ABSTRACT

Clergy Perceptions of Sexual Assault Victimization

Elil Yuvarajan, Psy.D.

Mentor: Matthew Stanford, Ph.D.

Although congregants often turn to clergy for help in dealing with personal difficulties, including marital problems, substance abuse issues, and mental illness, survivors of sexual assault do not commonly turn to clergy for support or guidance. This study utilized a mixed-methods approach, including an online survey and semi-structured interviews, to look at how clergy perceive sexual assault victimization to discover how those attitudes influence relationships with survivors of sexual assault. The results of the study showed that more blame was assigned to the victim as the relationship with the perpetrator became closer, with the exception of marital rape. The study also found that hostile sexism was a predictor of negative attitudes toward rape victims. Also, religious fundamentalism was not a predictor of negative attitudes toward rape victims. The results of the semi-structured interviews were used to inform the interpretation of the survey results. Clergy reported four main themes that drove their perceptions of sexual assault: the taboo nature of sexual assault, benevolent sexism as a part of church culture, differences in the power hierarchy between clergy and congregants, and the lack of and need for training on working with survivors.

Clergy Perceptions of Sexual Assault Victimization

by

Elil Yuvarajan, B.A., M.S.

A Dissertation

Approved by the Department of Psychology and Neuroscience

Jaime Diaz-Granados, Ph.D., Chairperson

Submitted to the Graduate Faculty of Baylor University in Partial Fulfillment of the Requirements for the Degree of

Doctor of Psychology

Approved by the Dissertation Committee:	
Matthew Stanford, Ph.D.	-
Sara Dolan, Ph.D.	-
Christine Limbers, Ph.D.	-
Jo-Ann Tsang, Ph.D.	-
James Ellor, Ph.D.	-
	Accepted by the Graduate School August 2014
	J. Larry Lyon, Ph.D., Dean

Copyright © 2014 by Elil Yuvarajan

All rights reserved

TABLE OF CONTENTS

Chapter 1: Introduction	1
Defining SexualAssault	1
Disclosing Sexual Assault.	1
Perceptions of Rape in the Population	5
Social Reactions to Disclosure	7
Effects of Sexual Assault on Victims	11
Clergy Perceptions of Sexual Assault Victimization	13
Religious Factors Affecting Victimization and Perception of	
Victimization	16
Chapter 2: Specific Aims and Hypotheses	25
Chapter 3: Method.	26
Participants and Recruitment	26
Online Survey.	26
Attitudes toward Rape Victims Scale	27
Rape Empathy Scale	27
Revised Religious Fundamentalism Scale	27
Ambivalent Sexism Inventory	27
Victim Responsibility and Definition of Rape	28
Interviews.	28
Chapter 4: Results	30
Participants	30
Descriptive Statistics	32
Correlations between Scales	34
Scale Scores	34
Tests of Mediation	36
Scenario Results	39
Interview Results	43
Chapter 5: Discussion	49
Appendix	55
References	50

LIST OF FIGURES

Figure 1:	Sexism Mediators of Link between Religious Fundamentalism and Attitudes toward Rape Victims	38
Figure 2:	Male Perpetrator Control vs. Female Victim Control by Scenario	40
Figure 3:	Level of Victim Blame, Victim Sympathy, and Possibility of Incident Being Avoided	41

LIST OF TABLES

Table 1:	Personal Demographic Information	30
Table 2:	Religious Demographic Information	31
Table 3:	Scale Means and Standard Deviations	32
Table 4:	Scale Correlations	34
Table 5:	Comparison of Scale Means to Literature	35
Table 6:	Subjects' Perception of Whether Sexual Assault Occurred by Scenario	39
Table 7:	Paired T-test Results for Perceived Victim Blame	42

ACKNOWLEDGMENTS

I would like to acknowledge several people for their support through this dissertation process. First and foremost, I would like to thank my mentor, Matt Stanford, Ph.D., who accepted me into his lab and provided me with patient guidance over the past four years. I also appreciate the support and feedback from my dissertation committee consisting of Sara Dolan, Ph.D., James Ellor, Ph.D., Christine Limbers, Ph.D., and Jo-Ann Tsang, Ph.D. I want to thank my lab mates – Ed, Matt, and Will – for making this process joyful as well as being great sounding boards.

Finally, I want to thank my family and friends, who have sacrificed their own time and energy to support me in this process. This dissertation would not have been possible without all of you.

CHAPTER ONE

Introduction

Defining Sexual Assault

Sexual assault is defined as "any sort of sexual activity between two or more people in which one of the people is involved against his or her will" (Department of Veteran Affairs, 2004). In 2008, victims age 12 or older experienced a total of 203,830 rapes or sexual assaults. 81% of those victims were female. Of female rape or sexual assault victims, 32% percent were assaulted by a stranger. The statistics also show that the majority of victims know their attacker; 42% of offenders were friends or acquaintances of their victims, and 18% were intimate partners (Bureau of Justice Statistics, 2008). Summing these statistics, roughly 68% of female sexual assault victims knew their attackers.

Disclosing Sexual Assault

According to U.S. Department of Justice crime statistics, approximately 60% of rapes are not reported (2005). In fact, rape is one of the most underreported crimes relative to other violent crimes. Regardless of whether they report to legal resources, victims of sexual assault often turn to formal and informal support networks to aid in their recovery. In a study by Golding, Siegel, Sorenson, Burnam, and Stein (1989), two-thirds of subjects who had been sexually assaulted told someone about their sexual assault. Of those, over one-half told friends or family (59.3%), 10.5% consulted with police, and 3.9% with clergy. In the same study, rape crisis centers were rated as most

helpful (94.2%) and police were rated as least helpful (38.2%). In a small sample study (N=102) of rape survivors, 66.6% of the subjects stated they disclosed their rape to friends, family, or partners; 5.9% disclosed to the police, and 4.9% to a doctor. Only one person stated that she disclosed to clergy (Ahrens et al., 2007). One study reported that stranger rape survivors were more likely to seek assistance from the legal and medical systems than were nonstranger rape survivors, and minority ethnic women were less likely to contact rape crisis centers and mental health resources (Golding, Siegel, Sorenson, Burnam, & Stein (1989). Rape crisis centers in general have been shown in several studies to be an underutilized resource (Amstadter et al., 2008; Ullman & Townsend, 2007). Results also suggested that negative community contacts with the legal and medical systems, as well as therapists and the religious community, were associated with more negative health outcomes post-assault (Campbell et al., 2001).

Common rape myths influence how sexual assault is perceived. In a study by Peterson and Muehlenhard (2004), victims who met the legal definition of rape completed surveys at the University of Kansas. Participants were undergraduate students whose rape myth acceptance was measured along with how they viewed their own sexual assaults. Participants who accepted the rape myth that women who are sexually teasing deserve to be raped and who defined their own behavior as sexually teasing were less likely than other participants to label their experiences as rape. Also, those women who believed that a victim must fight back for it to be defined as rape and did not fight back were less likely to label their experiences as rape. In another study by Kahn and Mathie (1994), undergraduates at James Madison University in Virginia were asked about their experiences with sex. Twenty-three percent of the participants were survivors of rape,

and of those, forty-eight percent did not acknowledge it as rape. Those who did not define their experiences as rape were more likely to define rape as a blitz attack by a stranger that involved the use or threat of a weapon and was perpetrated outdoors. Although most rape victims know their attackers, the subjects' definitions of rape prevented them from acknowledging their own sexual assaults or reporting them. The unacknowledged rape victims were also less likely to see the use of alcohol associated with a rape and also described how a typical rape victim was more likely to report her assault to the police. Many of the same situational factors that show when a victim acknowledges the sexual assault as a rape also conform to the factors that determine whether a victim discloses the rape to formal and informal resources. Survivors of rape are more likely to disclose to all resources when the rape is perpetrated by a stranger with a weapon. Women assaulted by someone they knew without a weapon were less likely to report to formal resources like the police (Ullman et al., 2007). This in turn reinforces people's expectations of what a typical rape is and may encourage continuation of rape myths. The same study also showed that women who experience more behavioral selfblame gained fewer benefits from disclosing. They were less likely to disclose to formal support resources that offer tangible aid, education, and information to victims.

Reasons for disclosing rape victimization are split into two categories, "help seeking" and "initiated by others." Help seeking reasons include emotional support, catharsis, tangible aid, and to catch the rapist. Reasons initiated by others that lead to disclosure include explaining behavior, discussion about rape, being asked what is wrong,

and a person being present at the scene of the rape. One study reported that survivors disclose more often for help seeking reasons (63.8%) than for reasons initiated by others (36.2%) (Ahrens et al., 2007).

Perceptions of Rape in the Population

Perceptions of rape by the general public are important to the decision process of when and to whom to disclose. The construct of "Rape Myth Acceptance" has been used to describe the "endorsement of negative statements about rape victims that are unsupported by empirical evidence" (Krahe et al., 2007; p. 602). Common rape myths about perpetrators include men as having uncontrollable sexual urges and most rapists as strangers in dark alleys. Rape myths towards victims include victim precipitation ("she was asking for it") and victim masochism ("she likes it rough"). Other myths about the impact on victims include the belief that a closer relationship between the perpetrator and the victim means less of a negative psychological impact on the victim and the belief that victims with more sexual experience are not as negatively impacted (Ben-David & Schneider, 2005). A meta-analysis of rape myths showed that men endorse rape myths significantly more than women and that rape myth acceptance was strongly associated with hostile attitudes and behaviors towards women (Suarez & Gadalla, 2010). A study, conducted in Germany, looked at rape myth acceptance and its impact on blame attribution (Krahe et al., 2007). This study used different perpetrator-victim relationship scenarios to show that victim blame was highest for ex-sexual partner rape, then acquaintance rape, followed by stranger rape. Finally, the study found that men and women who had stronger beliefs that rape was "provoked in some way by the (female) victim" (p. 602) were less likely to blame the perpetrator. Another study by the same

researchers showed higher perpetrator liability when he used force than when he took advantage of the victim's "incapacitated state" (p. 610). The second study also showed that those scoring higher on the female precipitation belief blamed the perpetrator less and the victim more as the relationship between the victim and the perpetrator was closer (Krahe et al., 2007). Looking at gender itself, regardless of beliefs held, some studies have found that men are more likely to blame the victim and less likely to blame the perpetrator than women (Calhoun et al., 1976; Feild, 1978; Kleinke & Meyer, 1990; Krahe et at., 2007; White & Robinson Kurpius, 1999) while other studies have reported no gender differences in victim and perpetrator judgments (Gerber et al., 2004; Krahe, 1988). The relationship between how different genders view rape and assign blame is unclear.

Since rape myth endorsement has been linked to a decreased likelihood of blaming the perpetrator, it is important to understand what beliefs influence whether someone believes myths about rape. Gender role stereotypes, meaning beliefs about appropriateness of activities and roles for each gender, are one category of influential beliefs. Several studies have shown that men and women who have more rigid gender role stereotypes are also more likely to endorse acceptance of violence toward women and belief in rape myths (Check & Malamuth, 1983). Endorsing more traditional gender role stereotypes has also been correlated with a higher tendency to minimize the negative psychological impact of the rape on the victim (Ben-David & Schneider, 2005). The same study, conducted in Israel, also showed that those subjects with more traditional beliefs about gender roles were more likely to minimize the impact of the rape based on the closeness of the relationship between the perpetrator and the victim; the more

traditional the gender role beliefs, the more likely to minimize the rape impact on the victim when she was an acquaintance of or in a relationship with the perpetrator. Another part of the study conducted in Spain showed that "hostile sexism," defined as "negative and derogatory views of women, where women are considered subordinate to men," (p. 506) was related to victim blame with those scoring higher on hostile sexism also blaming the victim more (Duran et al., 2009). Benevolent sexism is defined as viewing women stereotypically and in restricted roles but with a subjectively positive in feeling tone. Examples of benevolent sexist beliefs include "women should be put on a pedestal" and "women are pure." These beliefs are overtly positive, but at the same time are restrictive. This study also showed that if a perpetrator was a benevolently sexist husband, observers are more likely to place blame on the victim than if the perpetrator is a benevolent or hostile boyfriend. Another study looking at sexism was conducted using stranger and dating scenarios. The study by Yamawaki (2007) showed that subjects scoring high on hostile sexism minimized the seriousness of the rape in stranger and date rape scenarios. However, benevolent sexism was a significant moderating variable in the date rape scenario only, with those scoring higher in benevolent sexism blaming victims more. This study supports the idea that violating traditional gender role expectations is linked to benevolent sexists blaming victims more.

General population views have been compared to the views of professionals who deal with regular victims regularly. In a study by Feild (1978), views of the general population, patrol police officers, rapists, and rape crisis counselors were assessed. The study found that in the general public sample, women had a more negative view of rape than men did. As one would expect, comparisons of the different groups' views showed

that crisis counselors had more negative views of rape than the public, the police, and rapists. The general population also attributed more responsibility to women for rape prevention and for causing rape than did the counselors. The study also showed that the police officers had more attitudes about rape in common with the rapists than with the crisis counselors (Feild, 1978). Another study looking at the differences among undergraduate, masters in counseling graduate trainees, and mental health professionals with doctorates or masters degrees showed that there was a significant interaction between gender and level of training with male undergraduate students having the most negative views toward rape victims and female mental health professionals having the most positive views toward rape victims (White & Robinson Kurpius, 1999).

Descriptive statistics showed that psychologists were less likely, on average, to endorse rape myths, ambivalent sexist beliefs, or treatment choices that were not beneficial to the rape victim. However, in all of these studies, even though counseling professionals had more positive views toward rape victims, they still held some victimblaming beliefs which affected the interaction with their clients. A study by McKay (2001) looked at therapists' perceptions of sexual assault victims connected to the therapists' levels of sexism and rape myth acceptance. The study reported that when therapists endorsed sexist beliefs, they were more likely to make decisions about the treatment of victims that were not beneficial to the victims. The study also reported that therapists who accepted rape myths were less likely to assess clients' coping strategies and less likely to accept and believe that clients had been raped. Rape myth endorsement was also correlated with increased likelihood of using blaming statements.

Social Reactions to Disclosure

There are several common reactions to victim disclosure. Ullman (2000) proposed seven types of social reactions to sexual assault: (1) Emotional support, which included supportive reactions such as listening, believing, or telling survivors it was not their fault; (2) Tangible aid, which included providing information or another type of assistance; (3) Blame, which involved telling survivors that they were at fault; (4) Taking control, which included making decisions for the survivor or treating the survivor like a child; (5) Distraction, which included trying to get the survivor to stop thinking or talking about the assault; (6) Treating differently, which included pulling away from the survivor or acting like the survivor was "damaged goods"; and (7) Egocentric reactions, which pertained to support providers who became so emotionally upset that they could not support the survivor or focused on their own needs. Ahrens et al. (2007) took a different approach and broke up social reactions into the major categories of positive and negative reactions, but then divided them up even further. Positive reactions included being empathetic, being supportive, mobilizing support, giving tangible aid, and seeking revenge. Negative reactions included being blamed, being doubted, being cold/detached toward survivor, and refusing to help. In the study 61.3% of rape survivors received positive social reactions, while 38.7% received negative social reactions.

As several studies have shown, victims disclosed to friends and family most frequently. One study showed that compared to non-assaulted people, survivors of sexual assault "were less likely to be married, reported less frequent contacts with friends and relatives, and reported receiving less emotional support from friends, relatives, and spouse" (Golding et al., 2002; p. 193). Ahrens and Campbell (2000) conducted a survey

of friends of sexual assault victims and found that friends were often uncertain about what the victims needed following the sexual assault. In addition, 68% of friends surveyed disclosed uncertainty about what victims needed and 40% about what to do to help victims. The study also reported that the gender of the friend, personal sexual assault victimization, and duration of the friendship were the most significant moderating factors. As an example, male friends were more likely to blame the victim, show less empathy, and have more negative changes in the friendship. Those friends with a history of sexual assault victimization, as one would predict, blamed the victim less and expected the assault to have a greater impact on the victim than those friends who had not personally been sexually assaulted. Finally, friendships of longer than 5 years were more positive for the victim than those of a shorter duration. Those who had been friends longer experienced more positive changes to the friendship with the victim following the assault (Ahrens & Campbell, 2000). In general, studies also seem to suggest that when sexual assault survivors turn to informal sources of support, they receive more positive social reactions than negative ones. Overall, 66% of survivors reported feeling better after disclosure (Ahrens et al., 2007).

Several studies have shown that social support can be a predictor of psychological benefits following a trauma (Prati & Pientrantoni, 2008; Swickert & Hittner, 2009; Tallman et al., 2010). Some studies have shown a positive relationship between friends' positive reactions and victims' post-rape functioning (Ahrens et al., 2007; Kimmerling & Calhoun, 1994), while other studies have shown no significant relationship between positive social support and post-rape functioning (Popiel & Susskind, 1985; Ullman, 1996). However, studies have consistently shown that negative social reactions are

significantly correlated to poor post-rape recovery in all studies on this topic (Campbell et al., 2001; Davis et al., 1991; Ullman, 1996; Ullman et al., 2007). These negative reactions included feeling pity for the victim, blaming the victim, and minimizing the impact of the assault (Popiel & Susskind, 1985; Ullman, 1996). Culbertson and Dehle (2001) reported that women sexually assaulted by a cohabiting partner or spouse reported more hyperarousal symptoms than those assaulted by acquaintances. Those women assaulted by a spouse or cohabiting partner also indicated more intrusive symptoms than those who had been sexually assaulted by a date or sexually intimate partner. These studies all appeared to show that the interrelatedness between the perpetrator and the victim impacts how the sexual assault was perceived by the victim. These data also appeared to negate the rape myth that if a victim is having or has had sex with the perpetrator, then rape will not have as much of an impact. The relationship between the perpetrator and the victim can also impact how the general public perceives rape. Another study looked at marital rape compared with other perpetrator-victim relationships. The study showed that in different scenarios, more college student subjects considered acts to be rape when it was not in the context of a marital relationship. The study also showed that rape in a marital relationship was considered to be the least serious type of rape (Kirkwood & Cecil, 2001).

Another study by Monson, Langhinrichsen-Rohling, & Binderup (2000) directly studied perceptions of subjects when the victim had had sexual intercourse with the perpetrator prior to the assault. The study reported that subjects were more likely to blame the victim when she had had sex with her perpetrator in the past. A study by Tjadden and Thoennes (2000) showed that the prevalence of intimate partner rape

specifically is estimated at 7.7% based on a sample of eight thousand women. Intimate partner rapes included current and former spouses, cohabitants, intimate partners, and dates.

Although some survivors disclose and others do not, some survivors of sexual assault initially report and then stop disclosing. This, too, can be deleterious to the survivor. Ahrens (2006) conducted a qualitative analysis of eight sexual assault survivors who had initially disclosed about their rapes, but then stopped disclosing. In that study, she examines the common themes of 1) negative reactions from friends and family reinforcing feelings of self-blame and 2) negative reactions from friends and family reinforcing uncertainty about whether their experiences were actually rape. These reactions appear to lead to survivors deciding not to disclose anymore. Considering the positive role that disclosure can play in trauma recovery, when survivors cease disclosure attempts, there may be a delay in healing (Francis & Pennebaker, 1992). Another study by Ullman (1996) also expounded on the role of avoidance coping, suggesting that victim blame leads to the victim avoiding disclosure, which in turn leads to poorer recovery outcomes. The overall trend in these studies shows the importance of social reactions when revealing the sexual assault, with negative reactions having more of an effect and stopping the disclosure process. These social reactions can also magnify the negative effects of sexual assault already experienced by survivors.

Effects of Sexual Assault on Victims

Much research has been done on the effects of sexual assault on victims. One potential mental health consequence of a sexual assault is post-traumatic stress disorder (PTSD). The research around PTSD has looked at the pre-trauma, trauma, and post-

trauma factors associated with the development and severity of PTSD symptoms. The estimated risk of developing PTSD is forty-nine percent for survivors of rape and twenty-four percent for survivors of other sexual assault. (Towson, MD: Sidran Foundation, 2004). In longitudinal research assessing rape victims immediately after assault, 94% of victims met criteria for a diagnosis of PTSD within two weeks of the assault and 47% of victims within three months of the assault (Rothbaum, Foa, Riggs, Murdock, & Walsh, 1992). Another study by Elliott, Mok, and Briere (2004) showed that the subjects who had been sexually assaulted in the past showed significantly higher levels of distress symptoms an average of fourteen years later than those who had not been assaulted. A study by Temple et al. (2007) looked at the difference in sexual assault by an intimate partner versus a stranger. The study reported that intimate partner sexual violence was a stronger predictor of PTSD in victims, whereas stranger rape was only predictive of PTSD in African-American women in the study.

Meta-analyses have shown that social support plays a strong mediating role in PTSD (Frazier et al., 2011). Receiving positive social support following a trauma is related to lower levels of PTSD, whereas not receiving positive social support or receiving negative social interactions is correlated with higher rates of PTSD (Adams & Boscarino, 2006; Ozer & Weiss, 2004; Zoellner, Foa, & Brigidi, 1999). Negative social interactions have a greater impact on PTSD than positive social support (Charuvastra & Cloitre, 2008).

Other psychological disorders also affect victims of sexual assault at higher rates than the general population as well as other trauma victims (Faravelli, Giugni, Salvatori & Ricca, 2004). Major depressive disorder affects an estimated one-third of all women

who are raped, often for an extended period of time. One-third of women who are raped contemplate suicide and seventeen percent attempt suicide. (Washington, DC: Department of Veteran Affairs, 2004). Victims are thirteen times more likely to abuse alcohol and twenty-six times more likely to abuse drugs than the general population (World Health Organization, 2002). Women who are raped also develop higher rates of sexual and eating disorders than those who are exposed to other violent trauma (Faravelli, Giugni, Salvatori & Ricca, 2004).

Clergy Views on Sexual Assault Victimization

Prior to looking at clergy views, it is important to understand the make-up of clergy in the United States. Males make up 87% of clergy and 70.6% of clergy are White, non-Hispanic (US Census; 2009). The tasks that clergy perform daily are broad and include administrative work, conducting worship services, and pastoral counseling. In one study by Campbell, Wasco, Ahrens, Sefl, and Barnes (2001), clergy were most likely to provide pastoral counseling directly, but only 3% referred to other services. This more recent study of rape survivors' post-assault help-seeking experiences showed that 18% turned to the religious community in general for support and 85% rated their contact as "healing" (Campbell et al., 2001; p. 1250). However, the remaining 15% rated the religious community's support as "hurtful," rather than a neutral rating (Campbell et al., 2001; p. 1250). In another study, clergy ratings were lower, with 63.1% rating them as helpful following the sexual assault (Golding et al., 1989). However, in other studies, positive ratings of clergy have been significantly lower (Popiel & Susskind, 1985). One rape victim discussed her experience with the church and her pastor in a book by Pellaur and Boyajian (1987).

The aftermath was almost as bad as the act itself. When people read about the rape in the papers I was actually shunned, even in church. The women whispered behind my back. They thought I must have brought the rape upon myself. Some even asked me why I didn't fight back. Months passed before the gossip subsided...Even my husband listened to those voices. The pastor? He did not know how to handle the situation. He never said anything to me. Never. (p. 84).

As was described earlier, survivors of stranger rapes differ from survivors of nonstranger rapes because they do not seek as much help from legal and medical systems (Campbell et al., 2001; Golding, Siegel, Sorenson, Burnam, & Stein, 1989). However, "none of the assault characteristics differentiated those who contacted their religious communities for assistance post-assault" (p. 1252). Religion, therefore, seems to be the great equalizer on which survivors seek help (Campbell et al., 2001). In past studies of sexual assault and clergy response, participating clergy members stated that they encountered few sexual assault cases in the course of ministering to their congregations and that issues of abuse often arose as a secondary reason for seeking counseling. The subjects of the study also reported that they were unsure of how to respond to parishioners who brought up the topic of sexual assault. The clergy in the study gave possible reasons for this discomfort with the topic of sexual assault. These included: 1) lack of training and skills on how best to respond, 2) avoidance as a mechanism for not alienating other parishioners; "temptation is to look the other way" 3) feeling overwhelmed with other day-to-day tasks, and 4) "taboo" nature of the topic of sexual assault. In the focus groups that were a part of the study, clergy also identified several areas where additional training is needed on the topic of sexual assault. These included: 1) general information on types of assault, risk factors, and common presenting problems of victims; 2) how to identify cases of assault and how to avoid minimizing the effects on the victims; 3) best practices for clergy counseling of sexual assault survivors; and 4)

how/where to refer victims and when to refer rather than provide pastoral counseling (Bruns et al., 2005).

A study by Sheldon and Parent (2002) assessed clergy attitudes toward female rape victims. Seventy-five percent of the responders had dealt directly with sexual assault victims. The study reported that the more fundamentalist beliefs that were held by clergy, the more unfavorable the attitudes toward female rape victims. For date rape and acquaintance rape scenarios, the more negative the attitudes toward rape victims, the more blame they assigned to the victim. Also, when victims were perceived as violating gender-role norms and behaving carelessly, the more blame was placed on them.

Reverend Patricia Wilson-Kastner stated, "Any clergy person or religious professional encountering an episode or situation of sexual assault or abuse meets a reality that tries the limits of our emotional and theological resources" (Pellauer, Chester, & Boyajian, 1987, p.96). What kind of training do clergy get to be able to work with victims of trauma? In a survey of clergy in the New York metropolitan area, including Jewish rabbis, Catholic priests, Protestant clergy, and other clergy, less than half of those surveyed reported taking any clinical pastoral education courses. However, on average, the clergy in the survey spent 6 hours a week doing pastoral counseling. The clergy were also asked about other professions with whom they consulted. They reported consulting with social workers and pastoral counselors "a few times a year" and less often with psychiatrists and social workers (Moran et al., 2005). However, no measurements currently exist for the effectiveness of clergy training on dealing with sexual assault victimization in their congregations. In the book, *Sexual Assault and Abuse: A Handbook for Clergy and Religious Professionals*, the authors call for additional training of clergy

and religious professionals in working with sexual assault victims, stating that "church agencies and sociologists of religion have not been interested in whether or how many victims turn to their clergy for support. Nor is there anything beyond anecdotal evidence on how clergy treat abused women who do turn to them" (Pellauer, Chester, & Boyajian, 1987, p. 94). The authors also state that clergy must be "transformed" to respond to new knowledge of abuses rather than from stereotypes. Kristen Leslie also states in her book, When Violence is No Stranger: Pastoral Counseling with Survivors of Acquaintance Rape (2003), that some level of "specialized knowledge" is required for a pastor or pastoral counselor to be effective at working with sexual assault victims.

Religious Factors Affecting Victimization and Perception of Victimization

There are just over 330,000 churches in the United States and around 22% of

Americans attend church weekly (Hadaway & Marler, 2005). According to a recent

Gallup survey, 92% of Americans believe in God. By gender, 94% of women believe in

God while 90% of men do (Gallup, 2011). In the south, more than any other region, 96%

of Americans believe in God.

Following a traumatic experience, people often focus on spirituality. Most people when confronted with trauma will use some aspects of religious functioning to cope, based on a study of people's coping reactions to the September 11, 2001 terrorist attacks (Schuster et al., 2001). A change in beliefs is likely to occur after a person experiences trauma, and this can have important effects on the person's actions after experiencing the trauma. Falsetti, Resick and Davis (2003) conducted a study showing that significantly more participants with symptoms of PTSD reported a change in spiritual beliefs than those participants without symptoms of PTSD. Another study by Fontana and Rosenheck

(2004) focused on veterans and reported changes in religiosity following traumatic events. The study also reported that weakening of religious faith was a better predictor of seeking mental health services than the severity of PTSD symptoms or issues with social functioning.

Growth can sometimes result from a traumatic event. Several studies have shown that prayers and other spiritual practices were associated with higher levels of posttraumatic growth (Cadell et al., 2003; VandeCreek et al., 1999). In a chapter on posttraumatic growth and spirituality, Pargament (2006) mentions three "spiritual ingredients" that may facilitate growth: One, spirituality may provide a source of support and empowerment during stressful times; this is exemplified in several studies where believing that God is a spiritual partner was related to positive spiritual growth following trauma (Hettler & Cohen, 1998; Pargament et al., 1990; Park & Cohen, 1993). Two, spirituality may play an important role in the process of finding meaning in adverse circumstances, as shown in a study of parents whose children were murdered (Parappully, 1997). Three, in response to stressors, spirituality may foster life-changing transformations of goals and priorities. For example, performing good deeds following a trauma has been correlated to higher levels of spiritual growth (Park & Cohen, 1993). A recent meta-analysis by Prati and Pietrantoni (2008) of factors related to post-traumatic growth reported that religious coping and positive reappraisal coping were strongly correlated with growth. Social support, seeking social support coping, spirituality, and optimism were moderately correlated to positive changes. A study by Harris et al. (2008) looked at individuals who self-reported at least one traumatic event in their past and were attending church services at the time of the study. The results showed that religious

comfort was negatively correlated with posttraumatic symptoms. Alienation from God, fear and guilt, religious rifts, negative religious coping, and avoidance of prayer were positively correlated with posttraumatic symptoms. Religious comfort, positive religious coping, and different functions of prayer were correlated with posttraumatic growth. Trauma has also been correlated with increased negative spirituality in several studies, as described below. A study by Pargament, Zinnbauer, et al. (1998) found that greater levels of religious apathy were associated with significantly lower levels of self-esteem, poorer problem solving skills, and poorer event-related outcomes. The study also showed that anger at God was significantly correlated with poorer mental health and poorer outcomes. College students and church members studied also had conflict with church dogma significantly associated with lower self-esteem, negative religious outcome, and negative mood. Religious strain has also been associated with depression and increased suicidality in a sample of college students and patients at an outpatient psychology clinic, though subjects saw more positive than negative results of their religiousness (Exline et al., 2000). Marie Fortune, in her book, Sexual Violence: The Unmentionable Sin (1983) explains:

If a person believes God to be omnipotent, loving and rewarding of the righteous, then suffering is either a sign of God's disfavor or a realization that God does not play by the rules...This feeling of abandonment occurs for the victim who expected God to protect her from all pain and suffering. When she encounters suffering, she feels betrayed. The sense of abandonment by God is profound and often creates a crisis of faith for the victim (p. 202).

Other studies show a more mixed effect due to spirituality and religiosity. A study by Strawbridge et al. (1998) reported that religiosity buffers or exacerbates the effects of stressors on depression depending on the type of stressor. Whereas religiosity buffered the effects of non-family stressors on depression, it exacerbated the effects of

family stressors on depression, including abuse. A study by Falsetti, Resick, and Davis (2003) showed that although those participants with PTSD symptoms described more spiritual changes than those without, the direction of the changes was not always consistent.

Changes to spirituality are also associated with sexual assault specifically. Studies have shown both positive and negative changes to spirituality following sexual assault. Kennedy, Davis, and Taylor (2000) conducted surveys of sexual assault victims in the New York City area. The results of the survey reported that 80% of victims surveyed denoted changes in spirituality following the assault, with 60% denoting increases in the role of spirituality and 20% denoting decreases in the role of spirituality.

Some religious leaders have stated that the Christian tradition gives mixed messages about sexual assault (Pellauer, Chester, & Boyajian, 1987). For example, Deut. 22:23-29 condemns the rape of a woman. However, the assault is banned because she is viewed as the property of her father, and compensation must be paid to him for his loss. Even when sexual assault is forbidden, it is under the category of women as property. The primary stories involving rape in the Bible are the rape of Dinah, the incest of Tamar, and also the story of Potiphar's wife falsely claiming that Joseph had raped her. In the stories of Dinah and Tamar, the rape is a secondary issue and a crime of property (Fortune, 2005). The story of Pothiphar's wife focuses on a false accusation made by an unfaithful wife. Wives are also told that they are their husband's property (Fortune, 1987). Thus the message from the Bible about rape and sexual violence is unclear. Scripture also talks about the sexual relationship between a husband and wife. "The husband should give to his wife her conjugal rights, and likewise the wife to her husband.

For the wife does not rule over her own body, but the husband does; likewise the husband does not rule over his own body, but the wife does" (1 Cor. 7:3-4). However, this passage is often misconstrued to state that a wife is her husband's property and must have sexual relationships with him whenever he desires.

A study by Johnson and Hayes (2003) looked at variables that correlated with significant distress related to spiritual and religious concerns. The researchers found five statistically significant items including loss of a relationship, confusion about beliefs and values, homesickness, suicidal feelings and thoughts, and rape or sexual assault. Another study of sexual assault survivors showed that 85% of the sample engaged in some form of spiritually based coping. These religious coping methods included both positive and negative coping. Positive religious coping included methods that help the individual "feel close to God, see meaning in life, and feel spiritually connected to others."

Negative religious coping involves using religion to avoid thinking about problems and pleading or bargaining with God (Ahrens et al., 2010). The study showed a significant relationship between positive religious coping and post-traumatic growth, especially for White women. The study also demonstrated a significant relationship between positive religious coping and psychological wellbeing.

However, the majority of respondents in the study also used some form of negative coping. Eighty percent used religious avoidance, seventy percent used some form of pleading with God, and fifty percent experienced at least some religious discontent. Negative religious coping was significantly related to higher levels of depression in the study sample (Ahrens et al., 2010). Another study of sexual assault victims at different times following their assaults found the correlations between positive

changes in spirituality and both depression and PTSD scores represented a large effect (r = -.55), with the effect significant at the .001 level. In other words, those sexual assault survivors that had negative changes in spirituality following their sexual assault also had increased experiences of PTSD and depression. This study also showed that 51% of the subjects in the experiment experienced negative changes to spirituality and 34% reported negative changes in their sense of closeness to God at a two-week follow-up. At one year, the percentage that experienced negative changes to spirituality had dropped to 32% and 17% also reported a negative change in their sense of closeness to God (Frazier et al., 2001). This seems to follow the same pattern as other negative symptoms following rape, which lessen over time for most survivors. A study by Murray and Ciarrocchi (2007) of college students looked at the links between guilt, shame, and connection with God. The college students were predominantly women (71.6%) who completed questionnaires assessing their feelings of connectedness with God as well as levels of shame and guilt. The researchers reported that shame and guilt were highly correlated (r = .65, p < .05). They also showed that "the more one felt disconnected from God, or had spiritual struggles, the more shame (r = .42, p < .05) and guilt (r = .30, p < .05) one reported. Likewise, the more shame (r = .20, p < .05), and guilt (r = .23, p < .05) one reported, the more likely they were to report experiencing a conflict with their congregation...." Satisfaction with life was positively correlated to spirituality (r = .15, p < .05), but not to religious practices or religious attendance.

A study of Jewish women in Israel reported that about half of the women surveyed who had been sexually assaulted showed higher levels of secularization/decrease in religiousness following the assault. A regression analysis of

the results showed that those with traumatization were more than twice as likely to change religious beliefs. A much smaller percentage of the subjects also showed higher religiousness, which could be interpreted as spiritual growth (Ben-Ezra et al., 2010).

Along with these changes to spirituality, many people seek support from clergy in times of crisis, and often before seeking help from other sources such as psychologists and social workers (Chalfant et al., 1990). Those individuals who turn to clergy and have religious involvement show larger social support networks and more instrumental and socioemotional support than their non-religious peers (Ellison & George, 1994).

Since spirituality is an important aspect of people's recovery from trauma, some work in the field has focused on aiding people through their spiritual struggles. One example of an intervention for trauma incorporating spirituality is Building Spiritual Strength, an eight-session interfaith program for treating trauma, with both military and civilian versions (Harris et al., 2011). The program was designed around the research on spiritual responses to trauma. As an example of its content, the second and third sessions consist of maintaining prayer logs. The prayers were shared with the group, who then discuss how God or other spiritual entity might respond to the prayers. This program was evaluated on a sample of military veterans with traumatic experiences. The results demonstrated a significant decrease in PTSD symptoms relative to a control group. Another example is a program called Solace for the Soul: A Journey Towards Wholeness[©], which is an eight-session, spiritually-integrated intervention for women who are childhood survivors of sexual abuse. The program is non-denominational and can be used with clients having multiple religious views. Solace for the Soul was developed and evaluated by Murray-Swank with two clients and positive results were seen for both in

the realms of positive religious coping, spiritual wellbeing, and positive images of God (Murray-Swank & Pargament, 2005). Another pilot study with four survivors of childhood sexual assault showed significant decreases in psychological distress and trauma symptoms over time (Murray-Swank & Pargament, 2008). Both of these relatively recent studies involved small sample sizes and show the need for expanded research to establish evidence-based treatments involving spirituality.

An example of a community-based effort was the Shelby Alliance of Faith-based Efforts (SAFE), which was established in Shelby County in Tennessee. This alliance consisted of the leaders of community service agencies, pastors, and sexual assault survivors working together to provide education to the community about the magnitude of the problem of sexual assault and to create a network of counselors to work with victims of sexual assault (Galloway, 2003).

Even though these examples of interventions show promise, there is still much work to be done in making the process of treating the spiritual aspects of sexual assault victimization universal. The present study seeks to explore clergy and church counselors' perceptions of sexual assault victimization as a function of their beliefs about rape myths, level of sexism, and self-rated religious fundamentalism. The study by Sheldon and Parent (2002), summarized above, looked specifically at clergy perceptions of female sexual assault victims and used some of the same methodology below. However, there were limitations to the study that will be addressed in the proposed study. One such limitation was the measure of religious fundamentalism. Subjects were asked the question, "If fundamentalism is defined as religious beliefs based on a literal

interpretation of the Bible, how would you describe your religious beliefs?" Participants then responded using a 5-point scale, ranging from 1 (not fundamental at all) to 5 (extremely fundamental). However, there was no evidence to support the reliability or validity of this measure. The proposed study will use a validated and reliable measure of religious fundamentalism, the Revised Religious Fundamentalism Scale (RRFS; Altemeyer & Huntsberger, 2004). Another limitation brought up by Sheldon and Parent was around the scenarios presented. There was a lack of clarity around the relationships between the victim and the perpetrator in the acquaintance rape scenario. This will be addressed in the current study. Also, there were no scenarios on stranger rape presented in the study. This will also be remedied in the proposed study by incorporating a fourth scenario involving stranger rape, along with the acquaintance, relationship, and marital rape scenarios. The study by Sheldon and Parent was done on a small, Midwestern, suburban sample of clergy. The proposed study is conducted over a broader geographic area and will hopefully have a larger sample size to differentiate other relevant characteristics that might impact rape victimization perceptions. Finally, semi-structured interviews have been added to the methodology and qualitative written responses have been removed to better assess the reasons for variation in victim perceptions among clergy.

CHAPTER TWO

Specific Aims and Hypotheses

Specific Aim 1. Conduct a detailed survey of southern Christian clergy and church counselors to understand their views on sexual assault and victimization.

- a. It is hypothesized that we will replicate the finding that fundamentalism and sexism are moderating variables in clergy perceptions of rape victims, with more fundamentalist and sexist clergy holding more victim-blaming beliefs.
- b. A second hypothesis is that more blame will be placed on the victim as the relationship with the perpetrator is perceived to be closer.
- c. A third hypothesis is that higher levels of benevolent sexism will be correlated with fewer victim-blaming beliefs and hostile sexism will be linked to more victim-blaming beliefs.

Specific Aim 2. Conduct semi-structured interviews to gather additional information on the results of the survey.

CHAPTER THREE

Method

The findings of this dissertation were obtained from a mixed methodology study, comprising data gathered from a survey of clergy along with individual interviews.

Quantitative and qualitative data were collected from an online survey of clergy (n = 86) as well as from a series of semi-structured interviews (n = 14) with clergy.

Participants and Recruitment

Participants for the study were clergy in churches. They were recruited through regional and statewide Christian organizations as well as individual Christian churches throughout the southern United States. A database of church and clergy email addresses from the southern United States was purchased from Affordable Marketing Tools (http://www.librarymarketinglist.com), an online survey company. Clergy and church counselors were contacted via e-mail containing a link to an anonymous online survey. Potential participants were told that the research goal was to examine clergy views about sexual assault victimization to help develop training on the topic. Follow-up reminder e-mails were sent at one week and one month intervals after the initial email.

Online Survey

In addition to demographic information about the participant and their congregation the following battery of instruments was administered to assess attitudes toward female rape victims, religious fundamentalism, ambivalent sexism, victim responsibility and

definitions of rape. Participants were also asked to provide a brief description of a sexual assault victim they counseled in the past and the outcome of that interaction.

Attitudes toward Rape Victims Scale

Participants' views about rape victims were assessed using Ward's (1988) Attitudes toward Rape Victims Scale (ARVS). The ARVS is a 25-item measure shown to have good validity and internal consistency (α = .83) (Lonsway & Fitzgerald, 1994; Ward, 1988). Items in the scale assess views on rape victim responsibility, credibility, and deservingness. Responses are made using a7-point Likert format.

Rape Empathy Scale

Participants' views about rape victims were assessed utilizing Deitz, Blackwell, Daley, and Bentley's Rape Empathy Scale (RES; 1982). The RES is a 19-item measure shown to have good internal consistency (α = .89). Participants were given 19 pairs of items and asked to say which statement they preferred and to rate their degree of preference on a 7-point Likert scale.

Revised Religious Fundamentalism Scale

Religious fundamentalism was measured using Altemeyer and Huntsberger's (2004) Revised Religious Fundamentalism Scale (RRFS). The RRFS consists of 12 questions about religious views measured in a 9-point Likert format. The study by Altmeyer and Huntsberger (2004) showed strong reliability with college students (α = .91) and with their parents (α = .92).

Theological conservatism was assessed by the following question: "How would you characterize yourself theologically (1=very conservative, 10=very liberal)?"

Ambivalent Sexism Inventory

Sexist attitudes were measured using Glick and Fiske's (1996) Ambivalent Sexism Inventory (ASI), made up of a Hostile Sexism subscale and a Benevolent Sexism subscale, both of which use a 5-point Likert format. Reliability analysis of the subscales showed α values of .85 for Hostile Sexism and .78 for Benevolent Sexism (Glick & Fiske, 1990).

Victim Responsibility and Definition of Rape

Four rape scenarios were constructed and standardized from literature on attitudes towards rape to assess clergy's ideas about what constitutes marital, date, and acquaintance rape. The scenarios portrayed four different levels of affiliation and commitment between the man and the woman, ranging from a 2-year marriage to being strangers. Each scenario described a forced sexual encounter that meets the legal definition of sexual assault in the southern states. Many details, such as motives, severity of force, intensity of resistance, and outcome, were left ambiguous because ambiguity has been found to be an important factor in assigning responsibility (Brems & Wagner, 1994). By including information tied to rape myths (e.g., amount of force, type of clothing, behaviors before the rape, amount and type of resistance, reactions after the rape), the goal was to assess whether clergy fall prey to rape myths and, if so, what specific information clergy attended to when forming their decisions. For all four scenarios, each participant was asked to determine whether a sexual assault occurred or did not occur and to answer questions about blame and control over what happened.

Interviews

Following completion of the online survey and analysis of the data, individual interviews were completed with clergy from the local community. The interview participants were recruited from central Texas area churches through the use of phone calls and email. An attempt was made to interview clergy from various denominations working in churches of varying sizes.

The interviews were recorded via audiotape and the facilitator also took notes. The interviewer provided clergy who were interviewed with general statistics and information about sexual assault. To begin the discussion, participants were asked to respond to the results presented and suggest reasons for the positive and negative response trends. Other discussion topics included: 1) barriers to working with local mental health services related to sexual assault victimization, 2) training and experience related to counseling sexual assault victims, 3) unique aspects of religious counseling in the case of sexual assault victimization and 4) concerns in working with sexual assault victims.

Before the start of the interviews, a member of the research team reviewed the consent form and asked participants whether they had any questions about the purpose of the forum, provisions for confidentiality, or any other issue. Participants then signed a consent form agreeing to the terms and agreeing to participate in the study. Following completion of the semi-structured interviews, a thematic analysis was completed using Braun and Clarke's (2006) suggested methodology to determine primary themes that informed the quantitative research results.

CHAPTER FOUR

Results

Survey Results - Participants

Due to issues with unusable email addresses in the email marketing list of pastors in the Southern United States, it was not possible to calculate a specific response rate. However, the response rate was estimated at just under 10%. The participants in the study included 75 male and 11 female clergy. The subjects ranged in age from 28 to 77 years old (M=51.5, SD=10.1). Demographic information is provided in Table 1. The majority identified themselves as White (88%), with 8% identifying as Black or African American. Educational levels among the participants ranged from 23 with a doctoral degree, 44 with a master's degree, 11 with a bachelor's degree, and 8 with an associate's degree or below. A large majority of subjects were married (93%) and had children (88%).

Table 1
Personal Demographic Information

Race/Ethnicity (n=94)	Marital Status	Have Children (n=94)	
	(n=94)		
Caucasian – 88%	Married - 93%	Yes - 88%	
African American - 8%	Single - 5%	No -12%	
Hispanic - 1%	Divorced - 2%		
American Indian - 1%			
More than one race - 1%			

Church information for survey participants was collected to show the relative sizes and budgets of churches in which participants worked. The size of Sunday worship was used to estimate church membership, and ranged from 20 to 12,000 (M=779.4, SD=1685.3), with annual budgets ranging from \$7,000 to \$11,136,949 (M=\$1,095,807, SD=\$1,599,818). Respondents to the survey were also asked whether their churches were "charismatic (spirit-filled)." 76% of subjects said their churches were NOT spirit filled, and 26% said that they were. Locations of the church were suburban (60%), urban (25%), and rural (15%).

Participants also provided their religious information, shown in Table 2. The table shows that the majority of subjects self-identified their denomination as Baptist (51%) and another large group of subjects as Methodist (22%).

Table 2 also shows the self identified theological conservatism or liberalism of the survey participants. The data provided is skewed toward the conservative side, with over half of the subjects rating themselves a "1," "2," or "3" (M=4.04, SD=2.26).

Table 2

Religious Demographic Information

Denominations (n=86)		Theology (1= very conservative;		
		10 = very liberal); (n=84)		
Baptist	50%	"1" - 8%		
Methodist	22%	"2" - 25%		
Non-denomination	al 8%	"3" - 20%		
Episcopal Church	7%	"4" - 8%		
Other	5%	"5" - 15%		
Calvary Chapel	2%	"6" - 6%		
Catholic	2%	"7" - 4%		
Church of Christ	2%	"8" - 8%		
Lutheran	2%	"9" - 1%		
		"10" - 4%		

Respondents were queried about experiences they have had working with congregants who had experienced sexual assault. Twenty of the respondents provided general or specific examples of work they had done with sexual assault victims. Sixteen respondents stated that they had not worked with any congregants who had been sexually assaulted as adults. Eight of the respondents were not "comfortable" sharing their experiences due to concerns about confidentiality. The experiences that survey respondents shared included mostly acquaintance/date/marital rape scenarios along with some stranger rape examples. These examples also included situations where the clergy member encouraged the victim to report the incident to the police as well as referrals to and/or cooperation with mental health counselors in the community. Although some of the examples included crisis counseling immediately after the rape, often the scenarios took place months or years after the rape and involved the long-term impacts of the rape on intimacy and relationships. None of the respondents expressed any negative views about working with victims of sexual assault.

Descriptive Statistics

As an initial step in data analysis, descriptive statistics were computed for all scales (Table 3).

Correlations between Scales

Correlation coefficients were calculated to determine the relationship between each of the scales used in this study (Table 4). Although these correlations did not make use of all the data and did not test for compositional

effects, they provided preliminary findings regarding the hypotheses. Scores on the Benevolent Sexism, Hostile Sexism, Attitudes toward Rape Victims, and Religious Fundamentalism scales were positively correlated with each other.

Table 3
Scale Means and Standard Deviations

Scale	Mean Scale Scores
	(Standard Deviation)
Benevolent Sexism	37.99
	(8.65)
Hostile Sexism	30.30
	(8.09)
Attitudes toward	17.35
Rape Victims	(10.26)
Rape Empathy	37.78
	(1.28)
Religious	16.44
Fundamentalism	(18.33)

Benevolent Sexism, Hostile Sexism, and Attitudes toward Rape Victims were negatively correlated with the Rape Empathy Scale.

The results showed that the more sexist the clergy, regardless of whether they endorsed benevolent or hostile sexist beliefs, the more negative the attitudes toward rape victims and the more fundamental the religious beliefs. Results also showed that higher sexism ratings were related to lower empathy toward rape victims and the more negative the attitudes toward rape victims, the lower the empathy toward rape victims.

Scale Scores

The scores for each of the scales, including BS, HS, and ARVS were compared with scores obtained in other studies (Table 5). The results showed that clergy had similar scores on the Attitudes toward Rape Victims scale as male mental health counselors and counselor trainees, and lower scores (less negative views of rape victims) than college students (Ward, 1988). Scores on benevolent and hostile sexism scales were also compared to those obtained by non-student male and female populations (Glick & Fiske, 1996).

Table 4
Scale Correlations

Scales	Benevolent Sexism	Hostile Sexism	Attitudes Toward	Rape Empathy	Religious Fundamentalism
			Rape Victims		
Benevolent		.470**	.356**	249*	.424**
Sexism	-	93	88	79	96
Hostile Sexism			.615**	465**	.384**
	-	-	85	77	94
Attitudes Toward Rape Victims	-	-	-	513** 76	.333** 88
Rape Empathy	-	-	-	-	219 80
Religious Fundamentalism	-	-	-	-	-

^{**} Correlation is significant at the 0.01 level

Sample sizes are reported below the Spearman rank correlation coefficients.

While the clergy had similar benevolent sexism scores to male subjects, the scores were higher than for women. Looking at hostile sexism, clergy had scores similar to

^{*} Correlation is significant at the 0.05 level

female subjects and scores significantly higher than those obtained by male subjects (Glick & Fiske, 1996). Clergy scores on both hostile and benevolent sexism were not significantly different from male psychologists (McKay, 2001). Overall, it also appears that the clergy respondents scored similarly to scores achieved by mental health counselors on the ARVS, BS, and HS scales (McKay, 2001; White & Kurpius, 1999).

Tests of Mediation

Hostile sexism (HS), benevolent sexism (BS), and religious fundamentalism (RF) were tested as mediators, following Baron and Kenny's (1986) recommendations. First, regression equations were computed for the mediator regressed on the independent variable, the dependent variable regressed on the independent variable, and both the dependent and independent variables regressed on the mediator.

Regression analyses showed that religious fundamentalism was significantly related to hostile sexism (R^2 =.147, F[1,92] = 15.88, p<.01), and benevolent sexism (R^2 =.180, F[1,94] = 20.64, p<.01). Negative attitude toward rape victims was significantly related to hostile sexism (R^2 =.378, F[1,83] = 50.37, p<.01) and benevolent sexism (R^2 =.127, F[1,86] = 12.52, p<.01).

Sobel tests indicated that hostile sexism mediated the effects of religious fundamentalism (z = 5.86, p<.01) on negative attitudes toward rape victims. Benevolent sexism also mediated the effects of religious fundamentalism (z = 2.51, p<.05) on negative attitudes toward rape victims. Religious fundamentalism failed to mediate the effects of any variables on negative attitudes toward rape victims. Once hostile and benevolent sexism were determined to be significant mediators between religious fundamentalism and negative attitudes toward rape victims, additional testing was

completed to determine what the mediation model would look like if both mediators were built into the model.

Table 5

Comparisons of Scale Means to Literature

Scale	T-test results	Population for comparison	Study
ARVS	t = 12.99; p<.0001 – Clergy significantly lower scores	College students	Ward (1988)
	t=1.41; Not significant t=1.32; Not significant	Male mental health counselors Counselor trainees	White & Kurpius (1999) White & Kurpius (1999)
BS	t=1.07; Not significant t=.74; Not significant t=3.41; p<.001; Clergy significantly higher scores	Men Men Women	Glick & Fiske (1996) Glick & Fiske (1996) Glick & Fiske (1996)
	t=4.20; p<.0001; Clergy significantly higher scores	Women	Glick & Fiske (1996)
	t=.60; Not significant	Male psychologists	McKay (2001)
HS	t=6.77; p<.0001 – Clergy significantly lower scores'	Men	Glick & Fiske (1996)
	t=6.15; p<.001 – Clergy significantly lower scores	Men	Glick & Fiske (1996)
	t=.59;Not significant	Women	Glick & Fiske (1996)
	t=.66; Not significant	Women	Glick & Fiske (1996)
	t=.13; Not significant	Male psychologists	McKay (2001)

The Preacher and Hayes (2008) bootstrapping methodology for indirect effects was used, based on 5000 bootstrap resamples (See Figure 1). These were used to describe the confidence intervals of indirect effects, regardless of whether the distribution of indirect effects is normal or not. The results showed that the indirect effects of benevolent sexism and fundamentalism on negative attitudes toward rape victims were not significant, when benevolent sexism and hostile sexism were used as mediators.

Thus, both the Baron and Kenny causal approach and the Preacher and Hayes

bootstrapping method suggested that hostile sexism acts as a simple mediator between religious fundamentalism and negative attitudes toward rape victims.

Table 5 captures subjects' perceptions of whether a sexual assault occurred in each of the four scenarios. The results show that for the stranger and acquaintance rape scenarios, all subjects agreed that a rape had occurred. For the date rape and married rape scenarios, there was more disagreement about whether a rape had occurred, though the majority of respondents still agreed that a rape had occurred.

Scenario Results

Scores were compared for questions in each scenario. Figure 2 shows a visual representation of the perception of male perpetrator control vs. female victim control. The results showed that subjects perceived male perpetrators as having significantly more control than female victims for all scenarios. The results also showed that as the perception of female victim control was lowest in the stranger rape scenario, followed by the marital rape scenario, then the acquaintaince rape scenario, with the dating rape scenario rated highest for female victim control. Perceived male perpetrator control for each scenario varied far less than perceived control for female victim control for each scenario.

In Figure 3, similar to Figure 2, the highest level of perception that the female victim should blame herself was for the dating scenario and lowest for the stranger rape scenario. Sympathy for the victim was also lowest in the dating scenario and the perception that the incident could have been avoided was highest in that scenario. Sympathy for the victim was highest in the stranger rape scenario and the perception that the incident could have been avoided was highest in the stranger rape scenario.

One-way repeated measures analyses of variance (R-ANOVA) were conducted to compare the effect of scenario type on perceived victim control, perpetrator control, victim blame, sympathy for victim, and whether a sexual assault occurred in the four scenarios. The results showed significant effects of scenario type on perceived victim control, F(3,81) = 61.18, p<.01; perceived perpetrator control, F(3,81) = 8.07, p<.01; victim blame, F(3.80) = 47.58, p<.01; sympathy for victim, F(3,80) = 18.86, p<.01; and perception of whether a sexual assault occurred, F(2,76) = 14.60, p<.01.

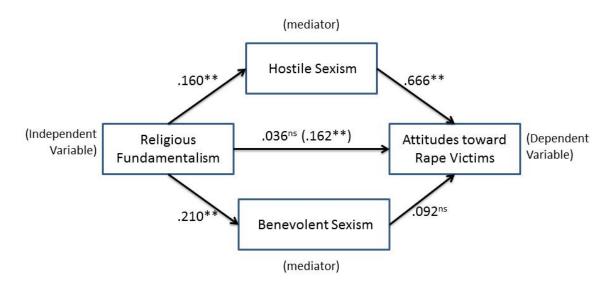


Figure 1. Mediation Model. Sexism mediators of religious fundamentalism-attitudes toward rape victims link. ** p < .01, ** not significant. NOTE: Path values represent unstandardized regression coefficients. The value inside the parenthesis represents the total effect of religious fundamentalism on attitudes toward rape victims before the inclusion of mediating variables. The value outside the parentheses shows the direct effect of religious fundamentalism on attitudes toward rape victims after mediators are included.

Paired-samples t-tests were conducted to compare the answers to scenario questions in stranger, acquaintance, date, and marital rape scenarios. There was a significant difference in the scores for perceived victim blame among all the different

scenario conditions. These results suggest that there were significant differences among the 4 case scenarios on levels of perceived victim blame.

Table 6
Subjects' Perception of Whether Sexual Assault Occurred by Scenario

Subjects	Stranger Scenario (1)	Acquaintance Scenario (2)	Dating Scenario (3)	Married Scenario (4)
% of Subjects				
who endorsed	1000/	1000/	5 204	0.407
that a sexual	100%	100%	73%	84%
assault occurred				

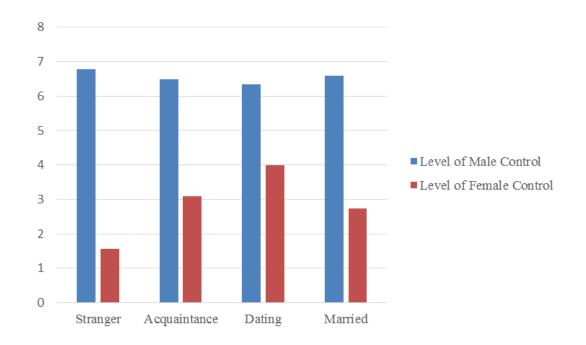


Figure 2. Male Perpetrator Control vs. Female Victim Control by Scenario Similar paired-samples t-tests were conducted on level of perceived victim control, perceived perpetrator control, and victim sympathy.

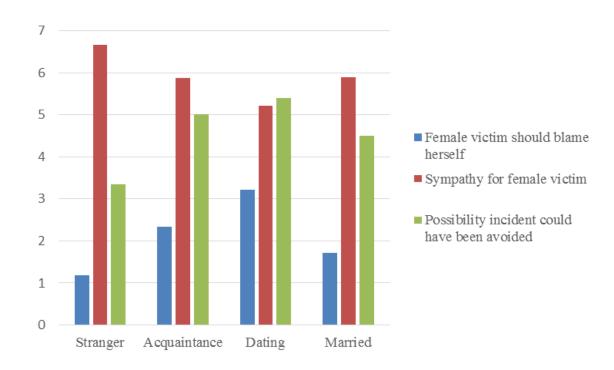


Figure 3. Level of Victim Blame, Victim Sympathy, and Possibility of Incident Being Avoided

Table 7

Paired T-test Results for Perceived Victim Blame

Scenarios	Means	Standard	df	t-value	Significance
Compared	pared Deviation				
Stranger vs.	1.18	.78	84	-8.51	n < 001
Acquaintance	2.34	1.28	04	-8.31	p < .001
Stranger vs.	1.18	.78	83	-11.24	n < 001
Date	3.24	1.69	63	-11.24	p < .001
Stranger vs.	1.18	.78	84	-3.63	p < .001
Marital	1.71	1.03	04	-3.03	p < .001
Acquaintance	2.34	1.28	82	-5.16	p < .001
vs. Date	3.24	1.69	62	-5.10	p < .001
Acquaintance	2.34	1.28	83	3.91	p < .001
vs. Marital	1.71	1.03	63	3.91	1001 y
Date vs.	3.24	1.69			
Marital	1.71	1.03	83	8.06	p < .001
	1./1				

All three conditions were significantly different at p < .001 between stranger rape and acquaintance rape scenarios. All three conditions were significantly different at p < .001 between stranger rape and date rape scenarios. All three conditions were significantly different at $p \le .001$ between date rape and married rape scenarios. Between stranger and marital rape scenarios, levels of perceived victim control and victim sympathy were significantly different at p < .001, and perceived perpetrator control at a p < .05. Between acquaintance and date rape scenarios, levels of perceived victim control were different at p < .001, levels of victim sympathy were different at p < .005, and levels of perceived perpetrator control were not significantly different. Comparing acquaintance rape and marital rape scenarios, there were no significant differences between levels of perceived victim control, perceived perpetrator control, and victim sympathy.

Interview Results

Several themes emerged from a review of the semi-structured interview transcripts. The study found 4 main themes related to clergy views of sexual assault.

Taboo Nature of Sexual Assault

When asked why they thought congregants do not talk to clergy about being sexually assaulted, all respondents talked about the "taboo" nature of sexual assault and sexual intercourse in general. Clergy who were interviewed stated that issues associated with sexuality, including premarital sex, sexual orientation issues, and childhood molestation are often not brought to clergy and that rape is mixed in with the topic of sexuality. An example of the church attitude toward sex and rape can be seen in the

canonization of Maria Goretti by the Catholic Church after she was killed rather than submit to rape. Pope Pius XII referred to the story in a speech, 'From Maria's story carefree children and young people with their zest for life can learn not to be led astray by attractive pleasures which are not only ephemeral and empty, but also sinful.' His quote focused on the earthly pleasures associated with sex, rather than talking about those who were intending to rape her or about violence. Ruth Seifert (1994), in her book on the violence in Bosnia-Herzegovina, talked about rape and violence, stating, "rape is not an aggressive manifestation of sexuality, but rather a sexual manifestation of aggression," (p. 55) However, based on the interviews, this does not seem to be the attitude that clergy or congregants take when the topic of sexual assault is raised.

One clergy member talked about how women in the Bible are viewed as "angels, virgins, or whores." Female congregants who are sexually assaulted no longer fit into the categories of angel or virgin, leaving only the label of whore. Another pastor stated that church members are often taught from an early age that sexual intercourse is only okay in the context of a marital relationship. For someone who gets sexually assaulted, purity is lost. This may especially be motivation not to share that a sexual assault occurred when a victim has been intimate in the past either with the perpetrator or someone else. He talked about the possibility that congregants who have had sex outside of marriage are afraid of judgment from their pastor, rather than a focus on the struggles with being assaulted. Another pastor talked about how some women in scripture are not only portrayed as whores, but also "seductresses," using their sexuality to gain power over men. Perhaps because of this seduction perspective, some clergy also suggested that congregants might expect judgment from clergy about their role in the rape, especially

with date rape and acquaintance rape. A quote by Herman (1992) sums up the results – victims feel "cast out of the human and divine systems of care and protection that sustain life" (p. 52).

Another pastor addressed the systematic stigmatization of sexuality, "It's stigmatized on our part. The people know how prevalent it is. It's clergy who don't do what we should do. Clergy are not a very brave group of people. We are a fearful lot, especially in denominational structures. Afraid to be seen as rabble-rousers in this climate where culture turns more conservative." Thus, one potential area that clergy need to address is how to destigmatize sexuality in the church and the role that they need to play in it.

'Benevolent Sexism' as a Part of Clergy and Church Culture

To go along with the views about women in the Bible, several of the clergy who were interviewed for the study stated that the church as a whole has sexist attitudes. They clarified that since clergy and denominational leaders are predominantly male, the church often ignores women's needs or plays a paternalistic, over-protective role. When asked why hostile sexism levels might be lower for clergy than for the general population, most participants stated that the nature of the clergy's role to help others explained the lower score. One female participant suggested that the Bible was actually progressive in its treatment of women when it was written, so clergy do not view women as negatively as the general population of men does. Another female clergy member stated that she thought the lower hostile sexism score was due to self-report bias, and that clergy were no less sexist than the general population. However, when it came to benevolent sexism, although some clergy were uncomfortable with using a loaded word

like "sexism," they agreed that there was a general view in the church of women as needing to be protected and cared for. Many clergy also saw the fact that clergy are mostly male as a primary reason for those benevolent sexist beliefs.

Power Hierarchy between Clergy and Congregants

Several clergy recognized their own hesitancy in working with victims of sexual assault. They were aware of the social justice aspect of sexual assault and how the power dynamic between the congregant and pastor was similar to that between the victim and perpetrator. Although clergy were aware of this issue and desired to respect the power differential, there was also concern of being accused by congregants. Male clergy spoke of taking precautionary measures such as meeting with female congregants with a witness present, or leaving doors and curtains open during meetings. This wariness may also play a role in the lack of trust felt by survivors who might seek counseling or support from clergy. The Catholic priests who participated in the interviews described more exposure to congregants speaking about sexual assault via the confessional. They stated that those congregants were often focused on their own role in the sexual assault and felt that they had sinned. The priests stated that they used those confessions as a chance to refer clients to psychological care along with addressing the spiritual issues associated with the sexual assaults. This highlighted the importance of confidentiality to the congregants who sought out clergy support.

Several of the pastors who were interviewed talked about past clergy violations in their churches, including child molestation and homosexual relationships with congregants. They recognized the need to be aboveboard in how they communicated about the topic of sexuality and how they interacted with congregants safely, based on

that negative history. The three pastors who talked about prior pastors who had behaved unethically provide an example of the power that clergy have in their churches, which can easily be abused. At the same time, the clergy who participated in the interviews recognized the need to create a safe place at the church.

Training Needs / Referral

The topic of sexual assault was often brought up to clergy by congregants as a secondary issue. For example, several clergy talked about finding out that a congregant had been sexually assaulted years after the assault in the course of counseling about marital or relationship issues. None of the clergy in the interviews stated that they had received training on dealing with sexual assault survivors as a part of training for pastors. Two participants had received training as a part of other roles prior to being ordained. Although some clergy had received training on general pastoral counseling, they described it as a small part of a class in pastoral care. All clergy agreed that there was a need for training in working with survivors of sexual assault, along with domestic violence and child abuse. Participants suggested that the training should include legal information, referral options, and an example of a survivor's experience in successfully working with clergy and the church after a sexual assault.

Several clergy talked about the role they were supposed to play with survivors who talked to them. One pastor questioned whether he needed to play a role in determining whether the congregant was telling the truth. He stated that he was worried about the effect that the accusation would have on another member of the congregation, though at the same time he wanted to be supportive. Another stated that he asked questions "to check" if a rape really happened. Some clergy are clearly wary about

taking victims' stories at face value. However, this wariness can also create a hostile environment for victims, giving them more reason not to share their stories with clergy.

All clergy who were interviewed said they thought their role with survivors of sexual assault was to be supportive when first approached. However, they also recognized that they did not have the knowledge or training to treat the victim and all felt that survivors of sexual assault needed additional therapy. Several pastors also said that they would want the congregant who had been assaulted to continue to be a part of the church during the counseling and after it was complete. The clergy interviewed felt that it was important to recognize the role of the church in the long-term recovery and spiritual care of congregants.

Regarding whom they would refer to, the opinions varied widely. One pastor stated that he would only refer to counselors who were Biblical counselors, using the Bible as the only source of wisdom in treating congregants who were struggling. Others stated that they referred to counselors who were part of their church, since they knew them. Finally, some stated they used counselors who were in the community and were faith affirmative, but preferred that they not be part of their church to preserve congregants' confidentiality. Training can provide options on what might be important to congregants, such as confidentiality and faith-affirmative counseling as well as how clergy can remain connected to the congregant while she participates in therapy.

CHAPTER FIVE

Discussion

Overall, the study showed interesting results, some of which were in line with our expectations, and others which move us in new directions. Looking at the results, it is important to note that a large majority of clergy who responded to the survey endorsed that a rape had occurred in each of the four scenarios presented. In the stranger and acquaintance scenarios, 100% of clergy respondents acknowledged that a rape had occurred. The dating and marriage scenarios reflected the most ambivalence, but even in those, 73% and 84% respectively endorsed that a rape had occurred. This suggests that most clergy recognize rape when it happens.

We then looked at patterns of victim and perpetrator blame and perceived control across the scenarios. Perceived victim control, victim blame, sympathy for the victim, and perceptions of whether the incident could have been avoided followed similar patterns across the four scenarios. When pastors perceived that the victim had more control, they also placed more blame on the victim and felt less sympathy for the victim. In those situations where there was highest perceived victim control and proportionally higher victim blame, the pastors also endorsed more frequently that the situation could have been avoided. However, although the level of perceived perpetrator control varied slightly, the differences across scenarios were not significant. Perceived perpetrator control also stayed consistently high across all four scenarios. This suggests that the judgment that clergy make about sexual assaults varies more according to victim characteristics and actions rather than perpetrator factors.

Clergy characteristics are also important to explore in how clergy perceptions of sexual assault victimization can vary. Our study suggests clergy sexist beliefs are most directly linked to perceptions of sexual assault victimization. Our findings partially support the results of Sheldon and Parent (2002). Similar to their study results, hostile sexism was strongly correlated to victim blame for clergy. However, unlike their study, our study did not find a correlation between benevolent sexism and victim blame.

Our result showing that hostile sexism acted as a mediator was surprising and unexpected. This finding suggests that clergy's religious beliefs may not be the reason for victim blame, but instead, it is their level of hostile sexism. According to Nagoshi, Adams, Terrell, Hill, Brzuzy, and Nagoshi (2008), one reason for the relationship between religious fundamentalism and hostile sexism might be that beliefs about restricted gender roles are related to the use of violence to maintain gender-based power. This is different from the findings that Sheldon and Parent (2002) reported, which found that level of religious fundamentalism was directly and positively correlated with higher levels of victim blame. However, the previous study's measure of fundamentalism was based on one question and a narrow scale (5-point Likert-like scale) that may have limited responses. The current study used a more robust set of measures of religious fundamentalism. Also, unlike the Sheldon and Parent (2002) study, the respondents of our survey recognized that marital rape was a possibility. In fact, they placed less blame on the wife in cases of marital rape than on female victims in dating or acquaintance scenarios. According to the structured interviews, this might have been due to the covenant of marriage that was consecrated by God. In addition, several pastors stated that many women might be financially dependent on their husbands and have little power in their relationships. In acquaintance and date rape scenarios, clergy stated that more victim control is perceived because of the ability of the woman to leave the relationship as well as to control how far the physical intimacy progresses.

The results of this study appear to show two general ideas. One, rather than addressing clergy religious fundamentalism as a primary factor that impacts perceptions of sexual assault victimization, levels of sexism may be more important to address through training. According to the clergy interviews, sexist beliefs may be systematically endorsed by the church because of its predominantly male leadership. Two, the results of the interviews showed that clergy and church leaders have to overcome the taboo nature of the topic of sexual assault in the church and speak about it more openly.

To address the issue of hostile sexism and its role in negative perceptions of rape victims, didactic training about sexual assault may be beneficial. According to a study by Pettijohn, Terry, and Walzer (2008), college students who were enrolled in a Psychology of Prejudice course showed significant decreases in racist and sexist beliefs. Another study by Becker and Swim (2011) showed that sexist beliefs in men decreased when they were asked to attend to their sexism and emotional empathy for the target of discrimination. This suggests that incorporating experiences of sexual assault survivors sharing their experiences with the church in these trainings could be valuable in increasing male clergy's empathy. This was also in line with requests from clergy during interviews to hear directly from victims of sexual assault about their experiences with clergy and the church.

The second area, the taboo nature of the topic of sexuality in the church, also needs to be addressed. Based on the interviews, clergy and church leaders need to show that

they are open to talking about issues of violence and sexuality by proactively discussing the topics. This may communicate to congregants who are struggling with sexual assault victimization that it is okay to approach clergy for help. John McClure (1998) writes:

Most congregations, left to themselves, prefer silence on issues of sexual and domestic violence. This is not necessarily because of an evil conspiracy. It is often due to a sense of what constitutes good manners, confidentiality, and the general protection of individual lives and families (the private realm) from the encroachment of public scrutiny.... It betrays victims and survivors and supports a status quo in which abuse and violence are tolerated, if not condoned. Although there are many ways to break the silence in our churches, the most central and pivotal place of all is from the pulpit.

Marie Fortune (1998) adds that pastors

must address the Word to all three groups on any given occasion: victims/survivors, offenders, and bystanders. While each group needs to hear a particular portion of the message directed to its situation, each needs to hear the other's portion as well. The victim/survivor needs to hear accountability preached to the offender; the offender needs to hear support offered to the victim/survivor; the bystander needs to hear both, so as to learn how to participate in providing both and thus making justice (p. 56-57).

However, pastors must take care how they preach about violence, especially as it relates to forgiveness. Fortune (1998) warns that preachers should not encourage survivors of sexual or domestic violence to forgive their perpetrators too quickly, since forgiveness can only be given and received between equals. If there is a power differential that remains between the perpetrator and survivor, then forgiveness cannot truly be given. She discusses how the perpetrator must repent and give up his power over the victim before forgiveness can take place. Fortune warns that it is easy for congregants to receive the wrong message that perpetrators do not need to take accountability for their actions and that the weight of the duty to move forward belongs to the victim. She writes that accepting accountability is God's gift to perpetrators, just as attaining forgiveness is God's gift to survivors. In the same book, *Telling the Truth*:

Preaching about Sexual and Domestic Violence, McClure and Ramsay (1998) provide several sample sermons to help preachers address the difficult issues of relationship violence from the pulpit.

McClure (1998) provides additional steps that pastors can take in their churches to be supportive of sexual assault survivors. These include educating themselves through courses and books, inviting experts to provide education for congregants about sexual violence, promote domestic violence shelters and advocacy centers for victims as places to volunteer and provide outreach, incorporate sexual and domestic violence into a series of sermons about love and sexuality, use disguised examples of violence in the church, and finally to take risk in bringing up previously taboo subjects. However, based on the results of our study, support from church leadership also seems to be a necessary part of breaking the taboo of open discussion on the topic of sexuality. Thus, training should not be limited to clergy in churches but also be expanded to church leadership. If the message from church leadership is consistent about how sexual assault impacts victims and the role of clergy in helping victims, clergy may be more likely to accept training as well as to act in positive ways to support victims of sexual assault.

Limitations and future directions

This study was conducted across the southern United States, and the interviewees were all from one town in central Texas. Because there were a smaller number of survey respondents who completed the survey, they might not be representative of clergy in United States as a whole.

Additional studies should include more participants to capture a broader range of religious beliefs, including for non-Christian clergy. Also, the 15 participants in the

semi-structured interviews also might not be representative of clergy as a whole, since they were the ones who were willing to participate in the study. Approximately 20 pastors were not willing to participate or did not respond to email and phone calls. Additional studies should be used to separate out victim characteristics and their effects on clergy perceptions using a broader set of scenarios with different victim characteristics and actions.

The use of online surveys might have been a limiting factor for some clergy who are not proficient at using computer technology. In the future, online surveys can be supplemented with paper surveys mailed to churches in the region.

Once training for clergy on how to work with survivors of sexual assault has been created, additional data can be gathered on the efficacy of the training in changing views of clergy and providing support for clergy. The changes could be measured using sexism measures and attitudes toward rape victims.

Conclusions

This study captured clergy views on sexual assault victims in general and then tied those views to their reactions toward victims and perpetrators in assault scenarios. The key findings to impact future directions for training and education were two-fold. The changes in attitudes toward victims were mostly impacted by the situations and victim characteristics/actions as well as individual levels of hostile sexism. Second, although the levels of sexism were not higher in clergy than in the general population, the intersection of sexism with clergy roles as church leaders negatively impacted clergy perception of victims. As stated earlier, training and education should cover both clergy in the community as well as church leaders in corporate roles. Training should also

provide education on rape myths as well as common sexist beliefs and how they can impact the treatment of sexual assault victims. Clergy need to take steps then to address issues of sexuality openly with their congregations to reduce the taboo nature of sexual assault for victims as well as with those who could provide support to victims in their families. Although the road ahead will not be an easy one, clergy are willing to discuss ideas for change and eager to find better ways to meet the needs of their congregations. Combined with training and education on how to better work with sexual assault victims, clergy willingness to help and awareness of the seriousness of the topic can lead to positive changes in how victims of sexual assault are treated in churches. This in turn may lead to more victims of sexual assault being willing to talk openly with clergy about their trauma. Also, as the church leadership and clergy speak more openly about topics such as sexual assault, the cultural taboo associated with the topic may decrease.

APPENDIX

APPENDIX

Four Sexual Assault Scenarios

1. Stranger Rape Scenario

Linda, a 21-year-old student, was jogging in a nearby park on a Saturday afternoon. She was wearing shorts and a loose-fitting T-shirt, and was running along one of the pathways in the park. She slowed down to catch her breath and as she walked along, an unknown man grabbed her and pulled her behind some bushes. He yanked down her shorts and underwear and proceeded to have sex with her, despite her constant protests for him to stop. When he was finished, the attacker stood up quickly, looked around and then ran off.

2. Acquaintance Rape Scenario

Gina and her roommate had just had a huge argument about the amount of money owed for rent. She was so angry with her roommate that she left the house in a rage. To help calm her nerves she went to the mall. On the way home, she stopped at the local bar and had a couple of drinks. As she left the bar, she saw a friend of her sister's in the parking lot. The man recognized Gina and approached her, reintroducing himself as Steve. He asked if he could use her cell phone to call a tow truck because his car wouldn't start. She agreed and invited him to sit in her car since it was a cold night until the tow truck came. They began to talk about her sister for 20 minutes and were laughing at old stories. Steve leaned over and gently kissed Gina. At first, Gina resisted, but then she kissed him back. Steve then caressed her hair and slowly began to fondle Gina. This frightened Gina so

she told him that she wanted to leave. Steve got angry and claimed that she had just been leading him on. As he proceeded to have sexual intercourse with Gina, Steve told her to relax and enjoy it.

3. Date Rape Scenario

Sue and Tim had been dating for approximately 8 months. It was Valentine's Day, and Tim told Sue he had planned a very romantic evening for them. To help make the evening extra special, Sue dressed up in her sexiest dress and put on a little extra perfume. When Tim arrived at Sue's house, he told her that first he wanted to go back to his house so he could introduce Sue to his parents. When they arrived at the house, there was nobody home. Tim said that his parents would not be gone long and suggested that they wait inside for them to return. Once inside, Tim and Sue started kissing. Tim told her that he loved her and wanted to show her how much he cared for her. Tim started to fondle and undress Sue. She felt a bit apprehensive about the situation and asked him to stop. Tim continued. He kept telling her that he just wanted to show her how much he loved her. He said that if she really loved him, she should want to show him too. After a while, Sue became physically and emotionally tired from fighting off Tim's physical advances and stopped resisting. Following sexual intercourse, they made popcorn and watched a video together.

4. Marital Rape Scenario

Monica and Mike had been married for 2 years. Mike said that their sex life needed a little spice. He got some videos for them to watch. Monica refused to watch the videos. The next time they were making love, Mike tried some of the

methods he had seen on the videos. Monica told him that she was very uncomfortable performing any of these sexual acts and asked him not to do them anymore. Mike said that he thought it made their sex life more exciting. Every time Mike would try out a new method, Monica would resist his advances. Mike would become physically aggressive until Monica stopped resisting.

REFERENCES

- Adams, R. E., & Boscarino, J. A. (2006). Predictors of PTSD and delayed PTSD after disaster: The impact of exposure and psychosocial resources. *Journal of Nervous and Mental Disease*, 194, 485–493.
- Ahrens, C. E., Abeling, S., Ahmad, S., & Hinman, J. (2010). Spirituality and well-being: The relationship between religious coping and recovery from sexual assault. *Journal of Interpersonal Violence*, 25(7), 1242-1263. doi:10.1177/0886260509340533
- Ahrens, C. E., & Campbell, R. (2000). Assisting rape victims as they recover from rape: The impact on friends. *Journal of Interpersonal Violence*, 15(9), 959-986. doi:10.1177/088626000015009004
- Ahrens, C., Campbell, R., Ternier-Thames, K., Wasco, S., & Sefl, T. (2007). Deciding whom to tell: Expectations and outcomes of rape survivors' first disclosures. *Psychology of Women Quarterly*, 31(1), 38-49.
- Altemeyer, B., & Hunsberger, B. (2004). A Revised Religious Fundamentalism Scale: The Short and Sweet of it. *International Journal for the Psychology of Religion*, 14(1), 47-54. doi:10.1207/s15327582ijpr1401_4
- Amstadter, A., McCauley, J., Ruggiero, K., Resnick, H., & Kilpatrick, D. (2008). Service utilization and help seeking in a national sample of female rape victims. *Psychiatric Services* (Washington, D.C.), 59(12), 1450-1457.
- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic and statistical considerations. *Journal of Personality and Social Psychology*, 51, 1173-1182
- Ben-Ezra, M., Palgi, Y., Sternberg, D., Berkley, D., Eldar, H., Glidai, Y., & ... Shrira, A. (2010). Losing my religion: A preliminary study of changes in belief pattern after sexual assault. *Traumatology*, 16(2), 7-13.
- Bennice, J., & Resick, P. (2003). Marital rape: history, research, and practice. *Trauma*, *Violence & Abuse*, 4(3), 228-246.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research In Psychology*, 3(2), 77-101. doi:10.1191/1478088706qp063oa

- Brems, C., & Wagner, P. (1994). Blame of Victim and Perpetrator in Rape Versus Theft. *Journal of Social Psychology*, 134(3), 363-374.
- Bruns, E. J., Lewis, C. C., Kinney, L. M., Rosner, L. L., Weist, M. D., & Dantzler, J. A. (2005). Clergy members as responders to victims of sexual abuse and assault. *Journal of Religion & Spirituality in Social Work*, 24(3), 3-19.
- Burt, M. R. (1980). Cultural myths and supports for rape. *Journal of Personality and Social Psychology*, 38(2), 217-230. doi:10.1037/0022-3514.38.2.217
- Cadell, S. S., Regehr, C. C., & Hemsworth, D. D. (2003). Factors contributing to posttraumatic growth: a proposed structural equation model. *American Journal of Orthopsychiatry*, 73(3), 279-287.
- Calhoun, L. G., Selby, J. W., & Warring, L. J. (1976). Social perception of the victim's causal role in rape: An exploratory examination of four factors. *Human Relations*, 29(6), 517-526. doi:10.1177/001872677602900602
- Campbell, R., Wasco, S., Ahrens, C., Sefl, T., & Barnes, H. (2001). Preventing the "second rape": rape survivors' experiences with community service providers. *Journal of Interpersonal Violence*, 16(12), 1239-1259.
- Charuvastra, A., & Cloitre, M. (2008). Social bonds and posttraumatic stress disorder. *Annual Review of Psychology*, 59, 301–328.
- Check, J. V., & Malamuth, N. M. (1983). Sex role stereotyping and reactions to depictions of stranger versus acquaintance rape. *Journal of Personality and Social Psychology*, 45(2), 344-356. doi:10.1037/0022-3514.45.2.344
- Culbertson, K. A., & Dehle, C. C. (2001). Impact of sexual assault as a function of perpetrator type. *Journal of Interpersonal Violence*, 16(10), 992-1007. doi:10.1177/088626001016010002
- Davis, R. C., Brickman, E., & Baker, T. (1991). Supportive and unsupportive responses of others to rape victims: Effects on concurrent victim adjustment. *American Journal of Community Psychology*, 19(3), 443-451.
- Deitz, S. R., Blackwell, K. T., Daley, P. C., & Bentley, B. J. (1982). Measurement of empathy toward rape victims and rapists. *Journal of Personality and Social Psychology*, 43(2), 372-384. doi:10.1037/0022-3514.43.2.372
- Durán, M., Moya, M., Megías, J. L., & Viki, G. (2010). Social perception of rape victims in dating and married relationships: The role of perpetrator's benevolent sexism. *Sex Roles*, 62(7-8), 505-519. doi:10.1007/s11199-009-9676-7

- Elliott, D. M., Mok, D. S., & Briere, J. (2004). Adult Sexual Assault: Prevalence, Symptomatology, and Sex Differences in the General Population. *Journal of Traumatic Stress*, 17(3), 203-211.
- Ellison, C. G., & George, L. K. (1994). Religious Involvement, Social Ties, and Social Support in a Southeastern Community. *Journal for the Scientific Study of Religion*, 33(1), 46.
- Exline, J., & Yali, A. (2000). Guilt, Discord and Alienation: The Role of Religious Strain in Depression and Suicidality. *Journal of Clinical Psychology*, 56(12), 1481-1496.
- Falsetti, S. A., Resick, P. A., & Davis, J. L. (2003). Changes in Religious Beliefs Following Trauma. *Journal of Traumatic Stress*, 16(4), 391.
- Faravelli, C., Giugni, A., Salvatori, S., & Ricca, V. (2004). Psychopathology after rape. The *American Journal Of Psychiatry*, 161(8), 1483-1485. Retrieved from EBSCOhost.
- Feild, H. S. (1978). Attitudes toward rape: A comparative analysis of police, rapists, crisis counselors, and citizens. *Journal of Personality and Social Psychology*, 36(2), 156-179. doi:10.1037/0022-3514.36.2.156
- Fortune, M. (1983) Sexual Violence: The Unmentionable Sin. New York: Pilgrim Press.
- Fortune, M. (1998) *Preaching Forgiveness?* In McClure, J. S. and Ramsay, N.J. (Eds.), *Telling the Truth: Preaching about Sexual and Domestic Violence*. United Church Press.
- Fortune, M. M. (2005). Sexual violence: the sin revisited. Pilgrim Press.
- Francis, M. E., & Pennebaker, J. W. (1992). Putting stress into words: The impact of writing on physiological, absentee, and self-reported emotional well-being measures. American Journal of Health Promotion, 6, 280–287.
- Frazier, P., Conlon, A., & Glaser, T. (2001). Positive and negative life changes following sexual assault. *Journal of Consulting and Clinical Psychology*, 69, 1048–1055.
- Frazier, P. A., Gavian, M., Hirai, R., Park, C., Tennen, H., Tomich, P., & Tashiro, T. (2011). Prospective predictors of posttraumatic stress disorder symptoms: Direct and mediated relations. *Psychological Trauma: Theory, Research, Practice, and Policy*, 3(1), 27-36. doi:10.1037/a0019894
- Galloway, A. (2003). Psychology at Work Inside and Outside the church: Bridging the Gaps between Emotional, Physical, and Spiritual Health. *Journal of Psychology & Christianity*, 22(4), 343-347.

- Gallup, C.N.N., U.S.A. Today Poll, May 5-8, 2011. Poll questions retrieved June 12, 2011, from Gallup website. http://www.gallup.com/poll/147887/americans-continue-believe-god.aspx.
- Gerber, G. L., Cronin, J. M., & Steigman, H. (2004). Attributions of Blame in Sexual Assault to Perpetrators and Victims of Both Genders. *Journal of Applied Social Psychology*, 34(10), 2149-2165. doi:10.1111/j.1559-1816.2004.tb02694.x
- Glick, P., & Fiske, S. T. (1996). The Ambivalent Sexism Inventory: Differentiating hostile and benevolent sexism. *Journal of Personality and Social Psychology*, 70(3), 491-512. doi:10.1037/0022-3514.70.3.491
- Golding, J. M., Siegel, J. M., Sorenson, S. B., Burnam, M., & Stein, J. A. (1989). Social Support Sources Following Sexual Assault. *Journal of Community Psychology*, 17(1), 92-107. Retrieved from EBSCOhost.
- Golding, J. M., Wilsnack, S. C., & Cooper, M. (2002). Sexual Assault History and Social Support: Six General Population Studies. *Journal of Traumatic Stress*, 15(3), 187. Retrieved from EBSCOhost.
- Grubb, A., & Harrower, J. (2009). Understanding attribution of blame in cases of rape: An analysis of participant gender, type of rape and perceived similarity to the victim. *Journal of Sexual Aggression*, 15(1), 63-81. doi:10.1080/13552600802641649
- Hadaway, C., & Marler, P. (2005). How Many Americans Attend Worship Each Week? An Alternative Approach to Measurement. *Journal for the Scientific Study of Religion*, 44(3), 307-322. doi:10.1111/j.1468-5906.2005.00288.x
- Harris, J., Erbes, C. R., Engdahl, B. E., Olson, R. A., Winskowski, A., & McMahill, J. (2008). Christian religious functioning and trauma outcomes. *Journal of Clinical Psychology*, 64(1), 17-29. doi:10.1002/jclp.20427
- Harris, J., Erbes, C. R., Engdahl, B. E., Thuras, P., Murray-Swank, N., Grace, D., & ... Le, T. (2011). The effectiveness of a trauma-focused spiritually integrated intervention for veterans exposed to trauma. *Journal of Clinical Psychology*, 67(4), 425-438. doi:10.1002/jclp.20777
- Herman JL (1992) Trauma and Recovery. New York: Basic Books.
- Hettler, T. R., & Cohen, L. H. (1998). Intrinsic religiousness as a stress-moderator for adult Protestant churchgoers. *Journal of Community Psychology*, 26(6), 597-609.
- Kahn, A. S., & Mathie, V. (1994). Rape scripts and rape acknowledgment. *Psychology of Women Quarterly*, 18(1), 53.

- Kennedy, J. E., Davis, R. C., & Taylor, B. G. (1998). Changes in Spirituality and Well-Being Among Victims of Sexual Assault. *Journal for the Scientific Study of Religion*, 37(2), 322.
- Kimerling, R., & Calhoun, K. S. (1994). Somatic symptoms, social support, and treatment seeking among sexual assault victims. *Journal of Consulting and Clinical Psychology*, 62(2), 333-340. doi:10.1037/0022-006X.62.2.333
- Kirkwood, M., & Cecil, D. K. (2001). Marital rape: A student assessment of rape laws and the marital exemption. *Violence Against Women*, 7(11), 1234-1253. doi:10.1177/10778010122183847
- Kleinke, C. L., & Meyer, C. (1990). Evaluation of rape victim by men and women with high and low belief in a just world. *Psychology of Women Quarterly*, 14(3), 343-353. doi:10.1111/j.1471-6402.1990.tb00024.x
- Koss, M. P., Goodman, L. A., Browne, A., Fitzgerald, L. F., Keita, G., & Russo, N. (1994). No safe haven: Male violence against women at home, at work, and in the community. Washington, DC US: American Psychological Association. doi:10.1037/10156-000
- Krahé, B. (1988). Victim and observer characteristics as determinants of responsibility attributions to victims of rape. *Journal of Applied Social Psychology*, 18(1), 50-58. doi:10.1111/j.1559-1816.1988.tb00004.x
- Krahé, B., Temkin, J., & Bieneck, S. (2007). Schema-driven information processing in judgements about rape. *Applied Cognitive Psychology*, 21(5), 601-619. doi:10.1002/acp.1297
- Lonsway, K. F. & Firtzgerald, L. F. (1994). Rape myths. *Psychology Of Women Quarterly*, 18(2), 133.
- McClure, J. S. (1998) *Preaching about Sexual and Domestic Violence*. In McClure, J. S. and Ramsay, N.J. (Eds.), *Telling the Truth: Preaching about Sexual and Domestic Violence*. United Church Press.
- Mckay, K. (2002, April). Therapist responses to clients who have been raped: The effect of rape myth acceptance and ambivalent sexism on therapist perceptions of treatment responses. *Dissertation Abstracts International*, 62.
- Monson, C. M., Langhinrichsen-Rohling, J., & Binderup, T. (2000). Does 'no' really mean 'no' after you say 'yes'? Attributions about date and marital rape. *Journal of Interpersonal Violence*, 15(11), 1156-1174. doi:10.1177/088626000015011003

- Moran, M., Flannelly, K., Weaver, A., Overvold, J., Hess, W., & Wilson, J. (2005). A Study of Pastoral Care, Referral, and Consultation Practices Among Clergy in Four Settings in the New York City Area. *Pastoral Psychology*, 53(3), 255-266. doi:10.1007/s11089-004-0556-3
- Murray, K., & Ciarrocchi, J. W. (2007). The dark side of religion, spirituality and the moral emotions: Shame, guilt, and negative religiosity as markers for life dissatisfaction. *Journal of Pastoral Counseling*, 4222-41.
- Murray-Swank, N. A., & Pargament, K. I. (2008). Solace for the soul: Evaluating a spiritually-integrated counselling intervention for sexual abuse. *Counselling and Spirituality*, 27(2), 157-174.
- Murray-Swank, N. A., & Pargament, K. I. (2005). God, where are you?: Evaluating a spiritually-integrated intervention for sexual abuse. *Mental Health, Religion & Culture*, 8(3), 191-203.
- Nagoshi, J. L., Adams, K. A., Terrell, H. K., Hill, E. D., Brzuzy, S., & Nagoshi, C. T. (2008). Gender differences in correlates of homophobia and transphobia. *Sex Roles*, 59(7-8), 521-531. doi:10.1007/s11199-008-9458-7
- O'Rourke, J. F., Tallman, B. A., & Altmaier, E. M. (2008). Measuring post-traumatic changes in spirituality/religiosity. *Mental Health, Religion & Culture*, 11(7), 719-728. doi:10.1080/13674670801993336
- Ozer, E. J., & Weiss, D. S. (2004). Who develops posttraumatic stress disorder? Current *Directions in Psychological Science*, 13, 169–172.
- Parappully, J. (1997, November). Finding the plentifulness in the darkness: Transforming trauma into gift. *Dissertation Abstracts International*, 58
- Pargament, K. I., Desai, K. M., & McConnell, K. M. (2006). Spirituality: A Pathway to Posttraumatic Growth or Decline?. In L. G. Calhoun, R. G. Tedeschi, L. G. Calhoun, R. G. Tedeschi (Eds.), *Handbook of posttraumatic growth: Research & practice* (pp. 121-137). Mahwah, NJ US: Lawrence Erlbaum Associates Publishers.
- Pargament, K. I., Ensing, D. S., Falgout, K., & Olsen, H. (1990). God help me: I. Religious coping efforts as predictors of the outcomes to significant negative life events. American *Journal of Community Psychology*, 18(6), 793-824. doi:10.1007/BF00938065
- Pargament, K. I., Zinnbauer, B. J., Scott, A. B., Butter, E. M., Zerowin, J., & Stanik, P. (1998). Red flags and religious coping: Identifying some religious warning signs among people in crisis. *Journal of Clinical Psychology*, 54(1), 77-89.

- Park, C. L., & Cohen, L. H. (1993). Religious and nonreligious coping with the death of a friend. *Cognitive Therapy & Research*, 17(6), 561-577.
- Pellauer Mary D, Chester-Barbara, & Boyajian-Jane-A. (1987; eds.). Sexual Assault & Abuse: A Handbook for Clergy & Religious Professionals.
- Peterson, Z. D., & Muehlenhard, C. L. (2004). Was It Rape? The Function of Women's Rape Myth Acceptance and Definitions of Sex in Labeling Their Own Experiences. *Sex Roles*, 51(3-4), 129-144. doi:10.1023/B:SERS.0000037758.95376.00
- Pettijohn II, T. S. (2008). Reducing Racism, Sexism, and Homophobia in College Students by Completing a Psychology of Prejudice Course. *College Student Journal*, 42(2), 459-468.
- Pope Pius XII, Second Vatican Ecumenical Council, 1975. Quoted in Zuanich Young K The imperishable virginity of Saint Maria Goretti. In Adams CJ, Fortune MM (eds.) (1995) *Violence Against Women and Children: A Christian Theological Sourcebook.* New York: Continuum, 282.
- Popiel-Debra-A, & Susskind-Edwin-C. (1985). The impact of rape: social support as a moderator of stress. *American Journal of Community Psychology*, 13(6), 645-676.
- Prati, G., & Pietrantoni, L. (2009). Optimism, social support, and coping strategies as factors contributing to posttraumatic growth: A meta-analysis. *Journal of Loss and Trauma*, 14(5), 364-388. doi:10.1080/15325020902724271
- Preacher, K. J. & Hayes, A. F. Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavioral Research Methods* 2008; 40: 879-91.
- Rothbaum, B. O., Foa, E. B., Riggs, D., Murdock, T., & Walsh, W. (1992). A prospective examination of post-traumatic stress disorder in rape victims. *Journal of Traumatic Stress*, 5, 455–475.
- Schmidt-Tiesen, A., & Canda, E.R. (1999). An accountability group: Case study of a church-based response to sexual abuse by clergy. *Social Thought*, 19, 29-47
- Schuster, M.A., Stein, B.D., Jaycox, L.H., Collins, R.L., Marshall, G.N., Elliott, M.N., et al. (2001). A national survey of stress reactions after the September 11, 2001, terrorist attacks. *New England Journal of Medicine*, 345, 1507–1512.
- Seifert R (1994) War and rape: a preliminary analysis. In: Stiglmayer A (ed.) *Mass Rape: The War Against Women in Bosnia-Herzegovina*. Lincoln, NE: University of Nebraska Press.

- Sheldon, J. P., & Parent, S. L. (2002). Clergy's attitudes and attributions of blame toward female rape victims. *Violence Against Women*, 8(2), 233-256. doi:10.1177/10778010222183026
- Strawbridge, W. J., Shema, S. J., Cohen, R. D., Roberts, R. E., & Kaplan, G. A. (1998). Religiosity buffers effects of some stressors on depression but exacerbates others. *The Journals of Gerontology: Series B: Psychological Sciences and Social Sciences*, 53B(3), S118-S126.
- Suarez, E., & Gadalla, T. M. (2010). Stop blaming the victim: A meta-analysis on rape myths. *Journal of Interpersonal Violence*, 25(11), 2010-2035. doi:10.1177/0886260509354503
- Swickert, R., & Hittner, J. (2009). Social support coping mediates the relationship between gender and posttraumatic growth. *Journal of Health Psychology*, 14(3), 387-393. doi:10.1177/1359105308101677
- Tallman, B., Shaw, K., Schultz, J., & Altmaier, E. (2010). Well-being and posttraumatic growth in unrelated donor marrow transplant survivors: A nine-year longitudinal study. *Rehabilitation Psychology*, 55(2), 204-210. doi:10.1037/a0019541
- Tjaden, P., & Thoennes, N. (2000). Full report of the prevalence, incidence, and consequences of violence against women. (Report No. NCJ-183781). Washington, DC: National Institute of Justice.
- Ullman, S. E. (1996). Social reactions, coping strategies, and self-blame attributions in adjustment to sexual assault. *Psychology of Women Quarterly*, 20(4), 505.
- Ullman, S.E. (2000). Psychometric characteristics of the Social Reactions Questionnaire: A measure of reactions to sexual assault victims. *Psychology of Women Quarterly*, Vol 24(3), Sep, 2000. pp. 257-271.
- Ullman, S. E., & Townsend, S. M. (2007). Barriers to working with sexual assault survivors: A qualitative study of rape crisis center workers. *Violence Against Women*, 13(4), 412-443. doi:10.1177/1077801207299191
- Ullman, S. E., Filipas, H. H., Townsend, S. M., & Starzynski, L. L. (2007). Psychosocial correlates of PTSD symptom severity in sexual assault survivors. *Journal of Traumatic Stress*, 20(5), 821-831. doi:10.1002/jts.20290
- Ullman, Sarah E., & Filipas, Henrietta H. (2001). Predictors of PTSD symptom severity and social reactions in sexual assault victims. *Journal of Traumatic Stress*, Vol 14(2), Apr, 2001. pp. 369-389.

- US Bureau of the Census (2010) Employed civilians by occupation, sex, race, and Hispanic origin, 2009. *Statistical Abstract of the United States*. Washington, DC: US Census Bureau.
- U.S. Department of Justice. 2005 National Crime Victimization Study. 2005.
- VandeCreek, L., Pargament, K., Belavich, T., Cowell, B., & Friedel, L. (1999). The unique benefits of religious support during cardiac bypass surgery. *Journal Of Pastoral Care*, 53(1), 19-29.
- Ward, C. (1988). The Attitudes Toward Rape Victims Scale. *Psychology of Women Quarterly*, 12(2), 127. Retrieved from EBSCOhost.
- White, B. H., & Kurpius, S. (1999). Attitudes toward rape victims. *Journal of Interpersonal Violence*, 14(9), 989-995. doi:10.1177/088626099014009006
- Yamawaki, N. (2007). Rape Perception and the Function of Ambivalent Sexism and Gender-Role Traditionality. *Journal of Interpersonal Violence*, 22(4), 406-423. doi:10.1177/0886260506297210
- Zoellner, L. A., Foa, E. B., & Brigidi, B. D. (1999). Interpersonal Friction and PTSD in Female Victims of Sexual and Nonsexual Assault. *Journal of Traumatic Stress*, 12(4), 689.