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Religion After Rape: Changes in Faith and Hindered Acknowledgement

Danielle M. Piggott

RaeAnn E. Anderson
University of North Dakota, raeann.anderson@UND.edu

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Danielle M. Piggott[1]   & RaeAnn E. Anderson[1]

Abstract

Previous research has demonstrated the dramatic effect trauma can have on religiosity. This study sought to extend this understanding by examining how a specific trauma, rape, influences religious beliefs and behaviors as well as how religiosity influences acknowledgement of rape. Rape acknowledgement is the personal use of the label rape to describe such an experience. The process of acknowledgement and general recovery from rape can include dramatic questioning of one's religious beliefs and marks an important potential point of intervention, especially given the majority of the US identifies as religious. A sample of 310 mostly Christian, college-aged women completed questionnaires about their personal religiosity, attitudes and beliefs, and trauma history. Results indicated those who experienced rape experienced significantly greater change in their religious beliefs compared to those who had experienced other types of traumas (p = .015). The relationship between rape acknowledgement and extrinsic religiosity was significantly mediated by ambivalent sexism (95% CI [.0016, .0694]) and the endorsement of rape myths about women lying about rape (95% CI [.0021, .0691]), such that high religiosity was associated with greater acceptance of these beliefs, which was associated with a lower likelihood of acknowledgement. In all, rape was shown to significantly alter one's participation in their religion and their understanding of their own religiosity, and religious beliefs reflective of certain beliefs fueled a mislabeling of personal experiences of rape. These findings suggest religious guidance should be offered within rape recovery programming, and support for those who experience rape should be provided specifically within religious settings.

[1]Department of Psychology, University of North Dakota, Grand Forks, ND, USA

Corresponding Author:
Danielle M. Piggott, Department of Psychology, University of North Dakota, 501 N. Columbia Road, Stop 8380, Grand Forks, ND, 58202, USA.
Email: Danielle.piggott@und.edu

Rape is the experience of nonconsensual sex facilitated by force, threats, or incapacitation (Basile et al., 2014). More than one in five American women will experience rape at some point in her lifetime (Black et al., 2011). Those who experience rape are more likely to report depressive, anxious, and post-traumatic stress symptoms than those who have not (Resick, 1993). Less is known about the impact of rape on personal beliefs and values, such as the potential influence rape may have on religiosity—here defined as the attitudinal and behavioral commitment to the beliefs and practices established by a sacred institution. Because the majority of the United States population identifies as religious and believes in God (Pew Research Center, 2014) and religious teachings can promote or hinder coping following rape (Ahrens et al., 2010), the current study sought to examine the influence of rape on religious beliefs and religiosity's unique influence on rape acknowledgement. Christianity is the most widely practiced religion in the US (Pew Research Center, 2014), and although no religious groups were excluded from participating, the current sample was almost exclusively Christian; therefore, the presented understanding of religious influence and the following findings are largely limited to a Christian worldview.

Christianity has historically included teachings reflective of rape myths and traditional views regarding gender and sexuality. Religious texts include several themes related to rape myths suggesting the individual who is raped is at fault, men are superior and have the right to do as they please with women, and one's role as a wife includes bodily submission to the husband (Franiuk & Shain, 2011; Fortune & Enger, 2005; Freymeyer, 1997; Edwards et al., 2011; Barnett et al., 2018; Prina & Schatz-Stevens, 2020). Furthermore, scripture and teachings have placed significant emphasis on virginity and purity, particularly of women and girls (Tishelman & Fontes, 2017). Many scholars have documented strong correlations between religiosity and adherence to rape myths and traditional gender roles (Morgan, 1987; Mikolajczak & Pietrzak, 2014; Barker & Galliher, 2017; Navarro & Tewksbury, 2018; Burn & Busso, 2005). However, the relationship between religiosity and such beliefs is highly nuanced, as evidenced by a positive correlation between prejudice ideals and extrinsic religiosity (i.e., a shallow embracement of religion), but a negative correlation with intrinsic religiosity (i.e., an integration of religion into one's entire life; Navarro & Tewksbury, 2018; Burn & Busso, 2005; Allport & Ross, 1967).

Information Processing Theory

Resick & Schnicke (1992) developed an information processing model to explain reactions to interpersonal trauma. According to their model, when confronted with a schema-discrepant experience, either the discrepant information is altered so that it fits within previously established schema (i.e., assimilation) or the schema is changed to accommodate the new information (i.e., accommodation; Resick & Schnicke, 1992; Hollon & Garber, 1988). In other words, one may alter their perception of the trauma (e.g., "It wasn't really rape") so it can be assimilated into their pre-existing schema about the safety of the world, or they may change their view of the world (e.g., "The world isn't safe") to accommodate their experience. Schematic overaccommodation may also occur such that one's schema is altered to be maladaptive (e.g., "I can never trust anyone again"). Assimilation occurs more often than accommodation (Resick & Schnicke, 1992), which may explain the phenomena of unacknowledged rape.

Rape acknowledgement is the personal assignment of the label *'rape,'* rather than a minimizing label such as *'a miscommunication,'* to an experience that meets the definition of rape (Littleton et al., 2007; Koss, 1985). Meta-analyses indicate approximately 60% of women who experience rape do not acknowledge their experience (Wilson & Miller, 2016). In the context of information processing theory, acknowledgement is a reflection of accommodation and lack of acknowledgement is a reflection of assimilation (Resick & Schnicke, 1992; Littleton, 2007). A lack of acknowledgement is associated with an increased risk of future assaults and may be an important indicator of recovery and point of intervention (Littleton et al., 2017).

The endorsement of rape myths and rape scripts (i.e., beliefs about what a typical rape looks like) reflective of traditional gender ideals, like those present in several religious texts, has been consistently associated with a lower likelihood of acknowledgement (LeMaire et al., 2016; Peterson & Muehlenhard, 2004; Littleton & Axsom, 2003; Koss, 1985). Such religious messages can also lead to guilt and self-blame (Tishelman & Fontes, 2017) which further decreases the likelihood of acknowledgement (Orchowski et al., 2013). Just as religiosity complicates the acknowledgement of rape, traumatic experiences like rape often disrupt and prompt changes in religious beliefs (Foa & Rothbaum, 2001; Falsetti et al., 2003). However, the *direction* of religious change is unclear, as some individuals reported a greater reliance on their religion whereas others report becoming less religious following a traumatic experience (Falsetti et al., 2003; Ben-Ezra et al., 2010).

The Current Study

The goal of the current study was to examine the relationship between rape and religiosity in a sample of college-aged women. We hypothesized that those with histories of rape would report greater change in religious views, specifically towards becoming less religious, than those without histories of rape. We expected acknowledged individuals would be more likely to report religious change towards becoming less religious. Furthermore, it was expected that those who reported high religiosity would be less likely to acknowledge their experience.

Method

Participants

Participants were 310 women between the ages of 18-31. Participants were recruited via the University of North Dakota and Utah Valley University psychology department subject pools and received research credit in return for their participation in the study. Flyers and social media postings were also used to recruit community members, who were then compensated with entry into a gift card drawing. In order to participate, individuals had to indicate they identified as a woman, were between the ages 18-30, and consent to participate.

Participants ranged in age from 18-31 ($M = 20.98$, $SD = 3.24$), and 87.1% were college students. Participants were mostly White (93.9%), followed by Native American (3.2%), Asian or Pacific Islander (2.9%), and Black or African American (1.6%), and other racial identities (e.g., Middle Eastern; 2.3%). Seventeen women identified as Hispanic or Latina (5.5.%). Four participants described their gender identity as both women and genderfluid or nonbinary. The majority of the sample was heterosexual (81.6%); 11.9% was bisexual, 2.9% was gay or lesbian, 1.9% was queer, and 1.9% wrote a more descriptive identity (e.g., asexual). The following religious affiliations were represented: Roman Catholic (34.5%), Lutheran (ELCA, Missouri Synod, other; 19%), nonreligious (atheist or agnostic; 18.1%), Christian (no denomination, Christian Disciples, etc.; 9.4%), Latter-Day Saints groups (5.2%), Wiccan or ritual magic (1.6%), Evangelical Free Church (1.3%), Spiritualist (1.3%), non-denominational churches (1.3%), and Islam (1.3%). Other religions were endorsed by less than one percent of the sample.

Procedure

Women were invited to complete a confidential online survey via psychology departments' subject pools, religious groups, and flyers in public spaces and on social media. The survey was described as a study on religious beliefs and interpersonal relationships. After data was collected from approximately 150 participants without rape histories, inclusion criteria were narrowed to include only those who had experienced rape. Three screening questions adapted from the Sexual Experiences Survey (Koss et al., 2007)

were used to determine if participants had experienced rape and would continue with the survey. Following the electronic informed consent process, participants completed questionnaires assessing basic demographic information, religious and spiritual beliefs, sexual victimization history, exposure to trauma, self-blame, shame, sexism, and rape myth acceptance in a randomized order. Participants were able to stop participation at any time, and counseling resources including the National Sexual Assault Hotline were provided both throughout and at the end of the study. All procedures and materials were approved by the Institutional Review Board of the University of North Dakota.

Measures

Intrinsic/Extrinsic Religious Orientation Scale-Revised. The Intrinsic/Extrinsic Religious Orientation Scale-Revised (Gorsuch & McPherson, 1989) was modeled on the Religious Orientation Scale (Allport & Ross, 1967). Allport and Ross (1967) describe extrinsic religiosity as the light embracement of a religious creed so that it benefits the self, whereas intrinsic religiosity is the full embracement of a religious creed so that it is internalized and followed in all facets of life. The scale consists of 14 items: eight measure intrinsic religious orientation (e.g., My whole approach to life is based on my religion) and six measure extrinsic religious orientation (e.g., I go to church mostly to spend time with my friends). Respondents indicate their agreement with each statement on a 5-point scale from strongly disagree to strongly agree. The Intrinsic/Extrinsic Religious Orientation Scale has demonstrated adequate reliability in previous research (Gorsuch & McPherson, 1989). Cronbach's alpha for the current sample was .869.

Religious Demographics. Frequency of attendance of religious services, reading sacred religious texts, and praying and/or meditating were assessed on a 5-point scale anchored with never and very frequently. Because this study aimed to retrospectively document changes in religiosity, questions regarding religious behavior were asked relative to three different time periods: the present, adolescence, and childhood. The difference between religious behavior across time periods was translated into religious change variables, with higher difference scores reflecting greater change in religious behaviors. Changes in religious views were also assessed using the following question adapted from a study assessing change in belief patterns following a sexual assault: Have your faith or religious beliefs ever changed? (Ben-Ezra et al., 2010). Participants rated their response on a 7-point scale with 0 being not at all and 6 being very much. Religious identity, importance of religion, and certainty in the existence of God were all measured on a sliding scale from 0-100.

Sexual Experiences Survey-Short Form (SES-SFV). History of victimization was assessed by the Sexual Experiences Survey-Short Form (SES-SFV; Koss et al., 2007). The 10-item questionnaire assesses several possible experiences of victimization (e.g., sexual contact, sexual coercion, attempted rape, and completed rape) since the age of 14. The first seven items include a behaviorally specific description of a victimization experience (e.g., Someone had oral sex with me or made me have oral sex with them without my consent by:) followed by descriptions of five different means by which another person facilitated the victimization (e.g., threatening to physically harm me or someone close to me) to which participants indicate how many times (0, 1, 2-5, 6-9, or 10+) they had that sexual experience associated with the specified tactics. There is also an acknowledgement question, Have you ever been raped? Those who indicated they had experienced oral, anal, or vaginal sex without their consent (i.e., indicate any response greater than zero to SES-SFV items 2, 3, or 4) were considered to have experienced rape. Of those who experienced rape, those who respond yes to the acknowledgement question are considered to have acknowledged their experience while those who respond no are considered unacknowledged (Koss, 1985). The SES-SFV has been found to have adequate reliability and validity, and the short form has demonstrated a significant correlation with the original SES (Johnson et al., 2017).

Assault Characteristics Questionnaire (ACQ). The Assault Characteristics Questionnaire (ACQ; Littleton et al., 2009) is a collection of items asking about the circumstances of a sexual assault. The initial instructions of the ACQ anchor participants to either the one experience of unwanted sex they have had or the one they consider to be the worst. The questionnaire addresses several details of the assault (e.g., the types of force the assailant used, the participant's resistance). Because the ACQ items are anchored to a precise incident, an additional question was added to determine religious views as they were affected by a specific experience of rape. Participants were asked how the importance of their religion was affected by the experience in question; participants rated their response on a 5-point scale: 0 (significantly less important to you), 1 (less important to you), 2 (the same), 3 (more important to you), 4 (significantly more important to you).

Life Events Checklist (LEC-5). The Life Events Checklist (LEC-5; Weathers et al., 2013) was developed by the National Center for PTSD to assess exposure to an array of potentially traumatic experiences. Respondents are presented with a list of 17 potentially traumatic experiences (e.g., Fire or explosion) to which they can indicate the event happened to them personally or they experienced exposure vicariously (e.g., they witnessed the event happen to someone else). For the purpose of this study, the direct exposure category items were summed for a total between 0-15 because two of the 17 items cannot be directly experienced. Higher scores are reflective of exposure to more traumatic experiences. The LEC has demonstrated adequate reliability and convergent validity when used as both a direct and indirect measure of trauma exposure (Gray et al., 2004).

Updated Illinois Rape Myth Acceptance Scale (IRMAS). The Updated Illinois Rape Myth Acceptance Scale (IRMAS; McMahon & Farmer, 2011) includes 22 items reflective of one of four different overarching rape myths: she asked for it (e.g., If a girl acts like a slut, eventually she is going to get into trouble.), he didn't mean to (e.g., When guys rape, it is usually because of their strong desire for sex.), it wasn't really rape (e.g., If a girl doesn't say "no" she can't claim rape.), and she lied (e.g., Rape accusations are often used as a way of getting back at guys.). Respondents indicate their level of agreement on a 5-point scale ranging from strongly agree to strongly disagree; higher scores are indicative of greater rejection of rape myths. Scores can be totaled for a cumulative score or for subscale scores. The IRMAS has demonstrated excellent reliability and validity in prior research (Payne et al., 1999). Cronbach's alpha for the current sample was .933.

Ambivalent Sexism Inventory (ASI). Alignment with traditional gender roles and sexist beliefs were assessed with the Ambivalent Sexism Inventory. The ASI is comprised of two subscales, benevolent and hostile sexism, each including 11 items (Glick & Fiske, 1996). The benevolent subscale measures the belief in stereotypes that, despite their consistency with patriarchal dominance, may seem positive or prosocial (e.g., Many women have a quality of purity that few men possess). The hostile sexism scale addresses more blatant bias against women (e.g., Most women fail to appreciate fully all that men do for them). Items are rated on a 6-point scale ranging from disagree strongly to agree strongly. Included items are averaged for each subscale and an overall measure of sexism. Reported alpha coefficients suggest the measure has adequate reliability and convergent validity (Glick & Fiske, 1996). Cronbach's alpha was .754 in the current sample.

Rape Attribution Questionnaire (RAQ). The Rape Attribution Questionnaire (RAQ; Frazier, 2003) was used to measure participants' assignment of blame following rape. Five items address self-blame (e.g., I used poor judgement) and five items address blame on the other person (e.g., The rapist wanted to hurt someone) to which respondents indicate how frequently they experience listed thoughts on a 5-point scale (1 = Never, 5 = Very Often). Scores are totaled per each subscale; higher scores are reflective of greater blame. The RAQ was found to be valid and reliable in multiple samples (Frazier, 2003). In the current

sample, Cronbach's alpha was .838. Because this study addressed rape acknowledgement, items were adapted to exclude the words rape, rapist, or assault.

Abuse Related Experiences of Shame Scale. Shame, although largely absent from the acknowledgement literature, likely has important implications for acknowledgement, and religion may uniquely contribute to experiences of rape-related shame. The Abuse Related Experiences of Shame Scale (ARESS; Feiring & Taska, 2005) is an 8-item self-report measure of shame experienced as a result of abuse. Items (e.g., What happened to me makes me feel dirty) are rated on a 3-point scale (i.e., not true, somewhat true, and very true). Scores are summed for a total between 0-16; higher scores indicate greater shame. The measurement has demonstrated adequate reliability in previous studies (Feiring & Taska, 2005), and Cronbach's alpha for the current study was .902.

Data Cleaning

Prior to analysis, data was cleaned to check for missing data. Pairwise deletion was used for each analysis. If more than 80% of data was missing for a latent variable (e.g., extrinsic religiosity), that participant's data was excluded from analysis involving the variable. Less than 8% of participants' questionnaire data were removed from any variable due to missing data. Because an understanding of rape history was critical to all analyses, participants were excluded if they did not complete every SES item, unless their incomplete responses indicated an experience of rape; this resulted in the exclusion of 30 participants.

Results

Descriptive Results

The total sample included 310 participants, the majority of whom (81.9%) reported some organized religious affiliation. Twenty-five percent reported attending religious services frequently, 34.2% reported privately praying frequently, and 11.3% reported reading sacred religious texts frequently. Ninety percent of participants reported they grew up in a religious household, with 22.9% labeling it as very religious. The majority of participants (67.1%) continued to practice or align with the religion in which they were raised.

As intended by specific screening and recruitment strategies, approximately half of the sample (139; 44.8%) had experienced rape. Of those who experienced rape, (N = 82, 58.9%) acknowledged, while 56 participants (40.3%) did not. On average, participants who experienced rape were 17.29 years old (SD = 2.92) at the time the rape occurred.

Religiosity Affected by Rape

Those who experienced rape identified as significantly less religious (t(306) = 2.641, p = .009), indicated religion was less important to them (t(304) = 3.190, p = .002), and reported significantly less certainty in the existence of God (t(306) = 4.396, p < .001) compared to those who did not experience rape. Those who experienced rape also reported significantly lower ratings of both intrinsic (t(305) = 3.288, p = .001) and extrinsic religiosity (t(305) = 3.792, p < .001). Mean frequency of religious service attendance (t(308) = 4.628, p < .001) and reading religious texts (t(308) = 2.235, p = .026) were significantly lower among those who had experienced rape compared to those who had not experienced rape. Those who experienced rape were significantly less likely to have remained affiliated with the religion they were raised in, $\chi 2$ (1) = 17.608, p < .000, ϕ = -.238. Those who had experienced rape experienced greater change in frequency of attendance of religious services (t(308) = -4.267, p < .001) and reading scripture (t(308) = -2.958, p = .003) from childhood to adulthood compared to those who had not experienced rape. When comparing

religious change between adolescence and adulthood, these results remained significant only for change in attendance frequency, t(308) = -3.330, p < .001.

Religious differences were compared between those who endorsed no traumatic experiences (n = 52), those who endorsed any traumatic experience other than rape (n = 119), and those who experienced rape (n = 139). When comparing those who experienced rape to those who experienced other traumas (see Table 1), mean importance of religion, religious identity, frequency of prayer in adulthood, and attendance of religious services during adolescence were similar between the two groups, but significantly lower compared to those who had not endorsed any traumatic experiences. Those who experienced rape, compared to the other two groups, were significantly less likely to remain affiliated with the religion in which they were raised, $\chi 2 (2) = 20.564$, p < .000, $\phi = .258$ (see Figure 1). Those who experienced rape reported significantly greater religious change compared to the other trauma and no trauma group, F(2, 307) = 5.047, p = .007, $\eta 2 = .032$. Those who experienced rape showed a greater decrease in attendance of religious services (F(2, 297) = 9.077, p < .001, $\eta 2 = .056$) and reading of sacred scriptures (F(2, 307) = 4.638, p = .010, $\eta 2 = .011$) between childhood and adulthood compared to the other two groups. These results were similarly significant when examining change in attendance between adolescence and adulthood, F(2, 307) = 6.032, p = .003, $\eta 2 = .038$.

Table 1.

Religious Differences Across Trauma Histories

Religiosity Variables	No Trauma or Rape History (N = 52)		Non-rape Trauma History (N = 119)		Rape History (N = 139)		F	η^2
	M	SD	M	SD	M	SD		
Identity	64.19	24.94	46.86	30.00	42.92	31.66	9.641**	.059
Importance	76.56	24.46	51.82	34.41	46.81	35.38	15.272**	.092
Certainty of God	89.31	19.29	71.86	31.83	60.80	35.82	15.314**	.091
Current attendance	3.25	1.03	2.89	1.26	2.36	1.22	12.389**	.075
Current prayer	3.48	0.98	2.97	1.34	2.91	1.23	4.293*	.027
Current reading	2.52	1.00	2.18	1.07	2.00	1.15	4.290*	.027
Childhood attendance	4.13	0.97	3.76	1.21	3.92	1.30	1.718	.011
Childhood prayer	3.50	1.11	3.02	1.24	3.22	1.32	2.743	.018
Childhood reading	2.67	1.06	2.50	1.19	2.73	1.33	1.153	.007
Adolescence attendance	3.98	1.00	3.43	1.23	3.40	1.34	4.452**	.028
Adolescence prayer	3.46	1.00	2.92	1.29	3.04	1.31	3.461**	.022
Adolescence reading	2.77	1.21	2.41	1.15	2.43	1.33	1.686	.011
Intrinsic Religiosity	25.98	5.91	22.78	6.56	21.28	6.69	9.893**	.061
Extrinsic Religiosity	18.19	4.94	16.54	5.62	14.67	5.49	8.903**	.055

**p < .01, *p < .05

Figure 1.
Percentage of Participants Who Left the Religion in which They Were Raised
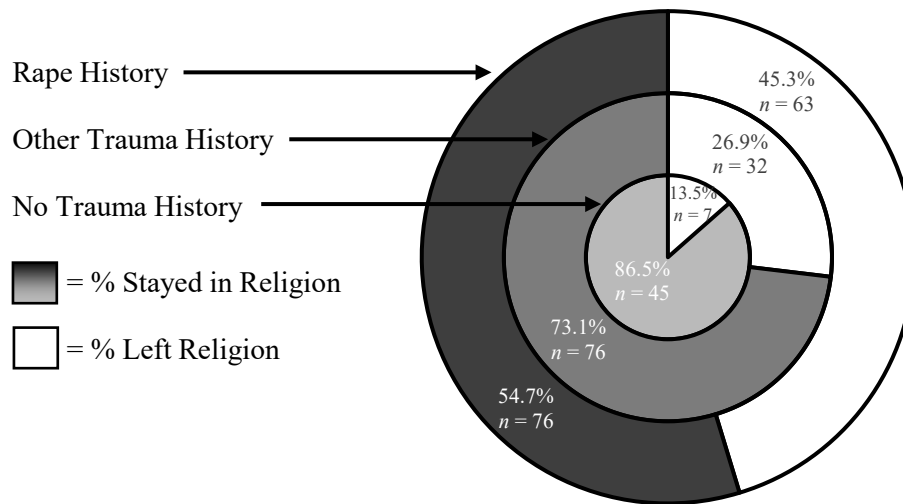
Religious Influence on Acknowledgement

There were no significant differences in religious change between the acknowledged and unacknowledged groups, $t(136) = -.152$, $p = .880$. Independent samples t-tests similarly revealed no significant differences between the two groups regarding any aspect of religious identity, belief, or behavior. However, when assessing religious change, acknowledged participants were significantly more likely to endorse a polar response (i.e., religion became significantly more or less important) than unacknowledged participants, $\chi 2 (1) = 6.890$, $p = .009$, $\phi = -.223$. Nearly one quarter of acknowledged participants reported their religion became significantly more (7.3%) or less (17.1%) important to them compared to only four unacknowledged participants reporting a significant increase (3.6%) or decrease (3.6%) in religious importance.

The binary regression model using religious factors and assault characteristics to predict acknowledgement was not significant, $\chi 2 (1) = 7.311$, $p = .293$. Neither importance of religion nor assault characteristics significantly contributed to the prediction of acknowledgement. It is noteworthy that the current sample differed from others (Orchowski et al., 2013; Littleton et al., 2006; Koss, 1985) in that no significant differences were observed in reports of resistance or use of force between the acknowledged and unacknowledged groups, which likely explains the limited utility of assault characteristics in predicting acknowledgement.

Due to the well-documented relationship and observed correlations between religiosity and other known predictors of acknowledgement (e.g., rape myth acceptance) a mediated effect was examined. Bivariate correlations between extrinsic and intrinsic religiosity and attitudinal measures among those who experienced rape are presented in Table 2. Although total IRMAS scores did not differ as a function of acknowledgement, those who acknowledged their experiences reported greater rejection of two specific rape myths—men do not mean to perpetrate rape ($t(124) = 2.134$, $p= .035$) and women lie about being raped ($t(124) = .2.506$, $p = .014$)—compared to the unacknowledged group. The unacknowledged group's ambivalent sexism total scores were higher than the acknowledged group ($t(123) = -2.519$, $p = .033$). Per the RAQ and ARESS scores, the acknowledged group placed more blame on the other person ($t(126) = 2.438$, $p = .020$) and experienced greater shame ($t(125) = 2.114$, $p = .036$) compared to the unacknowledged

group. Variables that distinguished the acknowledged group from the unacknowledged group and were significantly correlated to extrinsic religiosity were investigated as potential mediators. Two separate simple mediation tests were conducted; results are shown in Figures 2 and 3. Acceptance of the rape myth about women lying was a significant mediator between extrinsic religiosity and acknowledgement status, B = .0225, SE = .0178, CI [.0016, .0694]. The second model with ambivalent sexism as the included mediator was also significant, B = .0309, SE = .0170, CI [.0021, .0691].

Table 2.

Correlations Between Attitudinal Measures and Religiosity

|	I	Ia	Ib	Ic	Id	2	2a	2b	3	4	5	6
1. IRMAS	-											
Ia. Asked for it	.876*	-										
Ib. Didn't mean to	.822*	.585*	-									
Ic. Wasn't rape	.807*	.723*	.506*	-								
Id. She lied	.854*	.650*	.581*	.632*	-							
2. ASI	-.470*	-.400*	-.363*	-.199*	-.551*	-						
2a. Hostile	-.482*	-.395*	-.332*	-.193*	-.630*	.889*	-					
2b. Benevolent	-.299*	-.273*	-.282*	-.140	-.265*	.809*	.449*	-				
3. RAQ Self	-.119	-.111	-.199*	-.062	-.003	-.118	-.051	-.163	-			
4. RAQ Other	.205*	.176	.218*	.058	.192*	-.137	-.141	-.086	.346*	-		
5. ARESS	-.055	.004	-.119	-.058	-.010	-.041	-.060	-.003	.356*	.346*	-	
6. E. Religious	-.183*	-.123	-.134	-.057	-.268*	.402*	.333*	.357*	.027	-.005	.132	-
7. I. Religious	-.068	-.095	-.013	-.025	-.087	.157	.147	.118	.099	-.026	.014	.392*

Note: IRMAS = Illinois Rape Myth Acceptance Scale; 1a-1d = IRMAS subscales; ASI – Ambivalent Sexism Inventory; 2a-2b = ASI subscales; RAQ Self = Rape Attributions Questionnaire self-blame subscale; RAQ Other = Rape Attributions Questionnaire categorical blame subscale; ARESS = Abuse Related Experiences of Shame Scale; E. Religious = Extrinsic Religiosity; I. Religious = Intrinsic Religiosity. *p < .05

Figure 2.

Indirect Effect of Religiosity on Acknowledgement via Acceptance of the "She Lied" Rape Myth

*p < .05
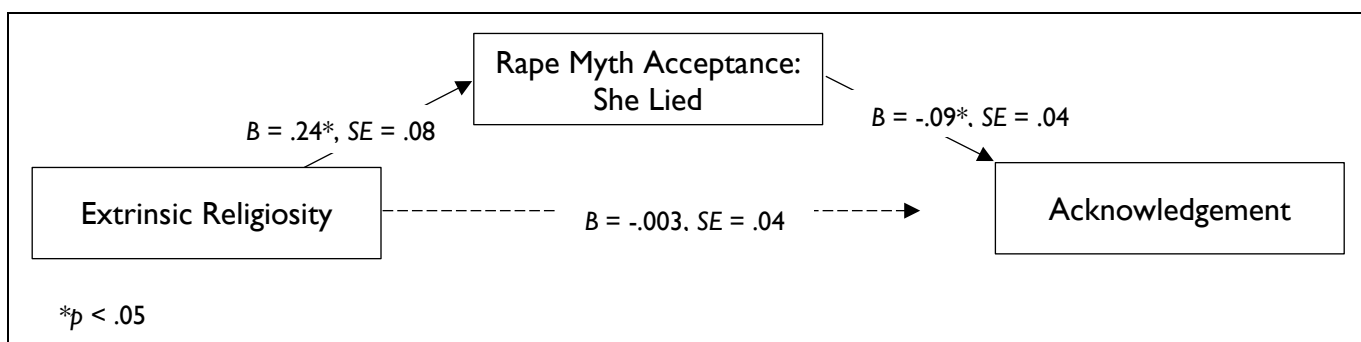
Figure 3.
Indirect Effect of Religiosity on Acknowledgement via Ambivalent Sexism

*p < .05
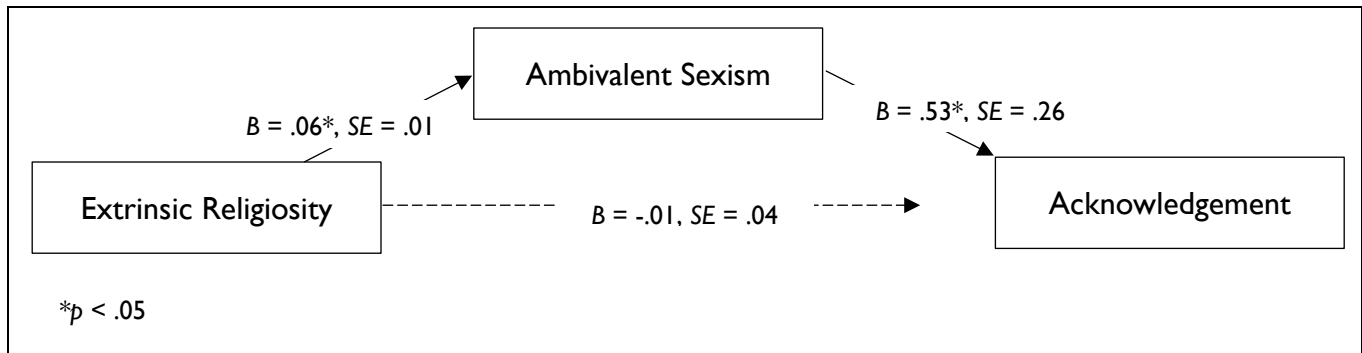
Discussion

Experiencing rape not only leads to heightened risk for several negative health problems, but this study also demonstrates these effects further extend to affect religious well-being. Because rape happens to more than a quarter of American women and so many of these individuals heavily rely on their religion, it is crucial to understand how religiosity is altered as a function of rape and how religiosity can influence recovery. Indeed, religiosity is changed by rape, and a religious worldview can limit one's understanding of a personal experience of rape.

Religious Change

Consistent with prior research documenting religious change following traumatic experiences (Foa & Rothbaum, 2001; Falsetti et al., 2003), we found those who had experienced rape reported significantly greater change in their faith or religious views compared to those who had not experienced rape. Approximately half of those who experienced rape left the religious affiliation they grew up in, compared to only 22.81% of those who had not experienced rape. The average age that rape was experienced was approximately 17, which is just on the cusp of adulthood and where the observed significant changes in religiosity were reported. Although there are other factors that may influence change in religious beliefs around the onset of adulthood, rape is likely a dramatic influence and was the discriminating variable in this sample.

The fraught relationship between religiosity and sexuality and the violative and relational components of rape likely explain the more intense religious conflict observed by those who experienced rape in comparison to other trauma like a car accident. This observed religious change is consistent with accommodation; one's understanding of religion is altered to cope with an experience of rape (Resick & Schnicke, 1992). However, accommodation, or altering religious beliefs, appears to occur regardless of whether individuals label their experience as rape or not. This underscores the saliency of rape; regardless of acknowledgement, experiencing rape is influential enough to prompt dramatic religious change. Still, the acknowledged group appears to have altered their religious schema more drastically as they were significantly more likely to choose a polar response when asked how the importance of their religion had changed. More definitive responses regarding religious stance following rape is not only consistent with overaccommodation, it suggests more direct coping and less avoidance, which is associated with a higher likelihood of acknowledgement (Littleton, 2007).

Prior research has relied mainly on self-reports of subjective religious change following trauma, but the directionality is unclear (Falsetti et al., 2003; Ben-Ezra et al., 2010). The current study similarly was unable to identify a clear direction of subjective religious change; however, the difference between retrospective reports of religious behaviors indicates those who experienced rape became less active in their

religion. This discrepancy between subjective perception of religious change and more objective reports of religious behaviors might demonstrate a lack of insight into the extent of rape-related influence on religiosity, which may be specifically powered by a lack of acknowledgment. In other words, those who do not acknowledge their experiences might be less likely to fully comprehend the extent to which their religiosity has been influenced by rape because they have not fully processed the experience.

Predicting Acknowledgement

Rape acknowledgement appeared less directly affected by religiosity as the unacknowledged and acknowledged group reported similar personal religiosity and religious change. Similarly, religious importance was unable to predict acknowledgement. Assault characteristics were also nonsignificant predictors and did not differ across acknowledgement status. The reason for this disconnect is unclear, but acknowledgement's robust relationship between rape myth acceptance and sexism suggest similar attitudinal mechanisms are at play in this sample as others described in the literature (LeMaire et al., 2016; Peterson & Muehlenhard, 2004; Littleton & Axsom, 2003; Koss, 1985). Indeed, the significant indirect effect of religiosity via endorsement of traditional gender roles and specific rape myths on acknowledgement argues that religious schemas still have considerable influence on the informational processing of rape, but it is specifically religious schemas characterized by rape myths and sexist attitudes.

Extrinsic religiosity, the shallow embracement of religion to procure personal benefits, was significantly correlated with the idea that women lie about being raped and ambivalent sexism, while intrinsic religiosity was not. Endorsement of these ideas significantly mediated the relationship between extrinsic religiosity and acknowledgment. As extrinsic religiosity increased, adherence to this specific rape myth and sexist attitudes increased which were then associated with a lower likelihood of acknowledgement. In other words, acknowledgement and accommodation are easier when personal schemas are not characterized by rape myths or sexist attitudes, otherwise such beliefs must be changed. Conversely, unacknowledgement and assimilation occur when personal schemas are religiously informed by rape myths and sexism.

Extrinsic religiosity's and acknowledgement's specific connection to sexism and the myth about women lying about rape is important to examine further. Several messages exist throughout Christian teaching about women's scheming and seductive nature (e.g., New American Bible (Revised Edition), 1970/2010, Proverbs 5-6). To illustrate, there is a story in the early books of the Bible—about Potiphar's wife who falsely accuses the prophet Joseph of rape (New American Bible (Revised Edition), 1970/2010, Genesis 39)—that has been recreated in children's books and movies and has been used repeatedly to discredit those who bring forward allegations of sexual assault (Calvin, 2018; Vaught, 2018). Conversely, sexual morality of both men and women are discussed at length in the Bible, but the term virginity seems exclusively used to refer to women and their worth (e.g., New American Bible (Revised Edition), 1970/2010, Genesis 24:16, Exodus 22:15, Leviticus 21:13, Deuteronomy 22:14-28). These messages contribute to a mindset that frames several variations of rape as unworthy of such a label and further discourages women from reporting or even calling an experience rape.

Rape myths and sexism were related to religiosity potentially because these constructs are enmeshed with an overall, religiously influenced culture, but other factors like shame and blame were not, perhaps because of the more intimate, personal nature of such emotions. In other words, the effects of religiosity may be best highlighted when they are objective messages endorsed globally in comparison to subjective messages about personal feelings. These results are encouraging in that blame and shame were not associated with religion but daunting in that the more serious block to acknowledgement and potential emotional processing is the much more nebulous rape culture shaped in part by decades of misused religious teachings.

Clinical Implications

This study proves the negative effects of rape extend to religious and spiritual well-being and demonstrates the need for integration of religious care into rape recovery interventions, especially for highly religious individuals. Given religiosity's strong relationship to improved psychological functioning (Kucharska, 2020), addressing rape-related religious doubt may not only minimize the distress caused by such conflict (Krause, 2006), but can also aid in the management of PTSD and depressive symptoms often associated with rape. In addition to considering religious diversity in their efforts toward cultural competency, mental health providers should assess religious values related to rape recovery to identify potential mechanisms of symptom reduction or exacerbation. Religious communities should create support groups for those who have experienced rape and sexual assault. Furthermore, as mental health clinicians are not spiritual directors, religious leaders should be trained to respond to disclosures of rape and assist with recovery from rape. These steps can lead to a more confident referral relationship between religious leaders and providers. This study also partially illustrates how Christian messages have been misused and contribute to rape culture and thus, an avenue for religious leaders to counter this effect. Religious leaders can set an example by openly rejecting harmful, discriminatory beliefs and encouraging an intrinsically motivated religious lifestyle—the type of religiosity associated with condemnation of prejudice and love for all people, as the major tenant of Christianity is to love one another (New American Bible (Revised Edition), 1970/2010, John 13:14). The curriculum of religious education courses may also be an important point of intervention; instructors should be trained to identify religious messages supportive of rape myths, provide greater context of the overall religious mission, and encourage a more intrinsic understanding and adoption of religion so as to mitigate contribution to rape culture from religious mindsets.

Limitations

There may have been a recruitment or self-selection bias as the latter half of circulated advertisements encouraged those with negative relationship histories to participate and those without rape histories were excluded. This may explain the higher proportion of acknowledged individuals in comparison to other samples (Wilson & Miller, 2016). Inferences about acknowledgement in this sample may be further limited by the unexpected lack of relationship to assault characteristics. Furthermore, this sample was comprised almost entirely of White, cisgender, heterosexual women. Racially minoritized women often report a unique connection to their religion and spirituality (Jones et al., 2011) and experience rape at a higher rate (Bryant-Davis et al., 2009). Further, the intersecting of multiple identities likely complicates the interpretation of religious messages and their application in understanding personal experiences of rape. For example, a Christian, Black, lesbian woman likely experiences very different influences from her religious, racial, and sexual identity on her conceptualization of rape in comparison to the majority of women represented in this sample. For this woman, her racial identity and her religious identity may be more intertwined, and her experience of rape may have challenged beliefs established by these identities as well as her identity as a lesbian who should be "safe" from stereotypical rape. Future research on rape and religiosity should look to include a more diverse sample as well as look to replicate these findings with diverse religious groups as various religions communicate different messages about rape. Finally, religiosity is an extremely subjective experience, and although this study aimed to include a comprehensive battery of religiosity questions, these likely did not capture one's religiosity in the way that an interview or other qualitative methods might.

Conclusions

The current study demonstrated the important relationship between rape and religiosity. Those who experienced rape were more likely to experience religious change compared to those without histories of trauma or histories of other trauma. Rape not only related to significant changes in religiosity, but religiosity was shown to play an important role in rape acknowledgement; sexism and rape myth acceptance significantly mediated the relationship between extrinsic religiosity and rape acknowledgement. Moving forward, interventions for those who experience rape should address rape-related religious conflict and rape-recovery interventions should be implemented within religious communities where religious women might be more likely to seek support.

ORCID iD

Danielle M. Piggott, M.A. https://orcid.org/0000-0002-9893-8982
RaeAnn E. Anderson, PhD. https://orcid.org/0000-0001-9938-0717

Supplemental Material

Supplemental material for this article is available online.

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Author Biographies

Danielle M. Piggott (M.A., University of North Dakota, 2021) is currently a doctoral student in the clinical psychology program at the University of North Dakota. Her main area of study is the religious experiences of those recovering from sexual violence, specifically the perceived religious barriers that might hinder adjustment and the potential religious supports in recovery following traumatic sexual experiences.

RaeAnn E. Anderson (PhD, University of Wisconsin-Milwaukee, 2015) is currently an Assistant Professor in Clinical Psychology at the University of North Dakota. She completed her postdoctoral training at Kent State University and her bachelor's at the University of Kansas. Her research interests are: methodological issues in sexual violence research, basic behavioral processes in sexual victimization and sexual perpetration in order to inform sexual assault risk reduction and prevention programs, respectively.