Study (NIS-3) in which the majority of sexual abuse was by a parent (29%) or parental figure (25%) (Sedlak & Broadhurst, 1996), arguing that committed abuse is primarily extrafamilial abuse compared to substantiated abuse, which is primarily intrafamilial.

Type of Abuse

Abuse survivors experience a number of different types of sexual abuse, including experiences of actual or attempted intercourse (vaginal or anal), fondling, exhibitionism, masturbation, and oral-genital contact. According to a review of the literature on sexual abuse, Polusney and Follette (1995) estimated that approximately one half of survivors report experiencing actual or attempted intercourse. For example, Finkelhor et al.'s (1990) findings revealed that 49% of the female survivors reported experiencing actual or attempted intercourse. However, exceptions exist, with some studies reporting lower rates of actual or attempted intercourse. Using a national sample, Vogeltanz, Wilsnack, Harris, Wilsnack, Wonderlich, and Kristanjon (1999) obtained information about the type of abuse experienced by a subset of sexual abuse survivors ($n=157$). Of the women reporting a history of sexual abuse, approximately three-fourths reported some form of contact abuse. Whereas the majority of the women reported experiencing fondling, considerably fewer (approximately 20 percent) than estimated by Polusney and Follette (1995) reported vaginal or anal intercourse (Vogeltanz et al., 1999).

Using data from 205 substantiated cases of child sexual abuse, Pierce and Pierce (1985) reported that 43% of survivors experienced intercourse. Nash, Zivney, and Hulse (1993) surveyed the cases of 102 sexually abused girls with abuse substantiated by the Texas Department of Human Resources and reported that, when categorized by most severe type of abuse experienced, 65.7% experienced genital or anal intercourse, 20.2% experienced fondling, exhibitionism, or masturbation, and 14.1% experienced oral-genital contact. However, fondling appears to commonly occur in cases of sexual abuse. Kendall-Tackett and Simon (1987) reported, based on their findings from a

clinical population of 278 adults, that fondling from waist down was the most common type of abuse, occurring in 92% of cases. Furthermore, Kendall-Tackett and Simon (1987) reported that 44% of their sample experienced vaginal intercourse and 48% experienced oral-genital contact.

Duration of Abuse

The duration of abuse has been found to range from a single incident to many years. Finkelhor et al.'s (1990) findings from the Los Angeles Times national study revealed that the majority of the sexual abuse experiences were one-time events. In a national survey of 2,963 professional women, Elliott and Briere (1992) reported that duration of sexual abuse ranged from 1 day to 14 years, with 32% of the women reporting a one-time incident of abuse. Briere and Runtz (1988) reported that the average duration of abuse ranged between 2 and 6 years. When Bentovim, Boston, and Van Elburg (1987) compared the duration of abuse of girls and boys, findings showed that boys were abused for longer periods than girls.

Use of Coercion

There is a general understanding that children do not have the ability to consent to sexual experiences, and it could be further argued that all abuse experiences are coercive. However, researchers have sought to identify rates of direct force or threat involved in sexual abuse experiences. From a Los Angeles Times Poll ($N=1,841$ total female respondents), Finkelhor et al. (1990) reported that force was used in 19% of the female sexual abuse incidents. In a Canadian community sample of 377 women, Bagley and Ramsay's (1986) findings revealed that approximately one third of sexual abuse survivors reported that their abuse experiences involved direct force or threat. Cases of

substantiated abuse may be more likely to involve force. For example, Nash, Zivney, and Hulsey (1993) surveyed the cases of 102 sexually abused girls with abuse substantiated by the Texas Department of Human Resources and reported that 76% of cases involved physical violence.

Theoretical Models of Abuse Occurrences

Individual Pathology

Models to explain the occurrence of sexual abuse have examined the roles of both the victim and the perpetrator. In reviewing the different theories proposed to explain the occurrence of abuse, Finkelhor (1979) described traditional psychodynamic theories. According to Finkelhor (1979), Freud suggested that children fantasize sexually about their parents and other adults, which might lead to the realization of the fantasies. In summarizing individual pathology models, Finkelhor (1979) posits that later theories of victim pathology are less psychodynamic. For example, Finkelhor (1979) described two victim-related theories proposed by later theorists. One theory described by Finkelhor (1979) in his review of different theories suggested that some children lack parental attention and consequently act in ways that encourage sexual advances by adults. A second theory described by Finkelhor (1979) suggests that some children are more vulnerable to sexual abuse because they fail to take self-protective actions. These children are unable to prevent or stop the abuse. However, more recent theories place less blame on child victims.

A number of theories place less blame on children and instead view the perpetrator as the cause of the abuse. Finkelhor (1979) also described early theories indicating that perpetrators were viewed as the “degenerates” of society suffering from

mental retardation, moral deviance, or psychopathology. In an article on maternal incest, Krug (1989) described a psychodynamic theory in which the mother is believed to be flawed. Psychodynamic theories, as reviewed by Finkelhor (1979), suggest that perpetrators had an overly seductive mother who caused a traumatic experience during a developmental stage. Additionally, psychodynamic theories suggest that a pleasurable and memorable sexual experience, causing fixation during development, could lead to the attraction to children (as reviewed by Patat, 1990).

Empirical research, however, does not support the psychodynamic theories (Finkelhor, 1979). Groth (1978, 1982) reported that perpetrators were no different than the rest of the population with regard to major demographic characteristics, although they did differ in their response to stress. Under crises, perpetrators who would normally prefer adult sexual partners may cope with stress by regressing and engaging in pedophilia.

Sociological Models

Sociological models offer another explanation for sexual abuse. According to these ideas, incestuous families tend to be either physical or socially isolated from outside contacts and community resources (Allen & Lee, 1992; Alexander & Lupfer, 1987; Finkelhor, 1979). Within an isolated family, important emotional needs are met by family members only. Finkelhor (1979) suggests that sexual abuse tends to occur in socially isolated families in which deviance can emerge without scrutiny from the public. Finkelhor (1979) further suggests that few opportunities for the individuals to form relationships outside the family may encourage family members to interact sexually. For example, both Finkelhor (1984) and Fromuth (1986) found that women who had been

abused had fewer friends at age 12 than nonabused counterparts. However, the relationship between social isolation and sexual abuse is not clear.

Family Systems Model

A family systems framework is often used to explain the dynamics of incestuous families and the development of child sexual abuse (Allen & Lee, 1992; Finkelhor, 1979; Haugaard & Repucci, 1988). Haugaard and Repucci (1988) describe a strong patriarchal family run by a dominant father in which the mother is submissive and passive. However, the opposite pattern has also been found in which the mother is the dominant figure in the family (Haugaard & Repucci, 1988). In a chaotic family with general disorganization of family structure and life style, intergenerational boundaries and role confusion may occur (Will, 1983). Finkelhor (1979) suggests that role confusion may be a possible model by which abuse occurs. When parents have a strained relationship, the father may turn to the daughter to receive emotional and sexual support, particularly in families where the mother is incapacitated or unavailable (Finkelhor, 1979).

Allen and Lee (1992) propose that certain family characteristics, including family chaos, parental absence, and parental unavailability, are also associated with extrafamilial sexual abuse. Supporting this theory are findings suggesting children in families characterized by chaotic organization may be more vulnerable to extrafamilial abuse than children from more rigid families (Alexander & Lupfer, 1987). Furthermore, individuals with a history of sexual abuse are more likely than nonabused controls to come from disrupted families where one or both parents are absent for long periods or from families with a high level of marital conflict or incohesiveness (Alexander & Lupfer, 1987; Finkelhor et al., 1990; Peters, 1988; Russell, 1986). Finkelhor (1979) also suggests that

the emotional climate in abusive families may be dominated by the fear of abandonment. In these cases, children may tolerate or even encourage abuse as a means of receiving affection that would otherwise be unavailable (Finkelhor, 1979).

Finkelhor's Unified Theory

Finkelhor (1984) argues for a unified theory capable of accommodating the diversity of sexual abuse (including both intrafamilial and extrafamilial abuse) as well as incorporating psychological and sociological theories. Finkelhor suggests that there are four preconditions that must be met before sexual abuse can occur. First, the potential offender needs motivation to sexually abuse a child. The offender may be motivated because the child satisfies an emotional need, because the individual is aroused by the child, or because other means of sexual satisfaction are not available. Second, the offender must overcome internal inhibitions, including personal and cultural values, against that motivation. Third, the offender must overcome external inhibitors that might prevent being alone with the child. Finally, the offender must overcome any possible resistance from the child, such as fighting back or refusing to keep a secret. If each of the preconditions are met, then sexual abuse is likely to occur (Finkelhor, 1984).

Possible Effects of Child Sexual Abuse on Survivors

The sexual abuse literature suggests that at least some portion of sexual abuse survivors experience both initial and long-term difficulties. Empirical studies investigating initial and long-term effects support long-held clinical impressions that survivors may experience difficulties following sexual abuse. Although researchers have not established with certainty that these difficulties are caused by abuse in childhood, certain patterns of difficulties appear more prevalent in abuse survivors than nonabused

individuals. The majority of empirical studies on childhood sexual abuse have focused primarily on difficulties experienced by female survivors, although more recent research has begun to investigate the possible effects of sexual abuse for male survivors. For the purposes of this study, research on female survivors will be reviewed.

Initial Effects

Initial, or short-term effects, have been identified as those reactions occurring within two years of the termination of abuse (Browne & Finkelhor, 1986). The initial effects experienced immediately afterwards or shortly after abuse experiences may or may not persist into adulthood. In Browne and Finkelhor's (1986) review of the problems associated with the sexual abuse of females, initial effects included reactions of fear, anxiety, depression, anger and hostility, aggression, and sexually inappropriate behavior. Kendall-Tackett, Williams, and Finkelhor (1993) reviewed studies of sexually abused children and concluded that sexually abused children had greater symptoms of fear, posttraumatic stress, behavior problems, sexualized behaviors, and poor self-esteem as compared to nonabused children, with abuse accounting for 15% to 45% of the variance in symptomatology differences. Stern, Lynch, Oates, O'Toole, and Cooney (1995) evaluated the cases of 84 sexually abused children (62 girls, 22 boys) who had been assessed at a Child Protection Unit in Australia. Compared with control children, abused children were more likely to be sad and depressed (as measured by the CDI) and have low self-esteem. In addition, the sexually abused children displayed more behavioral disturbances. Other research on the initial effects of child sexual abuse supports these findings (Beitchman, Zucker, Hood, DaCosta, & Akman, 1991;

Mannarino & Cohen, 1996; McLeer, Callagan, Henry, & Wallen, 1994; Sauzier, Salt & Calhoun, 1990).

Long-term Effects

Much research has been done documenting significant, adverse, and potentially long-term problems for women who were sexually abused as children. Existing literature on possible long-term effects associated with a sexual abuse history will be reviewed.

Depression. Depression is one of the most common problems believed to be associated with a history of sexual abuse (Browne & Finkelhor, 1986). Paolucci, Genuis, and Violato (2001) conducted a meta-analysis of published research on the effects of child sexual abuse and concluded that a history of childhood sexual abuse had a substantial effect on the later development of depression. Furthermore, the metaanalysis indicated that there was a minimum of a 21% increase in depression over baseline for individuals having a history of sexual abuse.

Molnar, Buka, and Kessler (2001) reported findings from the National Comorbidity Survey, a nationally representative general population survey ($N=5877$). Controlling for other childhood adversities, such as other abuse and family environment, Molnar et al. (2001) found that a history of sexual abuse was significantly related to later depression among women. Depressive symptoms were higher within a subsample of sexually abused respondents reporting no other adversities. The percentage of women with lifetime depression was 39.3% among those reporting a sexual abuse history, compared with 21.3% in the general population.

Other studies of community samples have also documented higher rates of depression in abuse survivors than in the general nonabused population. Using a random

sample of Los Angeles community households ($N=119$), Peters (1988) found that sexual abuse was associated with indicators of adult depression. Furthermore, when compared to nonabused women or to women reporting only noncontact abuse experiences, sexual abuse survivors reporting physical contact were more likely to experience problems with depression and a greater number of depressive episodes over time. In addition, Peters (1988) reported that sexual abuse survivors were more likely to have been hospitalized for depression than nonabused women. When family background factors were considered, Peters (1988) found that the variable of sexual abuse history made an independent contribution to depression.

Results of the Los Angeles Epidemiological Catchment Area (ECA) study, utilizing a cross-sectional probability survey of 3,132 households, suggest that women with sexual abuse histories reported a higher current prevalence of major depression (17%) than women without abuse histories (3%) (Stein, Golding, Siegel, Burnam, & Sorenson, 1988). Similarly, the evaluation of lifetime prevalence of major depression resulted in a similar pattern, with 22% of sexually abused women reporting chronic depression, as compared to 6% of nonabused women (Stein, Golding, Siegel, Burnam, & Sorenson, 1988). The ECA study examined sexual assault history in childhood and in adulthood. Based on the findings of the ECA study, Burnam, Stein, Golding, Siegel, Sorenson, Forsyth, and Telles (1988) further reported that those women assaulted in childhood were more likely than those first assaulted in adulthood to report the subsequent development of depression.

Researchers have reported similar findings within a college population. For example, in a study of 301 female college students, Sedney and Brooks (1984) reported

that sexually abused women reported more symptoms of depression (65%) than nonabused controls (43%). Furthermore, sexual abuse survivors were more likely to have been hospitalized for depression (18%) than nonabused women (4%). Using a modified version of the Hopkins Symptom Checklist (Derogatis, Lipman, Rickels, Ulenhuth, & Covi, 1974), Briere and Runtz (1988) found that college-aged sexual abuse survivors reported experiencing more depressive symptoms during the 12 months prior to the study than nonabused women. Using an undergraduate sample, Yama, Tovey, and Fogas (1993) reported an association between childhood sexual abuse and later symptoms of depression as measured by the Beck Depression Inventory (BDI; Beck & Steer, 1993), but argued that family environment factors, such as high family conflict, low control, and high cohesiveness, might be mediating the relationship between abuse and depression.

When examining rates of depression within clinical samples, abuse survivors have been found to have higher rates of depression than psychiatric controls. For example, Lundberg-Love, Marmion, Ford, Geffner, and Peacock (1992) reported that incest survivors in their clinical sample were significantly more depressed as measured by the Minnesota Multiphasic Personality Inventory (MMPI; Dahlstrom, Welsh, & Dahlstrom, 1972) than their nonabused controls also seeking psychological treatment. However, no differences in depression level as measured by the Symptom Checklist 90-Revised (SCL-90-R; Derogatis, Lipman, Rickels, Ulenhuth, & Covi, 1974) among sexual abuse survivors were reported. Braver, Bumberry, Green, and Rawson (1992) also found, using a clinical sample from a university counseling clinic, that individuals reporting an abuse history had greater depressive symptomatology as measured by the Beck Depression Inventory (BDI; Beck & Steer, 1993).

Suicide attempts. Consistent with findings indicating survivors of abuse have greater depressive symptomatology are findings of increased suicide risk. In a meta-analysis of published research on the effect of child sexual abuse, Paolucci, Genuis, and Violato (2001) reported a substantial effect of sexual abuse history on suicide. Paolucci et al. (2001) found a minimum of 21% increase over baseline in suicide outcome for abuse survivors. Higher than average rates of suicide have been noted within the general population. For example, using a community sample of Canadian women, Bagley and Ramsay (1986) reportedly found a relationship between abuse history and suicide, with 5% of sexual abuse survivors reporting suicide plans and/or deliberate self-harm or suicide attempts, as compared to less than 1% of the nonabused women.

Survivors within a college sample have also been found to be at an increased risk for suicide. Using a sample of 301 female college students, Sedney and Brooks (1984) reported an association between sexual abuse history and thoughts of self-harm, with 39% of sexually abused women reporting having thoughts of self-harm, as compared to 16% of nonabused peers.

Evidence of increased risk for suicidal ideation and suicide attempts have also been documented for clinical samples. For example, Briere and Zaidi (1989) examined a clinical sample of 100 women and reported that women with sexual abuse histories were more likely to experience suicidal ideation and to report previous suicide attempts. Briere and Runtz (1986) reported that 56% of women in their sample reporting a history of sexual abuse also had a history of previous suicide attempts, as compared with 23% of nonabused women. For the group of sexually abused women, current suicidality was associated with the total number of perpetrators and the presence of both physical and

sexual abuse, whereas the number of previous suicide attempts was related only to the presence of both physical and sexual abuse.

Low self-esteem. Also consistent with depression findings are findings that abuse survivors may have decreased self-concept or poor self-esteem. For example, in a community sample of 377 women, Bagley and Ramsay's (1986) findings revealed that self-esteem was strongly linked to sexual abuse history. Women with very poor self-esteem were almost four times as likely to report having been abused. Hunter (1991) recruited 28 female sexual abuse survivors through newspaper advertisements and notices posted in the community. Survivors reported significantly lower self-esteem and self-worth as compared to a nonabused control group (Hunter, 1991).

Low self-esteem has also been found to be associated with sexual abuse histories in college samples. Alexander and Lupfer (1987) surveyed 586 female undergraduates and found that women who had been sexually abused exhibited a significantly lower physical self-concept and family self-concept than women who had not been sexually abused. In another study using a college sample, Finkelhor (1979) reported finding diminished self-esteem in his college sample.

The research with clinical samples indicates that abuse survivors report lower self-esteem than psychiatric controls. For example, within Herman's (1981) clinical sample, 60% of incest survivors reported having a "predominantly negative self-image" as compared with 10% of the comparison group with seductive, but not incestuous, fathers.

Low self-esteem in abuse survivors may be related to abuse-related negative cognitions. In an investigation of the thoughts and beliefs of 51 adult female survivors,

Jehu (1988) reported that childhood sexual abuse is associated with abuse-related negative thoughts and beliefs, which are associated with feelings of shame or guilt, low self-esteem, and other depressive symptoms.

Anxiety disorders. There is also some evidence that anxiety and fear are problems associated with a history of sexual abuse (Beitchman et al., 1992; Browne & Finkelhor, 1986). Molnar, Buka, and Kessler (2001) reported findings from the National Comorbidity Survey ($N=5877$) that support this conclusion. When other childhood disorders were controlled for, significant associations were found between sexual abuse history and the subsequent onset of anxiety disorders (Molnar et al., 2001). Within the general population, higher than average rates of anxiety disorders are reported for abuse survivors. For example, results of the Los Angeles Epidemiological Catchment Area (ECA) study, utilizing a cross-sectional probability survey of 3,132 households, suggest that women with sexual abuse histories report a higher current prevalence of anxiety (28%) than women without abuse histories (9%) (Stein, Golding, Siegel, Burnam, & Sorenson, 1988). The evaluation of lifetime prevalence of anxiety resulted in a similar pattern with 37% of sexually abused women reporting anxiety, as compared to 14% of nonabused women (Stein, Golding, Siegel, Burnam, & Sorenson, 1988).

Other community studies support these findings. In a Canadian sample, Bagley and Ramsey (1986) compared women with sexual abuse histories ($n=83$) to nonabused women ($n=294$) and reported that women with sexual abuse histories had higher levels of anxiety symptoms than nonabused women. Based on findings from a national survey of 2,963 professional women, Elliott and Briere (1992) reported that women who had been sexually abused as children reported more anxiety than did their nonabused peers. In

another community study ($N=391$), Murphy, Kilpatrick, Amick-McMullan, Veronen, Paduhovich, Best, Vileponteaux, and Saunders (1988) found significantly higher anxiety scores on the Symptom Checklist 90-Revised (SCL-90-R; Derogatis, Lipman, Rickels, Ulenhuth, & Covi, 1974) among sexual abuse survivors ($n=86$) than among nonabused women ($n=184$).

Anxiety has been noted as a possible long-term effect of sexual abuse for survivors in college populations. In one such study, Yama, Tovey, and Fogas (1993) examined the symptoms of anxiety as measured by the IPAT Anxiety Scale Questionnaire (ASQ; Cattell & Scheier, 1976) within a college sample of 46 female sexual abuse survivors and 93 nonabused women. Yama et al. (1993) reported finding an association between sexual abuse history and anxiety symptoms. In another study of college students, Sedney and Brooks (1984) evaluated the relationship between intrafamilial and extrafamilial sexual abuse to anxiety symptoms. Women abused by family members reported significantly more anxiety than control groups. However, anxiety was not significantly associated with abuse by an extrafamilial perpetrator (Sedney & Brooks, 1984). However, Jackson, Calhoun, Amick, Maddever, and Habib (1990) failed to find an association between abuse and anxiety. Jackson et al. (1990) recruited a university sample of 22 sexual abuse survivors by requesting participants who experienced sexual contact with a family member as children. Jackson et al. (1990) reported that anxiety did not emerge as a significant problematic emotional response for sexual abuse survivors.

Heightened levels of anxiety have also been documented among clinical samples of abuse survivors. Using a clinical sample of abused women, Lundberg-Love, Marmion,

Ford, Geffner, and Peacock (1992) assessed anxiety symptoms with the Symptom Checklist 90-Revised (SCL-90-R; Derogatis, Lipman, Rickels, Ulenhuth, & Covi, 1974). The SCL-90-R data suggested that survivors ($n=31$) experienced more anxiety symptoms than a nonclinical comparison group ($n=32$), but anxiety levels were not significantly higher than those of the psychological treatment control ($n=29$).

PTSD. The research on possible effects of sexual abuse indicates that a significant portion of abuse survivors develop posttraumatic stress disorder (PTSD) at some time in their lives. Molnar, Buka, and Kessler (2001) reported findings from the National Comorbidity Survey, a nationally representative general population survey ($N=5877$). When the authors controlled for other childhood adversities, such as other maltreatment and family environment, Molnar et al. (2001) found that a history of sexual abuse was significantly related to PTSD in female sexual abuse survivors. For women with a history of sexual abuse, odds of PTSD were more than 8 times higher than for nonabused women as compared to nonabused women. In a meta-analysis of published research on the effects of child sexual abuse, Paolucci, Genuis, and Violato (2001) concluded that a history of childhood sexual abuse had a substantial effect on the later development of PTSD ($d=.40$). The metanalysis indicated that, for sexual abuse survivors, there was a minimum of a 20% increase in PTSD outcome over the baseline.

Other studies indicate that sexual abuse survivors are at a high risk for PTSD. Rowan and Foy (1993) cited a study by Williams (1990) in which 93% of a sample of 525 sexual abuse survivors met full DMS-III-R diagnostic criteria for PTSD. Details of Williams (1990) sample were not provided, but Rowan and Foy (1993) indicated that the sample appeared to have been formed through informal networking of colleagues.

Greenwald and Leitenberg (1990) examined PTSD symptomatology with a sample of 1500 nurses in 2 large hospitals. Sexual abuse survivors ($n=54$) reported a current PTSD prevalence rate of 20%, and a lifetime PTSD prevalence rate of 41% when using the “least stringent definition” of PTSD.

Anger. Another emotional response that abuse survivors may experience is anger (Briere, 1992; Courtois, 1988). Anger may manifest as anger at oneself, perpetrator, or others who could have prevented it. Anger can present as outbursts of rage or violent fantasies. Clinical impressions indicate that abuse survivors continue to experience anger into adulthood (Courtois, 1988). Empirical research supports this notion. Results of a meta-analysis of 38 empirical studies, including college and community samples, indicate a strong association between sexual abuse and elevated levels of anger (Neumann, Houskamp, Pollock, & Briere, 1996). In one small community study, Hunter (1991) recruited 28 female sexual abuse survivors through newspaper advertisements and notices posted in the community. As compared to nonabused controls, sexual abuse survivors reported greater underlying resentment, anger and distrust of family and authority figures.

Using a clinical sample of 32 adult female survivors of sexual abuse, Scott and Day (1996) examined the styles of anger expression using the State-Trait Anger Expression Inventory (STAXI; Spielberger, 1991). The authors compared anger levels and expression styles of their sample to Spielberger’s (1991) normative data and concluded that survivors reported higher levels of both experienced and expressed anger than comparable STAXI norms.

Elevated anger levels have also been reported within other clinical samples of abuse survivors. For example, Lundberg-Love, Marmion, Ford, Geffner, and Peacock

(1992) used the Symptom Checklist 90-Revised (SCL-90-R; Derogatis, Lipman, Rickels, Ulenhuth, & Covi, 1974) to assess symptoms in a clinical sample ($N=107$). Findings indicated that incest survivors experienced more hostility than nonabused women seeking treatment. Clinical impressions also indicate that abuse survivors tend to experience rage or anger (Briere, 1992; Swink & Leveille, 1986). Swink and Leveille (1986) argue that female abuse survivors may experience long-lasting and “overwhelming” rage resulting from the abuse, and further posit that abuse survivors tend to fear losing control of their expression of anger.

Substance abuse problems. Based on research with community and clinical samples, high percentages of female sexual abuse survivors have also presented with substance abuse problems. Findings from the National Comorbidity Survey ($N=5877$) indicate that there are significant associations between sexual abuse history and substance use disorders among women, with 15.6% of sexually abused women reporting lifetime alcohol dependence, compared with 7.6% of women not reporting sexual abuse (Molnar, Buka, & Kessler, 2001). In a community sample of 3,132 Los Angeles households representing two LA communities, sexual assault (childhood and adult) predicted later onset of drug or alcohol abuse or dependence, with those assaulted in childhood being more likely than those first assaulted in adulthood to report the subsequent development of a substance use disorder (Burnam et al., 1988). However, using a college sample, Sedney and Brooks (1984) found a relatively low incidence of substance abuse with no significant differences between sexually abused individuals and control groups.

Within clinical samples, abuse survivors have been documented to have higher rates of substance abuse. For example, in a sample of female psychiatric emergency

room patients, Briere and Zaidi (1989) reported that women with abuse histories were more likely than nonabused women to report histories of drug abuse. Similarly, Herman (1981) reported that 35% of the sexually abused women in her clinical sample abused drugs and alcohol, as compared to 5% of the women who had seductive, but not abusive, fathers.

Researchers have also examined prevalence rates of abuse history within samples of substance abusers. For example, Miller, Downs, Gondoli, and Keil (1987) compared a sample of 45 alcoholic women currently in treatment to a group of 40 nonalcoholic women selected randomly from a household population. Findings indicated that alcoholic women were more likely to have experienced sexual abuse, including noncontact abuse. Additionally, women in the alcohol treatment group had a greater number of different types of sexual abuse and endured sexual abuse over a longer period than the comparison group. Harrison, Hoffman, CATOR/Ramsey Clinic, Edwall, and Baylor University (1989) evaluated an adolescent chemical dependency treatment sample. Female sexual abuse survivors ($n=210$) reported using a wider variety of drugs than nonabused adolescents ($n=234$). When compared to nonabused adolescents, survivors also were more likely to use drugs and alcohol to self-medicate (Harrison et al., 1989).

Sexual compulsivity and high risk sexual behaviors. Problems of sexual compulsivity (e.g., frequency and perceived control of sex behaviors) and high risk sexual behaviors have also been suggested to be associated with histories of sexual abuse. Fergusson and Mullen (1999) reviewed community studies published since 1990 and concluded that child sexual abuse was related to a variety of high-risk sexual activities,

including an increased frequency and number of sexual relationships, lower usage of risk-reducing contraceptives, and a greater likelihood of participation in commercialized sex and prostitution.

Results of a meta-analysis conducted by Paolucci, Genuis, and Violato (2001) indicate that sexual abuse history has a significant effect on sexual promiscuity. The authors reported a minimum of a 14% increase in sexual promiscuity outcome over the baseline for persons having experienced sexual abuse. Abuse history may influence attitudes towards early sexual activity. A national survey revealed that young sexually abused women reported more permissive attitudes about 16-17-year-olds having intercourse and also reported a younger age of first voluntary sexual intercourse themselves (Miller, Monson, & Norton, 1995). In a large scale study of Oregon high schools ($N=1193$ females), sexually abused girls were more likely to be engaged in high-risk sexual activity and were more likely to have become pregnant (Nelson, Higginson, & Grant-Worley, 1994). Similar findings were reported by Zierler, Feingold, Laufer, Velentgas, Kantrowitz-Gordon, and Mayer (1991). Abuse survivors in Zierler et al.'s (1991) study were nearly three times more likely than nonabused women to become pregnant before the age of eighteen. Additionally, Zierler et al. (1991) reported that sexual abuse survivors were four times more likely than nonabused individuals to be working as prostitutes.

Interpersonal difficulties. Clinical impressions and empirical research indicate that female survivors of sexual abuse may experience problems in interpersonal relationships (for review, see Rumstein-McKeen & Hunsley, 2001; Davis & Petretic-Jackson, 2000). Sexual abuse survivors report difficulties in relating to both men and

women, as well as difficulties in family relationships with their parents and own children (Browne & Finkelhor, 1986). Abuse survivors are reported to avoid intimacy (i.e., emotionally withdraw and isolate themselves) and may have difficulty establishing and maintaining relationships (Bagley & Ramsey, 1986; Bifulco, Brown, & Adler, 1991; Courtois, 1979; Russell, 1986; Finkelhor, Hotaling, Lewis, & Smith, 1989).

There is also evidence that abuse survivors tend to have less interpersonal trust in relationships with both men and women (Briere & Runtz, 1990; DiLillo & Long, 1999; Jehu, Gazan, & Klassen, 1994) and report that relationship satisfaction is problematic (DiLillo & Long, 1999; Edwards & Alexander, 1992; Finkelhor et al., 1989; Hunter, 1991). For example, Finkelhor et al.'s (1989) nationwide survey ($N=2,630$) indicated that both adult male and female abuse survivors reported less satisfaction with current heterosexual relationships than nonabused controls. Larger differences in reported satisfaction were found for younger men (18-29 age group) and older women (40-49 and 60 and older age groups) (Finkelhor et al., 1989). In a study of adult females, Edwards and Alexander (1992) found an association between child sexual abuse and less satisfying relationships with men, and DiLillo and Long (1999) examined an undergraduate sample of 51 abuse survivors and concluded, compared to nonabused women, survivors reported lower overall relationship satisfaction in their committed relationships.

Additionally, adult female victims tend to report a history of multiple, superficial, or brief sexual relationships that quickly end as intimacy develops (Courtois, 1979; Herman, 1981; Maltz & Holman, 1987; Meiselman, 1978). In a national telephone survey ($N=2,630$), both adult male and female victims of child sexual abuse reported more marital disruption than nonabused controls (Finkelhor, Hotaling, Lewis, & Smith,

1989). In Courtois' (1979) community sample, 79% of survivors of sexual abuse reported moderate or severe problems in relating to men. Furthermore, 40% of the abuse survivors had never been married (Courtois, 1979). In fact, multiple researchers have established that adult female survivors of child sexual abuse are more likely to remain single than nonabused women (Bagley & Ramsey, 1986; Bifulco, Brown, & Adler, 1991; Finkelhor, Hotaling, Lewis, & Smith, 1989; Russell, 1986).

Research has also demonstrated that abuse survivors who do marry are more likely to have problems in their marital relationships (Feinauer, Callahand, & Hilton, 1996; Jehu, 1988; Meiselman, 1978; Swink & Leveille, 1986). Feinauer, Callahand, and Hilton (1996) studied a community sample and concluded that survivors of sexual abuse perceived their relationships as more poorly adjusted as compared to nonvictims. In a clinical study of 26 cases of father-daughter incest, Meiselman's (1978) reported that 64% of the women reported conflict with or fear of their husbands or sex partners as compared to 40% of the control group. An increase in conflict and marital discord might lead to a greater likelihood of separation or divorce.

Therefore, it is not surprising that survivors are more likely to separate or divorce than nonabused individuals. For example, Bifulco et al. (1991) examined early sexual abuse and marital history of women and found that higher rates of sexual abuse were reported by women who had ever divorced or separated (14%) or had never married (23%) than women who had married with no history of divorce or separation (6%). Similarly, in a study by Mullen, Romans-Clarkson, Walton, and Herbison (1988), survivors were found to be more likely to marry younger and to separate or divorce than

nonabused individuals. Bagley and Ramsey (1986) reported that survivors more often reported prior divorce or a current problematic relationship than nonabused women.

Sexual functioning difficulties. A commonly noted difficulty in adult survivor's intimate relationships is sexual functioning. Numerous researchers have reported that a relationship exists between child sexual abuse and adult female sexual problems (Bagley & Ramsay, 1986; Briere & Runtz, 1987; Courtois, 1988; Nagy, 2000). Difficulties reported include fear of sex, dysfunctions of arousal and desire, problems achieving orgasm, and painful intercourse (Johnson, 1989; Maltz, 1988; Maltz & Holman, 1987).

For example, Fergusson and Mullen (1999) reviewed community studies published since 1990 and concluded that 39 of 42 total odds ratios calculated showed statistically significant relationships between child sexual abuse and later sexual difficulties. Based on their review, Fergusson and Mullen (1999) concluded there is a strong association between early sexual victimization and behavioral indications of diminished sexual satisfaction, in the forms of sexual arousal disorders, inhibited orgasm, and coital pain.

One area of sexual dysfunction reported to be problematic for female abuse survivors is aversion to sex or low sexual desire. According to Courtois (1988), abuse survivors may experience aversion to sex or low sexual desire resulting in low frequency of sexual activity. Additionally, survivors often report experiencing pain during intercourse, and some report an inability or difficulty in achieving orgasm (Briere, 1992; Courtois, 1988). Furthermore, in a review of the literature, Beitchman et al. (1992) reported that higher rates of sexual difficulties are found in clinical samples of sexual

abuse survivors, in cases in which the perpetrator was the father, or in abuse involving penetration

Revictimization. A history of child sexual abuse has also been found to be a risk factor for later victimization in the form of physical abuse or sexual assault (for review, see Messman & Long, 1996; Polusney & Follette, 1995). This susceptibility to later victimization has been termed revictimization. Compared to nonabused women, survivors of sexual abuse are at greater risk of physical mistreatment and sexual assault than are women without such histories. Banyard, Williams, and Siegel (2001) conducted a longitudinal study with 174 reported survivors of sexual abuse. Compared to 290 comparison subjects, survivors reported a lifetime history of more exposure to various traumas.

Community studies have documented the risk for revictimization. For example, Russell's (1986) study of a community sample of 930 women revealed that 65% of the incest survivors who were victimized at the very severe or severe levels were victims of subsequent rape or attempted rape by a nonrelative, as compared with 36% of nonabused controls. Additionally, Russell (1986) reported that survivors of extrafamilial abuse were revictimized at similar rates (61%) as incest survivors. Similarly, Wyatt, Guthrie, and Notgrass (1992) reported that sexual abuse survivors were 2.4 times more likely than nonvictims to be revictimized as adults, and Briere and Runtz (1987) reported that significantly more sexually abused women (49%) than nonabused women (18%) had been battered by their partners.

Revictimization also appears to be a risk for college samples of abuse survivors. Messman-Moore, Long, and Siegfried (2000) examined a sample of 633 women.

Messman-Moore et al. (2000) reported that findings support the notion that women abused in childhood are more likely to be revictimized as adults. Additionally, findings indicated that trauma has a cumulative effect, although Messman-Moore et al. (2000) failed to find differential effects for child to adult revictimization versus multiple adult victimization.

High rates of revictimization have also been documented within clinical samples. For example, Chu and Dill (1990) studied the cases of adult female psychiatric patients and found that those with a history of childhood sexual abuse were more than twice as likely as nonabused women to be sexually abused in adulthood.

Theories of Negative Effects

Researchers have proposed multiple theories to explain how traumatic events might lead to difficulties in later adjustment. More specifically, the theories offer explanations of difficulties resulting from childhood sexual abuse.

Psychodynamic Model

One of the possible explanations for why problems are associated with sexual abuse has been framed from a psychodynamic perspective. It has been suggested that sexual stimulation of the child at an inappropriate age, particularly familial abuse, leads to an unconscious Oedipal complex that cannot be managed by an immature ego (Haugaard & Repucci, 1988). Behavioral and interpersonal consequences can be conceptualized as defensive behaviors. Additionally, the child may be developmentally fixated and prevented from entering the latency period (Haugaard & Repucci, 1988).

Traumagenic Dynamics Model

Finkelhor and Browne (1985) propose the traumagenic dynamics model as a framework to explain problems associated with child sexual abuse. Finkelhor and Browne (1985) propose that sexual abuse can manipulate a child's cognitive and emotional orientation to the world. The model proposes four traumagenic dynamics: traumatic sexualization, betrayal, powerlessness, and stigmatization. The child's perception of the world can be affected differently by each of the dynamics. The nature of the abuse and the individual characteristics of the child determine the extent to which the child is affected by each dynamic.

The first dynamic, traumatic sexualization, is "the process by which a child's sexuality is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion" (p. 531). The child is often rewarded for developmentally inappropriate sexual behavior and may experience confusion and misconceptions regarding sexuality or develop unusual emotional associations to sexual activities.

Second, betrayal is the "dynamic by which children discover that someone on whom they were vitally dependent has caused them harm" (p. 531). As a result, the child may realize a trusted person has manipulated them. Feelings of betrayal may also arise if a child's disclosure of the abuse is not believed or if trusted family members were unable or unwilling to protect the child from the abuse. In adults, this may explain an inability to form stable, trusting relationships with either men or women (Cermak & Molidor, 1996).

The third dynamic, powerlessness, is described as "the process in which the child's will, desires, and sense of efficacy are continually contravened" (p. 532).

Powerlessness is experienced when a child's territory and body space are repeatedly invaded, and is reinforced when the child is unable to end the abuse.

Stigmatization, the fourth dynamic, includes "the negative connotations (e.g., badness, shame, and guilt) that are communicated to the child around the experiences and that then become incorporated into the child's self image." (p. 532). Stigmatization is caused by the survivor being blamed for the abuse and can lead to shame and guilt.

Cognitive Theories

The attributional approach, based on the theory of learned helplessness (Abramson, Seligman, & Teasdale, 1978), has been applied to sexual abuse survivors. According to the learned helplessness hypothesis, learning that outcomes are uncontrollable results in motivational, cognitive, and emotional deficits (Abramson, Seligman, & Teasdale, 1978). The expectation that a response will not affect an outcome decreases the likelihood of the response. When an individual learns that the outcome is uncontrollable, it is difficult to later learn that responses produce the outcome. As a consequence of learning that outcomes are uncontrollable, the individual may experience depression.

It is suggested that causal attributions and expectations mediate an individual's response to uncontrollable life events, such as abuse (Gold, 1986). Three dimensions of attributions exist: internal-external, stable-unstable, and global-specific. Individuals making internal attributions tend to believe outcomes are caused by their own responding, whereas individuals making external attributions tend to believe outcomes are not caused by their own responding, but are caused by luck, chance, or fate. Stable factors are long-lived or recurrent; unstable factors are short-lived or intermittent. Global

attributions are made when outcomes are thought to extend to most or every aspect of life. Specific attributions focus on one particular situation or event. The learned helplessness theory suggests that when abuse or other negative events are perceived as resulting from internal, stable, and global causes, problems such as depression may result (Gold, 1986).

Gold (1986) found support for this theory, concluding that survivors' attributional style is related to adult functioning. Abuse survivors reporting psychological distress and low self-esteem were likely to have an attributional style marked by internal, stable, and global attributions for bad events (Gold, 1986). Additionally, Mannarino and Cohen (1996) found that personal attribution for negative events was related to increased internalized distress in sexually abused children.

Janoff-Bulman and Frieze (1983) propose that psychological distress is caused by the shattering of basic assumptions that survivors hold about themselves and the world. Victimization results in changes of three assumptions, including the belief in personal invulnerability, the perception of the world as meaningful, and the view of the self as positive. Janoff-Bulman (1992) describes Martin Lerner's "just world theory," which posits that people have the need to believe in a just world in which people get what they deserve and, likewise, deserve what they get. According to Janoff-Bulman (1992), a child's assumptive world is less solidified than an adult. An extreme negative experience, such as child sexual abuse, will disrupt the assumptive world of a child. When children are victimized by people they trust and cannot find comfort in a secure, protective environment, they will carry negative views of the self and the world into

adulthood. Furthermore, Janoff-Bulman (1992) argues that negative views will become part of the fundamental schemas of their assumptive world.

Jehu (1989) has also proposed a cognitive model to explain the effects of abuse. He suggests that mood disturbances and related problems in adult survivors of child abuse are mediated by the survivor's distorted beliefs concerning the traumatic experiences. Adapting his model from the work of Aaron Beck and his associates (Beck, 1976; Beck & Emery, 1985; Beck, Rush, Shaw, & Emery, 1979), Jehu (1989) suggests that distorted or unrealistic beliefs lead to distressing feelings and inappropriate actions. In support of his theory, Jehu (1989) examined 51 adult female survivors of childhood sexual abuse and found that abuse-related negative thoughts and beliefs were associated with feelings of shame or guilt, low self-esteem, and other depressive symptoms. However, recent research indicates that the presence of abuse specific variables might influence the extent to which survivors develop cognitive distortions. For example, Owens and Chard (2001) examined 79 female adults reporting histories of child sexual abuse and concluded that the occurrence of penetration appears to lead to greater disruption of the survivor's beliefs about power, trust, and self-worth.

Jehu's (1989) adaptation of Beck's (1976) cognitive theory suggests that mood disturbances are mediated by distorted beliefs concerning the abuse. Distorted and unrealistic beliefs, such as self-blaming or self-denigratory beliefs, are argued to lead to distressing feelings and inappropriate actions. For example, Jehu (1989) evaluated 51 adult female survivors and found that childhood sexual abuse is associated with abuse-related negative thoughts and beliefs, which are associated with feelings of shame or guilt, low self-esteem, and other depressive symptoms. The presence of a mood disorder

might be associated with decreased relationship satisfaction or other relationship difficulties. Likewise, difficulties in the various facets of adult male relationships might be related to psychological distress, such as depression or anxiety.

Learning Theories

Learning theories, including components such as classical conditioning, operant conditioning, instruction, and observational learning, have been proposed to explain difficulties encountered later in life by sexual abuse survivors. According to models of classical conditioning, stimuli associated with traumatic events can come evoke responses similar to those experienced during the trauma (Follette, Ruzek, & Abueg, 1998). For example, survivors may experience negative emotions (fear, shame, and anger) during an abuse experience. These same feelings may be elicited later in life by stimuli similar to the abuse experience. For example, a survivor of sexual abuse might associate negative emotions with the close interpersonal relationship they had with a perpetrator. These negative emotions may generalize later in life to all other adult intimate or close relationships. Other aspects of the abuse, including physical stimulation and feeling cared for and loved, might also become associated with the negative or coercive aspects of the abuse experience. When associations between the negative aspects of the abuse and positive aspects of intimacy are made, survivors may come to view abusive situations as a way of gaining acceptance or developing intimacy.

Operant conditioning has also been used as a model to explain maintenance of maladaptive behaviors observed in sexual abuse survivors. According to this paradigm, many of the behaviors of trauma survivors are maintained by their emotional, social, and

environmental consequences (Follette, Ruzek, & Abueg, 1998). Certain behaviors are reinforced and thus strengthened, whereas other behaviors are punished.

Other social learning principles, including instruction and modeling, have been used to explain the development of abuse-related difficulties. A social learning model proposes that learning is mediated through a social learning process involving the perpetrator.

Berliner and Wheeler (1987) suggest that adjustment difficulties develop as a result of maladaptive social behaviors, beliefs, and attitudes learned from the abuse experience, as well as a failure to learn adaptive behaviors. For example, children may be explicitly told by the perpetrators or by individuals to whom the abuse is disclosed that they are bad or dirty. Verbal and nonverbal messages can lead to formation of beliefs about self. When a child believes he or she is not worthy of good interpersonal relationships, later relationships might also be characterized by distrust and dysfunction. Children may also model pathological behavior of their parents. Children whose parents are perpetrators or who have psychopathology, such as depression or substance abuse, may learn similar behaviors through modeling.

As a more comprehensive explanation of trauma-related behaviors, learning theorists have combined classical conditioning and operant learning to form Mowrer's two-factor theory (Mowrer, 1960). According to this theory, fear is acquired through the process of classical conditioning and fears are maintained through avoidance (Follette, Ruzek, & Abueg, 1998). Anxiety or fear reduction gained through avoidance behavior is negatively reinforcing for the individual. Because avoidance prevents exposure to the conditioned stimulus, new learning, which would allow for extinction of the fears, does not occur. For example, a sexual abuse survivor may avoid intimate relationships, thus

also avoiding anxiety that is associated with intimate relationships. The avoidance behaviors are negatively reinforced by the reduction or removal of anxiety or fear. However, because the survivor is not exposed to intimate relationships that are not abusive, new learning does not occur.

Another theory of abuse effects focuses on the role of emotional avoidance (Follette, 1994). The theory of emotional avoidance, based on a model developed by Hayes (1987), suggests that behavioral strategies function to either temporarily avoid or alleviate negative abuse-related internal experiences (Follette, 1994). Emotional avoidance is described as the unwillingness to experience unpleasant internal events, including thoughts, memories, and affective states associated with an abuse history. Additionally, there are often attempts to reduce, numb, or alleviate these negatively self-evaluated internal events through dissociation, substance abuse, or self-mutilation. Thus, intense negative emotions associated with sexual abuse experiences are reduced or suppressed, negatively reinforcing avoidance behaviors.

Attachment Theory

Another theory that may help to explain the development of adjustment problems following child sexual abuse is attachment theory. According to Bowlby (1982), emotional responses reflect the long-term quality of the attachment between a child and his or her primary caregivers. Bowlby theorizes that humans have an “attachment behavioral system” that causes an infant to bond emotionally with an “attachment figure.” Attachment theory postulates that the attachment figure acts as a “safe haven” when the child is distressed and as a “secure base” from which to explore the environment.

Ainsworth, Blehar, Waters, and Wall (1978) researched differences in attachment bonds and identified three types of attachment bonds based on a child's response to separation and reunion with parent while in an unfamiliar environment. The majority of the infants were classified as having a "secure" attachment. Additionally, Ainsworth identified two other patterns considered to be "insecure" attachments. Those labeled as "avoidant" expressed distress during separation from the caregiver and displayed a lack of acknowledgment or rejection of the caregiver at reunion. Those labeled "anxious/ambivalent" also expressed distress during separation from the caregiver, but displayed both approach and rejection at reunion. A fourth category, labeled "disorganized/disoriented," has since been identified (Main et al., 1985).

Attachment may be affected by the experience of sexual abuse. It is often thought that children who have been sexually abused are less securely attached to caregivers. Bowlby (1988) postulates that attachment patterns, once formed, are likely to persist into adulthood. According to Hazan and Shaver's (1987) model, securely attached adults are comfortable depending on others and find it easy to get close to others. Avoidantly attached adults are uncomfortable being close to others and find it difficult to trust them. Anxiously attached individuals see others as reluctant to get close and worry that others do not care for them. Individuals sexually abused as children might have insecure attachment patterns that persist into adulthood, creating difficulties in forming and maintaining interpersonal relationships.

Forgiveness

A number of negative outcomes for survivors of childhood sexual abuse have been well-documented by researchers. Additionally, theorists have attempted to explain

why negative outcomes might result following childhood abuse. In addition efforts have been made to identify factors that may mediate or moderate the relationship between abuse and later adjustment. One factor that may be important in understanding the adjustment of adult survivors is the survivors' degree of forgiveness of the perpetrator.

Forgiveness has not yet been well researched within the psychological literature and, to date, very few empirical studies exist. Much of the literature on forgiveness is found within publications from philosophers or religious scholars rather than peer-reviewed psychological journals. For the purposes of this study, both non-empirical publications considering the conceptual or theoretical issues regarding forgiveness and the limited empirical research on forgiveness will be discussed. The definition of forgiveness will first be considered, followed by a discussion of the possible theoretical relevance of the factor for abuse survivors.

Conceptual Issues

Definitions of Forgiveness

A major impediment to the research of forgiveness is the lack of an accepted universal definition. There is considerable disagreement about how forgiveness should be defined. However, many of the definitions share commonalities. Forgiveness occurs in the context of deep injustice (Freedman & Enright, 1996). Forgiveness can be conceptually defined as letting go of a record of wrongs and the need for vengeance and releasing associated negative feelings such as bitterness and resentment (Augsburger, 1970; DiBlasio, 1992; Droll, 1984; Fitzgibbons, 1986). It has also been conceptualized as one's merciful response to one who has unjustly hurt (Al-Mabuk & Enright, 1995).

Another definition issue that has been addressed is the context in which forgiveness occurs. Smedes (1984) argues that hurt creates a crisis of forgiveness when the hurt is personal, unfair, and deep. First, he contends that forgiveness is personal in that only people, as opposed to nature (i.e., tornadoes, illnesses) or a system (i.e., a political institution), can be forgiven. The second dimension of forgiveness is that the hurt to be forgiven is unfair in that the injured does not deserve the pain or that the pain is not necessary. The third dimension of forgiveness is that it follows a deep, long-lasting injury from the other person, rather than a slight or an annoyance. Similarly, Murphy and Hampton (1988) agree that interpersonal forgiveness is only between people and in the context of deep psychological hurt.

Neblett (1974) described forgiveness as a conscious decision that ends retaliation as an option and begins work toward forgiving the other. McGary (1989) considered forgiveness to be the intentional cessation of resentment. Studzinski (1986) also emphasized the voluntary nature of forgiveness, defining it as a dynamic and willful process in which the injured chooses not to harbor resentment or retaliate but rather to respond in a loving way to the one who has caused some injury and allow the healing of forgiveness to take place. Hope (1987) considered personal control to be an integral part of the forgiveness process, suggesting that at any moment a person can take control of how he or she chooses to feel about the past. In deciding to forgive, the injured is able to let go of resentment and bitterness without waiting for vindication (Hope, 1987).

Enright and the Human Development Group (1991, 1994), one of the few groups to empirically study the components of forgiveness, argue that forgiveness includes not only releasing negative feelings, thoughts and behaviors toward the offender, but also

replacing those with more positive feelings, thoughts, and behaviors. Drawn from a definition by North (1987), Enright and the Human Development Group have developed the following definition which has cognitive, affective, and behavioral components:

Forgiveness is the overcoming of negative affect and judgment toward the offender, not by denying ourselves the right to such affect and judgment, but by endeavoring to view the offender with compassion, benevolence, and even love, while recognizing that he or she has abandoned the right to them (Enright, Gassin, & Wu, 1992, p. 101).

Enright, Gassin, & Wu (1992) describe how the cognitive, affective, and behavioral systems are involved in forgiveness according to this definition. With forgiveness, certain elements are subtracted from and added to each system. Richards (1988) explains that many negative emotions, not just resentment, are abandoned in forgiveness. For example, negative emotions, including anger, hatred, sadness, and/or contempt for the offender, are subtracted from the affective system. Condemning judgments and the planning of revenge are subtracted from the cognitive system, and the act of revenge is subtracted from the behavioral system. Certain elements are also added to each system. Replacing negative emotions in the affective system are more neutral emotions or even compassion and love (Enright et al., 1992). Likewise, positive thoughts toward the offender, such as wishing the offender well (Smedes, 1984) or viewing the offender as a moral equal (Cunningham, 1985), develop in the cognitive system.

The definition developed by Enright et al. (1991, 1994) has a distinctive paradoxical quality as the forgiver gives up resentment, to which he or she has a right, and gives the gift of compassion, to which the offender has no right (Freedman & Enright, 1996). Lauritzen (1987) defined forgiveness as “a two-part response to a situation of injury; negatively, it is the remission of an attitude of resentments evoked by the injury; positively, it is an effort to reestablish a broken relationship” (p. 142).

Controversy exists over the inclusion of positive thoughts, feelings, and behaviors toward the offender in the definition of forgiveness. McGary (1989) presented an alternative view of forgiveness that does not incorporate compassion for the offender. According to McGary (1989), although forgiveness is not the same as compassion, it can be motivated by compassion for others. Similarly, Martin and Denton (1998) included the releasing of anger, resentment, fear, and the wish for revenge within their definition of forgiveness, but failed to include the positive elements described by Enright, Gassin, and Wu (1992).

Perhaps the most controversial aspect of the definition involves the behavioral system, in which the offended has a willingness to reconcile with the offender. However, Enright et al. (1992) note that reconciliation is dependent upon true change in the offender. The topic of reconciliation as distinguished from forgiveness will be later considered in the discussion of what forgiveness is not.

Because forgiveness is highly valued by religious communities, sexual abuse survivors are often encouraged or admonished to forgive their perpetrators, possibly hurting survivors even further (Tracy, 1999). In an effort to clarify the nature of biblical forgiveness, Tracy (1999) distinguished between three different types of forgiveness:

Judicial Forgiveness, Psychological Forgiveness, and Relational Forgiveness. Judicial forgiveness is forgiveness, or pardoning, of sin by God. Psychological forgiveness is the inner, personal category of forgiveness. Similar to Enright et al.'s (1991, 1994) definition, Tracy (1999) defined psychological forgiveness as having two aspects: "Negatively, it involves letting go of hatred and personal revenge, and positively, it involves an extension of grace to the offender" (p. 222). For sexual abuse survivors, Tracy (1999) argues that psychological forgiveness may be manifest simply in the inner desire for their perpetrator's healing. Relational forgiveness is synonymous with reconciliation, and although desirable according to Tracy (1999), is not always possible. Perpetrators of sexual abuse may be denied relational forgiveness, or reconciliation, if there is no change in behavior (Tracy, 1999). In distinguishing between the three types of forgiveness, Tracy (1999) advises religious leaders to avoid prematurely encouraging survivors to offer relational forgiveness of their perpetrators, but with time, to offer psychological forgiveness.

What Forgiveness is Not

The construct of forgiveness has often been criticized, or at least dismissed as inappropriate or unnecessary, particularly for survivors of abuse. However, it has been suggested that much of the criticism of forgiveness stems from a misunderstanding of forgiveness (Cunningham, 1985; Enright, Eastin, Golden, Sarinopoulos, & Freedman, 1992). Therefore, many have attempted to clarify what forgiveness is not.

Forgiveness is not forgetting. Canale (1990) argued that it would be naïve to promote forgiveness as a "forgive-and-forget" attitude, although victims are often encouraged to do so (McGary, 1989). Forgiveness does not necessarily mean that one

forgets all painful memories (Martin & Denton, 1998). Instead, Canale (1990) suggests that forgiveness requires a clear acknowledgement and conscious experience of anger towards the offender so that the injured might obtain greater closure. Calian (1981) similarly argued that forgetting is impossible and accounts for the pain the injured encounters when trying to forgive. Elizondo (1986) further asserts that if forgetting were possible, forgiveness would not even be necessary. Similarly, McGary asserts that it is not possible to totally forget when forgiving, stating that “forgiveness is incompatible with not knowing what it is that you are forgiving” (p. 345). However, in discussing the differences between forgiveness and forgetting, McGary (1989) points out that it is possible to “get rid of our resentment” without forgiving because the wrong is simply forgotten. McGary (1989) states, “Most accounts of forgiveness require the intentional cessation of resentment as a necessary condition for forgiveness...It will not do, for example, for the resentment to cease to exist because the passage of time has caused to resentment to fade from the person’s memory” (p. 344).

Forgiveness is not pardoning, condoning, or excusing the offense. It is also not indifference toward the offense. With forgiveness, the injury is recognized as serious and the forgiver acknowledges the wrong. Generally, a pardon is considered to be a public and behavioral release, such as the sparing of legal penalties incurred by the offense (Enright & Coyle, 1998). Lewis (1980) argued that offenders might not receive their just punishment when they are forgiven. However, because forgiveness is most often considered an internal process, it is possible to forgive an offender even when the judicial system enforces penalties (Enright & Coyle, 1998; Gassin, 2000). Additionally, it has been noted that the judge who pardons is not the one who was wronged (Enright &

Eastin, 1992). Excusing and condoning carry the implication that the offender is justified or has a defensible reason for committing the offense (e.g., by saying “it’s okay” or “he couldn’t help it because of his past.”) (Enright & Coyle, 1998). With forgiveness, the wrong is recognized as such.

Forgiving is not denial. The injured may deny that he or she was offended or wounded and call that denial forgiveness or may choose to “be nice” and avoid confrontation (Cunningham, 1985). Ultimately, denial of hurt can result in hiding deep anger and resentment, and could possibly result in revenge (Hunter, 1978; Cunningham, 1985). Cunningham (1985) states that forgiveness is also not “giving in,” or feeling obliged to forgive, when an apology is offered, as this might undermine one’s self-esteem. Forgiveness is also not a gradual diminishing of anger over time (Enright, Gassin, & Wu, 1992). Forgiveness is an active process, a decision, to release the other while the anger is still felt.

As already noted, forgiveness is often confused with reconciliation. However, forgiveness is not reconciliation. Reconciliation is the reestablishment of the relationship between the offender and the offended (Gassin, 2000). Reconciliation has also been defined as a behavioral coming together of two people, whereas forgiveness is an inner release occurring within the forgiver (Enright & Eastin, 1992; Horsbrugh, 1974). Benn (1996) argues that resentment can be overcome even if there is little chance of reconciliation and that is preferable to think of forgiveness as a matter of being willing to reconcile if the offender is also willing. It is also possible to forgive, but refuse to reconcile, until the negative behavior has changed. Enright and Eastin (1992) claim that reconciliation is an ideal following forgiveness, but it should be reached only if the

other's potentially destructive behavior and intentions change. However, forgiveness includes a willingness to enter again into relationship or a waiting in hopeful expectation that the other will change, making reconciliation possible (Al-Mabuk, 1990).

The distinction between forgiveness and reconciliation is particularly relevant for survivors of sexual abuse. Tracy (1999) argues that for survivors of sexual abuse, the most damaging definitions of forgiveness are those that conflate forgiveness, trust, and reconciliation, thus eliminating the possibility of negative consequences for the offender. According to Holmgren (1993), equating forgiveness and reconciliation might lead to the assumption the forgiveness means resuming a relationship with the offender, which could be harmful if the offender has not changed his behavior. Smedes (1996) observed that forgiveness happens inside the person doing the forgiving and that the forgiver has no obligation to enter a relationship with the injurer, even if an apology is offered. Herman (1992) offered a different opinion, stating that true forgiveness cannot be granted until the perpetrator has sought and earned it through confession, repentance, and restitution. Augsburger (1981) similarly argued that the offender must accept responsibility for true forgiveness to occur. However, these conditions are rarely met by perpetrators of abuse, and by placing these conditions on forgiveness, the perpetrator is once again given the control and the survivor continues to be victimized by the weight of continued anger and resentment. One distinction made between forgiveness and reconciliation is that the injured has sole control of forgiveness, but reconciliation can occur only with the cooperation of another (Freedman, 1998).

Freedman (1998) outlined the differences between reconciliation and forgiveness and noted that mistaking these terms as one and the same might account for much of the

criticism of forgiveness, particularly that forgiveness may be dangerous and can allow for the continuation of abuse. She further proposed that the offended has four options concerning forgiveness and reconciliation: forgive and reconcile, forgive and not reconcile, reconcile and not forgive, or not reconcile and not forgive. For sexual abuse survivors, it is important that all four options be considered, recognizing the possibility of forgiveness without reconciliation. In cases of sexual abuse, Swink and Leveille (1986) emphasized that forgiveness is the decision of the survivor and stated “the survivor must determine if she is ready, willing or able to accept an apology” (p. 139). However, they caution survivors against trusting their abusers, stating, “unless the perpetrator has gone through many years of intensive therapy for sexual offenders with continuing support, he is no safer alone with children than an alcoholic is safe alone with a drink” (p. 139).

The distinction between forgiveness and reconciliation may be particularly relevant for those with strong religious convictions. Gassin (2000) noted “there is good reason to expect in the Christian life- a life in which one is called to love actively- the boundary between forgiveness and reconciliation is fuzzy” (p. 37). However, Allender and Longman (1992) state that biblical forgiveness is not enabling others to do harm again without consequence, but is the invitation to reconcile once the offender has repented. Gassin (2000) argues that wholeness in interpersonal relationships should be the goal for Christians, but that it is possible that a believer who desires reconciliation may be able to forgive but not have the opportunity to reconcile. Instances where there is not an opportunity for reconciliation include the death of the offender or a refusal on the part of the offender to reconcile (Gassin, 2000).

Philosophers, religious scholars, and individuals within the mental health field have disagreed concerning whether forgiveness is a necessary component for personal growth (Hargrave & Sells, 1997). For example, Safer (1999) challenged the view that forgiveness is a necessity for emotional health. According to Safer (1999), “Not forgiving needs to be reconceived,” stating it is a “legitimate action in itself, with its own progression, motivation, and justification” (p. 32). Safer (1999) further asserts, “There are many circumstances in which it [not forgiving] is the proper and most emotionally authentic course of action” (p. 32). In discussing the option of not forgiving, Safer (1999) identified three types of “healthy unforgivers.” First, Safer (1999) described moral unforgivers as refusing to forgive as a means of self-affirmation, telling the truth, asserting fundamental rights and opposing injustice. Second, psychologically detached unforgivers are those individuals who “accept the painful reality that they cannot experience the positive internal connection with a betrayer-usually a parent-which forgiving would require” (Safer, 1999; p. 32). Last, reformed unforgivers are described as those who reject conventional attitudes they once accepted (Safer, 1999).

Davenport (1991) noted that anger may actually be beneficial for abuse survivors. Davenport (1991) explained that anger may be used to maintain distance from the perpetrator and promote individuation. However, McGary (1989) argued “we would be wise to be cautious in our future dealings with such a person, but I do not think we need to harbor feelings of resentment towards this person in order to practice caution. We can do so by bringing to mind our thoughts about how we felt when we were wronged” (p. 344). While anger has been described a healthy part of the recovery process, Barnes

(1996) stated that anger is only healthy if one can also learn to let go, giving survivors vitality and hope.

Relationship of Religiosity and Forgiveness

Often it is assumed that the more religious a person is, the more likely he or she is to forgive when wronged. As part of the 1988 Gallup poll on religious issues, a series of questions were included concerning attitudes toward and the practices employed in forgiving others. Poloma and Gallup (1991) reported findings on the poll. The majority (94%) of the nationwide random sample of 1030 poll respondents indicated that it was important for a religious person to forgive others who have deliberately injured him or her. However, only 48 percent of the respondents felt that it was important for them to forgive others who have hurt them. The majority (83%) felt that God's help was needed to be able to truly forgive someone, where as only a small minority (15%) felt they could forgive using their own power and resources. With the exception of one prayer type (ritual prayer), all of the religiosity measures were positively correlated with positive responses to injury. Especially strong correlations were found between acts of forgiveness and scores on the prayer experience scale ($r=.41$), religious salience ($r=.39$), feeling very close to God ($r=.39$), being born again ($r=.38$), and meditative prayer ($r=.36$).

Gorsuch and Hao (1993) also reported findings on the 1988 Gallup poll on religious issues. Evangelical Christians and those high in personal religiousness endorsed the highest levels of forgiving responses, such as trying to forgive the other person, praying for that person, or doing something nice for the person. These findings indicate that there is a relationship between forgiveness and level of personal religiousness.

An exception to these findings is a study of sexual abuse survivors. In a study of 118 sexual abuse survivors, Wilson (1994) reported that forgiveness of the perpetrator, as measured by the Enright Forgiveness Inventory (Subcoviak, Enright, Wu, Gassin, Freedman, Olson, & Sarinopoulos, 1992), was found to be related to increased spiritual well-being, as measured by the Religious Well-Being subscale (Ellison, 1983) and three additional self-report variables. However, no relationship between forgiveness of perpetrator of sexual abuse and a survivor's personal level of religiosity was found. It should be noted that this is the only known study evaluating the relationship among sexual abuse survivors, religiosity, and forgiveness of perpetrator.

Models of Forgiveness

McCullough and Worthington (1994) reviewed existing models of interpersonal forgiveness and described four categories for classifying the models: models based on psychological theories, models that describe the tasks involved in the process of forgiveness, models based on a moral development framework, and "typologies" of forgiveness. As noted by McCullough and Worthington (1994), the impact of the models on empirical research has been minimal. Unfortunately, few of the models presented below have been empirically researched.

Models based on psychological theories. According to McCullough and Worthington (1994), models based on psychological theories are quite limited, although they identified models based on psychoanalytic or psychodynamic (Brandsma, 1982; Lapsley, 1966; Montville, 1989; Pingleton, 1989; Wapnick, 1985), Jungian (Todd, 1985), existential (Pattison, 1965, 1989), ego object relations (Gartner, 1988), personal construct (Smith, 1981), and cognitive (Droll, 1984) theories. Shontz and Rosenak (1988)

described how major psychological theories (i.e., learning theories, psychoanalysis, Jungian, constructionism, organismic-existential psychologies, and transpersonal psychology) describe an individual's felt need to be forgiven which leads to seeking forgiveness from others, and further noted that no formal psychotherapeutic schools of thought provide insight into the process of forgiving others. Shontz and Rosenak (1988) asserted that it is necessary for individuals to first be aware of one's own need for forgiveness before appreciating others' needs to be forgiven or to recognize one's own power to forgive others. In their description of the theories on the felt need for forgiveness, Shontz and Rosenak (1988) devoted more attention to learning theories than others due to the influence of behavioral principles, stating that an individual might be driven to seek forgiveness to avoid a negative consequence and to reduce conditioned anticipatory fear responses. However, no known research of this model exists.

Similarly, Bonar (1989) identified psychological theories (i.e., psychoanalytic, learning, and humanistic) and attempted to explain from these theories why Christians think the forgiveness of trespasses is needed. Bonar (1989) described the theories of Dollard and Miller (1965). According to Bonar (1989), Dollard and Miller believed internal processes could influence external behavior. For example, anxiety might be reduced or influenced by confession, which leads an individual to seek forgiveness. Seeking forgiveness was also described within an approach-avoidance framework, with the approach motivation resulting from the desire to be free from guilt, and the avoidance motivation resulting from the embarrassment of confession of wrongdoing. As evidenced in the theories above, the schools of thought within the psychological literature have focused primarily on the process of seeking forgiveness, rather than granting forgiveness.

Recognizing this shortcoming, McCullough and Worthington (1994) criticized the absence of models of forgiveness for several important psychological theories, including cognitive-behavioral, family systems, and interpersonal theories, and further encouraged researchers to empirically research forgiveness.

Process models. Process models of forgiveness have been given the most attention and more recently are being applied to the empirical study of forgiveness. Most theorists conceptualize forgiveness as a process, although there are exceptions who argue that forgiveness is a spontaneous act (Engel, 1989). Allender and Longman (1992) contend that forgiveness is not a single event and that forgiving another is always an ongoing, deepening process rather than a “once-and-for-all” event. Enright and colleagues (Enright, Eastin, Golden, Sarinopoulos, & Freedman, 1992; Enright, Gassin, & Wu, 1992; Enright & Human Development Study Group, 1991; Human Development Study Group, 1991) have developed perhaps the most widely used and researched process model. Enright et al.’s process model of forgiveness originally included seven components and 17 units that are consciously activated to resolve a conflict. The model has since been revised to include 20 units, but Enright et al. caution “the model should not be viewed as a rigid, step-like sequence, but a flexible set of processes in which some people may skip units and others may go back and re-work through units previously experienced (Enright, Freedman, & Rique, 1998, p. 52). The seven components of this model are 1) awareness of the emotional pain, 2) need to resolve the conflict, 3) deciding among strategies, 4) forgiveness motive, 5) decision to forgive, 6) execution of internal forgiveness strategies, and 7) need for action. The 20 units are broken into four phases: uncovering, decision, work, and deepening. This model integrates cognitive, affective,

and behavioral components and has been used in providing forgiveness education or psychotherapeutic interventions for those who choose it.

Worthington (1998a) describes his Pyramid Model of Forgiveness as being based on an understanding of unforgiveness as a fear-based secondary emotion that motivates avoidance and revenge. Worthington (1998a) argues that fear conditioning serves as a basis for a secondary emotion of unforgiveness involving the body, brain, and mind. His model of forgiveness treats unforgiveness through a “choreographed set of emotional, cognitive, and behavioral experiences that change the person’s emotional experience, producing in turn states of calm openness” (p. 132). Worthington’s (1998a) model is described with the acrostic REACH: Recall the hurt, Empathize with the ones who hurt you, [offer the] Altruistic gift of forgiveness, [make a] Commitment to forgive, and Hold onto the forgiveness.

Smedes’ (1984) model includes four steps of forgiveness: hurt, hate, healing, and coming together. According to this model, a person progresses through the process of forgiveness: 1) slowly since forgiving takes time; 2) with a little understanding, by understanding the motives of the other person, and through self-understanding; 3) in confusion, as it is difficult to disassociate from the negative feelings toward the other; 4) with a bit of anger left over, as anger can still remain after forgiving; 5) a little bit at a time; 6) freely or not at all, because forgiveness is a choice and an action freely determined by the forgiver; and 7) with a fundamental feeling, which is the feeling of being forgiven that makes the person free to forgive others. Similar models have also been proposed by Brandsma (1982), Droll (1984), Hope (1987), Rosenak and Harnden (1992), Smith (1981), and Thompson (1983).

Tracy (1999) describes the process of forgiveness for sexual abuse survivors from a religious perspective. Although the following steps were placed in logical order, he noted that the sequencing of the last three steps may vary. According to Tracy (1999), the first step is to clarify the offense and the resulting negative emotions, a process which he proposes will stimulate the survivor to break the pattern of misplaced blame and denial or minimization of the impact of abuse. The second step described by Tracy (1999) is the determination of appropriate boundaries for self-protection, breaking the cycle of victimization and powerlessness of the survivor. The third aspect of forgiveness is to deliberately let go of the right to hurt the abuser. The fourth, and perhaps most difficult step described, is the reevaluation of the abuser and the discovery of his or her humanity. Tracy (1999) states that “this perspective may both help victims understand the factors which led to the abuse (thus reducing the tendency to somehow blame themselves for the abuse) and gain a measure of compassion for the offender as a human being” (p. 226). The last step described is the extension of appropriate grace that includes a movement from inner hatred toward the abuser to an inner desire that good things might come his or her way (Tracy, 1999).

Cunningham (1985) discussed forgiveness as the reframing process in which “feelings and conceptualizations pertaining to an event change thereby altering the meaning and consequences of that event in the life of a person” (p. 143). Cunningham (1985) defined forgiveness as a process whereby one changes, grows, and evolves into a more mature individual characterized by deepened self-awareness. Canale (1990) asserted that forgiveness could be viewed from a cognitive perspective, arguing that cognitive restructuring might complement the emotive aspects of dealing with hurt and

resentment in therapy. Through reframing, it might be possible to gain understanding of factors that led to the abuse, as suggested above by Tracy (1991). Fitzgibbons (1986) suggested that forgiveness is possible through the process of attempting to understand the emotional development of those who inflicted the pain and stated “as this occurs, there is growing awareness that the behavior of many individuals can be attributed to their emotional scars, that significant others have loved as much as they were capable of loving, and that rarely was the pain deliberately inflicted” (p. 630). However, in considering the process of forgiveness, Fitzgibbons (1986) noted that there are a number of life experiences in which the process is particularly arduous and lengthy, including rape or incest.

Developmental models. Developmental models of forgiveness offer an additional perspective for conceptualizing forgiveness. Kaufman (1984) adopted a developmental perspective of forgiveness and argued that humans mature into the capacity to forgive. Studzinski (1986) asserted that the ability to forgive another or oneself is the hallmark of a mature personality. Similar ideas have formed the foundation for developmental models of forgiveness. Enright and colleagues (Enright, Gassin & Wu, 1992; Enright & Human Development Study Group, 1991; Enright, Santos, & Al-Mabuk, 1989) have used Kohlberg’s (1976) moral development theory to describe the acquisition of reasoning about forgiveness. This model suggests that as individuals develop cognitive skills, they become better able to take the perspectives of others, to empathize with their predicaments and frailties, and thus to value and accept them as people despite the hurts they have inflicted in the past. Enright, Santos, and Al-Mabuk (1989) conceptualized forgiveness from a cognitive-developmental framework and suggested that the

understanding of forgiveness follows a developmental sequence similar to the Kohlbergian justice sequence. Enright, Gassin, and Wu (1992) described the six distinct “styles” of forgiveness comprising this model: revengeful forgiveness, conditional or restitutive forgiveness, expectational forgiveness, lawful expectational forgiveness, forgiveness as social harmony, and forgiveness as love. The different styles of forgiveness are proposed to occur at different levels of moral development. Nelson (1992) and Spidell and Liberman (1981) have also proposed developmental models of forgiveness.

Typologies of forgiveness. McCullough and Worthington (1994) discussed possible typologies of forgiveness in which the forms of forgiveness are categorized based on critical features that distinguish them. The typologies described in unpublished doctoral dissertations by Nelson (1992) and Trainer (1981) were reviewed by McCullough and Worthington (1994). Trainer (1981) identified three types of forgiveness: role-expected, expedient, and intrinsic forgiveness. Role-expected forgiveness is the overt manifestation of forgiveness accompanied by fear, anxiety, and resentment. Expedient forgiveness is done as a means to another end and is accompanied by condescension and hostility. Intrinsic forgiveness includes a change in attitudes and feelings toward the offender and by behavioral expressions of forgiveness and goodwill. Nelson’s (1992) typology was described as distinguishing between detached, limited, and full forgiveness by the degree of behavioral, attitudinal, and emotional change that each type of forgiveness involves. McCullough and Worthington (1994b) noted that empirical support has been found for the typologies of Nelson (1992) and Trainer (1981). Veenstra (1992) also discussed the ways in which forgiveness is often “psychologically used” in

couple relationships, including overlooking, excusing, pardoning, releasing, and trusting, but noted that the first three concepts of forgiveness as overlooking, excusing, and pardoning are not really forms of forgiveness.

Benefits of Forgiveness

Researchers are beginning to investigate the possible benefits of forgiveness on mental health. The benefits of forgiveness have been noted by those within the helping professions (Coleman, 1989; Cunningham, 1985; Eastin, 1989; Enright, Santos, & Al-Mabuk, 1989; Fitzgibbons, 1986; Hebl, 1990; Hope, 1987; Jampolsky, 1985; Kaufman, 1984). Much of the literature on the benefits of forgiveness is based on clinical impressions rather than empirical studies. Although not based on empirical research, forgiveness has been reported by mental health professionals to be beneficial for problems such as anger and depression (Fitzgibbons, 1986), family-of-origin issues (Framo, 1976; Hope, 1987), personality disorders (Fisher, 1985; Wolberg, 1973), self-guilt (Joy, 1985), problems within alcoholic families (Flanigan, 1987), and healing broken relationships in marriages (Worthington & DiBlasio, 1990). Additionally, forgiveness has been reported to be particularly useful for survivors of neglect or physical and emotional abuse (Framo, 1976; Hope, 1987).

Because forgiveness is believed to have a positive influence on psychological health, therapists have recommended using forgiveness for clients experiencing difficulties such as anger (Davenport, 1991; Grosskopf, 1999), sexual abuse (Bass & Davis, 1988; Farmer, 1989), betrayals in marriage (Gordon & Baucom, 1998), posttraumatic stress disorder (Johnson, Feldman, Lubin, & Southwick, 1995), and suicide (Al-Mabuk & Downs, 1996). Hope (1987) stated that forgiveness is “a key part of

psychological healing,but it is rarely recognized as such” (p.240). In a case example, Hope (1987) described a man who decided to forgive his father, stating that he “was able to free himself of much of the internal conflict and ambivalence that hindered him...he no longer spent his energy in angry rumination, but was able to focus it toward external goals” (p. 240). Hope (1987) suggested that the process of giving up the right to revenge or power leads to healing for the client. Fitzgibbons (1986) suggests forgiveness for the therapeutic treatment of anger. Because he argued that forgiveness is not often used for anger treatment due to its religious nature, it was suggested that forgiveness instead be conceptualized as an intellectual or emotional decision to part with anger. He argued that “mental health professionals are in a unique and significant position to help individuals relinquish their anger without inflicting harm on others through the use of forgiveness” (p. 634).

In addition to freeing individuals from anger, Fitzgibbons (1986) suggests that forgiveness can free individuals “from the guilt which is often a result of unconscious anger” (p.630) and suggested that forgiveness be used to resolve depression, settle familial conflict, and assist in the management of personality disorders. Similarly, Fisher (1985) and Wolberg (1973) have recommended forgiveness as central in the treatment of clients diagnosed as having a borderline personality. Forgiveness has been suggested for the treatment of women experiencing emotional complications following abortion (Joy, 1985) and as a method for restoring relationships in alcoholic families (Flanigan, 1987). In addition, forgiveness is proposed to heal broken relationships in marriages (Worthington & DiBlasio, 1990). Forgiving even minor offenses has been proposed to have psychological benefits (Davenport, 1991). Brandsma (1982) noted that bitterness

and anger of clients can escalate and cause additional psychological difficulties, whereas forgiveness can reverse this trend. DiBlasio and Proctor (1993) concluded that, without exception, forgiveness is reported in the literature as restoring relationships and healing inner emotional wounds. However, as previously noted, the above reported benefits of forgiveness are based on clinical impressions rather than empirical research.

Empirical research began addressing the benefits of forgiveness in the 1990s. Generally, research on forgiveness has been correlational in nature, examining the relationship between self-report measures of the propensity to forgive and other self-report measures of mental health and well-being (see McCullough & vanOyen Witvliet, 2001). For example, Subcoviak et al. (1995) conducted a study with 394 subjects using the Enright Forgiveness Inventory (EFI; Subcoviak, Enright, Wu, Gassin, Freedman, Olson, & Sarinopoulos, 1992), the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), the State Trait Anxiety Inventory (STAI; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983), and a seven-item scale assessing religious practice. Included in the sample were pairs of college students and their same-gender parent. Subcoviak et al. (1995) reported finding a significant but small correlation between anxiety scores and forgiveness. Subcoviak et al. (1995) failed to find a significant relationship between forgiveness and depression scores, with the exception of a subsample of individuals who reported experiencing a great deal of hurt from family members. For these individuals, a significant relationship was reported for depression scores and the negative affect subscale of the EFI. No relationship was found between forgiveness and religiosity for the entire sample, although significant correlations were found between forgiveness and religiosity when offender was a more distant person other

than family or friend. Additionally, Subcoviak et al. (1995) reported that forgiveness was significantly related to forgiveness for those individuals reporting affiliation with organized religion ($n=286$) as compared to those indicating no religious affiliation ($n=116$).

Mauger, Perry, Freeman, Grove, McBride, and McGinney (1992) assessed the relationship between forgiveness and adjustment in developing the Forgiveness of Self Scale and the Forgiveness of Others Scale. Low forgiveness scores on both forgiveness scales were correlated with indicators of psychopathology on the Minnesota Multiphasic Personality Inventory (MMPI; Hathaway & McKinley, 1943). Mauger et al. (1992) reported that low Forgiveness of Self scores were more strongly related to depression, anxiety, anger, and low self-esteem than Forgiveness of Others scores. However, the forgiveness scales were not specific to one transgression or offender.

As another example of a correlational study of forgiveness and mental health, McCullough and vanOyen Witvliet (2001) cited a study by Tangney et al. (1999). According to McCullough and vanOyen Witvliet, Tangney et al. (1999) reportedly found that the tendency to forgive others was related to lower depression, hostility-anger, paranoid ideation, and interpersonal sensitivity. No details were provided concerning the sample for this study.

In addition to correlational research, some evidence of the link between forgiveness and mental health can be seen in forgiveness intervention studies. Hebl and Enright (1993) evaluated the efficacy of forgiveness intervention for improving the mental health of 24 elderly women attending a Christian church. All participants in the study identified a particular, painful forgiveness issue. Participants were randomly

assigned to either an 8-week forgiveness intervention group or a control group which discussed topics generated by its members. At pre- and post-test, both groups completed the Spielberger State-Trait Anxiety Inventory (STAI; Spielberger et al., 1983), the Beck Depression Inventory (BDI; Beck et al., 1961), and the Coopersmith Self-Esteem Inventory (CSEI; Coopersmith, 1981). Both groups showed improvements in anxiety and depression scores. Across both groups, higher levels of forgiveness were associated with higher levels of self-esteem and lower levels of anxiety and depression.

Al-Mabuk, Enright, and Cardis (1995) also developed an intervention study focusing on the effects of a group intervention designed to help college students forgive their parents for perceived love deprivation. Al-Mabuk et al. (1995) conducted an initial study with four sessions over a 2-week period ($N=48$), followed by a second study with six sessions over a 6-week period ($N=45$). Participants were randomly assigned to either a forgiveness education program or a human relations program. The second study included a more detailed description of the steps necessary for forgiveness. Although anxiety and depression scores were not significantly different for the two groups, greater self-reported forgiveness was associated with lower levels of anxiety and depression and higher self-esteem.

Coyle and Enright (1997) conducted intervention research with ten men who identified themselves as feeling hurt by their partners' decision to have an abortion. Participants were recruited by advertisement in a local newspaper. The men were assigned to either a forgiveness intervention group or a wait-list control group. The forgiveness intervention was based on Enright's process model (Enright & Human Development Study Group, 1996). At post-test and 12-week follow-up, participants

completing the forgiveness intervention reported greater increases in forgiveness and greater decreases in anxiety, anger, and grief.

However, after examining the research on measures of forgiveness and mental health, McCullough and vanOyen Witvliet (2001) concluded that “the results have not been impressive” (p. 451). They further state that “typically, researchers have found modest and/or statistically nonsignificant correlations between measures of forgiveness and self-report measures of negative affect or psychological symptoms” (p. 451). Despite the increase of studies in the 1990’s, empirical research on forgiveness is still in its infancy (McCullough & vanOyen Witvliet (2001), and the relationship between forgiveness and mental health may be complex.

Forgiveness and Childhood Sexual Abuse Survivors

Few researchers have examined the influence of forgiveness of perpetrators on the adjustment of sexual abuse survivors. Exceptions are the research of Moon (1989), Holeman and Myers (1997), Wilson (1994), and Freedman and Enright (1996). These researchers have sought to understand how survivors’ forgiveness of their perpetrators is related to mental health. Their methods and findings will be briefly reviewed.

In an unpublished dissertation, Wilson (1994) examined the relationship of sexual abuse survivors’ forgiveness of perpetrator to depression, anxiety, and spiritual well-being. Wilson (1994) recruited 118 female sexual abuse survivors, ages 23 to 75, through “networking methods” with colleagues, counseling centers, and organizations that work with sexual abuse survivors. Self-identified survivors completed the Enright Forgiveness Inventory (EFI; Subcoviak, Enright, Wu, Gassin, Freedman, Olson, & Sarinopoulos, 1992), the Spiritual Well-Being Scale (Ellison, 1983), the Center for

Epidemiological Studies Depression Scale (CES-D; Radloff, 1977), and the Spielberger State Trait Anxiety Inventory (STAI; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983). Wilson (1994) reported a significant negative relationship between forgiveness scores and depression scores on the CES-D. It was also reported that there was a significant negative relationship between forgiveness scores and anxiety scores on the STAI.

Forgiveness of the perpetrator was also found to be related to increased spiritual well-being (Wilson, 1994). In regards to spiritual well-being, Wilson (1994) reported that the positive relationship between forgiveness and spiritual well-being could be accounted for by the relationship between the forgiveness scores and existential well-being subscale scores. Higher scores on the existential well-being subscale indicated a sense of purpose and satisfaction in life. However, unexpectedly, Wilson (1994) failed to find a relationship between the religious well-being subscale and forgiveness.

Additionally, participants in Wilson's (1994) study were asked three questions concerning religious variables: the role of religion in their life, the frequency of church attendance, and the frequency of prayer. Wilson (1994) reported that, for her sample, there was not a significant relationship between religious variables examined and forgiveness scores, although all three religious variables were related to spiritual well-being scores. These findings contradict the findings of Gorsuch and Hao (1988), which indicated that those individuals high in personal religiousness endorsed the highest levels of forgiving responses, such as trying to forgive the other person, praying for that person, or doing something nice for the person. Gorsuch and Hao (1988), however, did not measure forgiveness in relation to a specific injury or offender. Wilson (1994) offered

possible explanations for the contradictory findings. First, in contrast to Wilson's (1994) sample, Gorsuch and Hao's (1988) sample was a random and representative national community sample of 1030 men and women. Second, Gorsuch and Hao's (1988) study included four questions related to forgiveness in general (two behavioral and two motivational) and were not meant to ascertain forgiveness within the context of a deep personal injury, whereas Wilson's (1994) was responding to 60 items related to forgiveness of sexual abuse.

Wilson (1994) also examined the relationship of forgiveness and the identity of the perpetrator and found this to be significant; the more distant the original relationship to the perpetrator, the lower the levels of forgiveness. Women who reported their perpetrators were not related to them exhibited lower levels of forgiveness. Additionally, Wilson (1994) reported that abuse by the biological father substantially increased the relationship between forgiveness, well-being, depression, and anxiety. Of the women abused by their biological fathers ($N=42$), a stronger positive relationship was found between forgiveness of the perpetrator and spiritual well-being, and a stronger negative relationship was found between forgiveness of the perpetrator and depression and anxiety. Based on this finding, Wilson (1994) concluded that the greater love the survivor had for the perpetrator, the more profound the hurt, but also the more willingness and investment there is in forgiving the perpetrator.

Wilson (1994) also examined how severity of abuse affects level of forgiveness of the perpetrator. She reported that degree of forgiveness was significantly related to the number of perpetrators, the nature of the abuse, and the degree of upset at the time of the

abuse. However, there was failure to find a statistically significant relationship with age of onset of abuse and frequency and duration of abuse.

Based on her findings with her sample of abuse survivors, Wilson (1994) concluded that the statistically strong relationships between forgiveness and measures of well-being were indicative of the merits of forgiveness as a healing process for childhood sexual abuse survivors. Wilson (1994) employed well-validated measures of adjustment and forgiveness with a large sample of abuse survivors. However, the study used a clinical sample which might limit the generalizability of the findings to other abuse survivors.

Holeman and Myers (1997) also have studied forgiveness with survivors. They have suggested that the well-being of adult relationships is often influenced by unresolved past pain with family-of-origin members and hypothesized that the benefits of forgiveness of a perpetration might “spill over” into the forgiving survivor’s marriage. From this perspective, anxiety that belongs to relationships with the original family is believed to be projected onto spouses. Using a clinical sample, Holeman and Myers’ (1997) examined the effects of forgiveness of perpetrators on survivors’ marital adjustment and the effects of childhood sexual abuse on forgiveness. The sample of 63 married females was obtained by asking therapists from a Midwestern urban area to distribute research packets to married self-identified survivors currently in counseling. Child sexual abuse was defined as sexual contact experiences between a child (17 years old or younger) and perpetrator at least five years older. Women with higher levels of forgiveness, as measured by the Enright Forgiveness Inventory (EFI; Subcoviak, Enright, Wu, Gassin, Freedman, Olson, & Sarinopoulos, 1992), reported significantly higher

marital adjustment scores, as measured by the Dyadic Adjustment Scale (DAS; Spanier, 1989), than women with lower levels of forgiveness.

Information was also obtained concerning the severity (e.g., presence of force, duration, frequency) of abuse. Use of force, threat, and frequency accounted for 19% of the variance for the forgiveness criterion. Forgiveness was significantly and negatively correlated with perceived victimization. Survivors were also asked to affirm or deny that they had experienced sexual abuse. Perceived victimization was significantly and negatively correlated with forgiveness. Survivors who reported experiencing greater disruption in their lives struggled more to forgive than those with lesser degrees of life disruption. As expected, threat and force appeared to restrain forgiveness. An unexpected finding from Holeman and Myers' (1997) study was the positive relationship between forgiveness and frequency of child sexual abuse. In discussing their findings, Holeman and Myers (1997) suggest that discrete abuse experiences may "stand out as benchmarks" in childhood and be more resistant to forgiveness, whereas more frequent episodes of abuse may be more difficult to isolate and may result in a greater desire to resolve the pain through forgiveness (p. 184). Weaknesses of this study exist, including the method of sampling that might result in a biased sample influenced by the attitude of the therapist toward forgiveness. Additionally, all women in the sample were married. However, strengths also exist, including the use of reliable and well-validated measures. Holeman and Myers (1997) also made important contributions to the literature concerning how forgiveness of the perpetrator might affect relationships in adulthood.

One additional study on survivors of abuse that addressed forgiveness of the perpetrator was conducted by Moon (1989). In an unpublished dissertation, Moon (1989)

compared self-concept, shame and guilt, and psychosexual functioning among 125 incest survivors, 50 nonincest abuse survivors, and 69 nonabused women recruited through media advertisement and networking. Moon (1989) sought to identify characteristics of the abuse experience that negatively impacted self-concept, shame and guilt, and psychosexual functioning. Among the measures used were the Self-Concept Incongruence Scale (Weedman, Warren, & Marx, 1974), the Rosenberg Self-Esteem Scale (Rosenberg, 1965), the Mosher Guilt Inventory-Revised (Mosher, 1987), the Fear of Appearing Incompetent Scale (Good & Good, 1973), the Personal Feelings Questionnaire (Harder & Lewis, 1986), the Adapted Shame/Guilt Scale (Hoblitzelle, 1985), the Sexual Arousal Inventory (Hoon, Hoon, & Wincze, 1976), and the Derogatis Sexual Functioning Inventory (Derogatis, 1975). Forgiveness was assessed by a single question asking if they felt they had forgiven the other person involved in the sexual experience.

Forgiveness of perpetrators was associated with better functioning on the Adapted Shame/Guilt Scale, the Mosher Guilt Inventory-Revised, and the Derogatis Sexual Functioning Inventory. Incest survivors who had forgiven their perpetrator were significantly less shameful and guilty and reported more sexual satisfaction than those who had not forgiven. Forgiveness was not related to adjustment in the areas of self-esteem or sexual arousal. Although Moon's sample was large, all women were self-identified as abuse survivors. Additionally, forgiveness was assessed with only one item and it is not known whether a single item provides a valid assessment of degree of forgiveness.

Researchers have also examined forgiveness by measuring changes in mental health after treatment focused on increasing forgiveness. Freedman and Enright (1996) implemented an individual, psychoeducational intervention with forgiveness of perpetrators of child sexual abuse as the goal. Participants were 12 women, ages 24 to 54 years, recruited from the community to participate in an intervention for women sexually abused as a child by a male relative. For inclusion in the study, participants had to be self-identified survivors who showed evidence of experiencing “psychological difficulty.” Forgiveness of the perpetrator was measured by the Psychological Profile of Forgiveness Scale (Hebl & Enright, 1993), which was later revised into the Enright Forgiveness Inventory. Participant well-being was assessed before and after intervention with the State-Trait Anxiety Inventory (STAI; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983), the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), the adult form of the Coopersmith Self-Esteem Inventory (CSEI; Coopersmith, 1981), and the Hope Scale (Al-Mabuk et al., 1996). The Self-Report Forgiveness Measure (Freedman & Enright, 1996) was also used, including various definitions of forgiveness and questions assessing survivors’ feelings toward their perpetrators in relation to the given definitions.

Prior to intervention, participants were matched on the basis of nature of abuse, relationship to perpetrator, current age, education level, and socioeconomic status, and then randomly assigned to either the treatment group or the wait-list control group. Women in the forgiveness intervention group received 60-minute weekly individual sessions following the 17 units in Enright et al.’s (1991) process model. Therapy was terminated after the survivor indicated on the Self-Report Forgiveness Measure that she

had forgiven her perpetrator, ranging from 10 to 16 months after the beginning of treatment.

Freedman and Enright reported that post-intervention measures indicated that the experimental group reported greater self-esteem, significantly higher forgiveness profiles, significantly greater feelings of hope, and significantly less anxiety and depression than the control group. Furthermore, at one year post-intervention, the experimental group had maintained their psychological gains. Freedman and Enright (1996) reported that the forgiveness intervention had an effect on the psychological systems of affect, cognition, and behavior toward the perpetrator as measured by subscales of the Psychological Profile of Forgiveness Scale. Significant effects were found for the following subscales: Subtraction of Negative Behavior, Subtraction of Negative Judgments, Addition of Positive Affect, and Addition of Positive Cognitions toward the injurer. No data was provided concerning how level of forgiveness was related to measures of adjustment.

Freedman and Enright concluded that forgiveness appeared to give the subjects the opportunity to live their lives free from the anger and negative feelings that used to dominate them. This study has the distinction of being the only forgiveness intervention study of sexual abuse survivors. However, each group had only six women, and a single therapist treated both the experimental and control group, weaknesses that limit interpretability of the reported findings. It is possible that involvement in therapy, regardless of the focus on forgiveness, was responsible for the increased well-being of the participants. Additionally, treatment was terminated once survivors indicated they had forgiven their perpetrator. This method for termination might be considered a possible research confound. Instances are possible where survivors continue to feel depressed

after forgiveness has occurred, and may not accurately report level of forgiveness so they can continue in therapy.

Summary

While the research on forgiveness has expanded in recent years, there is much to learn concerning this complex and little understood phenomena. Biases against the construct have been noted. It is possible that education concerning the definition of forgiveness might dispel apprehension concerning the topic. However, differences in opinions exist among researchers and clinicians concerning an appropriate definition of forgiveness. Models of forgiveness are being developed, based on varied definitions of forgiveness. Although the dearth of psychological theories of forgiveness has been noted, little progress has been made to explain forgiveness within popular schools of thought. However, helping professionals have noted the benefits of forgiveness and empirical research is expanding to include these asserted benefits. Forgiveness has been heralded as a therapeutic option, but little is known about how best to implement forgiveness into treatment.

Furthermore, although researchers are now considering forgiveness in relation to child sexual abuse, few conclusions can be drawn concerning the relationship between forgiveness of the perpetrator of abuse and the functioning of sexual abuse survivors. Existing research has primarily focused on either clinical samples or samples of self-identified survivors. Three of the previously discussed studies (Freedman & Enright, 1996; Holeman & Myers, 1997; Wilson, 1994) have been based on the definition of forgiveness proposed by Enright et al. (1991), asserting that forgiveness includes both the releasing of negative feelings, thoughts and behaviors toward the offender and replacing

those with more positive feelings, thoughts, and behaviors. However, there is some disagreement concerning the inclusion of positive thoughts, feelings, and behaviors in the definition of forgiveness. The research on forgiveness and abuse survivors has failed to investigate the contribution of these hypothesized components of forgiveness on adjustment. Therefore, additional research is needed in the above mentioned areas, ranging from an appropriate and encompassing definition to more narrow research and attention devoted to sexual abuse survivors.

PURPOSE OF THE STUDY

Preliminary literature suggests that sexual abuse survivors may have problems in the areas of depression, anxiety, anger, and intimate relationships. Further, there are theoretical reasons to expect survivors to experience long-term difficulties. As discussed, the topic of forgiveness has only more recently been considered within the psychological literature, although there is now increasing awareness that forgiveness can have a positive impact on mental health. To date, very few studies have examined degree of forgiveness of the perpetrator of sexual abuse and the relationship of forgiveness to adult adjustment. Existing studies also have significant limitations, including the use of clinical samples and self-identified survivors of abuse.

Given the current limitations in the literature examining forgiveness and sexual abuse survivors, one purpose of this study was to generally describe abuse survivors' forgiveness of their perpetrators in a nonclinical sample of female abuse survivors. Much of the research on forgiveness has been based on the definition of forgiveness proposed by Enright et al. (1991), asserting that forgiveness includes not only releasing negative feelings, thoughts and behaviors toward the offender, but also replacing those with more

positive feelings, thoughts, and behaviors. However, no studies have examined each of these components of forgiveness with child sexual abuse survivors. Another purpose of the current study was to further investigate the relationship of the proposed dimensions of abuse survivors' forgiveness of their perpetrators to several domains of adult adjustment (see Hypothesis 1). More specifically, this study examined multiple aspects of adult adjustment, including depression, anxiety, trait anger, anger expression, and fear of intimacy. Additionally, it was the purpose of this study to determine whether abuse characteristics (e.g., severity of abuse, relationship of perpetrator, perception of abuse), self-reported religiousness, reconciliation with the perpetrator, no longer actively thinking about the abuse experience, and general perception of the importance of forgiving moderate the relationship between forgiveness and adjustment for survivors (see Hypotheses 2-7).

A standardized definition of abuse was used to identify survivor status. To improve upon past research, standardized measures with established reliability and validity were used to examine forgiveness, childhood sexual abuse, and dimensions of adult adjustment.

Hypotheses

Hypothesis 1: A negative relationship was expected between degree of forgiveness and mental health problems for survivors.

A. It was hypothesized that greater forgiveness, as indicated by an overall index of forgiveness (the EFI total score), would be associated with lower levels of depression.

B. It was hypothesized that greater forgiveness, as indicated by greater positive

affect, positive cognitions, and positive behaviors, would be associated with lower levels of depression.

C. It was hypothesized that greater forgiveness, as indicated by less negative affect, negative cognitions, and negative behaviors, would be associated with lower levels of depression.

D. It was hypothesized that greater forgiveness, as indicated by an overall index of forgiveness (the EFI total score), would be associated with lower levels of anxiety.

E. It was hypothesized that greater forgiveness, as indicated by greater positive affect, positive cognitions, positive behaviors, would be associated with lower levels of anxiety.

F. It was hypothesized that greater forgiveness, as indicated by less negative affect, negative cognitions, and negative behaviors, would be associated with lower levels of anxiety.

G. It was hypothesized that greater forgiveness, as indicated by an overall index of forgiveness (the EFI total score), would be associated with lower levels of trait anger and anger expression.

H. It was hypothesized that greater forgiveness, as indicated by greater positive affect, positive cognitions, positive behaviors, would be associated with lower levels of trait anger and anger expression.

I. It was hypothesized that greater forgiveness, as indicated by less negative affect, negative cognitions, and negative behaviors, would be associated with lower levels of trait anger and anger expression.

J. It was hypothesized that greater forgiveness, as indicated by an overall index of forgiveness (the EFI total score), would be associated with less fear of intimacy.

K. It was hypothesized that greater forgiveness, as indicated by greater positive affect, positive cognitions, positive behaviors, would be associated with less fear of intimacy.

L. It was hypothesized that greater forgiveness, as indicated by less negative affect, negative cognitions, and negative behaviors, would be associated with less fear of intimacy.

Hypothesis 2: It was hypothesized that abuse characteristics (e.g., severity of abuse, relationship of perpetrator, perception of abuse) would moderate the relationship between degree of forgiveness (an overall index of forgiveness) and adjustment (e.g., depression, anxiety, trait anger, anger expression, fear of intimacy).

A. It was hypothesized that severity of abuse would moderate the relationship between forgiveness and adjustment (e.g., depression, anxiety, trait anger, anger expression, fear of intimacy). It was expected that more severe abuse would be associated with poorer adjustment. Lower levels of forgiveness of perpetrators were expected to be associated with poorer adjustment. However, a moderating effect of abuse severity was also expected. Specifically, it was hypothesized that survivors with less severe abuse would show fewer adjustment difficulties, regardless of their level of forgiveness, as compared to survivors with more severe abuse. Survivors with more severe abuse and less forgiveness of their perpetrator were expected to show the poorest adjustment,

whereas survivors with more severe abuse and higher levels of forgiveness were expected to show intermediary levels of adjustment.

B. It was hypothesized that relationship to the perpetrator would moderate the relationship between forgiveness and adjustment (e.g., depression, anxiety, trait anger, anger expression, fear of intimacy). It was expected that survivors of intrafamilial abuse would report poorer adjustment than survivors of extrafamilial abuse. Lower levels of forgiveness of perpetrators were expected to be associated with poorer adjustment. A moderating effect of the relationship to the perpetrator was also expected. Specifically, it was hypothesized that survivors of intrafamilial abuse with lower levels of forgiveness would show the poorest adjustment, whereas survivors of extrafamilial abuse with higher levels of forgiveness of their perpetrators would show the best adjustment. It was expected that survivors of intrafamilial abuse with greater forgiveness and survivors of extrafamilial abuse with lower levels of forgiveness would show intermediary levels of forgiveness. A greater discrepancy between the adjustment of survivors of intrafamilial abuse with higher and lower levels of forgiveness was expected than between the adjustment of survivors of extrafamilial abuse with higher and lower levels of forgiveness.

C. It was hypothesized that perception of abuse would moderate the relationship between forgiveness and adjustment (e.g., depression, anxiety, trait anger, anger expression, fear of intimacy). It was expected that survivors who perceive their experiences as abusive would report poorer adjustment than survivors who do not

perceive their experiences as abusive. Lower levels of forgiveness of perpetrators were also expected to be associated with poorer adjustment. It was expected that survivors who perceive their experiences as abusive and survivors who have not forgiven their perpetrators would show the poorest adjustment. A moderating effect of the relationship to the perpetrator was also expected. Specifically, it was hypothesized that survivors who do not perceive their experiences as abusive would show the best adjustment regardless of their level of forgiveness. Survivors who perceive their experiences as abusive and have lower levels of forgiveness of their perpetrator would show the poorest adjustment, whereas survivors who perceive their experiences as abusive and have higher levels of forgiveness would show intermediary levels of adjustment.

Hypothesis 3: It was hypothesized that self-reported religiousness would moderate the relationship between degree of forgiveness and adjustment (e.g., depression, anxiety, trait anger, anger expression, fear of intimacy) for survivors. A main effect for forgiveness was expected with survivors with greater forgiveness of the perpetrator reporting better adjustment. No specific hypothesis was made for the relationship between degree of religiosity and adjustment. However, a moderating effect of religiousness was expected. Specifically, it was hypothesized that survivors who reported higher levels of religiosity and lower levels of forgiveness of perpetrators would display the poorest adjustment, whereas survivors who reported higher levels of religiosity and greater levels of forgiveness of perpetrators would show the best adjustment. It was expected that

survivors who reported lower levels of religiosity, regardless of their levels of forgiveness, would show intermediary levels of adjustment.

Hypothesis 4: An exploratory analysis was conducted to determine if reconciliation with the perpetrator was a moderator of the relationship between forgiveness and adjustment (e.g., depression, anxiety, trait anger, anger expression, fear of intimacy) for survivors. A main effect for forgiveness was expected with survivors with greater forgiveness of the perpetrator reporting better adjustment. No specific hypothesis was made for the relationship between degree of reconciliation and adjustment. A moderating effect of reconciliation with the perpetrator was also expected. Survivors with higher levels of forgiveness were expected to have the best adjustment, but differences were not expected based on the level of reconciliation for the individuals with higher levels of forgiveness. However, it was expected that survivors with lower levels of forgiveness of perpetrators would show variations in adjustment related to level of reconciliation. Specifically, survivors with lower levels of forgiveness and higher levels of reconciliation were expected to display the poorest adjustment, whereas survivors with lower levels of forgiveness and lower levels of reconciliation were expected to be somewhat better adjusted, but not at the levels seen in individuals with higher levels of forgiveness.

Hypothesis 5: An exploratory analysis was conducted to determine if no longer actively thinking about the abuse, sometimes thought of as “forgetting,” was a moderator of the relationship between forgiveness and adjustment (e.g., depression, anxiety, trait anger, anger expression, fear of intimacy). A main effect for forgiveness was expected with

survivors with greater forgiveness of the perpetrator reporting better adjustment. A main effect was also expected for not thinking about the abuse with survivors reporting lower levels of actively thinking about the abuse experience reporting better adjustment. A moderating effect of thinking about the abuse was also expected. Specifically, survivors with lower levels of actively thinking about the abuse were expected to show the best adjustment, regardless of their level of forgiveness. However, it was hypothesized that survivors who reported higher levels of actively thinking about the abuse experience and lower levels of forgiveness would show the poorest adjustment, whereas survivors who reported higher levels of actively thinking about the abuse and higher forgiveness would show intermediary levels of adjustment.

Hypothesis 6: It was hypothesized that survivors' perception of the importance of forgiving would moderate the relationship between degree of forgiveness and adjustment (e.g., depression, anxiety, trait anger, anger expression, fear of intimacy). A main effect for forgiveness was expected with survivors with greater forgiveness of the perpetrator reporting better adjustment. No specific hypothesis was made for the relationship between perception of the importance of forgiving and adjustment. A moderating effect of perception of the importance of forgiving was also expected. Specifically, it was hypothesized that survivors who more strongly endorsed the idea that it is generally important to forgive but reported lower levels of forgiveness of their perpetrator would display the poorest adjustment, whereas survivors who more strongly endorsed the idea that it was generally important to forgive and reported higher levels of forgiveness of their perpetrator would show the best adjustment. It was expected that survivors who less

strongly endorsed the idea that it is generally important to forgive would show intermediary levels of adjustment, regardless of the level of forgiveness.

Hypothesis 7: An exploratory analysis was conducted to investigate the collective impact of forgiveness of the perpetrator, no longer actively thinking about the abuse, and reconciliation with the perpetrator in predicting adjustment (e.g., depression, anxiety, trait anger, anger expression, fear of intimacy) for survivors. It was expected that forgiveness of the perpetrator would be an important predictor of adjustment above and beyond not actively thinking about the abuse experience and reconciliation with the perpetrator. Greater degrees of forgiveness of perpetrator were expected to be associated with better adjustment. Not actively thinking about the abuse and reconciliation with the perpetrator were also expected to be important predictors, but were expected to account for less variance in adjustment than forgiveness of the perpetrator. If important predictors of adjustment, less often thinking about the abuse experience and lower levels of reconciliation would be associated with better adjustment.

METHOD

Participants

Participants were 506 undergraduate females recruited from a psychology department research participant pool. Participants signed-up in their undergraduate courses to participate in a study entitled “Experiences of College Women.” Participants were informed that participation would require that they fill out questionnaires assessing how they were functioning and assessing sexual experiences that they had during their lifetimes.

The Life Experiences Questionnaire (LEQ, described below) included eight screening questions asking whether as a child or adolescent (before age 17), they experienced a variety of sexual experiences. Participants were instructed to exclude voluntary sexual experiences between themselves and a dating partner and any consensual sexual play with a peer, as long as the partner was no more than five years older at the time of the experience. Specific follow-up questions regarding the experiences were then completed. From these data, child sexual abuse experiences were identified. For the purposes of this study, sexual abuse was defined as a sexual experience involving physical contact and meeting at least one of the following criteria: (1) abuse perpetrated by a relative, (2) greater than five years age difference between the survivor and perpetrator, OR (3) if less than five years age difference between the survivor and perpetrator, threat of force or force was involved.

Of the 506 women recruited to participate in the study, 18 did not provide enough information for child sexual abuse survivor status to be determined and therefore were excluded from further analyses. Among the remaining 488 participants, 55 were classified as child sexual abuse survivors (11.27%). These 55 women constituted the working sample for this study.

The 55 participants in this study ranged in age from 18 to 54 years, with a mean age of 21.87 ($SD=6.59$). Of the participants, 79.2% were Caucasian, 3.8% were African American, 1.9% were Hispanic, 5.7% were Native American, 5.7% were Asian/Asian American, and 3.8% reported being biracial or Pacific Islander. Socioeconomic status (SES) was assessed using the two-factor index of social position (Myers & Bean, 1968), and ranged from lower to upper class, with the average participant falling in the middle

class. A minority of the participants (11.8%) indicated that they were currently married or cohabitating; 88.2% indicated that they were never married, were divorced, separated, or widowed.

As reported above, 55 women reported experiences meeting criteria as child sexual abuse. Participants were categorized according to the most serious experience reported. The majority of survivors (62.3%) reported extrafamilial abuse as compared to intrafamilial abuse (37.7%). Of the 47 survivors who responded to an item concerning the use of force, 55.3% indicated that force had been used. The majority of survivors (81.1%) indicated that the duration of their abuse was less than six months, whereas 18.9% indicated that the abuse duration was greater than 6 months. Regarding perception of the experience as abuse, 62% indicated that they would describe the sexual activities as abuse, and 38% indicated that they would not describe the activities as abuse or were not sure.

Measures

The Life Experiences Questionnaire

The Life Experiences Questionnaire (Long, 2000; LEQ) is a self-report instrument with questions regarding demographics and childhood sexual experiences. As described above, the LEQ screens for sexual abuse and collects information on specific aspects of such experiences. The LEQ was employed to assess information used to identify childhood sexual abuse survivors and to collect information about several abuse dimensions, including the survivor's relationship to the perpetrator, the survivor's perception of abuse, the nature of the abuse, and the duration of the abuse.

For purposes of this study, relationship to the perpetrator was categorized for each survivor as either intrafamilial or extrafamilial. Abuse was classified as intrafamilial for a survivor who indicated that any of her perpetrators was in her immediate or extended family (e.g., parents, siblings, cousins, aunts or uncles, grandparents, etc.). Abuse in which all perpetrators were not related to the survivor was classified as extrafamilial.

Information concerning perception of abuse was obtained from an item asking participants if they consider the experience described to be sexual abuse. Possible responses included “yes,” “no,” and “not sure.” Participants indicating “yes” for any abuse experience were classified as perceiving their experiences as abusive.

To assess survivors’ extent of reconciliation with their perpetrator, a single item was added to the end of the LEQ. The item asks respondents to rate how much they feel they have reconciled with their perpetrators. Item responses range from 0 “not at all” to 6 “completely.” Additionally, a single item assessing the extent to which survivors’ feel they are no longer actively thinking about the abuse was added to the end of the LEQ. This item was added to the LEQ based on the assumption that forgiving and “forgetting” are unique constructs. A meaningful distinction is believed to exist for the two constructs; forgiveness is viewed as a conscious decision to let go of hurt or resentment, whereas “forgetting” is conceptualized as no longer thinking about or focusing on the abuse for whatever reason. Respondents were asked to rate the extent to which they actively think about the sexual experience occurrence. Item responses range from 0 (“I never think about it”) to 4 (“I think about it very often”).

Finally, for the purposes of this study, an abuse severity index was calculated for each participant. Based on previous literature (e.g., Beitchman et al., 1992; Kendall-

Tackett et al., 1995), the following characteristics were considered more severe: abuse involving penetration, including force or threat of force, ending at a later age (defined as at or after age 11), lasting over a longer period of time (over one year in duration), and involving an intrafamilial perpetrator. Participants received one point for each abuse characteristic endorsed in the more severe direction, resulting in abuse severity scores ranging from 0 to 5. Such an index has been used previously (Porter & Long, 1999) to classify more and less severe abuse experiences.

Reliability of the LEQ has been investigated previously. Internal consistency for the eight questions used to screen for child sexual abuse was calculated with a sample of 648 women and is good, Chronbach's alpha = .89 (Messman-Moore & Long, 2000). Two-week test-retest reliability of the LEQ has been examined previously with a sample of 145 women and is good (Long, 2000). Kappas and percent agreement on items related to the identity of perpetrator (intrafamilial versus extrafamilial, 0.86, 94%), duration of abuse (less than or greater than 1 year, 1.0, 100%), the nature of the sexual abuse (penetration versus no penetration, 0.91, 97%), and presence or absence of force (0.39, 69%) all indicate a reliable scale. Similar results are seen in interclass correlation coefficients for items such as the age of onset of abuse (0.99), the age of perpetrator (0.96), and the age difference between victim and perpetrator (0.95).

The Santa Clara Strength of Religious Faith Questionnaire

The Santa Clara Strength of Religious Faith Questionnaire (Plante & Boccaccini, 1997a; SCSRFQ) is a 10-item self-report inventory designed to measure strength of religious faith without assuming that the person is religious or is of a specific denomination. Participants respond to items using a Likert-type scale ranging from 1

(“strongly disagree”) to 4 (“strongly agree”), indicating how much they currently agree with each statement. Scores are calculated by summing the ratings for the 10 items, ranging from 1 to 4, with higher scores indicating greater strength of religious faith. Possible total scores range from 10 to 40.

Psychometric properties for the SCSRFQ appear strong. Internal reliability (Chronbach Alpha=.95) and split-half reliability ($r = .92$) are high (Plante & Boccaccini, 1997b). In regards to convergent validity, Plante and Boccaccini (1997a, 1997b) and Plante et al. (1999) have found the measure to correlate with other established measures of religiosity, including the Age Universal Religious Orientation (Gorsuch & Venable, 1983), the Intrinsic Religious Motivation Scale (Hoge, 1972), the Religious Life Inventory (Batson & Ventis, 1982), and the Duke Religious Index (Koenig, Pakerson, & Meador, 1997).

Enright Forgiveness Inventory

The Enright Forgiveness Inventory (Subkoviak et al., 1995; EFI) is a 60-item self-report inventory designed to assess the degree to which one person has forgiven another who has hurt him or her. The EFI is presented as an “Attitude Scale” and does not include the word “forgiveness.” The scale consists of three subscales of 20 items each measuring the domains of affect, cognition, and behavior. The three subscales (affect, cognition, and behavior) are further divided into positive and negative subscales, resulting in a total of six subscales of ten items each: positive affect (e.g., “I feel goodwill toward him/her.”), negative affect (e.g., “I feel resentment toward him/her”), positive cognitions (e.g., I think he or she is worthy of respect), negative cognition (e.g., “I think he or she is a bad person”), positive behavior (e.g., “Regarding the person, I do

or would be considerate”), and negative behavior (e.g., “Regarding the person, I do or would be biting when talking with him/her”). Items are responded to on a 1 (strongly disagree) to 6 (strongly agree) scale. Upon completion of the 60 items, participants are asked to what extent they have forgiven the person rated on the Attitude Scale, using a five-point Likert scale ranging from “not at all” to “complete forgiveness.” This item and an additional five final items (items 61-65), designed to assess pseudo-forgiveness, are not included in the total score. For the purposes of this study, a single item assessing survivors’ feelings about the general importance of forgiving others was added to the end of the EFI. The item asks respondents to rate how important they feel it is to forgive others. Item responses range from 0 “not at all” to 6 “completely.”

A total score for the EFI is calculated by summing the scores of all 60 items, with possible scores ranging from 60 to 360. Higher scores indicate greater degrees of forgiveness. To calculate the scores of the positive affect, positive cognition, and positive behavior subscales, items scores are summed for each scale. The negative affect, negative cognition, and negative behavior subscales must be reversed scored and summed for subscale scores. Higher subscale scores indicate greater degrees of forgiveness, with possible scores ranging from 20 to 120 for each of the six subscales.

Internal consistency of the EFI appears strong. Alpha coefficients for the EFI total score range from .93 to .98 across studies and test-retest reliability coefficients, at a four-week interval, range from .67 to .91 across studies (Enright, Rique, & Coyle, 2000). Alpha coefficients for the six EFI subscales range from .93 to .98 across studies: positive affect (.94 to .98), negative affect (.95 to .97), positive behavior (.96 to .97), negative behavior (.93 to .95), positive cognition (.96 to .97), and negative cognition (.95 to .97)

(Enright, Rique, & Coyle, 2000). A single item forgiveness measure asking participants to rate, on a five-point Likert scale, the extent they have forgiven has been used to establish validity for the EFI. Correlations of the EFI total with the single item forgiveness measure range from .53 to .74 across studies and correlations of the EFI subscales with the Wade Forgiveness Scale (Wade, 1989) range from .71 to .81 across studies (Enright, Rique, & Coyle, 2000).

Beck Depression Inventory-II

The Beck Depression Inventory-II (Beck, Steer, & Brown, 1996; BDI-II) is a 21-item self-report questionnaire designed to measure depressive symptomatology. Subjects are asked to choose the statement for each of the 21 statement groups that best describes the way they have been feeling “for the past two weeks, including today.” Scores are calculated by summing the ratings for the 21 items, ranging from 0 to 3, with higher scores indicating greater severity of depressive symptoms. Total scores range from 0 to 63.

Validity and reliability have been supported for the instrument. With regard to internal consistency, coefficient alphas of the BDI-II were .92 for outpatient samples and .93 for a college population (Beck, Steer, & Brown, 1996). At one-week, test-retest reliability is strong ($r=.93$) (Beck, Steer, & Brown, 1996). In regards to convergent validity, Beck et al. (1996) report that the BDI-II correlates positively with the Beck Hopelessness Scale (BHS; Beck & Steer, 1988) ($r=.68$) and the Scale for Suicide Ideation (SSI; Beck, Kovacs, & Weissman, 1979) ($r=.37$). Additionally, correlations between the BDI-II and the Beck Anxiety Inventory (BAI; Beck & Steer, 1993) range from .56 (Steer & Clark, 1997) to .60 (Beck et al., 1996) across studies. According to findings by Beck

et al. (1996), the BDI-II is more positively correlated with the Hamilton Psychiatric Rating Scale for Depression (HRSD; Hamilton, 1960) ($r=.71$) scored with revised procedures recommended by Riskind, Beck, Brown and Steer (1987), than with the Hamilton Rating Scale for Anxiety (HARS; Hamilton, 1959) ($r=.47$) scored with revisions recommended by Riskind et al. (1987), suggesting discriminant validity between depression and anxiety.

Beck Anxiety Inventory

The Beck Anxiety Inventory (Beck & Steer, 1993; BAI) is a 21-item self-report questionnaire designed to measure the severity of anxiety in adolescents and adults. Subjects are asked to indicate how much they have been bothered by symptoms of anxiety “during the past week, including today.” Subjects respond to questions on a 4-point Likert scale ranging from “not at all” to “severely.” Scores are calculated by summing the scores of all items. Scores range from 0 to 63 with higher scores indicating greater severity of anxiety symptoms.

The BAI appears to have high internal consistency, with coefficient alphas ranging from .92 (Beck et al., 1988) to .94 (Fydrich et al., 1990 as cited by Beck et al., 1993) across studies. Test-retest data at one-week indicates acceptable reliability ($\alpha =.75$) (Beck et al., 1988). Items on the BAI correspond to the symptom criteria presented in the DSM-III-R as guidelines for diagnosing patients with anxiety disorders (Beck, 1993). The BAI has been found to correlate with other measures of anxiety, including the Hamilton Anxiety Rating Scale-Revised ($r=.51$) (Hamilton, 1959) as reconstructed by Riskind, Beck, Brown, and Steer (1987) (Beck et al., 1988) and the Trait ($r=.58$) and State ($r=.47$) subscales of the State-Trait Anxiety Inventory (Form Y) (STAI;

Spielberger, 1983) (Fydrich et al., 1990 as cited by Beck et al., 1993). Correlation coefficients of BAI with the Beck Depression Inventory (BDI; Beck & Steer, 1987) range from .48 (Fydrich et al., 1990 as cited by Beck et al., 1993) to .61 (Dent & Salkovskis, 1986). The correlation of the Beck Depression Inventory-II (BDI-II; Beck et al., 1996) and the BAI was .56 (Steer & Clark, 1997).

State-Trait Anger Expression Inventory-II

The State-Trait Anger Expression Inventory-II (STAXI-II; Spielberger, 1999) is a 57-item self-report inventory designed to measure the experience, expression, and control of anger. The measure is based on two conceptualized domains of anger: anger experience and anger expression.

The first domain, anger experience, is further conceptualized as having two primary components which are assessed with two scales: State Anger (S-Ang) and Trait Anger (T-Ang). S-Ang assesses anger intensity as an emotional state at a particular time and the extent to which a person feels like expressing anger at a particular time. T-Ang measures temperament, or how often angry feelings are experienced over time. The T-Ang scale includes 10 items and has two subscales (four items each): Angry Temperament (T-Ang/T) and Angry Reaction (T-Ang/R). T-Anger/T measures the experience and expression of anger when unprovoked, and T-Anger/R measures dispositional differences when provoked. High scores on the T-Ang scale indicate the experience of angry feelings or frustration and the perception of being treated unfairly. Only the T-Ang scale will be used for the purposes of this study.

The second domain, anger expression (AX Index) yields a general index of expressed anger, regardless of the direction in which the anger is focused. The AX Index

domain contains 32 items and four scales (eight items each): Anger Expression-Out (AX-O), Anger Expression-In (AX-I), Anger Control-Out (AC-O), and Anger Control-In (AC-I). AX/O measures how often anger is expressed in verbally or physically aggressive behavior. AX/I measures how often angry feelings are experienced but suppressed. AC-O measures how often the outward expression of anger is controlled. AC-I measures how often a person attempts to control anger by calming down or cooling off. High scores on the AX Index indicate the experience of intense angry feelings that may be suppressed and/or expressed in aggressive behavior. The overall AX Index will be used for the purposes of this study.

Responses on each item can range from 1 to 4. Scores for scales and subscales are calculated by summing item scores for items comprising each scale or subscale. For the purposes of the current study, scores were calculated for the T-Ang scale, with scores ranging from 10 to 40. Scores were also summed for the subscales comprising the AX Index (AX-O, AX-I, AC-O, and AC-I). The AX Index is then calculated by summing AX-O and AX-I, then subtracting AC-O and AC-I. The constant, 48, is added to the total to eliminate negative numbers. Scores for the AX Index may range from 0 to 96. The Trait Anger (T-Ang) scale and the Anger Expression Index (AX Index) were used as measures of anger and anger expression for the purposes of this study.

Internal consistency of the STAXI-II Trait Anger (T-Ang) scale and Anger Expression Index (AX Index) has been examined with males and females and with clinical and nonclinical samples. Alphas for the subsamples are within acceptable limits, with coefficient alpha for the Trait Anger (T-Ang) scale ranging from .84 to .87 and

alphas for the Anger Expression Index (AX Index) ranging from .75 to .82 (Spielberger, 1999).

Fear of Intimacy Scale

The Fear of Intimacy Scale (Descutner & Thelen, 1991; FIS) is a 35-item self-administered measure used to assess anxiety experienced in, or at the prospect of, close relationships. Fear of intimacy is operationalized as “an inhibited capacity of an individual, because of anxiety, to exchange thoughts and feelings of personal significance with another individual who is highly valued.” Items are responded to on Likert-type scale ranging from 1 (“not at all characteristic of me”) to 5 (“extremely characteristic of me”), indicating how characteristic each statement is of respondents when in a close, dating relationship. Scores were calculated by summing the ratings of the 35-items. Possible scores range from 35 to 175, with high scores indicating greater fear of intimacy.

When used with a college population, the instrument was found to have high internal consistency (coefficient alphas of .93) and test-retest reliability ($r=.89$) over a 1-month interval (Descutner & Thelen, 1991). Later studies with a middle-aged population also indicate that the FIS has high internal consistency with an alpha coefficient of .92 (Doi & Thelen, 1993). The FIS correlates negatively with measures of self-disclosure and social intimacy and correlates positively with a measure of loneliness (Descutner & Thelen, 1991).

Procedure

All questionnaires, randomly ordered in a packet, were completed by participants in group sessions conducted by psychology graduate students or a doctoral level psychologist. Participants gave informed consent before completing the LEQ, SCSRFQ,

EFI, BDI-II, BAI, STAXI-II, FIS, and other questionnaires not described here.

Following completion of questionnaires, participants were given a debriefing form in which the purpose of the research was described in more detail and community referrals were given. For a number of participants, individual items were missing. Values for missing data were imputed using the participant's average response to the questionnaire for which the item was missing.

RESULTS

Preliminary Analyses

Prior to conducting proposed analyses, the nature of forgiveness reported by the 55 survivors in this sample was examined. In the current sample, total forgiveness scores ranged from 60 to 360, the total possible range for the EFI. The mean of EFI total forgiveness scores was 169.68 ($SD = 85.21$), an average level of forgiveness falling considerably below the mean total forgiveness scores for other nonclinical samples ($M = 256.55$, $SD = 69.43$, Subkoviak et al., 1995; $M = 261.51$, $SD = 69.49$, Sarinopoulos, 1996; $M = 253.19$, $SD = 76.02$, Sarinopoulos, 1999). However, previous use of the EFI with non-clinical samples may be measuring forgiveness of less severe offenses, as respondents, including college students and their same sex parents, were instructed only to think of an experience they perceived as hurtful, with no guidelines given regarding the nature of the offense.

Scores obtained by the current sample on the measures of adjustment were also considered. For this study, participants appear to have somewhat higher levels of depression than expected for a nonclinical sample of women. Total depression scores, as measured by the BDI-II, ranged from 0 to 37 (of a total possible range of 0 to 63), with a

mean score of 15.12 ($SD = 9.37$). The BDI-II manual recommends the following range of scores as guidelines for assisting in the diagnosis of major depression: 0-13, minimal; 14-19, mild; 20-28, moderate; 29-63, severe (Beck, Steer, & Brown, 1996). Using these guidelines, 24 women (46.15%) from this sample fell within the “minimal” depression range, 12 women (23.08%) fell within the “mild” range, 12 women (23.08%) fell within the “moderate” range, and 4 women (7.69%) fell within the “severe” range.

Steer and Clark (1997) administered the BDI-II to 160 college students. The mean total score of the BDI-II for the 160 students was 11.86 ($SD = 8.06$), and when considered only for their sample of 107 women, the BDI-II total score was 11.36 ($SD = 7.07$). Their BDI-II total score was comparable to that ($M = 12.55$, $SD = 9.93$, $N = 120$) given by Beck, Steer, and Brown (1996) for their 120 college undergraduates. In a study further examining the psychometrics of the BDI-II, Dozois, Dobson, and Ahnberg (1998) suggested that Beck et al.’s (1996) criteria were more representative of the previous version of the BDI, and thus identified the following empirically derived classifications based on scores from their sample of 1022 undergraduate psychology students: 0-12, nondepressed; 13-19, dysphoric; 20-63, dysphoric or depressed (depending on whether an individual meets diagnostic criteria). Based on these studies, it appears that the mean level of depressive symptoms for this sample falls within the dysphoric or mild symptoms range.

In regards to level of anxiety, women in this study reported total BAI scores ranging from 0 to 45 (of a total possible range of 0 to 63), with a mean total of 14.25 ($SD = 10.40$). As with level of depression, the current sample’s level of anxiety is somewhat higher than expected for a nonclinical sample. Beck and Steer (1993) recommended the

following scoring guidelines: 0-7, minimal; 8-15, mild; 16-25, moderate; 26-63, severe. Using these guidelines, 19 women (36.54%) from this sample fell within the “minimal” anxiety range, 11 women (21.15%) fell within the “mild” range, 14 women (26.92%) fell within the “moderate” range, and 8 women (15.38%) fell within the “severe” range. When the average of the women’s scores are considered, the women in this sample have a mean level of anxiety falling in the mild range.

For the STAXI-II, the measure of anger in the current study, respondents’ total trait anger scores ranged from 10 to 37, with a mean of 20.27 ($SD = 6.28$). According to the manual, mean scores for nonclinical female samples ranging in age from 16 to 19 years of age and from 20 to 29 years of age were 18.54 ($SD = 5.59$) and 19.45 ($SD = 6.28$), respectively (Spielberger, 1991). For women in the current study, total anger expression index scores ranged from 15 to 68, with a mean of 43.06 ($SD = 13.26$). Anger expression scores for the current sample appear somewhat higher than scores from the standardization sample. For nonclinical samples, Spielberger (1991) reported nonclinical female mean scores as 35.60 ($SD = 13.72$) for ages 16-19 and 31.66 ($SD = 13.74$) for ages 20-29.

In regards to fear of intimacy, women in the current sample had total FIS scores ranging from 48 to 128, with mean scores of 86.60 ($SD = 22.24$). Descutner and Thelen (1991) reported mean scores of 78.75 ($SD = 21.82$) and 75.78 ($SD = 22.13$) from two studies. When compared to previous studies examining the FIS in college samples, these scores appear somewhat higher.

For women in this study, strength of religious faith scores as assessed by the SCSRFQ ranged from 10 to 40, with mean scores of 28.82 ($SD = 8.45$). These scores are

only slightly higher than the mean scores reported by the authors of the questionnaire for a college sample ($M = 26.39$; Plante & Boccaccinni, 1997a).

Also prior to tests of study hypotheses, the interrelationships of several study variables were examined. Simple correlations were calculated among the EFI total score, several abuse characteristics (abuse severity, relationship to the perpetrator, and perception of the abuse experience), religiosity as measured by the SCSRFQ, reconciliation with the perpetrator, not actively thinking about the abuse experience, and perceived importance of forgiving (see Table 1). Results indicated a significant relationship between degree of forgiveness of the perpetrator and reconciliation with the perpetrator ($p = .0001$). Survivors reporting greater levels of forgiveness reported greater levels of reconciliation with their perpetrator. A significant relationship between level of forgiveness and perception of the abuse was also found ($p = .01$), suggesting that survivors who perceive their experiences as abusive report lower levels of forgiveness of their perpetrator. A relationship between degree of forgiveness of the perpetrator and the perceived importance of forgiving in general was also found ($p = .01$), with greater perception that it is generally important to forgive associated with greater forgiveness of perpetrators.

Correlations also revealed that greater perceived importance of forgiving in general was associated with greater religiosity ($p = .05$), with greater reconciliation with the perpetrator ($p = .03$), and with greater closeness to the perpetrator (i.e., intrafamilial versus extrafamilial abuse, $p = .04$). Perceiving the experiences as abusive was associated with lower levels of reconciliation with the perpetrator ($p = .05$).

Finally, correlations were calculated to examine the relationship between the total EFI score and several demographic variables, including age, marital status (never married versus ever married), race (Caucasian versus nonCaucasian), and socioeconomic status and other study variables (see Table 1). Results revealed no significant correlations with adjustment measures but did reveal an association between age and marital status (married women being younger than never married women, $p = .0001$) and between marital status and the abuse severity index (married women reporting more severe abuse experiences, $p = .03$).

Proposed Analyses

To test the first hypothesis, that a negative relationship is expected between degree of forgiveness and mental health problems, a series of 35 correlation coefficients were calculated examining survivor adjustment (e.g., depression, anxiety, trait anger, anger expression, fear of intimacy) and level of forgiveness (as indicated by the total EFI score, as well as the level of positive affect, cognitions, and behaviors and the level of negative affect, cognitions, and behaviors). Given the large number of correlations to be conducted, Bonferroni corrections were used to control for family wise error rate in the examination of each dependent variable (e.g., depression, anxiety, trait anger, anger expression, fear of intimacy). For each family of seven correlation coefficients (EFI total, positive affect, positive cognitions, positive behaviors, negative affect, negative cognitions, and negative behaviors), an alpha level of .007 ($.05/7=.007$) was employed.

While only comparisons meeting corrected alpha levels can be considered significantly different, analyses meeting conventionally levels of significance ($p = .05$), are also discussed here to ensure important relationships are not overlooked. Results (see

Table 1) revealed only one association that met Bonferroni correction levels. Women reporting higher levels of forgiveness as indicated by fewer negative cognitions about the perpetrator reported lower levels of anger expression ($r = -.41, p = .005$) (Please note that items for the negative affect, negative behavior, and negative cognition subscales are reverse scored; thus, higher scores on these subscales indicate greater forgiveness). Several analyses, while not meeting Bonferroni levels of significance, did meet conventional levels of significance. Greater anger expression was found to be associated with less overall forgiveness ($r = -.31, p = .03$), as well as with less forgiveness as indicated by fewer positive cognitions ($r = -.33, p = .03$), fewer positive behaviors ($r = -.30, p = .05$), and more negative behaviors ($r = -.29, p = .05$) in regards to the perpetrator. Greater trait anger was also associated with less forgiveness as reflected in more negative cognitions ($r = -.30, p = .05$).

A second set of hypotheses suggested that several variables of interest, including abuse characteristics (e.g., severity of abuse, relationship of perpetrator, perception of abuse), self-reported religiousness, reconciliation with the perpetrator, no longer thinking about the abuse experience, and general perception of importance of forgiving would moderate the relationship between forgiveness and adjustment for survivors (see Hypotheses 2-6). Hierarchical regression analyses were conducted to examine the moderating effect of each variable of interest. Total scores from the BDI-II, BAI, STAXI-II T-Ang scale and AX Index, and FIS were used as the criterion variables for each set of five hierarchical regression analyses. Following the procedure recommended by Baron and Kenny (1986), the variable of interest and the measure of forgiveness (the EFI total score) were forced into each regression analysis in Step 1. An interaction term

(representing the moderating effect of the variable of interest on the relationship between forgiveness and adjustment) was then allowed to enter each regression model in Step 2 if it could account for a significant amount of variance beyond that accounted for in the previous step. If the interaction term could enter into the model and account for significant variance in adjustment above that predicted by the individual variable of interest and forgiveness, a moderator hypothesis would be supported. Bonferroni corrections were employed to control for alpha across the five analyses examining each variable of interest. Therefore an alpha level of .01 was employed ($.05/5=.01$) for each set of five analyses.

To test the second hypothesis that abuse characteristics (e.g., severity of abuse, relationship of perpetrator, perception of abuse) have a moderating effect on the relationship between forgiveness and adjustment (e.g., depression, anxiety, trait anger, anger expression, fear of intimacy), a series of 15 hierarchical regression analyses were conducted. Five regression analyses (one for each measure of adjustment) were conducted to examine each of the three abuse characteristics.

For the first set of five hierarchical regressions, the moderating effect of the severity of abuse (derived from LEQ) was examined for depression, anxiety, trait anger, anger expression, and fear of intimacy. No main effects reaching Bonferroni corrected levels were found for abuse severity or forgiveness, nor were any significant interactions effects found (see Table 2, Equations 1-5). Two effects, while not reaching Bonferroni levels did meet conventional levels of significance. A main effect for forgiveness of the perpetrator was revealed for anger expression ($p = .03$), with women reporting higher levels of forgiveness reporting somewhat lower levels of anger expression. One

interaction term, the interaction of forgiveness and abuse severity predicting fear of intimacy, met conventional levels of significance ($p = .05$). For descriptive purposes, a median split was used to create two groups for level of forgiveness and two groups for severity of abuse. For survivors reporting more severe abuse, reported fear of intimacy was similar for women regardless of whether they reported higher forgiveness of the perpetrator ($N = 13, M = 78.46, SD = 20.05$) or lower forgiveness of the perpetrator ($N = 14, M = 78.57, SD = 23.31$). However, for those survivors reporting less severe abuse, women reporting higher levels of forgiveness of the perpetrator reported relatively greater fear of intimacy ($N = 10, M = 96.50, SD = 20.97$) than survivors reporting lower levels of forgiveness ($N = 13, M = 95.77, SD = 19.48$). For the second set of five hierarchical regressions, the moderating effect of relationship to the perpetrator (intrafamilial or extrafamilial) was examined. No main effects or interaction effects reaching Bonferroni levels were found (see Table 2, Equations 6-10). One effect while not reaching Bonferroni levels did meet conventional levels of significance. A main effect for forgiveness was revealed for anger expression ($p = .04$), with survivors reporting higher levels of forgiveness reporting lower levels of anger expression.

For the third set of five hierarchical regressions, the moderating effect of perception of abuse (perceiving their sexual experience as sexual abuse or not) was examined. One main effect reached Bonferroni levels of significance (see Table 2, Equations 11-15). Greater forgiveness of the perpetrator was associated with less anger expression ($p = .01$). No other main effects or interactions reached Bonferroni or conventional levels of significance.

To test the third hypothesis that self-reported religiousness would have a moderating effect on the relationship between forgiveness and adjustment (e.g., depression, anxiety, trait anger, anger expression, fear of intimacy), one set of five hierarchical regression analyses was conducted. The total score from the SCSRFQ and the total score from the EFI served as predictor variables.

Results of the five hierarchical regression analyses are presented in Table 3. No effects reached Bonferroni levels of significance. Two main effects did reach conventional levels of significance. A main effect for religiosity was found for depression ($p = .02$) with survivors reporting higher levels of religiosity reporting lower levels of depression. A main effect for forgiveness of the perpetrator was again revealed for anger expression ($p = .04$), suggesting that higher levels of forgiveness of perpetrators was associated with lower levels of anger expression.

To test the fourth hypothesis that reconciliation with the perpetrator would have a moderating effect on the relationship between forgiveness and adjustment (e.g., depression, anxiety, trait anger, anger expression, fear of intimacy), one set of five hierarchical regression analyses was conducted. Scores from the item on the LEQ assessing the extent of reconciliation with perpetrators and EFI total scores served as predictor variables.

Results of the five hierarchical regression analyses are presented in Table 4. No main effects reached Bonferroni levels of significance. One main effect did reach conventional levels of significance. A main effect for reconciliation with the perpetrator was found for anxiety ($p = .05$), with survivors reporting higher levels of reconciliation

with their perpetrator reporting lower levels of anxiety. No other main effects or interaction effects reached Bonferroni or conventional levels of significance.

To test the fifth hypothesis that not actively thinking about the abuse would have a moderating effect on the relationship between forgiveness and adjustment (e.g., depression, anxiety, trait anger, anger expression, fear of intimacy), one set of five hierarchical regression analyses was conducted. Scores from the item on the LEQ assessing the extent to which the survivors feel they think about the abuse and EFI total scores served as predictor variables.

Results of the five hierarchical regression analyses are presented in Table 5. No main effects reached Bonferroni levels of significance. One main effect did reach conventional levels of significance. A main effect for forgiveness of the perpetrator was again found for anger expression ($p = .04$), suggesting that higher levels of forgiveness of perpetrators was associated with lower levels of anger expression. No other main effects or interaction effects reached Bonferroni or conventional levels of significance.

To test the sixth hypothesis that survivors' perception of the general importance of forgiving would have a moderating effect on the relationship between forgiveness and adjustment (e.g., depression, anxiety, trait anger, anger expression, fear of intimacy), one set of five hierarchical regression analyses was conducted. Scores from the item on the EFI assessing the perceived importance of forgiving others and EFI total scores served as predictor variables.

Results of the five hierarchical regression analyses are presented in Table 6. No main effects reached Bonferroni levels of significance. One main effect did reach conventional levels of significance. As in previous analyses, a main effect for

forgiveness of the perpetrator was found for anger expression ($p = .04$), suggesting that higher levels of forgiveness of perpetrators was associated with lower levels of anger expression. No other main effects or interaction effects met either Bonferroni or conventional levels of significance.

To explore the seventh question, examining the collective value of forgiveness of the perpetrator, not actively thinking about the abuse, and reconciliation in predicting adjustment (e.g., depression, anxiety, trait anger, anger expression, fear of intimacy), one set of five multiple regression analyses was conducted. Total scores from the BDI-II, BAI, STAXI-II T-Ang scale and AX Index, and FIS were used as the criterion variables in each of the five analyses. For the first predictor, forgiveness of the perpetrator, the total score of the EFI was used. For the second predictor, thinking about the abuse, scores from a single Likert-type item assessing the extent to which survivors feel they no longer frequently think about abuse experiences were used. For the final predictor, reconciliation with the perpetrator, scores from a single Likert-type item assessing the extent to which survivors feel they have reconciled with their perpetrator were used. The three predictors were simultaneously entered into each regression analysis. Bonferroni corrections were employed to control for alpha across the five analyses. Therefore an alpha level of .01 was employed ($.05/5=.01$).

No effects reached Bonferroni levels of significance (see Table 7). One effect did reach conventional levels of significance. The level of reported reconciliation with the perpetrator predicted level of anxiety ($p = .05$) with higher levels of reconciliation associated with lower levels of anxiety.

Power Analyses

Power analyses were conducted for correlational analyses examining the relationship between forgiveness of the perpetrator as measured by the EFI total score and measures of adjustment (BDI-II, BAI, STAXI-II, and FIS) and other variables of interest (severity of the abuse, relationship to the perpetrator, perception of the abuse, religiosity, reconciliation with the perpetrator, no longer thinking about the abuse, and the general perception of the importance of forgiving) (see Table 8). For correlations between the EFI and measures of adjustment, statistical power ranged from .14 to .70 with the correlation between the EFI and the Anger Expression Index subscale of the STAXI-II ($r = -.31$, $p = .03$, $\text{power} = .70$) being the only test of association to detect true relationships. When statistical power was examined in correlations between the EFI total and other variables of interest (severity of the abuse, relationship to the perpetrator, perception of the abuse, religiosity, reconciliation with the perpetrator, no longer thinking about the abuse, and the general perception of the importance of forgiving), power ranged from .10 to 1.0. Only those correlations, including perception of abuse ($r = -.37$, $p = .01$, $\text{power} = .85$), reconciliation with the perpetrator ($r = .65$, $p < .0001$, $\text{power} = 1.0$), and the general importance of forgiving ($r = .36$, $p = .01$, $\text{power} = .83$), that were either significant or showed trends for significance had adequate power to detect true relationships if they existed. As seen in Table 8, needed sample sizes to successfully detect relationships with found effect sizes and power set at .80 were estimated. Many relationships had very small effect sizes (effect size = r for correlation coefficients) and thus low power. With such effect sizes, fairly large sample sizes would be needed to detect real relationships in

the future. Given this, the clinical meaningfulness of such relationships should be considered.

DISCUSSION

The purpose of the present study was to examine abuse survivors' forgiveness of their perpetrators using a nonclinical sample of female survivors. Specifically, this study investigated the role of several components of forgiveness as proposed by Enright et al. (1991), including releasing negative feelings, thoughts, and behaviors toward the offender and replacing those with more positive feelings, thoughts, and behaviors, in predicting several domains of adult adjustment. It was hypothesized that survivor's forgiveness of their perpetrators would be inversely related to several areas of adjustment, including depression, anxiety, trait anger, anger expression, and fear of intimacy. However, with the exception of anger expression, there was little support for this hypothesis. Women reporting higher levels of forgiveness as indicated by fewer negative thoughts about the perpetrator reported lower levels of anger expression. Trends were also found for a negative relationship between anger expression and overall forgiveness, as well as forgiveness as indicated by positive cognitions, positive behaviors, and less negative behavior. Greater trait anger showed some association with less forgiveness as indicated by more negative cognitions as well.

Additionally, it was hypothesized that several factors, including abuse characteristics (e.g., severity of abuse, relationship of perpetrator, perception of abuse), self-reported religiousness, reconciliation with the perpetrator, no longer actively thinking about the abuse experience, and general perception of importance of forgiving would moderate the relationship between forgiveness and adjustment for survivors.

However, the findings do not generally support the hypotheses of the present study. As would be expected, the negative relationship found between anger expression and forgiveness was also seen in several of the analyses examining moderation. Specifically, in examining the moderating effect of perception of abuse, greater forgiveness of the perpetrator was significantly associated with lower levels of anger expression. Similarly, in examining the moderating effect of severity of abuse, relationship to the perpetrator, religiosity, no longer actively thinking about the abuse, and perceived general importance of forgiving, trends for forgiveness of the perpetrator were found for anger expression suggesting that higher levels of forgiveness of perpetrators was associated with lower levels of anger expression.

Although no moderating relationships were found which met Bonferroni significance levels, results did reveal one moderation effect that met conventional levels of significance. Specifically, the interaction of forgiveness and abuse severity predicted fear of intimacy. For survivors reporting more severe abuse, reported fear of intimacy was similar for women regardless of whether they reported higher forgiveness of the perpetrator or lower forgiveness of the perpetrator. However, for those survivors reporting less severe abuse, women reporting higher levels of forgiveness of the perpetrator reported relatively greater fear of intimacy than survivors reporting lower levels of forgiveness.

The findings from the present study are not consistent with proposed hypotheses or previous research suggesting that abuse survivors' forgiveness of the perpetrator is related to their current adjustment (Freedman & Enright, 1996; Holeman & Myers, 1997; Moon, 1989; Wilson, 1994). Given strong associations between sexual abuse and

elevated levels of anger, (Neumann, Houskamp, Pollock, & Briere, 1996), and the assumption that elevated anger would have a negative effect on other dimensions of adjustment, it is surprising that forgiveness, which is defined at least in part as the releasing of anger (Enright et al., 1992; Martin & Denton, 1998) was not found to be strongly related to adjustment. Although the current study was limited by small sample size and low power, inspection of effect sizes and the sizes of the samples needed suggested that a significantly larger sample would be needed to detect significant relationships. In fact, given these estimates, the clinical meaningfulness of relationships detected with such sample sizes might be limited. Therefore, while insufficient power may have contributed to the failure to detect relationships, this was not likely the primary reason for the failure to support hypotheses in this study.

While the findings of this study were surprising, possible explanations should be considered. It is possible that this sample of abuse survivors is in some way unique from other survivor samples. As would be expected when considering a sample of women with childhood abuse histories, the current sample as a whole does appear to have somewhat greater difficulties in the domains of adjustment examined than other nonclinical samples using the same measures of adjustment. Specifically, the mean level of depressive and anxiety symptoms fell within the mild range, higher than the mean level found in standardization of the measures, but not at severe or dysfunctional levels (Beck & Steer, 1993; Beck, Steer, & Brown, 1996; Clark, 1997; Descutner & Thelen, 1991; Spielberger, 1991). Further, this sample reported higher anger expression and greater fear of intimacy than standardization samples. However, consistent with previous literature, greater difficulties in adjustment is expected for a sample of abuse survivors

(Beitchman et al., 1992; Briere, 1992; Browne & Finkelhor, 1986; Courtois, 1988; Paolucci, Genuis, & Violato, 2001) and the women in this study are considered to be relatively healthy.

Another factor potentially affecting the findings, related to the issue alluded to above, is the use of a college sample. Given that these survivors are recruited from a college population, they may be functioning at a somewhat higher level than other survivor samples and have somewhat different characteristics. College samples may, in general, exclude women most severely affected by childhood sexual abuse. College students tend to be fairly young, high functioning individuals from higher socioeconomic status families. The failure to have survivors from all backgrounds and with all levels of mental health functioning may limit the ability to find relationships between study variables and adjustment problems.

It is also possible that a restricted range of forgiveness scores may have impacted the failure to find expected relationships. Specifically, the overall level of forgiveness reported by survivors in this sample appears to be considerably lower than other researchers have found when using the EFI (Sarinopoulos, 1996, 1999; Subkoviak et al., 1995). However, in these previous studies using the EFI, the nature of the offense was not specified and may not have been as hurtful as an abuse experience. For the current sample, in which the offense was specified, lower forgiveness scores would have restricted the range of possible scores and may be one explanation for the failure to find expected relationships.

While there is reason to believe that the findings noted here should not be generalized to all survivors, the possibility exists that forgiveness of the perpetrator is not

strongly related to adjustment. One theory for why this might be the case is that forgiveness of the perpetrator may be less important for survivors who have high self-blame regarding the abuse. Attribution theory suggests that abuse survivors attribute events to either external or internal factors (Gold, 1986). Persons who attribute traumatic events that they have experienced to external factors believe that their experiences, or the outcomes of their experiences, are because of chance or the actions of others rather than their own actions or abilities. Persons who attribute such events to internal factors, in contrast, believe that their experiences occur in response to their own actions. It is possible that self-blame is a greater predictor of current adjustment than forgiveness of the perpetrator or that forgiveness is a better predictor of adjustment for only those women with less self-blame. Due to limited sample size, this question could not be examined here. Another factor that may be more strongly related to adjustment than forgiveness of the perpetrator is forgiveness or blame of others (e.g., family, caretakers, other adults) who failed to protect the survivor from the abuse or who were not supportive when abuse was disclosed. These issues related to forgiveness or blame of others who failed to protect survivors from abuse should be investigated in future studies.

Although the hypotheses of the study were not supported, the present study has a number of strengths. The findings of the current study have added to the growing body of research on forgiveness. To date, few researchers have investigated forgiveness of the perpetrator and adjustment. The current study improved upon past studies given that it used a nonclinical sample of abuse survivors and examined multiple domains of adjustment. Additionally, the current study used standardized measures with

demonstrated psychometric properties to assess victimization status, forgiveness, strength of religious faith, and adjustment.

However, the current study also has notable limitations. In addition to the relatively small sample size, the study relied on retrospective reports of abuse experiences, which may be vulnerable to inaccurate or distorted recall. Therefore, the results of this study, and all studies of adult childhood sexual abuse survivors, are influenced by the accuracy of memory and survivors' willingness to admit abuse experiences. Self-report measures were also used to assess dimensions of adjustment. As with all self-report measures, the validity of the data is subject to distortion, reactivity, and demand characteristics.

An additional limitation of the current study is the population sampled. The current study sampled a relatively young population of predominately Caucasian college women. College students tend to represent a fairly high functioning, high socioeconomic status group, that are not representative of the population at large or of all women of their same age. Because the sample consisted of high functioning women admitted to college, the current study may underestimate relationship adjustment difficulties in a more heterogenous sample. The young age of the sample also limits the generalizability of the findings to other populations and survivors of other ages.

The present study was also limited by a relatively small sample. More rigorous data collection is necessary to collect large samples of abuse survivors. Further, to allow for generalization of findings, studies should examine the adjustment of males and females from a community setting with participants of varying ages.

Future research should aim at better understanding the role of survivor's forgiveness of the perpetrator. To better understand the role of self-blame and forgiveness of the perpetrator in predicting adjustment, future research might include larger sample sizes and inclusion of additional study variables. For example, studies might include the assessment of both forgiveness of self and forgiveness of the perpetrator. Future research might also address forgiveness of others who were not directly involved in the abuse, but failed to prevent the abuse (i.e., a parent). Additionally, future studies might also consider developmental changes that may occur in attributions regarding abuse and, in instances of external attribution, forgiveness of the perpetrator.

Although data from the current study suggest that forgiveness of the perpetrator may not be an important predictor of adjustment, clinical impressions and case studies suggest that it is an issue that individuals, particularly abuse survivors, may wish to discuss in the context of therapy (Bass & Davis, 1988; Coleman, 1989; Cunningham, 1985; Eastin, 1989; Enright, Santos, & Al-Mabuk, 1989; Farmer, 1989; Fitzgibbons, 1986; Framo, 1976; Hebl, 1990; Hope, 1987; Jampolsky, 1985; Kaufman, 1984). Therefore, forgiveness of the perpetrator should be addressed by clinicians in instances when it is perceived as relevant for the abuse survivor. Therapists may find it helpful to first discuss how the survivor personally defines the concept of forgiveness. There continues to be great disagreement regarding the definition of forgiveness, as well as the components of the forgiveness. In particular, disagreement regarding the definition of forgiveness that includes the positive components (i.e., positive behavior, positive thoughts, and positive feelings towards the offender) appears stronger when considered in

the context of abuse survivors and their perpetrators. Many therapists appear more comfortable addressing the negative effects of blame and anger. Although not always labeled as forgiveness work, a common component of many therapeutic approaches include releasing decreasing negative cognitions, behaviors, and feelings in order to promote better adjustment. As research investigating these components with abuse survivors is still in its infancy, special care and clinical judgment should be used by therapists in addressing forgiveness of the perpetrator. Further, forgiveness should be addressed clinically in conjunction with other factors empirically supported as salient predictors of adjustment, such as self blame.

Despite the stated limitations, the current findings add to the early literature on forgiveness and to the few studies of forgiveness of the perpetrator by abuse survivors. Further, findings from this study reinforce the need to continue the empirical investigation of forgiveness. While there are studies that do appear to support the relationship between forgiveness and mental health (Al-Mabuk, Enright, & Cardis, 1995; Coyle & Enright, 1997; Hebl & Enright, 1993; Subcoviak et al., 1995), McCullough and vanOyen Witvliet (2001) conducted a literature review and concluded overall that “the results have not been impressive” (p. 451). They reported finding only modest or statistically nonsignificant correlations between measures of forgiveness and self-report measures of negative affect or psychological symptoms. Although empirical research is devoting greater attention than ever to forgiveness, research on forgiveness is still in the early stages and the relationship between forgiveness and mental health is not yet well understood (McCullough & vanOyen Witvliet, 2001).

REFERENCES

- Abramson, L., Seligman, M., & Teasdale, J. (1978). Learned helplessness in humans. *Journal of Abnormal Psychology, 87*, 49-74
- Ainsworth, M. D. S. (1967). *Infancy in Uganda: Infant care and the growth of attachment*. Baltimore: Johns Hopkins University Press.
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, N.J.: Erlbaum.
- Al-Mabuk, R. (1990). The commitment to forgive in parentally love-deprived college students. (Doctoral dissertation, University of Wisconsin-Madison, 1991)
Dissertation Abstracts International- A, 51, 3361.
- Al-Mabuk, R. H., & Downs, W. R. (1996). Forgiveness therapy with parents of adolescent suicide victims. *Journal of Family Psychotherapy, 7*, 21-39.
- Al-Mabuk, R. H., & Enright, R. D. (1995). Forgiveness education with parentally love-deprived late adolescents. *Journal of Moral Education, 24*, 427-445.
- Al-Mabuk, R. H., Enright, R. D., & Cardis, P. A. (1996). Forgiveness education with parentally love-deprived late adolescents. *Journal of Moral Education, 24*, 427-444.
- Alexander, P.C., & Lupfer, S. (1987). Family characteristics and long-term consequences associated with sexual abuse. *Archives of Sexual Behavior, 16*, 235-245.

- Allen, C. M., & Lee, C. M. (1992). Family of origin structure and intra/extrafamilial childhood sexual victimization of male and female offenders. *Journal of Child Sexual Abuse, 1*, 31-45.
- Allender, D. B., & Longman, T. (1992). *Bold love*. Colorado Springs, CO: NavPress.
- Augsburger, D. (1981). *Caring enough to forgive*. Ventura, CA: Regal.
- Bagley, C. & Ramsay, R. (1986). Sexual abuse in childhood: Psychosocial outcomes and implications for social work practice. *Social Work Practice in Sexual Problems, 33-47*.
- Banyard, V. L., Williams, L. M., & Siegel, J. A. (2001). The long-term mental health consequences of child sexual abuse: An exploratory study of the impact of multiple traumas in a sample of women. *Journal of Traumatic Stress, 14*, 697-715.
- Barker-Collo, S. (2000). Adult reports of child and adult attributions of blame for childhood sexual abuse: predicting adult adjustment and suicidal behaviors in females. *Child Abuse and Neglect, 25*, 1329-1341.
- Bass, E., & Davis, L. (1988). *The courage to heal*. New York: Harper & Row.
- Batson, C.D., & Ventis, W.L. (1982). *The religious experience: A social-psychological perspective*. New York: Oxford University Press.
- Beck, A. T., & Steer, R. A. (1987). *Beck Depression Inventory*. San Antonio, CA: Psychological Corporation.
- Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. New York: Meridian.
- Beck, A. T., & Steer, R. A. (1993). *Beck Anxiety Inventory Manual*. San Antonio, TX: Psychological Corporation.

- Beck, A. T., Steer, R. A., & Brown, G. K., (1996). *Manual for the Beck Depression Inventory-II*. San Antonio, TX: Psychological Corporation.
- Beck, A. T., & Steer, R. A. (1988). *Manual for the Beck Hopelessness Scale*. San Antonio, TX: The Psychological Corporation.
- Beck, A. T., Kovacs, M., & Weissman, A. (1979). Assessment of suicidal intention: The scale for suicide ideation. *Journal of Consulting & Clinical Psychology, 47*, 343-352.
- Beck, A. T., Epstein, N., Brown, G., & Steer, R. A. (1988). An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology, 56*, 893-897.
- Beitchman, J. P., Zucker, K. J., Hood, J. E., DaCosta, G. A., & Akman, D. (1991). A review of the short-term effects of child sexual abuse. *Child Abuse & Neglect, 15*, 537-556.
- Beitchman, J. H., Zucker, K. J., Hood, J. E., DaCosta, G. A., & Akman, D. (1991). A review of the short-term effects of childhood sexual abuse. *Child Abuse & Neglect, 15*, 537-556.
- Beitchman, J. H., Zucker, K. J., Hood, J. E., DaCosta, G. A., Akman, D., & Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. *Child Abuse and Neglect, 16*, 101-118.
- Benn, P. (1996). Forgiveness and loyalty. *Philosophy, 71*, 369-383.
- Benson, C. K. (1992). Forgiveness and the psychotherapeutic process. *Journal of Psychology and Christianity, 11*, 76-81.

- Bentovim, A., Boston, P., & Van Elburg, A. (1987). Child sexual abuse- children and families referred to a treatment project and the effects of intervention. *British Medical Journal*, 295, 1453-1457.
- Bergin, A. E. (1980). Psychotherapy and religious issues. *Journal of Consulting and Clinical Psychology*, 48, 95-105.
- Berliner, L., & Wheeler, J. R. (1987). Treating the effects of sexual abuse on children. *Journal of Interpersonal Violence*, 2, 415-434.
- Bifulco, A., Brown, G. W., & Adler, Z. (1991). Early sexual abuse and clinical depression in adult life. *British Journal of Psychiatry*, 159, 115-122
- Blume, E. S. (1990). *Secret survivors: Uncovering incest and its aftereffects in women*. New York: John Wiley & Sons.
- Bolen, R. M., & Scannapieco, M. (1999). Prevalence of child sexual abuse: A corrective metaanalysis. *Social Services Review*, 73, 281-313.
- Bolen, R. M. (2000). Extrafamilial child sexual abuse: A study of perpetrator characteristics and implications for prevention. *Violence Against Women*, 6, 1137-1170.
- Bonar, C. A. (1989). Personality theories and asking forgiveness. *Journal of Psychology and Christianity*, 8, 45-51.
- Booth-Kewley, S., & Friedman, H. S. (1987). Psychological predictors of heart disease: a quantitative review. *Psychological Bulletin*, 101, 343-362.
- Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment*. New York: Basic Books.
- Bowlby, J. (1982). *Attachment and loss: Vol. 1. Attachment* (2nd ed.). New York: Basic Books.

- Bowlby, J. (1988). *A secure base*. New York. Basic Books.
- Brack, P. & Thoresen, C.E. (1996). Reducing Type A behavior patterns: A structured group approach. In R. Allan & S. Scheidt (Eds.), *Heart and mind* (pp. 255-290). Washington, D.C.: American Psychological Association.
- Brandsma, J.M. (1982). Forgiveness: A dynamic, theological, and therapeutic analysis. *Pastoral Psychology, 31*, 40-50.
- Braver, M., Bumberry, J., Green, K., & Rawson, R. (1992). Childhood abuse and current psychological functioning in a university counseling center population. *Journal of Counseling Psychology, 39*, 252-257.
- Briere, J.N. (1992). *Child abuse trauma: Theory and treatment of the lasting effects*. Newbury Park, CA: Sage.
- Briere, J. & Runtz, M. (1987). Post sexual abuse trauma: Data and implications for clinical practice. *Journal of Interpersonal Violence, 4*, 151-163.
- Briere, J., & Runtz, M. (1988). Symptomatology associated with childhood sexual victimization in a non-clinical sample. *Child Abuse & Neglect, 12*, 51-59.
- Briere, J. & Runtz, M. (1990). Differential adult symptomatology associated with three types of child abuse histories. *Child Abuse and Neglect, 14*, 357-364.
- Briere, J. & Zaidi, L. Y. (1989). Sexual abuse histories and sequelae in female psychiatric emergency room patients. *American Journal of Psychiatry, 146*, 1602-1606.
- Browne, A. & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin, 99*, 66-77.

- Brunngraber, L. S. (1986). Father-daughter incest: Immediate and long-term effects of sexual abuse. *Advances in Nursing Science*, 8, 15-35.
- Burnam, M. A., Stein, J. A., Golding, J. M., Siegel J. M., Sorenson, S. B., Forsythe, A B., & Telles, C. A. (1988). Sexual assault and mental disorders in a community population. *Journal of Consulting and Clinical Psychology*, 56, 843-850.
- Calian, C. S. (1981). Christian faith as forgiveness. *Theology Today*, 37, 439-443.
- Canale, J. (1990). Altruism and forgiveness as therapeutic agents in psychotherapy. *Journal of Religion and Health*, 29, 297-301.
- Casarjian, R. (1992). *Forgiveness: A bold choice for a peaceful heart.* New York: Bantam Books.
- Cattell, R. B., & Scheier, I. H. (1976). *The IPAT Anxiety Scale.* Champaign, IL: Institute for Personality and Ability Testing.
- Cermak, P., & Molidor, C. (1996). Male victims of child sexual abuse. *Child and Adolescent Social Work Journal*, 13, 385-400.
- Chu, J. A., & Dill, D. L. (1990). Dissociative symptoms in relation to childhood physical and sexual abuse. *American Journal of Psychiatry*, 149, 887-893.
- Coleman, P. W. (1989). *The forgiving marriage.* Contemporary: Chicago.
- Courtois, C. A. (1979). The incest experience and its aftermath. *Victimology: An International Journal*, 4, 337-347.
- Courtois, C. (1988). *Healing the incest wound: Adult survivors in therapy.* New York: Norton.
- Coyle, C. T., & Enright, R. D. (1997). Forgiveness as an intervention goal with post-abortion men. *Journal of Consulting and Clinical Psychology*, 65(6) 1042-1046.

- Cunningham, B. B. (1985). The will to forgive. A pastoral theological view of forgiving. *Journal of Pastoral Care*, 39, 141-149.
- Dahlstrom, W. G., Welsh, G. S., & Dahlstrom, L. E. (1972). *An MMPI handbook, Volume 1: Clinical Interpretation*. Minneapolis, MN: University of Minnesota Press.
- Davenport, D. S. (1991). The functions of anger and forgiveness: Guidelines for psychotherapy with victims. *Psychotherapy*, 28, 140-144.
- Davis, J. L., & Petretic-Jackson, P. A. (2000). The impact of child sexual abuse on adult interpersonal functioning: A review and synthesis of the empirical literature. *Aggression & Violent Behavior*, 5, 291-328.
- Dent, H. R., & Salkovskis, P. M. (1986). Clinical measures of depression, anxiety, and obsessionality in nonclinical populations. *Behavioral Research and Therapy*, 24, 689-691.
- Derogatis, L. R., Lipman, R. S., Rickels, K., Ulenhuth, E. H., & Covi, L. (1974). The Hopkins Symptom Checklist (HSCL): A self-report symptom inventory. *Behavioral Science*, 19, 1-15.
- Derogatis, L. R. (1975). *Derogatis Sexual Functioning Inventory*. Baltimore: Clinical Psychometric Research.
- Descutner, C. J., & Thelen, M. H. (1991). Development and validation of a fear-of-intimacy scale. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 3, 218-225.
- DiBlasio, F. A. (1992). Forgiveness in psychotherapy: Comparison of older and younger therapists. *Journal of Psychology and Christianity*, 11, 181-187.

- DiBlasio, F. A., & Benda, B. (1991). Practitioners, religion, and the use of forgiveness in the clinical setting. *Special Issue: Religious values in psychotherapy. Journal of Psychology and Christianity, 10*, 166-172.
- DiBlasio, F. A., & Proctor, J. H. (1993). Therapists and the clinical use of forgiveness. *American Journal of Family Therapy, 21*, 175-184.
- DiLillo, D., & Long, P. J. (1999). Perceptions of couple functioning among female survivors of child sexual abuse. *Journal of Child Sexual Abuse, 7*, 59-76.
- Doi, S. C., & Thelen, M. H. (1993). The fear-of-intimacy scale: replication and extension. *Psychological Assessment, 5*, 377-383.
- Draucker, C. (1992). *Cognitive survivors of childhood sexual abuse*. London: Sage Ltd.
- Droll, D. M. (1984). Forgiveness: Theory and research. (Doctoral dissertation, University of Nevada-Reno, 1985). *Dissertation Abstracts International-B, 45*, 2732.
- Eastin, D. L. (1989). The treatment of adult female incest survivors by psychological forgiveness processes. *Unpublished doctoral dissertation*, University of Wisconsin-Madison.
- Edwards, J. & Alexander, P. (1992). The contribution of family background to the long-term adjustment of women sexually abused as children. *Journal of Interpersonal Violence, 7*, 306-320.
- Elizondo, V. (1986). I forgive but I do not forget. *Concilium, 184*, 69-79.
- Elliott, D. M., & Briere, J. (1992). Sexual abuse trauma among professional women: Validating the trauma symptom checklist-40 (TSC-40). *Child Abuse & Neglect, 16*, 391-398.

- Ellison, C. (1983). Spiritual well-being: conceptualization and measurement. *Journal of Psychology and Theology, 11*, 330-340.
- Engel, B. (1989). *The right to innocence: Healing the trauma of childhood sexual abuse*. Los Angeles: Jeremy P. Tarcher, Inc.
- Enright, R. D., & the Human Development Group (1991). The moral development of forgiveness. In W. Kurtines & J. Gewirtz (Eds.), *Handbook of moral behavior and development (Vol. 1)*. Hillsdale, NJ: Lawrence Erlbaum
- Enright, R. D. & the Human Development Group (1994). Piaget on the moral development of forgiveness: Identity or reciprocity? *Human Development, 37*, 63-80.
- Enright, R. D., Eastin, D. C., Golden, S., Sarinopoulos, I., & Freedman, S. C. (1992). Interpersonal forgiveness within the helping professions: an attempt to resolve differences of opinion. *Counseling and Values, 36*, 84-103.
- Enright, R. D., & Coyle, C. T. (1998). Researching the process model of forgiveness within psychological interventions. In E. L. Worthington (Ed.) *Dimensions of Forgiveness*. Radnor, PA: Templeton Foundation Press.
- Enright, R. D., Freedman, S. C., & Rique, J. (1998). The psychology of interpersonal forgiveness. In R. D. Enright & J. North (Eds.) *Exploring Forgiveness*. Madison, WI: University of Wisconsin Press.
- Enright, R. D., Gassin, E. A., & Wu, C. (1992). Forgiveness: A developmental view. *Journal of Moral Education, 21*, 99-114.

- Enright, R. D., & Eastin, D. L. (1992). Interpersonal forgiveness within the helping professions: an attempt to resolve differences of opinion. *Counseling and Values, 26*, 84-104.
- Enright, R. D., Rique J., & Coyle, C. T. (2000). *The Enright Forgiveness Inventory (EFI) User's Manual*. Madison, WI: International Forgiveness Institute.
- Enright, R. D., Santos, M J. D., & Al-Mabuk, R. (1989). The adolescent as forgiver. *Journal of Adolescence, 12*, 95-110.
- Enright R. D., & Zell, R. L. (1989). Problems encountered when we forgive one another. *Journal of Psychology and Christianity, 8*, 52-60.
- Farmer, S. (1989). *Adult children and abusive parents*. Los Angeles: Lowell House.
- Feinauer, L. L., Callahand, E. H., & Hilton, H. G. (1996). Positive intimate relationships decrease depression in sexually abused women. *American Journal of Family Therapy, 24*, 99-106.
- Feinauer, L. L., Mitchell, J., Harper, J. M., & Dane, S. (1996). The impact of hardiness and severity of childhood sexual abuse on adult adjustment. *The American Journal of Family Therapy, 24*, 206-214.
- Finkelhor, D. (1979). *Sexually victimized children*. New York: Free Press.
- Finkelhor, D. (1981). The sexual abuse of boys. *Victimology: An International Journal, 6*, 76-84.
- Finkelhor, D. (1984). *Child sexual abuse: New theory and research*. New York: Free Press.

- Finkelhor, D. (1986). Initial and long-term effects: A conceptual framework. In Finkelhor, D. (ed.), *A Sourcebook on Sexual Abuse* (pp. 180-197). Beverly Hills, CA: Sage.
- Finkelhor, D. (1987). The sexual abuse of children. Current research reviewed. *Psychiatric Annals: The Journal of Continuing Psychiatric Education*, 17, 33-237, 241.
- Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry*, 55, 530-541.
- Finkelhor, D., Hotaling, G., Lewis, I. A., & Smith, C. (1989). Sexual abuse and its relationship to later sexual satisfaction, marital status, religion, and attitudes. *Journal of Interpersonal Violence*, 4, 279-399.
- Finkelhor, D., Hotaling, G., Lewis, I. A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse and Neglect*, 14, 19-28.
- Fisher, S. F. (1985). Identity of two: The phenomenology of shame in borderline development and treatment. *Psychotherapy*, 23, 629-633.
- Fitzgibbons, R. P. (1986). The cognitive and emotive uses of forgiveness in the treatment of anger. *Psychotherapy*, 23, 629-633.
- Flanigan, B. (1987). Shame and forgiving in alcoholism. *Alcoholism Treatment Quarterly*, 4, 181-195.
- Flanigan, B. (1992). *Forgiving the unforgivable*. New York: MacMillan.
- Follette, V. M., Ruzek, J. I., & Abueg, F. R. (1998). *Cognitive-behavioral therapies for trauma*. New York: Guilford.

- Follette, V. M. (1994). Acceptance and commitment in the treatment of incest survivors: A contextual approach. In S. C. Hayes, N. S. Jacobson, V. M. Follette, & M. Dougher (Eds.), *Acceptance and Change in Psychotherapy* (pp. 247-269). Reno, NV: Context Press.
- Fortune, M. M. (1988). Forgiveness: The last step. In A. L. Horton & J. A. Williams (Eds.) *Abuse and religion: when praying isn't enough*. Lexington, MA: D.C. Heath & Co.
- Forward, S. (1989). *Toxic parents*. New York: Bantam Books.
- Framo, J. L. (1976). Family-of-origin, a therapeutic resource for adults in marital and family therapy: You should and can go back home again. *Family Process*, 15, 193-210.
- Freedman, S. (1994). Forgiveness as an educational intervention goal with incest survivors. (Doctoral dissertation, University of Wisconsin-Madison, 1995). *Dissertation Abstracts International-B*, 55, 3034.
- Freedman, S. (1998). Forgiveness and reconciliation: the importance of understanding how they differ. *Counseling and Values*, 42, 200-217.
- Freedman S. R., & Enright, R. D. (1996). Forgiveness as an intervention goal with incest survivors. *Journal of Consulting and Clinical Psychology*, 62, 983-992.
- Friedman, M., Thoresen, C. E., Gill, J., Ulmer, D., Powell, L.H., Price, V. A., Brown, B., Thompson, L., Rabin, D., Breall, W. S., Bourg, W., Levy, R., & Dixon, T. (1986). Alteration of Type A behavior and its effect on cardiac recurrences on post-myocardial infarction patients: Summary results of the Recurrent Coronary Prevention Project. *American Heart Journal*, 112, 653-665.

- Fromuth, M. E. (1986). The relationship of childhood sexual abuse with later psychological and sexual adjustment in a sample of college women. *Child Abuse and Neglect, 10*, 5-15.
- Fydrich T., Dowdall, D., & Chambless, D. L. (1990, March) *Aspects of reliability and validity for the Beck Anxiety Inventory*. Paper presented at the National Conference on Phobias and Related Anxiety Disorders, Bethesda, MD.
- Gartner, J. (1988). The capacity to forgive: An object relations perspective. *Journal of Religion and Health, 27*, 313-320.
- Gassin, E. A. (2000). Are Christians obliged not to forgive? A response to Martin (1997). *Journal of Psychology and Theology, 28*, 36-43.
- Girard, M., & Mullet, E. (1997). Propensity to forgive in adolescents, young adults, older adults, and elderly people. *Journal of Adult Development, 4*, 209-220.
- Gold, E. R. (1986). Long-term effects of sexual victimization in childhood: An attributional approach. *Journal of Consulting and Clinical Psychology, 54*, 471-475.
- Good, L. R., & Good, K. C. (1973). An objective measure of the motive to avoid appearing incompetent. *Psychological Reports, 32*, 1075-1078.
- Gordon, K. C., & Baucom, D. H. (1998). Understanding betrayals in marriage: a synthesized model of forgiveness. *Family Process, 37*, 425-449.
- Gorsuch, R. L., & Hao, J. Y. (1993). Forgiveness: an exploratory factor analysis and its relationship to religious variables. *Review of Religious Research, 34*, 333-347.
- Gorsuch, R. L., & Venable, G. D. (1983). Development of an 'age-universal' I-E revised scale. *Journal for the Scientific Study of Religion, 22*, 181-187.

- Greenwald, E., & Leitenberg, H. (1990). Post-Traumatic Stress Disorder in a nonclinical and nonstudent sample of adult women sexually abused as children. *Journal of Interpersonal Violence, 5*, 217-228.
- Grosskopf, B. (1999). *Forgive your parents, heal yourself: How understanding your painful legacy can transform your life*. New York: The Free Press.
- Groth, A. N., & Birnbaum, H. J. (1978). Adult sexual orientation and attraction to underage persons. *Archives of Sexual Behavior, 7*, 175-181.
- Groth, A. N., Hobson, W. F., & Gary, T. S. (1982). *Journal of Social Work & Human Sexuality, 1*, 129-144.
- Hamilton, M. (1959). The assessment of anxiety states by rating. *British Journal of Medical Psychology, 32*, 50-55.
- Hamilton, M. (1960). A rating scale for depression. *Journal of Neurology and Neurosurgical Psychiatry, 23*, 50-55.
- Harder, D. W., & Lewis, S. J. (1986). The assessment of shame and guilt. In C. D. Spielberger & J. N. Butcher (Eds.). *Advances in Personality Assessment, 6*, 89-114.
- Hargrave, T. D., & Sells, J. N. (1997). The development of a forgiveness scale. *Journal of Marital and Family Therapy, 23*, 41-62.
- Harrison, P. A., Hoffman, N. G., CATOR/Ramsey Clinic, Edwall, G. E., & Baylor University (1989). Sexual abuse correlates: Similarities between male and female adolescents in chemical dependency treatment. *Journal of Adolescent Research, 4*(3) 385-399.

- Hathaway, S. R., & McKinley, J. C. (1943). *The Minnesota Multiphasic Personality Inventory* (rev. ed.). Minneapolis, MN: University of Minnesota Press.
- Haugaard, J. J., & Reppucci, N. D. (1988). *The sexual abuse of children: A comprehensive guide to current knowledge and intervention strategies*. San Francisco, CA: Jossey-Bass Inc.
- Hayes, S. C. (1987). A contextual approach to therapeutic change. In N. S. Jacobson (Ed.), *Psychotherapists in clinical practice: Cognitive and behavioral perspectives* (pp. 327-387). New York: Guilford Press.
- Hazan, C., & Shaver, P. R. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, *52*, 511-524.
- Hebl, J. H. (1990). Forgiveness as a counseling goal with elderly females. (Doctoral dissertation, University of Wisconsin-Madison, 1990). *Dissertation Abstracts International-A*, *51*, 1119.
- Hebl, J. H., & Enright, R. D. (1993). Forgiveness as a psychotherapeutic goals with elderly females. *Psychotherapy*, *30*, 658-667.
- Herman, J. L. (1981). *Father-daughter incest*. Cambridge, MA: Harvard University Press.
- Herman, J. L. (1992). *Trauma and recovery*. New York: Basic Books.
- Hoblitzelle, W. (1985). *Developing a measure of shame and guilt and the role of shame in depression*. Unpublished doctoral dissertation, Yale University, New Haven.
- Hoge, D. R. (1972). A validated intrinsic religious motivation scale. *Journal for the Scientific Study for Religion*, *11*, 369-376.

- Holeman, V. T., & Myers, R. W. (1997). Effects of forgiveness of perpetrators on marital adjustment for survivors of sexual abuse. *Family Journal*, 5, 182-189.
- Holmgren, M. (1993). Forgiveness and the intrinsic value of persons. *American Philosophical Quarterly*, 30, 341-352.
- Hoon, E. F., Hoon, P. W., & Wincze, J. P. (1976). An inventory for the measurement of female sexual arousability: the SAI. *Archives of Sexual Behavior*, 5, 291-300.
- Hope, D. (1987). The healing paradox of forgiveness. *Psychotherapy*, 24, 240-244.
- Horsbrugh, H. J. N. (1974). Forgiveness. *Canadian Journal of Philosophy*, 4, 269-282.
- Human Development Study Group (1991). Five points on the construct of forgiveness within psychotherapy. *Psychotherapy*, 28, 493-496.
- Hunter, R. C. A. (1978). Forgiveness, retaliation, and paranoid reactions. *Canadian Psychiatric Association Journal*, 23, 167-173.
- Hunter, J. A. (1991). A comparison of the psychosocial adjustment of adult males and females sexually molested as children. *Journal of Interpersonal Violence*, 6, 205-217.
- Jackson, J. L., Calhoun, K. S., Amick, A. E., Maddever, H. M., & Habif (1990). Young adult women who report childhood intrafamilial sexual abuse: Subsequent adjustment. *Archives of Sexual Behavior*, 19, 211-221.
- Jampolsky, G. G. (1985). *Good-bye to guilt*. New York: Bantam Books.
- Janoff-Bulman, R., & Frieze, I. H., (1983). A theoretical perspective for understanding reactions to victimization. *Journal of Social Issues*, 39, 1-17.
- Janoff-Bulman, R. (1992). Esteem and control bases if blame: "Adaptive" strategies for victims versus observers. *Journal of Personality*, 50, 180-192.

- Jehu, D. (1988). *Beyond sexual abuse. Therapy with women who were childhood victims*. New York: Wiley.
- Jehu, D. (1989). Mood disturbances among women clients sexually abused in childhood: Prevalence, etiology, treatment. *Journal of Interpersonal Violence*, 4, 164-184.
- Jehu, D., Gazan, M., & Klassen, C. (1984). Common therapeutic targets among women who were sexually abused in childhood. *Journal of Social Work & Human Sexuality*, 3, 25-45.
- Jehu, D., Klassen, C., & Gazan, M. (1985). Cognitive restructuring of distorted beliefs associated with childhood sexual abuse. *Journal of Social Work & Human Sexuality*, 4, 49-69.
- Johnson, T. C. (1989). Female child perpetrators: Children who molest other children. *Child Abuse and Neglect*, 13, 571-585.
- Johnson, R. L., & Shrier, D. K. (1985). Sexual victimization of boys. *Journal of Adolescent Health Care*, 6, 372-376.
- Johnson, D. R., Feldman, S. C., Lubin, H., & Southwick, S. M. (1995). The therapeutic use of ritual and ceremony in the treatment of post-traumatic stress disorder. *Journal of Traumatic Stress*, 8, 283-298.
- Joy, S. S. (1985). Abortion: an issue to grieve? *Journal of Counseling and Development*, 63, 375-376.
- Kaufman, M. E. (1984). The courage to forgive. *Israeli Journal of Psychiatry and Related Sciences*, 21, 177-187.

- Kendall-Tackett, K. A., & Simon, A. F. (1987). Perpetrators and their acts: Data from 365 adults molested as children. *Child Abuse & Neglect, 11*, 237-245.
- Kendall-Tackett, K. A., & Simon, A. F. (1992). A comparison of the abuse experiences of male and female adults molested as children. *Journal of Family Violence, 7*, 57-62.
- Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies: *Psychological Bulletin, 13*, 164-180.
- Kirschner, S., Kirschner, D. A., & Rappaport, R. L. (1993). *Working with adult incest survivors: the healing journey*. Plenum Press: New York.
- Kohlberg, L. A. (1976). Moral stages and moralization: the cognitive development approach, in T. Lickona (Ed.) *Moral Development and Behavior: Theory, research, and social issues*. New York: Holt.
- Krug, R. S. (1989). Adult male reports of childhood sexual abuse by mothers: Case descriptions, motivations and long-term consequences. *Child Abuse and Neglect, 13*, 111-119.
- Lantz, G. L. (1998). *Becoming strong again*. Grand Rapids, MI: Fleming H. Revill.
- Lapsley, J. N. (1966). Reconciliation, forgiveness, lost contracts. *Theology Today, 22*, 44-59.
- Lauritzen, P. (1987). Forgiveness: moral prerogative or religious duty? *Journal of Religious Ethics, 15*, 141-150.
- Lewis, M. (1980). On forgiveness. *Philosophical Quarterly, 30*, 236-245.

- Lundberg-Love, P. K., Marmion, S. Ford., K., Geffner, R., & Peacock, L. (1992). The long-term consequences of childhood incestuous victimization upon adult women's psychological symptomatology. *Journal of Child Sexual Abuse, 1*, 81-102.
- Madanes, C. (1990). *Sex, love, and violence: Strategies for transformation*. New York: Norton.
- Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood, and adulthood: A move to the level of representation. *Monographs of the Society for Research in Child Development, 50*, 66-104.
- Maltz, W., & Holman, B. (1987). *Incest and sexuality: A guide to understanding and healing*. Lexington, MA: Lexington Books.
- Maltz, W. (1988). Identifying and treating the sexual repercussions of incest: A couples therapy approach. *Journal of Sex and Marital Therapy, 14*, 142-170.
- Mannarino, A. P., & Cohen, J. A. (1996). Abuse-related attributions and perceptions, general attributions, and locus of control in sexually abused girls. *Journal of Interpersonal Violence, 11*, 162-180.
- Martin, M. W. & Denton, R. T. (1998). Defining forgiveness: An empirical exploration of process and role. *American Journal of Family Therapy, 26*, 281-292.
- Mauger, P. A. Perry, J. E., Freeman, T., et al. (1992). The measurement of forgiveness: Preliminary research. *Journal of Psychology and Christianity, 11*, 170-180.
- McCullough, M. E., & Worthington, E. L., Jr. (1994). Models of interpersonal forgiveness and their applications to counseling. Review and critique. *Counseling and Values, 39*, 3-14.

- McCullough, M. E., Worthington, E. L., & Rachal, C. K. (1997). Interpersonal forgiving in close relationships. *Journal of Personality and Social Psychology*, 73, 321-332.
- McCullough, M. E., Sandage, S. J., & Worthington, E. L. (1997). *To forgive is human*. Downers Grove, IL: InterVarsity.
- McGary, H. (1989). Forgiveness. *American Philosophical Quarterly*, 26, 343-351.
- McLeer, S. V., Callaghan, M., Henry, D., & Wallen, J. (1994). Psychiatric disorders in sexually abused children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 33, 313-319.
- Meiselman, K. (1978). *Incest*. San Francisco: Jossey-Bass.
- Messman, T. L., & Long, P. J. (1996). Child sexual abuse and its relationship to revictimization in adult women: A review. *Clinical Psychology Review*, 16, 397-420.
- Messman-Moore, T. L., Long, P. J., & Siegfried, N. J. (2000). The revictimization of child sexual abuse survivors: An examination of the adjustment of college women with child sexual abuse, adult sexual assault, and adult physical abuse. *Child Maltreatment*, 5, 18-27.
- Miller, B. A., Downs, W. R., Gondoli, D. M., & Keil, A. (1987). The role of childhood sexual abuse in the development of alcoholism in women. *Violence and Victims*, 2, 157-172.
- Miller, B. C., Monson, B. H., & Norton, M. C. (1995). The effects of forced sexual intercourse on white female adolescents. *Child Abuse & Neglect*, 19, 1289-1301.

- Molnar, B. E., Buka, S. L., & Kessler, R. C. (2001). Child sexual abuse and subsequent psychopathology: Results from the National Comorbidity Study. *American Journal of Public Health, 91*, 753-761.
- Montville, J. V. (1989). Psychoanalytic enlightenment and the greening of diplomacy. *Journal of the American Psychoanalytic Association, 37*, 297-318.
- Moon, V. (1989). Self-concept, shame, guilt, and psychosexual functioning in adult female incest victims. Doctoral dissertation, California School of Professional Psychology-LA). *Dissertation Abstracts International, 51*, 996B.
- Mosher, D. L. (1987). Revised Mosher Guilt Inventory. In C. M. Davis, W. L. Yarber, & S. L., Davis (Eds.). *Sexuality related measures: A compendium*. Syracuse, NY: Syracuse University.
- Mowrer, O. H. (1960). *Learning theory and behavior*. New York: Wiley.
- Mullen, P. E., Romans-Clarkson, S. E., Walton, V. A., & Herbison, G. P. (1988). Impact of sexual and physical abuse on women's mental health. *The Lancet, April 16*, 841-845.
- Murphy, J. G. (1982). Forgiveness and resentment. *Midwest Studies in Philosophy, 7*, 503-516.
- Murphy, J. G. & Hampton, J. (1988). *Forgiveness and Mercy*. Cambridge, MA: Cambridge University Press.
- Murphy, S. M., Kilpatrick, D., Amick-McMullan, A., Veronen, L. J., Paduhovich, J., Best, C. L., Villepontaux, L. A., & Saunders, B. E. (1988). Current psychological functioning of child sexual assault survivors: A community study. *Journal of Interpersonal Violence, 3*, 55-79.

- Nagy, S. (2000). Psychosocial and behavioral measures among female adolescent victims of sexual abuse: Differences based on perpetrator identity. *American Journal of Health Studies, 16*, 1-6.
- Nash, M. R., Zivney, O. A., & Hulsey, T. (1993). Characteristics of sexual abuse associated with greater psychological impairment among children. *Child Abuse & Neglect, 17*, 401-408.
- National Clearinghouse on Child Abuse and Neglect (NCCAN). (1993). *Executive summary of the third national incidence study of child abuse and neglect*. Available from National Clearinghouse on Child Abuse and Neglect Web site, <http://www.calib.com/nccanch/database/>
- Neblett, W. R. (1974). Forgiveness and ideals. *Mind, 83*, 269-275.
- Nelson, M. K. (1992). A new theory of forgiveness. Doctoral dissertation, Purdue University, West Lafayette, IN, 1992). *Dissertation Abstracts International-A, 56*, 2269.
- Nelson, D. E., Higginson, G., K., & Grant-Worley, J. A. (1994). Using the Youth Risk Behavior Survey to estimate prevalence of sexual abuse among Oregon high school students. *Journal of School Health, 64*, 413-416.
- Neumann, D. A., Houskamp, B. M., Pollock, V.E., & Briere, J. (1996). The long-term sequelae of childhood sexual abuse in women: A meta-analytic review. *Child Maltreatment, 1*, 6-22.
- North, J. (1987). Wrongdoing and forgiveness. *Philosophy, 62*, 499-508.

- Nowinski, J., Baker, S., & Carroll, K. (1992). *Twelve-step facilitation therapy manual: clinical research guide for therapists treating individuals with alcohol abuse and dependence* (Vol. I, Project MATCH Monograph Series). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.
- Owens, G. P., & Chard, K. M. (2001). Cognitive distortions among women reporting childhood sexual abuse. *Journal of Interpersonal Violence, 16*, 178-191.
- Paolucci, E. O., Genuis, M. L., Violato, C. (2001). A meta-analysis of the published research on the effects of child sexual abuse. *Journal of Psychology, 135*, 17-37.
- Patat, J. (1990). *The role of developmental level in adjustment in victims of childhood sexual abuse*. Unpublished honors thesis, University of Georgia, Athens, Georgia.
- Pattison, E. M. (1965). On the failure to forgive or to be forgiven. *American Journal of Psychotherapy, 31*, 106-115.
- Pattison, E. M. (1982). Management of religious issues in family therapy. *International Journal of Family Therapy, 4*, 140-163.
- Pattison, E. M. (1989). Punitive and reconciliation models of forgiveness. In L. Aden & D.G. Benner (Eds.), *Counseling and the human predicament: A study of sin, guilt, and forgiveness*. Grand Rapids: MI: Baker.
- Peters, S. D., Wyatt, G. E., & Finkelhor, D. (1986). Prevalence. In D. Finkelhor (Ed.), *A sourcebook on child sexual abuse* (pp. 15-59). Beverly Hills: Sage.

- Peters, S. (1988). Child sexual abuse and later psychological problems. In G. Wyatts and G. Powell (Eds.), *Lasting effects of child sexual abuse* (pp. 101-117). Newbury Park, Ca: Sage
- Pierce, R. & Pierce, L. H. (1985). The sexually abused child: A comparison of male and female victims. *Child Abuse and Neglect, 9*, 191-199.
- Pingleton, J. P. (1989). The role and function of forgiveness in the psychotherapeutic process. *Journal of Psychology and Theology, 17*, 25-35.
- Plante, T.G., & Boccaccini, M.T. (1997a). The Santa Clara Strength of Religious Faith Questionnaire. *Pastoral Psychology, 45*, 375-387.
- Plante, T.G., & Boccaccini, M.T. (1997b). Reliability and validity of the Santa Clara Strength of Religious Faith Questionnaire. *Pastoral Psychology, 45*, 429-437.
- Plante, T.G., Yancey, S., Sherman, A., Guertin, M., & Partdini, D. (1999). Further validation for the Santa Clara Strength of Religious Faith Questionnaire. *Pastoral Psychology, 48*, 11-21.
- Poloma, M. M., & Gallup, G. H. (1991). Unless you forgive others: Prayer and forgiveness. In *Varieties of prayer* (pp. 85-106). Philadelphia: Trinity Press.
- Polusny, M. A., & Follette, V. M. (1995). Long-term correlates of child sexual abuse: Theory and review of the empirical literature. *Applied and Preventative Psychology, 4*, 143-166.
- Richards, N. (1988). Forgiveness. *Ethics, 99*, 77-97.
- Riskand, J., Beck, A. T., Brown, G., & Steer, R. A. (1987). Taking the measure of anxiety and depression: Validity of the reconstructed Hamilton scales. *Journal of Nervous and Mental Disease, 175*, 474-479.

- Rosenak, C., & Harnden, G. M. (1992). Forgiveness in the psychotherapeutic process: Clinical applications. *Journal of Psychology and Christianity, 11*, 188-197.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Rowan, A. B., & Foy, D. W. (1993). Post-traumatic stress disorder in child sexual abuse survivors: A literature review. *Journal of Traumatic Stress, 6*, 3-21.
- Ruggiero, K. J., McLeer, S. V., & Dixon, J. F. (2000). Sexual abuse characteristics associated with survivor psychopathology. *Child Abuse and Neglect, 24*, 951-964.
- Rumstein-McKeen, O., & Hunsley, J. (2001). Interpersonal and family functioning of female survivors of childhood sexual abuse. *Clinical Psychology Review, 21*, 471-490.
- Russell, D. E. H. (1983). The incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children. *Child Abuse & Neglect, 7*, 133-146.
- Russell, D. E. H. (1986). *The secret trauma: Incest in the lives of girls and women*. New York: Basic Books.
- Safer, J. (1999). Must you forgive? *Psychology Today (July/August)*, 30-34, 70-73.
- Sarinopoulos, I. C. (1996). *Forgiveness in adolescence and middle adulthood: Comparing the Enright Forgiveness Inventory with the Wade Forgiveness Scale*. Unpublished master's thesis, University of Wisconsin-Madison.
- Sauzier, M., Salt, P., & Calhoun, (1990). The effects of child sexual abuse. In Gomes-Schwartz, Horowitz, & Cardarelli (Eds), *Child Sexual Abuse: The Initial Effects*. Newbury Park, CA: SAGE Publications.

- Scott, R.I., & Day, H.D. (1996). Association of abuse-related symptoms and style of anger expression for female survivors of childhood incest. *Journal of Interpersonal Violence, 11*, 206-220.
- Sedlak, A. J., & Broadhurst, D. D. (1996). *Third national incidence study of child abuse and neglect: Final report*. Washington, D.C.: U.S. Department of Health and Human Services.
- Sedney, M A., & Brooks, B. (1984). Factors associated with a history of childhood sexual experience in a nonclinical female population. *Journal of the American Academy of Child Psychiatry, 23*, 215-218.
- Sells, J. N., & Hargrave, T. D. (1998). Forgiveness: a review of the theoretical and empirical literature. *Journal of Family Therapy, 20*, 21-36.
- Sherman, A.C., Plante, T.G., Simonton, S., Adams, D.C., Burris, S.K., & Harbison, C. (1999). Assessing religious faith in medical patients: Cross-validation of the Santa Clara Strength of Religious Faith Questionnaire. *Pastoral Psychology, 48*, 129-141.
- Shontz, F. C., & Rosenak, C. (1988). Psychological theories and the need for forgiveness. *Journal of Pastoral Care, 7*, 23-31.
- Smedes, L. B. (1984). *Forgive and forget: Healing the hurts we don't deserve*. San Francisco: Harper & Row.
- Smedes, L. B. (1996). *The art of forgiving: when you need to forgive and don't know how*. Nashville, TN: Moorings.
- Smith, M. (1981). The psychology of forgiveness, *The Month, 14*, 301-307.

- Spidell, S., & Liberman, D. (1981). Moral development and the forgiveness of sin. *Journal of Psychology and Theology, 9*, 159-163.
- Spiegel, D., Bloom, J. R., Kraemer, H. C., & Gottheil, E. (1989). Effects of psychosocial treatment on survival of patients with metastatic breast cancer. *Lancet, 14*, 888-891.
- Spielberger, C.D., Gorsuch, R. L., Lushene, R., Vagg, P. R., & Jacobs, G. A. (1983). *The State-Trait Anxiety Inventory (STAI)*. Palo Alto, CA: Consulting Psychologists Inc.
- Spielberger, C. D. (1983). *Manual for the State-Trait Anxiety Inventory (Form Y)*. Palo Alto, CA: Consulting Psychologists Press.
- Spielberger, C. D. (1991). *State-Trait Anger Expression Inventory: Revised Research Edition* (Rev. ed.). Odessa, FL: Psychological Assessment Resources.
- Stein, J., Golding, J., Siefel, J., Burnham, M., & Sorenson, S. (1988). Long-term psychological sequelae of child sexual abuse: The Los Angeles Epidemiological Catchment Area Study. In G. Wyatt & G. Powell (Eds.), *Lasting effects of child sexual abuse* (pp 135-154). Newbury Park, CA: Sage.
- Stern, A. E., Lynch, D. L., Oates, R. K., O'Toole, B. I., & Cooney, G. (1995). Self-esteem, depression, behavior, and family functioning in sexually abused children. *Journal of Child Psychology & Psychiatry, 36*, 1077-1089.
- Studzinski, R. (1986). Remember and forgive: Psychological dimensions of forgiveness. *Concilium, 184*, 12-21.

- Subkoviak, M., Enright, R. D., Wu, C-R., Gassin, E., Freedman, S., Olson, L., & Sarinopoulos, I. (1992, April). *Measuring interpersonal forgiveness*. Paper presented at the annual meeting of the American Educational Research Association, San Francisco, CA. (April, 1992).
- Subkoviak, M., Enright, R. D., Wu, C-R., Gassin, E., Freedman, S., Olson, L. M., Sarinopoulos, I. (1995). Measuring interpersonal forgiveness in late adolescence and middle adulthood. *Journal of Adolescence*, 18, 641-655.
- Swink, K. K. & Leveille, A. E. (1986). From victim to survivor: A new look at the issues and recovery process for adult incest survivors. *Women and Therapy*, 5, 119-141.
- Thompson, R. D. (1983). The Wesleyan and the struggle to forgive. *Wesleyan Theological Journal*, 18, 81-92.
- Todd, E. (1985). The value of confession and forgiveness according to Jung. *Journal of Religion and Health*, 24, 39-48.
- Tong, L., Oates, K., & McDowell, M. (1987). Personality development following sexual abuse. *Child Abuse & Neglect*, 11, 371-383.
- Tracy, S. (1999). Sexual abuse and forgiveness. *Journal of Psychology and Theology*, 27, 219-229.
- Trickett, P. K., & Putnam, F. W. (1993). Impact of child sexual abuse on females: Toward a developmental, psychobiological integration. *Psychological Science*, 4, 81-87.

- Trainer, M. (1981). Forgiveness: Intrinsic, role-expected, expedient, in the context of divorce. (Doctoral dissertation, Boston University, 1984). *Dissertation Abstracts International-B*, 45, 1325.
- Tsai, M., Feldman-Summers, S., & Edgar, M. (1979). Childhood molestation: Variables related to differential impacts on psychosexual functioning in adult women. *Journal of Abnormal Psychology*, 88, 407-417.
- Veenstra, G. (1992). Psychological concepts of forgiveness. *Journal of Psychology and Christianity*, 11, 160-169.
- Vogeltanz, N. D., Wilsnack, S.C., Harris, T. R., Wilsnack, R. W., Wonderlich, S. A., & Kristanjon, A. F. (1999). Prevalence and risk factors for childhood sexual abuse in women: National survey findings. *Child Abuse & Neglect*, 23, 579-592.
- Wade, S. H. (1989). *The development of a scale to measure forgiveness*. Unpublished doctoral dissertation, Fuller Theological Seminary.
- Wapnick, K. (1985). Forgiveness: a spiritual psychotherapy. *Psychotherapy Patient*, 1, 47-53.
- Weedman, C., Warren, J., & Marx, P. (1974). *A test of self-concept incongruence*. Unpublished paper. California School of Professional Psychology. San Diego: CA.
- Weiner, B. (1995). *Judgments of responsibility*. New York: Guilford Press.
- Weiner, B., Graham, S., Peter, O., & Zmuidinas, M. (1991). Public confession and forgiveness. *Journal of Personality*, 59, 281-312.
- Weissman, M. M., & Bothwell, S. (1976). Assessment of social adjustment by patient self-report. *Archives of General Psychiatry*, 33, 1111-1115.

- Weissmann Wind, T., & Silvern, L. (1992). Type and extent of child abuse as predictors of adult functioning. *Journal of Family Violence, 7*, 261-281.
- Will, D. (1983). Approaching the incestuous and sexually abusive family. *Journal of Adolescence, 6*, 229-246.
- Williams, M. B. (1990). *PTSD and child sexual abuse: The enduring effects*. Paper presented at the annual meeting of The Society for Traumatic Stress Studies, New Orleans, LA.
- Wilson, H. P. (1994). Forgiveness and survivors of sexual abuse: Relationships among forgiveness of the perpetrator and spiritual well-being, depression, and anxiety. (Doctoral dissertation, Boston University, 1994). *Dissertation Abstracts International-A, 55*, 616.
- Wolberg, A. R. (1973). *The borderline patient*. New York: Intercontinental Medical Book Co.
- Worthington, E. L., Jr., & DiBlasio, F. A. (1990). Promoting mutual forgiveness within the fractured relationship. *Psychotherapy, 27*, 219-223.
- Worthington, E. L., Jr. (1998a). The Pyramid Model of forgiveness: Some interdisciplinary speculations about unforgiveness and the promotion of forgiveness. In E. L. Worthington, Jr. (Eds), *Dimensions of forgiveness: Psychological research and theological perspectives*. Philadelphia: Templeton Foundation Press.

- Worthington, E. L., Jr. (1998b). Empirical research in forgiveness: Looking backward, looking forward. In E. L. Worthington, Jr. (Ed.), *Dimensions of forgiveness: Psychological research and theological perspectives*. Philadelphia: Templeton Foundation Press.
- Wyatt, G. E., & Peters, S. D. (1986a). Issues in the definition of child sexual abuse in prevalence research. *Child Abuse & Neglect, 10*, 231-240.
- Wyatt, G. E., & Peters, S. D. (1986b). Methodological considerations in research on the prevalence of child sexual abuse. *Child Abuse & Neglect, 10*, 241-251.
- Wyatt, G. E., Guthrie, D., & Notgrass, C. M. (1992). Differential effects of women's child sexual abuse and subsequent sexual revictimization. *Journal of Consulting and Clinical Psychology, 60*, 167-173.
- Yama, M. F., Tovey, S. L., & Foga, B. S. (1993). Childhood family environment and sexual abuse as predictors of anxiety and depression in adult women. *American Journal of Orthopsychiatry, 63*, 136-141.
- Zelin, M.L., Bernstein, S. B., Heijn, C., Jampel, R. M., Myerson, P. C., Adler, G., Buie, D. H., Jr., & Rizzuto, A. M. (1983). The Sustaining Fantasy Questionnaire: Measurement of sustaining functions of fantasies in psychiatric inpatients. *Journal of Personality Assessment, 47*, 427-439.
- Zierler, S., Feingold, L., Laufer, D., Valentas, P., Kantrowitz-Gordon, I., & Mayer, K. (1991). Adult survivors of childhood sexual abuse and subsequent risk of HIV infection. *American Journal of Public Health, 81*, 572-575.

Table 1

Simple Intercorrelations of Study Variables

	BDI	BAI	TAN	AEX	FIS	EFI	PA	PB	PC	NA	NB	NC
BDI	-	.57*** (52)	.52*** (51)	.37** (51)	.27 (50)	-.14 (47)	-.05 (47)	-.12 (47)	-.17 (47)	-.09 (47)	-.18 (47)	-.26 (47)
BAI		-	.26 (51)	.06 (51)	.39** (50)	-.08 (47)	-.03 (47)	-.04 (47)	-.09 (47)	-.04 (47)	-.12 (47)	-.14 (47)
TAN			-	.65*** (51)	.37** (50)	-.20 (46)	-.11 (46)	-.16 (46)	-.23 (46)	-.15 (46)	-.20 (46)	-.29* (46)
AEX				-	.21 (50)	-.31* (46)	-.20 (46)	-.30* (46)	-.33* (46)	-.21 (46)	-.29* (46)	-.41** (46)
FIS					-	.12 (45)	.19 (45)	.08 (45)	.14 (45)	.14 (45)	.04 (45)	.08 (45)
EFI						-	.93*** (47)	.96*** (47)	.96*** (47)	.93*** (47)	.88*** (47)	.89*** (47)
PA							-	.93*** (47)	.88*** (47)	.84*** (47)	.76*** (47)	.75*** (47)
PB								-	.92*** (47)	.86*** (47)	.80*** (47)	.82*** (47)
PC									-	.84*** (47)	.81*** (47)	.87*** (47)
NA										-	.81*** (47)	.80*** (47)
NB											-	.71*** (47)
NC												-

Table 1 continued

	SEV	RLT	PER	REL	REC	FOR	IMP	AGE	MS	RAC	SES
BDI	-.04 (52)	.16 (52)	-.14 (49)	-.35* (51)	.01 (49)	.22 (50)	-.14 (48)	.04 (51)	.17 (48)	-.30 (52)	.17 (48)
BAI	.08 (52)	.08 (52)	.02 (49)	-.11 (51)	.13 (49)	.16 (50)	.05 (48)	.16 (51)	.03 (48)	-.04 (52)	-.18 (48)
TAN	-.08 (51)	.02 (51)	-.04 (48)	-.05 (50)	-.16 (48)	.22 (49)	.07 (47)	-.22 (50)	-.08 (48)	-.04 (51)	-.07 (47)
AEX	-.14 (51)	-.06 (51)	-.07 (48)	-.11 (50)	-.25 (48)	.04 (49)	-.08 (47)	-.23 (50)	-.09 (48)	-.10 (50)	-.25 (47)
FIS	-.22 (50)	.04 (50)	-.02 (47)	-.13 (49)	.15 (47)	.06 (48)	-.19 (46)	.12 (49)	-.13 (47)	-.01 (50)	-.21 (46)
EFI	-.09 (47)	.11 (47)	-.37** (47)	.05 (46)	.65*** (46)	-.14 (47)	.36** (47)	-.06 (46)	-.11 (43)	.10 (47)	.11 (43)
PA	-.08 (47)	.11 (47)	-.35* (47)	-.06 (46)	.64*** (46)	-.04 (47)	.27 (47)	-.06 (46)	-.10 (43)	-.03 (47)	.14 (43)
PB	-.03 (47)	.12 (47)	-.30* (47)	.11 (46)	.62*** (46)	-.10 (47)	.38** (47)	-.10 (46)	-.18 (43)	.08 (47)	.10 (43)
PC	-.11 (47)	.11 (47)	-.33* (47)	.10 (46)	.57*** (46)	-.11 (47)	.39** (47)	-.08 (46)	-.14 (43)	.15 (47)	.04 (43)
NA	-.15 (47)	.05 (47)	-.47** (47)	-.03 (46)	.62*** (46)	-.24 (47)	.24 (47)	-.15 (46)	-.08 (43)	.06 (47)	.08 (43)
NB	.07 (47)	.22 (47)	-.25 (47)	.11 (47)	.64*** (46)	-.19 (47)	.45** (47)	.04 (46)	.07 (43)	.12 (47)	.16 (43)
NC	-.17 (47)	-.01 (47)	-.35* (47)	.02 (46)	.51** (46)	-.12 (47)	.28* (47)	-.01 (46)	-.17 (43)	.17 (47)	.11 (43)

Table 1 continued

	SEV	RLT	PER	REL	REC	FOR	IMP	AGE	MS	RAC	SES
SEV	-	.24 (53)	.22 (50)	.03 (51)	.10 (50)	-.04 (51)	.24 (48)	.26 (52)	.31* (49)	-.01 (53)	.21 (49)
RLT		-	.05 (50)	-.01 (51)	.17 (50)	.12 (51)	.30* (48)	.14 (52)	.17 (49)	-.08 (53)	.21 (49)
PER			-	.41** (48)	-.28* (49)	.27 (50)	.08 (47)	.12 (49)	.06 (46)	-.02 (50)	-.22 (46)
REL				-	-.14 (48)	.04 (49)	.29* (47)	-.12 (50)	-.12 (47)	.05 (51)	-.13 (47)
REC					-	-.05 (50)	.31* (47)	.25 (49)	.15 (46)	.13 (50)	.07 (46)
FOR						-	.00 (48)	.00 (50)	-.08 (47)	-.03 (51)	.12 (47)
IMP							-	.02 (47)	.04 (44)	.04 (48)	-.02 (44)
AGE								-	.66*** (49)	-.21 (52)	.08 (48)
MS									-	-.21 (49)	.21 (46)
RAC										-	-.22 (49)
SES											-

Note. Numbers in parenthesis are the sample sizes for the pair of simple correlations. BDI=Beck Depression Inventory-II score; BAI=Beck Anxiety Inventory score; TAN=State-Trait Anger Expression Inventory-II, Trait Anger score; AEX= State-Trait Anger Expression Index-II, Anger Expression Index score; FIS=Fear of Intimacy score; EFI=Enright Forgiveness Inventory score; PA=Positive Affect score of the EFI; PB=Positive Behavior score of the EFI; PC=Positive Cognitions score of the EFI; NA=Negative Affect score of the EFI; NB=Negative Behavior score of the EFI; NC=Negative Cognitions score of the EFI; SEV=Severity of Abuse Index score; RLT=Relationship to the perpetrator; PER=Perception of the abuse experience; REL=Santa Clara Strength of Religious Faith Questionnaire score; REC=Reconciliation with the perpetrator; FOR= "Forgetting," or no longer thinking about abuse; IMP=Perceived importance of forgiving; AGE=Age of respondent; MS=Marital status of respondent; RAC=Race of respondent; SES=Socioeconomic status of respondent.
* $p < .05$; ** $p < .01$; *** $p < .0001$

Table 2

Hierarchical Regression Analyses Examining the Moderation Effect of Abuse Characteristics on the Relationship between Forgiveness and Adjustment.

Step	Variable	Partial Regression Coefficient (<i>b</i>)	<i>F</i> for Partial Regression coefficients	<i>R</i> ² for set	<i>F</i> for set	<i>df</i>
Equation 1: Predicting BDI-II total score with the EFI, Severity Index, and EFI*Severity						
1	EFI	-0.02	0.96	.02	0.52	(2, 44)
	Severity	-0.43	0.15			
2	No other variables met significance level for entry into the model					
Equation 2: Predict BAI total score with the EFI, Severity Index, and EFI*Severity						
1	EFI	-0.01	0.27	.01	0.22	(2, 44)
	Severity	0.47	0.13			
2	No other variables met significance level for entry into the model					
Equation 3: Predict T-Ang score with the EFI, Severity Index, and EFI*Severity						
1	EFI	-0.02	2.02	.05	1.14	(2, 43)
	Severity	-0.50	0.39			
2	No other variables met significance level for entry into the model					

Table 2 continued

Step	Variable	Partial Regression Coefficient (<i>b</i>)	<i>F</i> for Partial Regression coefficients	<i>R</i> ² for set	<i>F</i> for set	<i>df</i>
Equation 4: Predicting AngEx score with the EFI, Severity Index, and EFI*Severity						
1	EFI	-0.05	5.29*	.13	3.16*	(2, 43)
	Severity	-1.98	1.47			
2	No other variables met significance level for entry into the model					
Equation 5: Predict FIS total score with the EFI, Severity Index, and EFI*Severity						
1	EFI	0.03	0.54	.06	1.26	(2, 42)
	Severity	-3.88	1.87			
2	EFI*Severity	-0.05	4.09*	.14	2.27	(3, 41)
Equation 6: Predict BDI-II score with the EFI, Relationship to Perpetrator, and EFI*Relat						
1	EFI	-0.02	1.37	.09	2.14	(2, 44)
	Relationship	4.78	3.31			
2	No other variables met significance level for entry into the model					

Table 2 continued

Step	Variable	Partial Regression Coefficient (<i>b</i>)	<i>F</i> for Partial Regression coefficients	<i>R</i> ² for set	<i>F</i> for set	<i>df</i>
Equation 7: Predicting BAI total score with the EFI, Relationship to perpetrator, and EFI*Relat						
1	EFI	-0.01	0.40	.02	0.43	(2, 44)
	Relationship	2.32	0.55			
2	No other variables met significance level for entry into the model					
Equation 8: Predict T-Ang score with the EFI, Relationship to perpetrator, and EFI*Relat						
1	EFI	-0.02	1.94	.04	0.98	(2, 43)
	Relationship	0.60	0.09			
2	No other variables met significance level for entry into the model					
Equation 9: Predict Ang-Ex score with the EFI, Relationship to Perpetrator, and EFI*Relat						
1	EFI	-0.05	4.51*	.10	2.38	(2, 43)
	Relationship	-1.00	0.06			
2	No other variables met significance level for entry into the model					

Table 2 continued

Step	Variable	Partial Regression Coefficient (<i>b</i>)	<i>F</i> for Partial Regression coefficients	<i>R</i> ² for set	<i>F</i> for set	<i>df</i>
Equation 10: Predicting FIS total score with the EFI, Relationship to perpetrator, and EFI*Relat						
1	EFI	-0.03	0.60	.01	0.32	(2, 42)
	Relationship	0.81	0.01			
2	No other variables met significance level for entry into the model					
Equation 11: Predict BDI-II total score with the EFI, Perception of abuse, and EFI*Perc						
1	EFI	-0.03	2.45	.08	2.04	(2, 44)
	Perception	-5.07	3.11			
2	No other variables met significance level for entry into the model					
Equation 12: Predict BAI total score with the EFI, Perception of abuse, and EFI*Perc						
1	EFI	-0.01	.50	.01	0.29	(2, 44)
	Perception	-1.78	.27			
2	No other variables met significance level for entry into the model					

Table 2 continued

Step	Variable	Partial Regression Coefficient (<i>b</i>)	<i>F</i> for Partial Regression coefficients	<i>R</i> ² for set	<i>F</i> for set	<i>df</i>
Equation 13: Predicting T-Ang score with the EFI, Perception of abuse, and EFI*Perc						
1	EFI	-0.02	2.86	.07	1.54	(2, 43)
	Perception	-2.31	1.16			
2	No other variables met significance level for entry into the model					
Equation 14: Predict Ang-Ex score with the EFI, Perception of abuse, and EFI*Perc						
1	EFI	-0.06	6.43*	.13	3.28*	(2, 43)
	Perception	-5.67	1.68			
2	No other variables met significance level for entry into the model					

Table 2 continued

Step	Variable	Partial Regression Coefficient (<i>b</i>)	<i>F</i> for Partial Regression coefficients	<i>R</i> ² for set	<i>F</i> for set	<i>df</i>
Equation 15: Predict FIS total score with the EFI, Perception of abuse, and EFI*Perc						
1	EFI	0.03	.41	.02	0.34	(2, 42)
	Perception	-1.84	.06			
2	No other variables met significance level for entry into the model					

Note. EFI=Enright Forgiveness Inventory total score; Severity=Severity Index score derived from Life Experiences Questionnaire; Relationship=Relationship to the perpetrator (intrafamilial vs. extrafamilial abuse); Perception=Perception of the abuse experience; BDI=Beck Depression Inventory-II score; BAI=Beck Anxiety Inventory score; T-ANG=State-Trait Anger Expression Inventory-II, Trait Anger score; AEX= State-Trait Anger Expression Index-II, Anger Expression Index score; FIS=Fear of Intimacy score.

* *p* < .05

Table 3

Hierarchical Regression Analyses Examining the Moderating Effects of Self-Reported Religiousness on the Relationship between Forgiveness and Adjustment.

Step	Variable	Partial Regression Coefficient (<i>b</i>)	<i>F</i> for Partial Regression coefficients	<i>R</i> ² for set	<i>F</i> for set	<i>df</i>
Equation 1: Predicting BDI-II total score with the EFI, SCSRFAQ, and EFI*SCSRFAQ						
1	EFI	-0.03	3.30	.19	4.91*	(2, 43)
	SCSRFAQ	-0.35	6.08*			
2	No other variables met significance level for entry into the model					
Equation 2: Predict BAI total score with the EFI, SCSRFAQ, and EFI*SCSRFAQ						
1	EFI	-0.02	0.69	.03	0.56	(2, 43)
	SCSRFAQ	-0.12	0.38			
2	No other variables met significance level for entry into the model					

Table 3 continued

Step	Variable	Partial Regression Coefficient (<i>b</i>)	<i>F</i> for Partial Regression coefficients	<i>R</i> ² for set	<i>F</i> for set	<i>df</i>
Equation 3: Predict T-Ang score with the EFI, SCSRFQ, and EFI*SCSRFQ						
1	EFI	-0.02	2.16	.05	1.15	(2, 42)
	SCSRFQ	-0.04	0.11			
2	No other variables met significance level for entry into the model					
Equation 4: Predicting Ang-Ex score with the EFI, SCSRFQ, and EFI*SCSRFQ						
1	EFI	-0.05	4.37*	.11	2.60	(2, 42)
	SCSRFQ	-0.21	0.71			
2	No other variables met significance level for entry into the model					

Table 3 continued

Step	Variable	Partial Regression Coefficient (<i>b</i>)	<i>F</i> for Partial Regression coefficients	<i>R</i> ² for set	<i>F</i> for set	<i>df</i>
Equation 5: Predict FIS total score with the EFI, SCSRFQ, and EFI*SCSRFQ						
1	EFI	0.02	0.30	.04	0.80	(2, 41)
	SCSRFQ	-0.49	1.38			
2	No other variables met significance level for entry into the model					

Note. EFI=Enright Forgiveness Inventory total score; SCSRFQ=Santa Clara Strength of Religious Faith Questionnaire score; BDI=Beck Depression Inventory-II score; BAI=Beck Anxiety Inventory score; T-ANG=State-Trait Anger Expression Inventory-II, Trait Anger score; AEX=State-Trait Anger Expression Index-II, Anger Expression Index score; FIS=Fear of Intimacy score.

* $p < .05$

Table 4

Hierarchical Regression Analyses Examining the Moderating Effects of Reconciliation with the Perpetrator on the Relationship between Forgiveness and Adjustment.

Step	Variable	Partial Regression Coefficient (<i>b</i>)	<i>F</i> for Partial Regression coefficients	<i>R</i> ² for set	<i>F</i> for set	<i>df</i>
Equation 1: Predict BDI-II total score with the EFI, Reconciliation, and EFI*Recon						
1	EFI	-0.03	1.48	.03	0.74	(2, 43)
	Reconciliation	0.64	0.76			
2	No other variables met significance level for entry into the model					
Equation 2: Predict BAI total score with the EFI, Reconciliation, and EFI*Recon						
1	EFI	-0.04	2.78	.09	2.20	(2, 43)
	Reconciliation	1.66	4.21*			
2	No other variables met significance level for entry into the model					

Table 4 continued

Step	Variable	Partial Regression Coefficient (<i>b</i>)	<i>F</i> for Partial Regression coefficients	<i>R</i> ² for set	<i>F</i> for set	<i>df</i>
Equation 3: Predict T-Ang score with the EFI, Reconciliation, and EFI*Recon						
1	EFI	-0.01	0.91	.04	0.82	(2, 42)
	Reconciliation	-.002	0.00			
2	No other variables met significance level for entry into the model					
Equation 4: Predict Ang-Ex score with the EFI, Reconciliation, and EFI*Recon						
1	EFI	-0.04	1.46	.11	2.49	(2, 42)
	Reconciliation	-0.68	0.36			
2	No other variables met significance level for entry into the model					

Table 4 continued

Step	Variable	Partial Regression Coefficient (<i>b</i>)	<i>F</i> for Partial Regression coefficients	<i>R</i> ² for set	<i>F</i> for set	<i>df</i>
Equation 5: Predict FIS total score with the EFI, Reconciliation, and EFI*Recon						
1	EFI	-0.03	0.27	.07	1.46	(2, 41)
	Reconciliation	2.88	2.46			
2	No other variables met significance level for entry into the model					

Note. EFI=Enright Forgiveness Inventory total score; Reconciliation=Survivor's report of level of reconciliation with the perpetrator; BDI=Beck Depression Inventory-II score; BAI=Beck Anxiety Inventory score; T-ANG=State-Trait Anger Expression Inventory-II, Trait Anger score; AEX=State-Trait Anger Expression Index-II, Anger Expression Index score; FIS=Fear of Intimacy score.

* $p < .05$

Table 5

Hierarchical Regression Analyses Examining the Moderating Effects of Not Frequently Thinking about the Abuse Experience (e.g., “Forgetting”) on the Relationship between Forgiveness and Adjustment.

Step	Variable	Partial Regression Coefficient (<i>b</i>)	<i>F</i> for Partial Regression coefficients	<i>R</i> ² for set	<i>F</i> for set	<i>df</i>
Equation 1: Predict BDI-II total score with the EFI, “Forgetting”, and EFI*Forget						
1	EFI	-0.01	0.60	.06	1.29	(2, 44)
	“Forgetting”	1.91	1.64			
2	No other variables met significance level for entry into the model					
Equation 2: Predict BAI total score with the EFI, “Forgetting”, and EFI*Forget						
1	EFI	-0.01	0.19	.02	0.48	(2, 44)
	“Forgetting”	1.40	0.65			
2	No other variables met significance level for entry into the model					
Equation 3: Predict T-Ang score with the EFI, “Forgetting”, and EFI*Forget						
1	EFI	-0.01	1.44	.08	1.94	(2, 43)
	“Forgetting”	1.51	1.92			
2	No other variables met significance level for entry into the model					

Table 5 continued

Step	Variable	Partial Regression Coefficient (<i>b</i>)	<i>F</i> for Partial Regression coefficients	<i>R</i> ² for set	<i>F</i> for set	<i>df</i>
Equation 4: Predict Ang-Ex score with the EFI, "Forgetting", and EFI*Forget						
1	EFI	-0.05	4.61*	.10	2.35	(2, 43)
	"Forgetting"	.002	0.00			
2	No other variables met significance level for entry into the model					
Equation 5: Predict FIS total score with the EFI, "Forgetting", and EFI*Forget						
1	EFI	0.03	0.72	.02	0.46	(2, 42)
	"Forgetting"	2.10	0.29			
2	No other variables met significance level for entry into the model					

Note. EFI=Enright Forgiveness Inventory total score; "Forgetting"=Not frequently thinking about the abuse experience; BDI=Beck Depression Inventory-II score; BAI=Beck Anxiety Inventory score; T-ANG=State-Trait Anger Expression Inventory-II, Trait Anger score; AEX=State-Trait Anger Expression Index-II, Anger Expression Index score; FIS=Fear of Intimacy score.

* $p < .05$

Table 6

Hierarchical Regression Analyses Examining the Moderating Effects of Perceived Importance of Forgiving on the Relationship between Forgiveness and Adjustment.

Step	Variable	Partial Regression Coefficient (<i>b</i>)	<i>F</i> for Partial Regression coefficients	<i>R</i> ² for set	<i>F</i> for set	<i>df</i>
Equation 1: Predict BDI-II total score with the EFI, Importance, and EFI*Impt						
1	EFI	-0.01	0.33	.04	0.84	(2, 44)
	Importance	1.31	0.77			
2	No other variables met significance level for entry into the model					
Equation 2: Predict BAI total score with the EFI, Importance, and EFI*Impt						
1	EFI	-0.01	0.36	.008	0.18	(2, 44)
	Importance	0.42	0.06			
2	No other variables met significance level for entry into the model					
Equation 3: Predict T-Ang score with the EFI, Importance, and EFI*Impt						
1	EFI	-0.02	2.96	.07	1.67	(2, 43)
	Importance	1.28	1.40			
2	No other variables met significance level for entry into the model					

Table 6 continued

Step	Variable	Partial Regression Coefficient (<i>b</i>)	<i>F</i> for Partial Regression coefficients	<i>R</i> ² for set	<i>F</i> for set	<i>df</i>
Equation 4: Predict Ang-Ex score with the EFI, Importance, and EFI*Impt						
1	EFI	-0.05	4.44*	.10	2.38	(2, 43)
	Importance	0.53	0.06			
2	No other variables met significance level for entry into the model					
Equation 5: Predict FIS total score with the EFI, Importance, and EFI*Impt						
1	EFI	0.06	1.84	.07	1.57	(2, 42)
	Importance	-5.95	2.49			
2	No other variables met significance level for entry into the model					

Note. EFI=Enright Forgiveness Inventory total score; Importance=Perceived importance of forgiving in general; BDI=Beck Depression Inventory-II score; BAI=Beck Anxiety Inventory score; T-ANG=State-Trait Anger Expression Inventory-II, Trait Anger score; AEX=State-Trait Anger Expression Index-II, Anger Expression Index score; FIS=Fear of Intimacy score.

* $p < .05$

Table 7

Multiple Regression Analyses Predicting Adjustment.

Variable	Partial Regression Coefficient (<i>b</i>)	<i>t</i> for Predictor	<i>R</i> ² for set	<i>F</i> for set	<i>df</i>
Equation 1: Predicting BDI-II total score with the EFI, level of "forgetting" or no longer thinking about abuse, and level of reconciliation					
EFI	-0.02	-1.11	.06	0.94	(3, 42)
"Forget"	1.76	1.15			
Reconciliation	0.64	0.87			
Equation 2: Predict BAI total score with the EFI, level of "forgetting" or no longer thinking about abuse, and level of reconciliation					
EFI	-0.04	-1.59	.10	1.59	(3, 42)
"Forget"	1.10	0.64			
Reconciliation	1.66	2.04*			
Equation 3: Predict T-Ang score with the EFI, level of "forgetting" or no longer thinking about abuse, and level of reconciliation					
EFI	-0.01	-0.89	.07	1.10	(3, 41)
"Forget"	1.46	1.28			
Reconciliation	0.03	0.06			

Table 7 continued

Variable	Partial Regression Coefficient (<i>b</i>)	<i>t</i> for Predictor	<i>R</i> ² for set	<i>F</i> for set	<i>df</i>
Equation 4: Predicting AngEx score with the EFI, level of “forgetting” or no longer thinking about abuse, and level of reconciliation					
EFI	-0.01	-0.89	.07	1.10	(3, 41)
“Forget”	1.46	1.28			
Reconciliation	0.03	0.06			
Equation 5: Predict FIS total score with the EFI, level of “forgetting” or no longer thinking about abuse, and level of reconciliation					
EFI	-0.04	-1.19	.11	1.62	(3, 41)
“Forget”	0.01	0.00			
Reconciliation	-0.68	-0.59			

Note. EFI=Enright Forgiveness Inventory total score; “Forget”=Not frequently thinking about the abuse experience; Reconciliation= Survivor’s report of level of reconciliation with the perpetrator; BDI=Beck Depression Inventory-II score; BAI=Beck Anxiety Inventory score; T-ANG=State-Trait Anger Expression Inventory-II, Trait Anger score; AEX=State-Trait Anger Expression Index-II, Anger Expression Index score; FIS=Fear of Intimacy score.

* $p < .05$

Table 8

Power Analyses and Effect Sizes for EFI with Measures of Adjustment and Other Variables of Interest.

Variable	<i>r</i>	<i>p</i>	power	<i>N</i> for current study	<i>N</i> needed to find an effect, power=.80
BDI	-.14	.34	0.25	47	311
BAI	-.08	.58	0.14	47	962
T-ANG	-.20	.17	0.39	46	150
AEX	-.31	.03	0.70	46	60
FIS	.12	.43	0.20	45	425
SEVER	-.09	.56	0.15	47	759
RELAT	.11	.47	0.18	47	507
PERC	-.37	.01	0.85	47	41
SCSRFQ	.05	.76	0.10	46	2469
RECON	.65	.0001	1.000	46	11
“FORGET”	-.14	.34	0.25	47	311
IMPT	.36	.01	0.83	47	43

Note. EFI=Enright Forgiveness Inventory total score; BDI=Beck Depression Inventory-II score; BAI=Beck Anxiety Inventory score; T-ANG=State-Trait Anger Expression Inventory-II, Trait Anger score; AEX=State-Trait Anger Expression Index-II, Anger Expression Index score; FIS=Fear of Intimacy score; SEVER=Abuse Severity Index score; RELAT=Relationship to the perpetrator; PERC=Perception of the abuse experience; SCSRFQ=Santa Clara Strength of Religious Faith Questionnaire total score; Reconciliation= Survivor’s report of level of reconciliation with the perpetrator; “Forget”=Not frequently thinking about the abuse experience; IMPT=Perceived importance of forgiving in general.

APPENDIX

Institutional Review Board (IRB) Review Form

Oklahoma State University Institutional Review Board

Protocol Expires: 1/15/2004

Date: Tuesday, February 04, 2003

IRB Application No AS0343

Proposal Title: FORGIVENESS OF PERPETRATORS AND ADJUSTMENT OF ADULT FEMALE
SEXUAL ABUSE SURVIVORS

Principal
Investigator(s):

Sarah Burlingame
215 N. Muray
Stillwater, OK 74078

Trish Long
215 N Murray
Stillwater, OK 74078

Reviewed and
Processed as: Expedited (Spec Pop)

Approval Status Recommended by Reviewer(s): Approved

Dear PI:

Your IRB application referenced above has been approved for one calendar year. Please make note of the expiration date indicated above. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval.
2. Submit a request for continuation if the study extends beyond the approval period of one calendar year. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of this research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved projects are subject to monitoring by the IRB. If you have questions about the IRB procedures or need any assistance from the Board, please contact Sharon Bacher, the Executive Secretary to the IRB, in 415 Whitehurst (phone: 405-744-5700, sbacher@okstate.edu).

Sincerely,



Carol Olson, Chair
Institutional Review Board

VITA #2

Sarah E. Burlingame

Candidate for the Degree of

Doctor of Philosophy

Dissertation: FORGIVENESS OF PERPETRATORS AND ADJUSTMENT IN
ADULT FEMALE SEXUAL ABUSE SURVIVORS

Major Field: Clinical Psychology

Biographical:

Education: Graduated from Southside High School, Fort Smith, Arkansas in May 1995; received Bachelor of Science degree in Psychology from Southwest Missouri State University, Springfield, Missouri, in May 1999; received Master of Science degree in Clinical Psychology from Oklahoma State University, Stillwater, Oklahoma, in May 2002. Completed the requirements for the Doctor of Philosophy degree with a major in Clinical Psychology at Oklahoma State University in December 2004.

Experience: Clinical practicum at Psychological Services Center, Oklahoma State University, Stillwater, Oklahoma, 1999-2001; Clinical practicum at Child Study Center and Center on Child Abuse and Neglect, University of Oklahoma Health Science Center, Oklahoma City, Oklahoma, 2001-2003; APA-approved pre-doctoral internship at University of Tennessee Health Science Center consortium, Memphis, Tennessee, 2003-2004.

Professional Memberships: American Psychological Association