A dissertation submitted to the
Kent State University College of Nursing
in partial fulfillment of the requirements
For the degree of Doctor of Philosophy

by

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December 2006
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Acknowledgements

With great energy and conviction, Donna Martsof has been the ideal chairperson and mentor. Her presence in my dissertation journey was heartfully appreciated. The more I have worked with Claire Draucker, the more I have realized Claire’s impressive wisdom and expertise. I was honored to have Claire be a part of my dissertation adventure. Elizabeth Kinion has been a deeply appreciated source of encouragement, balance, and guidance, academically and clinically. Throughout the last five years Diana Biordi and Harriet Coeling have shared with me their excitement and commitment for the profession and discipline of nursing. Without their ongoing support I could not have made it through the challenging coursework. I also received much benefit from Jeffrey Wattles’ profound insight that he freely shared as a committee member. I am also indebted to the dedicated and pleasant staff of the College of Nursing, who makes the lives of students easier. I am especially thankful to Tina Patterson and Tom Rusk.

My family deserves much praise for their patience, understanding, and encouragement. My wife Kathryn is truly a blessing to me, as is my son Christopher. Finally, I am in gratitude for a few four footed friends, especially Mocha and Dusky. The unconditional love of pets is a joy to the human heart.

The research involved in this dissertation has strengthened my faith, and further convinces me of the fundamental importance of the Divine and Sacred in our lives.
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Knapik, Gregory, Ph.D. December, 2006 NURSING

BEING DELIVERED: SPIRITUALITY IN SURVIVORS OF SEXUAL VIOLENCE

Director of Dissertation: Donna Martsof

This study explores how individuals use spirituality in response to sexual violence. Sexual violence is an underreported and often-overlooked social problem associated with diverse physical, psychological, behavioral, relational, and spiritual sequelae. Several factors are involved in the survivors’ recovery from sexual violence, including spirituality. However, how spirituality is used in responding to and in the recovery process from sexual violence is poorly understood. Adaptive sampling with a community assessment was used to recruit a sample of 66 female and 60 male survivors of various types of sexual violence who were in a parent study examining survivors’ responses to sexual violence. A sample of 27 women and 23 men who used spirituality in response to sexual violence was selected from the parent study sample. A grounded theory methodology was used to analyze the interview data to: a) compare the data to an existing spirituality framework, and b) reveal and describe a social process by which spirituality is used in response to sexual violence.

A core category of "Being Delivered" was found in the data. Being delivered reflects participants’ use of spirituality to help them heal from the many types of sequelae
of sexual violence. A model of the theory was generated incorporating three dimensions: first- spiritual connection (communion, passion, perpetuity, presence); second- spiritual journey (being sustained, being awakened, being tested); and third- spiritual transformation (transcendence, transformative meaning).

The implications for nursing include increasing caregivers' awareness and appreciation of spirituality as being used by survivors of sexual violence to help with healing and recovery. Furthermore, caregivers may consider spirituality as a therapeutic modality to support survivors of sexual violence, or to refer to appropriate experts for such support, such as sensitive and knowledgeable chaplains, pastoral counselors, or clergy.
CHAPTER ONE

BACKGROUND AND SIGNIFICANCE OF THE PROBLEM

Overview of the Problem

Sexual violence is a pervasive form of interpersonal violence both nationally and internationally (Tjaden & Thoennes, 1998; World Health Organization, 2002). It is a hidden and poorly understood social and health problem carrying significant physical and psychological longterm consequences (Champion, Shain & Piper, 2004; Coggins & Bullock, 2003; Denov, 2004; Dimmitt, 1995; Draucker, 2001; Draucker & Madsen, 1999; Gill & Tutty, 1999 & 1997; Hall, 2000 & 1999; Kondora, 1995; Lisak, 1994; Mackey, et al., 1991; Nehls & Sallman, 2005; Painter & Howell, 1999; Ray, 2001; Resick, 1993; Roberts, Reardon & Rosenfeld, 1999; Seng, et. al., 2004; Smith, 1997; Wiersma, 2003). Little is known about the process by which adult survivors of sexual violence respond to these experiences, especially as related to their spirituality.

Significance of the Problem

Sexual violence can be experienced at any point in the lifespan as childhood sexual abuse, adult sexual violence, or in combination. The Executive Summary of the Third National Incidence Study of Child Abuse and Neglect (NIS)(Sedlak & Broadhurst, 1996), based on a national sample of 5,600 professionals in 842 agencies, focused specifically on childhood victims. This study used two classification standards

The Harm Standard is more stringent and requires demonstrable harm. The Endangerment Standard requires endangerment, but not harm. The Endangerment Standard includes maltreatment or endangerment by teenage and adult caretakers, in addition to the parents. The advantage of the Harm Standard is its higher level of objectivity. The number of children sexually abused when assessed by the Harm Standard was estimated at 119,200 in 1986, and 217,700 in 1993, an 83% increase in the number of sexually abused children. In the same time period, while assessed by the Endangerment Standard, the number of children sexually abused rose from an estimate of 133,600 to 300,200, an 125% increase (Sedlak & Broadhurst, 1996). Children of the lowest income families were 18 times more likely to be sexually abused (using the Harm Standard). Children were found to be consistently vulnerable to sexual abuse from 3 years of age and above, with girls being sexually abused at a rate of three times that of boys.

The National Violence Against Women Survey, a telephone survey cosponsored by the National Institute for Justice and the Centers for Disease Control and Prevention (Tjaden & Thoennes, 1998), asked a nationally representative sample of 8000 men and 8000 women about their experiences with rape, physical assault, and stalking. Rape was defined as forced vaginal, oral, or anal intercourse. At some time in their life, 18 percent of the women and 3 percent of the men experienced a completed or attempted rape, suggesting that 1 in 6 women and 1 in 33 men have experienced an attempted or completed rape in the United States. The findings indicated that rape in women is a
crime perpetrated mainly against the young. Fifty-four percent of the respondents who were raped were raped in childhood, 22 percent were under 12 years of age, and 32 percent were 12 to 17 years of age.

In the twelve months preceding the study, 0.3 percent of the women experienced rape, with an average number of 2.9 victimization experiences during this time. For men, 0.1 percent experienced rape, in the last twelve months, with an average of 1.2 victimization experiences during this time (Tjaden & Thoennes, 1998).

For women, 7.7 percent, compared to 0.3 of the men, experienced rape by an intimate partner. In the twelve months preceding the study, an intimate partner had raped 0.2 percent of the women. The number of intimate partner rape for men in the preceding 12 months was insufficient to calculate reliable estimates. Intimate partner violence is therefore a much greater problem for women than for men. Perpetrators of rape are predominantly male; for women, 93.4 percent of perpetrators were male, and for men, 85.9 perpetrators were male (Tjaden & Thoennes, 1998).

Some significant differences were found between racial/ethnic backgrounds of women who experienced rape in their lifetimes. The aggregate mean of the women in the survey experiencing rape in their lifetime was 18.2%. The specific rape percentages for racial/ethnic groups of women follow (along with the total number of women raped or physically assaulted, or both): White 17.7 % (n=6452); African-American 18.8 % (n=780); mixed race 24.4 % (n=397); Asian/Pacific Islander 6.8 % (n=133); and American Indian/Alaska Native 34.1 % (n=88). American Indian/Alaska Native women experienced rape at a rate almost twice that of the total average, and five times that of Asian/Pacific Islander women. The researchers proposed that the racial/ethnic differences
could be attributed to differences in reporting practices, victimization experiences, or willingness to disclose information. It is also unclear how other social, environmental, and demographic factors may contribute to this variance (Tjaden & Thoennes, 1998). The low numbers of Asian/Pacific Islander and American Indian/Alaska Native participants may have also contributed to these results.

Of those participants who were raped, 31.5 % (n = 734) of the women and 16.1 % (n = 62) of the men were physically injured, primarily receiving scratches, bruises and/or welts. Of these women, 35.6 % (n = 261) received medical care; not enough males received medical care to reliably calculate their utilization (Tjaden & Thoennes, 1998). Medical care costs to treat post-rape physical injuries are some indication of the health care costs of sexual violence. However, if treating the long-term sequelae are considered, total costs are difficult to estimate.

Background of the Problem

The NIS (Sedlack & Broadhurst, 1996) and the National Violence Against Women Study (Tjaden & Thoennes, 1998) both demonstrated the magnitude of the problem of sexual violence. The results of these studies do not reflect the persistence and lasting sequelae of sexual violence, which can affect all areas of the person (body, mind and spirit). Research suggests that sexual violence experienced in childhood, adulthood, or both, can lead to myriad long term consequences, including: psychological (Denov, 2004; Draucker, 2001; Hall, 1999), physiological (Goldberg & Goldstein, 2000; Golding, 1994; Golding, Cooper & George, 1997), and behavioral (Dimmitt, 1995; Roberts, Reardon & Rosenfeld, 1999; Seng, et. al., 2004) sequelae. Among these sequelae are drug and alcohol abuse, depression, interpersonal problems, dissociation, and chronic
health problems, including pelvic pain. Sexual violence has been shown to have spiritual consequences, especially if the abuse was perpetrated in a religious setting (Fater & Mullaney, 2000; Mart, 2004).

Over the last two decades, studies that examine the relationship between religion or spirituality and health have grown rapidly. In a landmark work, authors of the Handbook of Religion and Health (Koenig, McCullough & Larson, 2001) reviewed over 1,200 empirical studies that considered religion/spirituality and their relationship to health. The majority of studies suggested that religious/spiritual beliefs and practices (rooted within established religious traditions) were associated with better health and positive health outcomes. In assessing these empirical studies the reviewers considered the scientific rigor of the studies, such as failure to control for multiple comparisons, lack of control for covariates-confounders, the primary focus not on religion and health, and incomplete or misrepresented information of the study. These factors of scientific rigor were specifically considered by Sloan, Bagiella, and Powell (1999), in their critique of studies considering religion’s influence on health.

Though sufficient empirical evidence exist supporting the importance of religious and spiritual influences on health, further knowledge is needed to increase understanding and clarification of the relationship between religion/spirituality and health.

Though empirical evidence suggests spirituality is associated with many positive health consequences, there is a lack of studies that examine spirituality in response to sexual violence. Evidence from empirical studies of recovery from sexual violence, particularly qualitative studies, suggests spirituality is involved in the recovery process. No previous studies, however, have examined the process by which women and men with
different types of sexual violence experience turn to spirituality to manage their responses. Research is needed to examine the process of spiritual responses to sexual violence in both men and women. The type of sexual violence experienced (childhood sexual abuse, adult sexual violence, or a lifetime of sexual violence) may affect the process by which survivors turn to spirituality to manage their responses. It is important to consider both positive and negative spiritual responses to sexual violence as the literature suggests that not all spiritual responses to sexual violence are healing. Since recovery from sexual violence is a complex and often lifelong process influenced by social context, rich in-depth narrative data are needed to describe women’s and men’s responses.

Research Question and Specific Aims

The current study examined the following research question: *What is the basic social process by which individuals use spirituality to manage responses to experiences of sexual violence?* Related to this research question are two specific aims: 1) To determine the consistency between women’s and men’s narratives regarding sexual violence and a widely used Martsolf and Mickley (1998) framework for spirituality; and 2) To identify and describe a basic social process by which spirituality is used in response to sexual violence;

Conceptual Definitions

The definition of sexual violence proposed by the Center for Disease Control (CDC) committee on Violence Definitions (1997) was used for this study: The CDC defines sexual violence as:

The use of physical force to compel a person to engage in a sexual act against
his or her own will, whether or not the act is completed; an attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, decline participation, or to communicate unwillingness to engage in the sexual act due to age, illness, disability, influence of alcohol or other drugs, intimidation or pressure; and/or abusive sexual contact.

In the empirical literature, spirituality has been a difficult concept to define and operationalize. The existence of over 100 measurement tools for religion and spirituality is evidence of the lack of consensus (Hill & Hood, 1999). Spirituality is often confused with religion, though religion and spirituality are not interchangeable.

Koenig, McCullough and Larson summarily defined, for their Handbook of Religion and Health (2001), religion as:

an organized system of beliefs, practices, rituals, and symbols designed (a) to facilitate closeness to the sacred or transcendent (God, higher power, or ultimate truth/reality) and (b) to foster an understanding of one’s relationship and responsibility to others living together in a community; and spirituality as,

the personal quest for understanding answers to ultimate questions about life, about meaning, and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community. (p. 18)

As can be viewed in the above definitions, there is some overlap in the conceptualization of religion and spirituality. Religion is often considered to be an aspect of spirituality (Koenig, McCullough, & Larson, 2001), alternately spirituality (defined as the search for
and pursuit of the sacred) can be considered an aspect of religion (Pargament, 1997).

Qualitative research on spirituality suggests a complex, multifaceted phenomenon (Levin & Chatters, 1998; Sherman & Plante, 2001).

Martsolf and Mickley (1998) reviewed published nursing theories and conceptual frameworks for spirituality and found lack of conceptual clarity. From the literature, these investigators extracted five common attributes of spirituality:

1) **Meaning** - the ontological significance of life / making sense of life situations / deriving purpose in existence.

2) **Value** - beliefs and standards that are cherished / having to do with the truth, beauty, worth of a thought, object or behavior / often discussed as ultimate values.

3) **Transcendence** - experience and appreciation of a dimension beyond the self / expanding self-boundaries.

4) **Connecting** - relationships with self, others, God/Higher Power, and the environment.

5) **Becoming** - an unfolding of life that demands reflection and experience / includes a sense of who one is and how one knows among other things (pp. 294-295).

These five attributes were integrated to compose a broad generic conceptualization of spirituality. Spirituality was defined as “an inclusive term that refers to one or more of the five attributes of meaning, value, transcendence, connecting, and becoming (Martsolf & Mickley, 1998, p. 295). This definition and conceptualization has been well respected and often cited in the literature (Baldacchino & Draper, 2001;

Such a broad definition of spirituality is advantageous to this study because the goal is to understand a variety of spiritual responses. This inclusive conceptualization of spirituality orients the researcher to examine diverse perceptions of spirituality in the participants’ narratives. Each participant may have unique ways of responding to sexual violence, which may reflect on spiritual attributes described above.

Religion, as defined by Koenig, McCullough, & Larson (2001), is encompassed by this study’s conceptualization of spirituality. Because this study used a qualitative methodology, participants were encouraged to describe any unclear terms. Because the goal of the study is to obtain a rich, in-depth understanding of the participants’ responses to sexual violence, references to either spiritual or religious experiences were considered.

Implications of the Study

The findings of this study will provide nurses and other healthcare providers with a better understanding of individuals’ complex and multidimensional spiritual responses to sexual violence. With such knowledge, nurses will be better able to assist survivors in the recovery from sexual violence, particularly by utilizing spiritual resources meaningful
to the individual. Spiritual responses to sexual violence may be beneficial or detrimental, or both, to the participant. Therefore, spiritual responses of the participants to sexual violence that are helpful or unhelpful may be better acknowledged and comprehended. This study is a foundation for further studies of spirituality and recovery from sexual violence.
CHAPTER II

REVIEW OF THE LITERATURE

Sequelae of Sexual Violence

Sexual violence is experienced by a large number of persons in childhood (Denov, 2004; Sedlak & Broadhurst, 1996) and adulthood (Smith & Kelly, 2001; Tjaden & Thoennes, 1998) and many experience violence on multiple occasions throughout the lifespan (Draucker & Stern, 2000; Tjaden & Thoennes, 1998). Sexual violence is linked to significant health and interpersonal problems in adulthood, and spirituality has been linked to health outcomes in a variety of disease processes (Koenig, McCullough & Larson, 2001; Levin & Chatters, 1998; Pargament, 1997; Taylor & Outlaw, 2002; Thoresen, Harris & Omen, 2001), but few studies have examined the role of spirituality in responses to sexual violence. This review of literature will first examine studies focused on the health sequelae of survivors of sexual violence. Next, studies that examine the relationship between spirituality and health in a variety of disease processes will be reviewed. Then, studies that examine responses to sexual violence by the survivors will be reviewed. Both spiritual responses and other common response patterns will be considered.

Sexual abuse sequelae will be addressed in the following order: psychological, behavioral, relational, physiological, and spiritual. These sequelae are addressed separately in this review, but are often experienced concurrently by survivors.
Psychological Sequelae

In this section the psychological sequelae of sexual violence will be addressed in four major divisions: depression/suicidality, fear and anxiety / Post traumatic stress disorder (PTSD), sexuality problems, and self-esteem / self-image disturbances. A section specifically on psychological sequelae in male survivors will follow.

Two literature reviews found depression to be common to survivors of sexual violence. Resick (1993) reviewed 96 conceptual and empirical articles regarding the psychological impact of rape with the purpose of reviewing patterns and variables of reaction to rape and the recovery from it. While no specific conceptual framework could explain the multifaceted response to rape, depression, among several other responses, was found to be a common reaction to rape. Fergusson and Mullen (1999) reviewed 12 quantitative studies of childhood sexual abuse sequelae and also found depression related to childhood sexual abuse in seven studies (median odds ratio of 4.3).

The above two literature reviews supported an earlier study by Stein, Golding, Siegel, Burnam & Sorenson (1988) of 3132 women in the Los Angeles area in which depression affected 22 % of those women sexually abused verses only 2.5 % in those not sexually abused, and The National Women’s Survey (Kilpatrick, Edmunds & Seymour, 1992) of 507 female survivors of rape in which 30% of the survivors experienced depression and 33 % of the survivors experienced suicidal ideation (in the women not raped, 10 % experienced depression, and 8 % experienced suicidal ideation). The Kilpatrick, Edmunds and Seymour study was supported by a more recent large nationally representative study that looked at survivors of childhood maltreatment (including sexual abuse) used a cross-sectional survey of 5000 adults from the U.S. National Comorbidity
Survey. The results revealed an association between childhood maltreatment (including sexual abuse) and increased depression for both men and women maltreated as children (Batten, Aslan, Maciejewski, & Mazure, 2004).

In three smaller qualitative studies, participants listed depression as a sequela of childhood sexual abuse. Hall (2000) interviewed 20 (14 African-American) low-income urban females who were recovered cocaine abusers and who experienced childhood sexual abuse. A qualitative secondary analysis of narratives revealed 75% of the informants had experienced past or present depression. Informants gave various reasons for substance abuse including to not feel or cry, to counter depression, to achieve peacefulness, and to feel courageous. Denov (2004) found similar results in a study of the long term effects of childhood sexual abuse by female perpetrators on seven female and seven male victims; Depression was expressed in 64% of participants and suicidal ideation in 79% of participants. Using content analysis, Seng, Low, Sparbel and Killion (2004) found suicidal thinking common in the narratives of 15 women survivors of childhood sexual abuse.

Fear, anxiety, and other posttraumatic stress disorder (PTSD) symptoms are also frequently found as psychological sequela of sexual violence. A hermeneutic interpretive study, with the purpose of describing the meaning of sexual violence in the everyday lived experience of these women, looked at the narratives of 10 women who experienced sexual violence by a known male perpetrator. Results revealed a theme of dwelling with violence. The violence resulted in the survivors feeling uprooted, unsettled, unprotected, distrustful, and feeling as living-in-exile (Draucker & Madsen, 1999).
Smith (1997a, 1997b) also found, in a study of 10 low-income Caucasian female survivors of sexual violence, that survivors expressed feelings of being unsafe, afraid, alone and abandoned. Hall (1999) also found persistent fear of violence described in a qualitative study of 20 female survivors of childhood sexual violence. Likewise, Champion, Shain, and Piper (2004) found themes of fear and inability to trust in 30 minority adolescent survivors of abuse, including sexual. Kondora (1995) also found hypersensitivity, disturbing memories, intrusive negative thinking, and somaticism in female survivors of childhood sexual abuse. Denov’s (2004) study found in 86% of participants a fear of abusing children. Resick’s (1993) review of the literature found fear, anxiety, and post traumatic stress disorder, were the most common reactions to rape.

Problems with one’s sexuality and sexual identity are commonly described concerns for survivors of sexual violence. Painter and Hall’s (1999) phenomenological study found rage and anger related to sexual functioning in female survivors of childhood sexual abuse, as did Denov’s (2004) study. Resick’s (1993) review also found lower sexual functioning common among survivors of rape.

Sexual violence can have subtle, yet disabling affects on the survivor’s self esteem and self-image. Smith (1997) found poor self esteem and feelings of gender suppression in sexually abused women. This supports Resick’s (1993) review of the literature that showed decreased self-esteem as a common occurrence in women surviving rape.

Far fewer studies involve male survivors of sexual abuse, and few have compared the sequelae of sexual violence in males and females. In a literature review, Romano and Deluca (2001) reported that male survivors tend to externalize effects of sexual violence
with behaviors such as substance abuse and anger/rage, whereas women tend to internalize the effects of sexual violence by depression and anxiety disorders. However, as with female survivors, several studies found male survivors also often experienced depression and suicidal ideation (Fater & Mullaney, 2000; Oaksford & Frude, 2003; Ray, 2001). Anxiety disorders and fearfulness are also experienced by male survivors (Fater & Mullaney; Gill & Tutty, 1997; Oaksford & Frude; Lisak, 1994). Sexuality difficulties, as in female survivors, existed in the male survivors (Lisak; Gill & Tutty). Issues of masculinity and homosexuality/gender identity, shame, guilt, and social sex role identity were identified in men (Fater & Mullaney; Lisak; Gill & Tutty; Ganzevoort, 2002) that were not present in the female survivors. The men also expressed more rage and anger (Lisak, 1994; Ray, 2001), and expressed more feelings of powerlessness and helplessness (Lisak; Ganzevoort; Fater & Mullaney). As in female survivors, male survivors also described difficulty with negative self-image and poor self esteem (Fater & Mater; Lisak; Ray).

A review of the previous studies supports the pervasiveness and variety of the psychological sequelae of sexual abuse, including mood and anxiety disorders, self-esteem and self-image problems, and somatoform disorders. Various types of sexual violence were considered, such as childhood sexual abuse, incest, adult sexual abuse by both strangers and known perpetrators, and single, multiple and lifetime occurrences of sexual violence. Females were the most common survivors, though males were included exclusively in four studies described above. A general limitation of most of the studies described above include the small numbers of survivors, ranging from 6 to 44, though this may be due to the qualitative methodology of most of these studies. On the other
hand the quantitative studies were limited by their constricted ability to analyze the breadth and multi-dimensions of sexual abuse sequelae.

*Behavioral Sequelae*

The main behavioral sequelae of sexual abuse appears to be alcohol and substance abuse and other self-abusive behaviors. Substance abuse, most commonly alcohol, is common in survivors of sexual violence (Dimmitt, 1995; Hall, 2000; Herbert & McCannell, 1997; Denov, 2004; Ray, 2001; Seng, Low, Sparbel & Killion, 2004). In a study by Denov (2004), which included equal numbers of men and women, 57% of participants were found to have substance abuse problems. Male survivors may be particularly vulnerable to substance abuse as found in a study of 25 male survivors of incest and other sexual violence: 52% (n=13) of participants abused substances (Ray, 2001). Self abusive or self-injurious behaviors were found in 36% of participants in Denov’s study, whereas Seng, et al, found high risk sexual behavior in 15 female survivors of childhood sexual abuse.

Other behavioral sequelae were also found to affect survivors of sexual violence. Seng, Low, Sparbel, and Killion (2004) found eating disorders, and high risk and self-harm behaviors, as being sequelae of sexual violence in women. Denov (2004) found retaliation towards female strangers and sexual abuse of children in 30% of participants. In a study of minority women surviving abuse, those who experienced sexual abuse had more difficulty in managing household affairs and difficulty in experiencing employment competence, than those minority women not experiencing sexual violence (Dimmit, 1995).
As the literature review attests, sexual violence behavioral sequelae can be highly disruptive and dangerous. Substance abuse and other self-destructive behaviors are common and dangerous problems in survivors of sexual violence. Closely related to behavioral consequences of sexual violence are relational sequelae. Several studies demonstrate the impact of the relational difficulties experienced by sexual violence survivors.

Relational Sequelae

Perhaps the most pronounced relational sequelae from sexual violence are difficulty with sexual intimacy and partnership. In a study of male survivors of childhood sexual abuse, Gill and Tutty (1999) found that emotional and sexual relationships were impaired. Many survivors found it nearly impossible to develop intimate relationships, with much confusion regarding sexuality and love. Sex was sometimes used to prevent sustained emotional intimacy. Women also suffered from relational problems after experiencing sexual violence. Mackey and colleagues (1991) found more than 80% of survivors experiencing sexual dysfunction with a partner, including decreased frequency of sexual intimacy and orgasmic dysfunction. Fifty seven percent reported fear, 49% reported mistrust, and 30% reported flashbacks to sexual assault when thinking about having sexual intercourse. Likewise, Painter and Howell (1999) found that rage experienced by the female survivors interfered with relationships and sexual intimacy. In battered and sexually coerced adolescents, Coggins and Bullock (2003) found the victims continued in abusive relations, limiting their ability to develop a stable family environment to raise children.
However, it is difficult to know if a past history of sexual violence is interfering with a relationship since so many factors could be involved in the complex dynamics of relationships. Wiersma (2003) used a grounded theory method to examine partner awareness and relevant communication with six couples in which one partner was a survivor of childhood sexual abuse. Five couples were Caucasian, five couples were heterosexual and the mean length of relationship was 3.4 years. Couples were ambivalent regarding if the sexual abuse was a source of relational conflict or difficulty.

Other relational difficulties, besides sexual or partner intimacy, have been attributed as sequelae to sexual violence. A qualitative study by Roberts, Reardon and Rosenfeld (1999) of 18 female survivors of childhood sexual abuse explored the impact of childhood sexual abuse on the utilization of primary care. Survivors were mostly Caucasian; 12 were heterosexual, and six were bisexual or lesbian. The investigators found the survivors avoiding primary care for five reasons: issues of power/control/authority; trouble trusting others; trouble trusting their bodies and describing symptoms correctly; difficulty with being physically examined (emotionality and flashbacks); and problems in finding and keeping a sensitive provider.

Relational sequelae from sexual violence are both profound yet often subtle. They are frequently difficult to recognize as results of sexual violence because many other factors can be involved with relational difficulties. A primary relationship difficulty resulting from experience of sexual violence is a difficulty with sexual intimacy. The research suggests that communication problems in intimate relationships, ongoing relational exploitation, and difficulties engaging in primary healthcare services, are among the interpersonal difficulties that result from experiences with sexual violence.
Physiological Sequelae

A wide variety of physical ailments have been attributed to sexual violence; however, as with other sequelae, it is difficult to conclusively associate them to experiencing sexual violence. For example, in a phenomenological study of five women survivors of childhood sexual abuse, Kondora (1995) found somatic experiences (paresthesias, coryza like complaints) common to adult female survivors of childhood sexual abuse. Seng, Low, Sparbel, and Killion (2004) also found somatic complaints (gastrointestinal, genitourinary, sexual, fibromyalgia-like pain, and neurological) in the narrative analyses of 3 of 15 women with a history of childhood sexual abuse. In these studies it cannot be determined whether the sexual abuse is contributing to the somatization or if the somatic experiences are within the realm of normal variation in a comparable population.

Several rigorous empirical studies suggest an association between sexual violence and chronic pain, irritable bowel syndrome, or poor physical health. In a study comparing chronic pain patients and a comparison group, a cross-sectional descriptive correlational study using a convenience sample of 92 outpatients and 98 hospital employees, found a history of abuse, including sexual abuse, as more prevalent in chronic pain patients. The chronic pain group included 25 patients with a history of sexual abuse and the comparison group (hospital employees) included 8 members with a sexual abuse history. Sexual abuse predicted being in the pain group with statistical significance controlling for age and gender. Likewise, having chronic pain was a statistically significant predictor for sexual abuse. The investigators concluded that though child
abuse in this country is reported to be as high as 25%, it is double that in chronic pain patients (Goldberg & Goldstein, 2000).

Irritable bowel syndrome (IBS) in adults was associated with an increased prevalence of a history of childhood sexual abuse in a descriptive correlational study using two IBS samples (44 and 123 subjects) along with comparison groups (44 and 42 subjects respectively). Logistic regression was used to control for differences between the two IBS samples (Heitkemper, et al., 2001).

In another descriptive correlational cross-sectional survey study, Walker, et.al (1999) explored associations between childhood maltreatment and adverse health outcomes in adulthood. A total of 1,225 women were randomly surveyed, of which 221 included a history of sexual maltreatment, and 306 with nonsexual maltreatment. Sexual maltreatment in childhood was significantly associated with an increased number of medical diagnoses in adulthood, including minor infectious diseases, pain disorders, mental health disorders, and other diseases. These results were controlled for marital and educational status, and though the sexual maltreatment group was not compared with the nonsexual maltreatment group, the data were very similar for these two groups.

Childhood adversity and frequency of adulthood medical consultations, was compared in a survey interview of 129 outpatients in two large inner city hospital based outpatient clinics. Using multiple regression, the researchers found in 52 adult patients with a history of childhood adversity, that sexual abuse and overt neglect were most closely associated with frequent consultations (Fiddler, Jackson, Kapur, Wells, & Creed, 2004).
Three epidemiological surveys also supported similar findings to the above Walker et al. (1999) and Fiddler et al. (2004) studies. The Golding (1994) survey of adult female sexual assault victims and the other two surveys (Golding, Cooper, & George, 1997; Batten, Aslan, Maciejewski, & Mazure, 2004) included both women and men with a history of some type of sexual violence.

Golding (1994) looked at associations of sexual assault with measures of physical health using an epidemiologic survey. Of the 1,610 randomly sampled women from the Los Angeles area, 299 included a history of sexual assault. Results suggested sexually assaulted women report poor health perceptions more frequently, experience functional limitations, and suffer more frequently from arthritis, physical disability, diabetes mellitus, and somatic complaints.

Golding et al. (1997) used data from seven epidemiologic surveys with the purpose of evaluating the relationship between sexual assault history and health perception using meta-analysis. An aggregate sample of 10,001 subjects was included, including 2,451 men. The sample was separated into 18 sub samples to look at gender and ethnicity. In addition, depression was considered to be an intervening variable. Sexual assault was found to be associated with poor subjective health, with consistency regardless of gender, ethnicity, or sample size. Depression was found not to significantly affect these results, controlling for age and education.

The third survey looked at survivors of childhood maltreatment (including sexual abuse) using a cross-sectional survey of 5000 adults from the U.S. National Comorbidity Survey. The results revealed an association between childhood maltreatment and increased cardiovascular disease for women (Batten et al. 2004). The last three surveys
suggest childhood sexual assault and adult sexual violence in women and sexual violence in men are associated with poor health perceptions and physical health problems.

However, a more hidden but dangerous concern presents with childhood sexual abuse. Two surveys of pediatric patients with a history of childhood sexual abuse found the presence of sexually transmitted diseases (STDs). Investigators feared an under representation of the actual presence of pediatric STDs. Furthermore, if the childhood STD is not diagnosed and treated promptly, much more serious sequelae can follow, such as sterility, chronic inflammatory disorders, and cancer. These sequelae can sometimes take years or decades to manifest (Pandhi, Kumar, & Reddy, 2003; Stevens-Simon, Nelligan, Breese, Jenny, & Douglas, 2000).

Sexual violence is associated with a variety of physical problems, such as pain, irritable bowel syndrome (IBS), coronary vascular disease, and many somatic complaints. Poor subjective health perceptions and increased use of health care services are also suggested as results of sexual violence.

Spiritual Sequelae

The study of spiritual sequelae of sexual violence has been very limited. A few studies consider spiritual sequelae but as part of a variety of sexual violence sequelae. Draucker and Petrovic (1996) found that male survivors of childhood sexual abuse, perpetrated primarily by family members, felt that they deserved to suffer as punishment for their sins. Finkelhor, Hotaling, Lewis and Smith (1989) found in a nationally representative survey of 2,626 adult survivors of childhood sexual abuse that both male and female survivors were significantly less religiously active than non-victims. This early study was supported by a recent study of 120 trauma survivors (68% experiencing
sexual assault) that examined changing religious beliefs following trauma. The results were significant for change in religious beliefs only after the first sexual assault. The results were not significant for specifically negative or positive change (Falsetti, Resick & Davis, 2003).

Studies that focused more specifically on spiritual sequelae of sexual violence tend to be studies involving clergy sexual abuse of children. This is understandable, since the clergy tend to be perceived as representing God and the survivor’s religion. Mart (2004) found those victims abused by priests experienced persistent distancing from their religion, although the authors did not specify if the survivors felt distant from God in addition to their religion. Likewise, Fater and Mullaney (2000) found survivors of sexual abuse from clergy as experiencing spiritual distress and rage. The survivors perceived the abuse as causing mistrust of the church and a loss of spirituality. In a unique study comparing groups of sexual abuse victims perpetrated by clergy and nonclergy to a control group, Rossetti (1995) found those victims sexually abused by clergy as significantly less trusting in the priesthood, church, and God. The group perpetrated by nonclergy had a slight but not significant decline in trust in the priesthood, Church, and God.

However, a few studies specifically looked at spiritual or religious sequelae without being limited to clergy perpetrators. Lawson, et al. (1998) found in a cross sectional survey of 527 men with a history of childhood abuse (41 with sexual abuse) that childhood sexual abuse was related to greater spiritual injury and lower spiritual stability, but not to religious behaviors, such as church attendance and prayer. However, a large
void exists in understanding how sexual violence affects the survivor’s spirituality, whether or not the perpetrator is a clergy person.

Five studies specifically examine sexual violence survivors and spirituality or religion. Ganzevoort (2002) looked at narrative themes by structural analysis of narrative interviews with 12 Dutch adult male survivors of childhood sexual abuse. This researcher found three main themes experienced by the participants: experiencing distancing from God as a child but less as an adult; experiencing judgment from God as a child but less as an adult; and feelings of being dependent upon and threatened by their religion while they were children but much less as adults.

In a study that supports the findings of the previous study, but in female survivors, 33 survivors of childhood sexual abuse perpetrated by a father-figure were compared to a control group of 33 women without sexual abuse. The participants were enlisted from an urban public and private, and religious and secular counseling centers. The researchers found the survivors of childhood sexual abuse from father-figures as experiencing more anger and distancing towards God (Kane, Cheston, & Greer, 1993).

Another study compared 33 female survivors of childhood sexual abuse, 20 nonabused clinical participants, and 22 nonabused and nonclinical participants. This three-group design was used to control for a clinical therapy effect as possibly accounting for differences rather then sexual abuse. The Religious Status Inventory measurement tool was used. The results showed significant differences in four of the subscales and the total score. The researchers concluded that sexual abuse mitigates spirituality as evidenced by the survivors’ perception of lower ability to: accept God’s grace and steadfast love; know God’s leadership and direction; be involved in organized religion;
be aware of God; experience fellowship; and be ethical (Hall, 1995). However, a cross-sectional survey by Kennedy, Davis, and Taylor (1998) found that the role of spirituality increased in 60% of seventy poor urban, mostly African-American female survivors of sexual assault. The participants were surveyed 9-24 months after the assault. Increased spirituality was also positively correlated with increased wellbeing.

Krejci and colleagues (2004) conducted the only study examining spirituality in a group of women stratified to three types of sexual abuse: childhood sexual abuse (n = 25), rape (n = 21), and childhood sexual abuse and rape (n = 25) and a control group of 25 non-sexually abused women. The researchers found that spirituality did not affect an association between sexual abuse and psychopathology regardless of which of the three sexual abuse types were considered or the control group. The researchers also concluded that sexual abuse does not diminish turning to spirituality to benefit psychopathology outcome, but that spirituality has similar influence on psychopathology whether the woman was sexually abused or not. When the authors looked at all the participants, spiritual well-being was associated with lower psychopathology. Though with cautious consideration to possible covariation between measures of spirituality and psychological health (Sloan & Bagiella, 2002), this latter conclusion supports findings discussed in the next section titled “Spirituality and Health.”

These last four important studies show somewhat mixed results but to summarize, enough evidence exists to suggest that sexual violence is associated to negative alterations in spirituality, though positive alterations cannot be discounted. These studies were limited by their samples, and consequently generalizability: mostly Caucasian female survivors of childhood sexual abuse.
Sexual Violence Sequelae Summary

Sexual violence generates a wide variety of sequelae that often permeates the survivor’s live with difficulties, challenges, and disabilities. The survivor can experience psychological, behavioral, relational, physiological, and spiritual problems tenaciously burdening the survivor, usually in several of these dimensions of life.

Overall, several gaps exist in the understanding of the sequelae from sexual violence. Relational sequelae overlaps to some degree with behavioral sequelae of sexual activity. However, as stated in the introduction to the sequelae of sexual violence, it is difficult to clearly separate types of sequelae due to the victim typically experiencing a range of sequelae, with one type overlapping another.

Little is understood on how different sequelae interact upon the survivor. Likewise little is known on how contextual factors (such as other abuse, mental and physical illness, financial restrictions, and abuse type and amount) influence the experience of sequelae from sexual violence. Racial and ethnic/cultural differences in experiencing sexual abuse sequelae also are not well understood. The experiences of male survivors of sexual violence continue to be poorly studied. With the exception of Nehls and Sallman (2005), very few studies consider several contextual factors together, which may better appreciate the “gestalt” of the survivor’s experience of sexual violence sequelae. Another concern is that sexual violence sequelae are broad and general, and may also be considered associated with factors other than sexual violence, such as mental illness, substance abuse, or physical illness, and thus complicate the assessment and treatment of sexual violence sequelae. These contextual factors, before, during, and after the sexual violence, greatly complicate the understanding of the sexual violence.
experience of the survivor. This complex picture encourages the need for further qualitative research, with its depth of analysis, to better understand such a difficult area of inquiry.

Spirituality and Health

In the last two decades empirical research on spirituality or religion and health has greatly expanded. Researchers in the disciplines of nursing, psychology, and medicine have conducted many studies that associate spirituality and religion to health in a positive manner. Koenig, McCullough and Larson (2001), Plante and Sherman (2001), and Koenig (1998) offer reviews of this literature. Most studies have been quantitative studies measuring limited objective and easily operationalized variables, such as religious affiliation, frequency of worship service attendance, or how often one prays. Often these studies were not primarily focused on spiritual or religious variables affecting health, but these variables were secondarily found to be associated in correlational analyses that included these variables among other variables in the correlational matrix. Relatively recently, qualitative research on spirituality or religion and health has been conducted in nursing and social service fields. Consequently, a richer and more personal accounting of how spirituality or religion and health are experienced has emerged.

Before considering specific studies, general criticisms of empirical research on the influence of religion and spirituality on health outcomes are important to consider. Sloan and Bagiella (2002) critically examined quantitative studies involving religion and health factors and found that many studies had methodological flaws. The authors completed a Medline database search for the term “religion” for the year 2000, recovering 266 studies with only 17% involving claims of health benefits from religion
(45 studies). Two main methodological problems were found: failure to control for multiple comparisons or multiple interventions (for example, no Bonferroni corrections made to the significance levels); and a lack of control for covariates and confounders (for example, the primary focus was not a religious variable or health outcome, or no control group was used). Other problems revealed were lack of conceptual clarity and adequate information, and misrepresented results. The authors concluded that only a few of the 45 studies claiming health benefits from religion showed accurate health benefits from religion. For these authors there was not strong support for religion offering true health benefits. These results cannot hold for spirituality since the term spirituality was not used in their database search, and the constructs of religion and spirituality are not synonymous. Furthermore, Sloan and Bagiella’s review was limited to quantitative studies and did not look at qualitative research.

A quantitative study, exemplifying some of the concerns discussed by Sloan and Bagiella (2002), examined the interactions of religion and spirituality with perceived health status in a geriatric population (Daaleman, Perera & Studenski, 2004). These investigators performed a secondary analysis on a cross-sectional cohort study of 277 elderly outpatients from a large midwestern city. The participants were 65 years of age or older, with 52% being male, 78% being Caucasian, and 45% of participants with some post-secondary education. Thirteen predictor variables were used; including categorical variables such as gender and race, and variables such as religiosity and spirituality measures that were treated in this study as continuous. The SIWB (Spirituality Index of Well-Being) is composed of six items assessing self-efficacy in the context of overcoming threatened or actual functional changes, and six items assessing life
coherency. The Religiosity Scale used in this study was composed of five items extracted from the National Opinion Research Center (Davis & Smith, 1985). This purpose of measuring religiosity multidimensionally was to prevent confounding variables such as the ability to attend religious services biasing attendance to higher physically functioning or healthier participants— a problem sometimes found in previous studies of religion and health.

Results of the above study showed spirituality but not religiosity as being positively associated with self-reported good health at a <.01 level of significance. However, the Spirituality scale (SIWB) may experience some covariance with perceived level of health. The authors discussed the possibility of health optimism as having influenced the results, and the authors considered social comparison theory as a possible explanation.

The previous study evaluation demonstrates the difficulty of examining abstract spirituality or religion and health factors. Accurately operationalizing such abstract concepts is difficult. Concrete factors, such as religious affiliation, worship service attendance, or frequency of prayer, are relatively simple to operationalize, but do not offer rich data, and are prone to misuse and misinterpretation, as pointed out by Sloan and Bagiella (2002). However, as Koenig, McCullough and Larson (2001), Plante and Sherman, Eds. (2001), and Koenig (1998) discussed in their reviews, and the continuing blossoming of studies involving spirituality and health factors, sufficient empirical evidence exists to suggest an association between spirituality and health factors. Importantly, an increase in qualitative studies examining spirituality and health has likewise supported this association. The advantage to qualitative research is the ability to
procure rich data from the narratives of the participants. Though qualitative research is exempt from much of the criticisms given to quantitative research in the area of spirituality and health, qualitative research is prone to limitations in generalizability. Nonetheless, and with regard to the purpose of this dissertation, relevant qualitative studies looking at spirituality and health will be discussed.

Hungelmann, Kenkel-Rossi, Klassen and Stollenwerk (1985), using a grounded theory approach, examined spirituality in older adults by interviewing 31 elderly informants, in good to ill health in a variety of settings with the purpose of determining the characteristics of spiritual well-being. Though the authors were from a Christian worldview and supported a holistic nursing theoretical framework, professed atheists were included as study participants as contradictory informants, since most informants believed in a Higher Power. The authors extracted from the data a main category of Harmonious Interconnectedness which was comprised of a relational component involving a perceived connection to God or Higher Power, other persons and nature, and one’s self. The other main component was time oriented and involved a meaningful connection to one’s past and future along with the present.

The following study shows the advantage of collecting rich data by examining qualitatively something as inclusive and diverse as prayer rather than operationalized in a quantitative study as “do you pray” or “how often do you pray.” Taylor and Outlaw (2002) explored the experience of using prayer to help cope with cancer among 30 informants either having or surviving cancer. Informants were interviewed in depth regarding why, when, and how they prayed, what they prayed for, and what their expected outcomes were. A nonspecific phenomenological approach was used with
trustworthiness addressed by constant comparative analysis, prolonged engagement, member checking, and peer debriefing. The findings revealed all participants prayed, though in different fashions.

Several themes about the use of prayer evolved: prayer is personal communication involving transcendence; beliefs about prayer reveal patients’ view of self and deity; varied and contrasting beliefs exist about how to pray; what is prayed for reflects who is praying and the person’s life circumstances; cancer experiences affect prayer (both positively and negatively) and prayer influences one’s experience with cancer; nature of answered prayer reflects nature of what was requested/expected; and prayer makes patients feel good (Taylor & Outlaw, 2002). Though these commonalities were apparent, each informant prayed in a unique way. Limitations regarding the confined sample was considered along with the need for further research in order for providers to better understand and utilize prayer as a coping strategy in cancer and other serious illnesses.

Another grounded theory study also examined spirituality in a sample of 10 women suffering from cancer by viewing spirituality as a developmental process. This reflects the powerful ability of qualitative study to obtain indepth but varied data from similar participants. Halstead and Hull (2001) found three major themes of the core category of “Struggling with Paradoxes.” The first theme, deciphering the meaning of cancer, the survivors received spiritual assurances from within, though without knowing the specific sources. In the second theme, realizing human limitations, the survivors turned to God, though sometimes struggling with faith and doubts, e.g. questioning why God could let this happen. In theme three (the final phase), learning to live with
uncertainty, the survivors identified spiritual growth via enhanced appreciation of life, connecting with others, increased trust and faith, increased spiritual assurances and making spirituality a priority.

The above three themes are similar to Reed’s (1991) conceptual development of her theoretical framework of a mid-range nursing theory called self-transcendence, developed by deductive-inductive reformulation of several developmental life span theories. Reed’s conceptualization of self-transcendence includes a spiritual component as defined in terms of a sense of relatedness to a dimension greater than the self without devaluing the individual. Self-transcendence is defined as an expansion of self-boundaries in three dimensions: inwardly via introspective experiences; outwardly by reaching out to others; and temporally in which the past and future are integrated into the present. Likewise, Halstead and Hull (2001) and Reed (1991) show similarity to Hungelmann’s, et.al. grounded theory derived theory of Harmonious Interconnectedness. All three studies involved some sense of connecting with one’s world, particularly in a transcendent manner, and finding self-meaning in spite of severe obstacles. This conceptualization shows some resemblance to several of the qualitative studies examining the process of recovery from sexual violence (Draucker & Stern, 2000; Draucker & Petrovic, 1996; Draucker, 1992; Glaister & Abel, 2001).

However, some qualitative studies show mixed results in relation to the benefits of spirituality or religion to health factors, as the following study exhibits. The assessment of belief in God’s influence in health was the focus of Woodard and Sowell’s (2001) grounded theory study of how women use their spiritual beliefs and activities in dealing with HIV infection. All 21 female informants were HIV infected and most were
of Christian spiritual orientation. The interview began with the question “What is spirituality and what does it mean to you?” The core category extracted was “God in Control”, as helping the informants cope with HIV and AIDS. Four dimensions composed the core category: active faith, God’s presence, partnership, and benefits. Active faith was composed of various forms or rituals of expressing one’s faith that helped the informants experience God’s help in dealing with life difficulties. Three women, however, expressed anger and blame towards God for allowing them to have HIV. The informants viewed themselves in a partnership with God, and God as working through others to help the informants deal with HIV. Informants also perceived benefits of peace, happiness and reduced stress due to incorporating spirituality in their lives. However, most informants expressed worshiping privately, fearing stigmatization even by churchgoers and clergy.

In summary, adequate empirical evidence exists to support the conclusion that spirituality is usually beneficial to health and wellness, especially with the recent support of qualitative research. Likewise it is important to consider the criticisms presented by Sloan and Bagiella (2002), which refer to quantitative investigations. Because of the scope, abstractness, and personal uniqueness of spirituality, it is best studied qualitatively.

Recovery from Sexual Violence

In this review of the literature, recovery studies are separated into studies that do not specifically mention spirituality or religion factors and those studies that do. This will help show the importance of spirituality in the recovery process from sexual
violence, and compare the differences and similarities between recovery that includes or does not include spirituality factors.

*Recovery Studies Without Inclusion of Mentioned Spirituality/Religion Factors*

Increasing number of studies in the area of recovery from sexual violence can be found in the literature. This attests to the serious and multidimensional sequelae from sexual violence and the likewise complex multidimensional approach survivors incorporate in the recovery process. A review by Resick (1993) supports this point from the literature. This investigator conceptually reviewed the literature, and by considering 96 articles (both conceptual and empirical), concluded that the three major extant theories of rape reaction (crisis theory, behavioral theory and attribution theory on coping) could only explain limited aspects of reaction to and recovery from rape. Many variables before, during, and after the rape all contribute to the multi-dimensional process of reaction to and recovery from rape. Though, because of the complexity of this recovery process, more research is needed in what recovery strategies work best, and for whom, and how and why certain recovery strategies work best for certain survivors. As with sexual violence sequelae, sexual violence recovery also involves contextual issues, such as the type and amount of violence, other violence and/or stressors present, sources and availability of support, and personality attributes. Also congruent with what is known about sexual violence sequelae in men, little is known about the recovery process for male survivors of sexual violence.

However, recovery factors can be as basic as obtaining education or employment, as found in a study that explored what helped with escaping and recovering from sexual and/or physical violence in 390 low income female survivors (O’Campo, McDonnell,
Geilen, Burke & Chen, 2002). Seventy percent of the women who left their perpetrators did not receive assistance. Jobs and education were viewed as important sources of support for leaving violent relationships. The authors concluded more services that focus on providing safety and financial help in order to foster independence for female survivors of violence are needed.

Symes (2000) used grounded theory to discover behaviors and processes that lead survivors of sexual violence to seek help and arrive at a readiness to emotionally recover. Interviews from 11 women recruited from an urban rape crisis center were analyzed to extract the core category of “arriving at readiness” from related categories representing strategies propelling the survivor to the point of seeking help. Participants particularly found support or therapy groups as helpful in achieving readiness for recovery.

Furthermore, Wing and Oertle (1998) and Godbey and Hutchinson (1996) demonstrated through grounded theory research, using two groups of women survivors of incest and other sexual violence, that recovery involved a process of self-transformation or resurrecting the buried self. This process is a life process and occurred in stages rather than events. These grounded theory studies support the findings of other studies exploring the complexities of the recovery process from sexual violence as described below.

Draucker (1992) described a theoretical framework of the healing process of female survivors of incest. Using a grounded theory method to analyze narratives from 11 adult female incest survivors, a core variable of “constructing a personal residence” was developed. This theory is composed of several processes: deciding to build vs. remodeling (feeling that something is not right, connecting present distress with the abuse...
and not minimizing the abuse); building a new self relationship; regulation of relationships with others/forming effective boundaries; and positively influencing one’s community, e.g., reaching out to others. This study was supported by a later hermeneutic phenomenologic study of a group of female survivors of child and adult sexual violence (Draucker, 1999). A two-part theme of dwelling with the violence and knowing what to do was developed. The women tended to be pro-active and self-empowered to move past the abuse and get on with their lives, especially by staying busy and being involved with one’s work. This theme was also supported by a grounded theory study of female survivors of sexual violence by males close to them. The social process of “the harsh realities of life” with the world perceived as violent and society tolerating it (at times promoting violence towards women) was extracted. However, this oppression pushed these survivors to work towards improving their lives (Draucker, 2001).

Building on these previous studies, Draucker and Stern (2000) looked at three types of female survivors of sexual violence by male intimates to develop a theoretical framework describing this type of sexual violence. A grounded theory methodology was used to analyze the narratives of 23 female survivors of sexual violence as adults. Both Caucasians and African-American women, who had been referred by therapists or public advertisements, were in the study. Three groups of survivors were stratified: survivors of one time assault/rape, intimate assault/rape, and lifetime sexual violence. The core category of “forging ahead in a dangerous world” was extracted from the data. Three processes of forging were found: telling others, making sense of the violence, and creating a safer life. Each of these three processes of forging also had three forms
depending on the group of survivorship for a total of nine dimensions of recovery. Furthermore, the three groups of sexual violence survivors viewed themselves as having experienced different variations of forging ahead: one-time assault/rape survivors (getting back on track), intimate partner sexual violence survivors (starting over again), and lifetime sexual violence survivors (surviving the long, hard road). This theoretical framework exemplifies the complexity of recovery responses to sexual violence.

A noteworthy study by Nehls and Sallman (2005) examined physical/sexual abuse, substance use, and mental health problems as a lived experience using interpretive phenomenological analysis. Though abuse, substance use, and mental health problems have been thoroughly researched, and at times two of the three have been studied together, this study is extraordinary in examining survivors living with all three: physical or sexual abuse, substance abuse, and mental illness. This is often a presentation survivors share and that makes recovery especially arduous. Results from 30 female informants showed no common pattern or trajectory for all three (physical/sexual abuse, substance use, and mental health problems). However, three themes appeared: being thrown/the cycle of abuse, living life fearfully, and helping/hearing my story (telling one’s story as therapeutic). No distinction was made between survivors of physical and sexual abuse, thus no subgroup comparison was possible (focusing separately on survivors of sexual or physical abuse).

Summary

These various studies attest to sexual violence recovery as a complex and multidimensional process; A process that qualitative studies are able to consider and appreciate, and that quantitative studies have difficulty in examining. However, the
following studies present this process with the added complexity of spirituality as part of this recovery process.

Recovery Studies With Inclusion of Mentioned Spirituality/Religion Factors

As stated earlier, several studies mention spiritual or religious factors involved in the recovery process as a process by the participants. Since the participants themselves bring up these factors it is important to consider these factors as having significance in the recovery process.

Oaksford and Frude (2003), using grounded theory, found recovery from childhood sexual abuse in 11 female survivors as changing and adapting over time, thus supporting the findings discussed in the last section. The coping strategies used in recovery were separated into immediate and long-term strategies, though not all of the strategies listed were always beneficial. Taken in the context of time, these coping strategies could fluctuate in level of benefit and with overlap of when strategies were used for immediate, long-term, or both recovery stages. This adds to the complexity of evaluating and understanding the recovery process. Immediate coping strategies were used during the abuse and the following days to weeks afterwards. Long-term coping strategies were those strategies used months to years after the abuse. Immediate and long-term coping strategies were more similar than different and included psychological escapes, support seeking, active avoidance of abuse, and cognitive appraisal. Long-term coping also included positive reframing which helped survivors perceive the abuse in the light of some good coming from the bad (belief in having a stronger personality, belief of being able to protect oneself, and belief in having improved empathy). Religious support
was found to be important for both immediate and long term coping strategies in female recovery from childhood sexual abuse.

Smith and Kelly (2001) completed a phenomenological investigation to discover the meaning of recovery, how recovery is experienced, and what contributed to the growth and recovery from the perspective of the survivor. Seven Caucasian female survivors (22-60 years in age) of rape expressed three interrelated and interdependent themes. *Reaching out to others* involves talking, finding out I’m not alone, normal routines, control of obsessive thoughts, and able to freely move about in the community. *Reframing the rape* involves seeing the positives of recovery, gaining a new perspective on life, finding meaning and purpose in the rape, not depending on others to believe the rape occurred. *Redefining self* involves self-love, forgiveness of self and the rapist, and inner peace. Several survivors found the Church and belief in God’s help as important in their recovery process. Findings also indicated that how the survivors’ defined recovery seemed to depend on the level of recovery experienced.

Likewise (Glaister & Abel, 2001), in hermeneutic analysis of 14 female survivors of childhood sexual abuse found healing was facilitated by: receiving information, relationships, experiential activities, inner strength and beliefs, commitment, skills, and coming to terms with the abuse. Support was found in relationships with God, church, religion, angels and nature. Valentine & Feinhauer (1993) found in 22 Caucasian female survivors of childhood sexual abuse, that religion and church were found important sources of support in: making sense of childhood sexual abuse, freeing survivors from blame, offering a sense of self-worth, offering faith to persevere through difficulties of life, and finding meaning in life. Because of the qualitative design and most informants
being devout Latter Day Saints, transferability was very limited. Though it is conceivable that other devoutly religious survivors may experience similar benefits, as exemplified in the following two studies.

Giesbrecht and Sevcik (2000) used a grounded theory approach to develop a theory of the process of recovery for five female survivors of abuse, including sexual, from a conservative evangelical background. Recovery necessitated rebuilding personal and spiritual identity, redefining relationship with the religious community, and expressing a new identity within their religious community. Factors that supported this recovery process according to the survivors’ experiences included hope, empowerment, social support, spiritual encouragement, and practical assistance. Factors that attenuated this recovery process included shame, guilt, and minimizing, denying, or enabling the abuse. Within the recovery process the survivor’s religious faith could fuel shame and guilt, or hope and empowerment. The church community could also minimize, deny or even enable the abuse, or the church community could offer basic needs, and social and spiritual support. This attests to Pargament’s (1997) framework of positive and negative religious coping strategies, in which a person’s religiosity could support beneficial or detrimental religiously oriented coping strategies.

Herbert and McCannell (1997) interviewed six native Canadian adult female survivors of childhood sexual abuse. These survivors also struggled with recovery from chemical addiction, which may have also supported a spiritual approach to the recovery from childhood sexual abuse. These survivors found their native Canadian cultural identity and spirituality as supporting recovery. These survivors maintained a strong pride in their First Nations tribal heritage that supported their self-image and identity.
The previous six studies (Giesbrecht & Sevcik, 2000; Glaister & Abel, 2001; Herbert & McCannell, 1997; Oaksford & Frude, 2003; Smith & Kelly, 2001; Valentine & Feinhauer, 1993) show that a religious or spiritual orientation may play an important role in recovery. These studies were limited in transferability by nature of design and limited sample, though they point to the need for more research to better understand this process.

Studies involving male survivors of sexual violence have found evidence supporting spirituality as helpful in recovery from sexual violence. Ganzevoort (2002) found that 12 adult male survivors of childhood sexual abuse described growing closer to God as they aged. These survivors were mostly Catholics and Protestants, though not particularly devout. Draucker and Petrovic (1996) also studied the interview narratives of 19 male survivors of childhood sexual abuse but used grounded theory methodology, with the purpose of developing a framework of healing by male survivors of childhood sexual abuse. The participants’ ages ranged from 23-55, and included 17 Caucasians, and 7 married men. To be in the study the participants were required to have experienced some level of healing. A framework of healing was formulated and included the core category of “Escaping the dungeon: The journey to freedom.” The dungeon symbolized the survivors’ powerlessness, shame, silence, pain, darkness and isolation generated from the abuse. Several of the men, in order to experience the journey to freedom, described spiritual experiences of connecting to God as part of their healing process. The main path was private or group prayer for God’s help. Overall, for 19 male survivors of childhood sexual abuse, healing was viewed as breaking free, living free, and also freeing those left behind, which involved a struggle with emotional pain and the sociocultural notion that men should not be victims of sexual abuse. Healing also involved breaking free to
freedom that was viewed as a sense of belonging, a commitment to stay free and share this freedom with others trying to free themselves from the dungeon.

Only a few studies have specifically studied spiritually focused treatment approaches for survivors of sexual violence. However, these studies support the incorporation of spirituality in recovery from sexual violence. Beveridge and Cheung (2004) described an integrative treatment approach using a case study of an adult female survivor of childhood sexual abuse. This spiritual framework involves a three step healing process. Phase 1 is safety and alliance building with the survivor in a safe environment. Phase 2 is the self-awareness phase and resolution of faulty religious assumptions in a learning process. Phase 3 is self-development and reconnection with help from ongoing spiritual support.

Murray-Swank and Pargament (2005) evaluated, in a quasi-experimental pilot study, a spiritually integrated intervention for female survivors of sexual abuse who also expressed spiritual struggles. This approach was based on Pargament’s religious coping framework. Two female survivors, 39 and 49 years of age, participated in an interrupted time series study with daily measurements of positive and negative religious coping, spiritual distress, spiritual self-worth, spiritual well-being, and images of God. Measurements were taken pre and immediately post intervention, and then one to two months post intervention. Both survivors increased in positive religious coping, spiritual well being, and positive images of God after treatment. This treatment approach was multi-dimensional, including prayer, breathing, imagery, writing, and journaling. Though this study has serious limitations (only two subjects, no control, no instrument reliability or validity given, possible confounding treatment group effect), it offers
direction to the need for further studies in treatments that include spirituality for recovery from sexual violence.

A systematic review by Shaw, Joseph, & Linley (2005) of 11 empirical studies examining associations between religion, spirituality and posttraumatic growth (including from sexual violence) was conducted with the specific aim of reviewing what is known about the relationship between religion, spirituality and posttraumatic growth. Included in this review were 11 studies (7 quantitative and 4 qualitative) with a total sample size of 3615 males and females. The authors concluded: a) religion and spirituality are usually beneficial to trauma recovery; b) experiencing trauma can lead to a deepening of religion and spirituality; and c) positive religious coping, religious openness, readiness to face existential concerns, religious activeness, and an intrinsic religiousness are associated with recovery from trauma. Intrinsic religiousness is a personally internalized and meaningful faith system (Pargament, 1997). However, concession was made that religion and spirituality can have detrimental effects, such as negative religious coping strategies as considered by Pargament, Koenig and Perez (2000).

Summary

Only a few studies (Krejci, et. al., 2004; Shaw, Joseph & Linley, 2005) focused primarily on spirituality in the recovery process from sexual violence, and rarely were men included. Only one study (Ganjevoort, 2002) contained recovery experiences that specifically looked at men. Several other studies (Baker, 2003; Draucker & Petrovic, 1996; Giesbrecht & Sevcik, 2000; Herbert & McCannell, 1997; Smith & Kelly, 2001; Valentine & Feinhauer, 1993) secondarily found spirituality and/or religion as a component in the recovery process. Most of these studies were qualitative in design, and
by the nature of rich data extraction of qualitative research, were able to expose the often-abstract spiritual or religious aspects of recovery. The only systematic review of the literature regarding religion, spirituality and posttraumatic recovery (Shaw, Joseph & Linley, 2005) did not specify sexual violence but only aggregated sexual violence with other types of traumatic events. This review did not differentiate or subgroup different types of trauma. Hence, the results cannot confidently be generalized to sexual violence. No literature review or meta-analysis was found specifically on spirituality or religion and sexual violence recovery (or sexual violence in general). Another important gap in the knowledge is consideration of how spirituality and contextual factors of sexual violence recovery (e.g. type and amount of sexual violence and gender) interact in the recovery process. The literature shows survivors of clergy sexual abuse as having difficulty incorporating spirituality into the recovery process. It is suggested, but not causally shown, that spiritual or religious sequelae experienced from clergy sexual abuse impedes the use of spirituality or religion in the recovery process.

The review of the literature suggest the findings of studies including spirituality in recovery from sexual violence are conducive to fitting into Martsof and Mickley’s (1998) theoretical framework of spirituality. The five attributes of spirituality in this model can be related to studies as follows: *Meaning* (Beveridge & Cheung, 2004; Ganzovoort, 2002; Oaksford & Frude, 2003; Shaw, Joseph & Linley, 2005; Valentine & Feinhauer, 1993); *Value* (Oaksford & Frude, 2003); *Transcendence* (Draucker & Petrovic, 1996; Murray-Swank & Pargament, 2005; Shaw, Joseph & Linley, 2005); *Becoming* (Giesbrecht & Sevcik, 2000); *Connecting* (Beveridge & Cheung, 2004;
Further qualitative studies looking primarily at spirituality in the recovery process from sexual violence are needed to better understand how spirituality can benefit or impede sexual violence recovery. Analyzing the stories from a diverse group of informants, especially male survivors of sexual violence, can particularly enrich the knowledge base on recovery from sexual violence. From this improvement in understanding, support professionals will have a better understanding of what spiritual strategies are conducive to recovering from sexual violence.

Summary of Literature Review

In summary of the review of literature, much empirical research has shown the seriousness, pervasiveness and persistence of sequelae of sexual violence, such as physical illnesses, psychological disorders, relational maladies, and spiritual distress. The recovery literature shows a variety of practices used in the recovery process from sexual violence, such as cognitive techniques, support groups, volunteering/reaching out to others, medications, self help measures, and spiritual practices. Spirituality in recovery from sexual violence is discussed but rarely specific to the primary focus of the study in regards to recovery from sexual violence or abuse. Likewise, rarely were men included in these studies. Another important area lacking knowledge is how spirituality and contextual factors of sexual violence recovery (e.g. type and amount of sexual violence and gender) interact in the recovery process. Furthermore, sufficient evidence exists in the spirituality and health literature to support an important relationship between
spirituality and health. This adds to the need to further explore spirituality in managing responses to sexual violence.

Spirituality involved in the recovery process of sexual violence is poorly studied and understood. From the few studies containing spiritual attributes in recovery from sexual violence, spirituality involving sexual violence recovery appears to be an abstract, multidimensionally complex, and individually unique process. Because of this, qualitative research is necessary to adequately investigate this complex process.

This study will help fill gaps in the area of responses to sexual violence by addressing two specific aims: 1) Determine the consistency between women’s and men’s narratives regarding sexual violence and a widely used framework (Martsolf & Mickley, 1998) for spirituality; and 2) To identify and describe a basic social process by which spirituality is used in response to sexual violence.
CHAPTER 3

METHOD

Grounded theory methodology was used to answer this study’s research question:

*What is the basic social process by which individuals use spirituality in response to experiences of sexual violence?*

Theoretical Background of Grounded Theory Data Analysis

Grounded theory is a methodology developed from sociological theory by Glaser and Strauss (1967). The researcher, using grounded theory, qualitatively analyzes narrative, observational, and other sources of data to understand a social process or structure from which a mid-range theory is discovered or extracted, and which is grounded in the data. The purpose is to explain and understand a social process based in real life. Typically the researcher limits presuppositions and hypotheses, and theoretically samples as data are collected and analyzed to support the developing conceptualization. Grounded theory methodology uses constant comparison as its data analysis method, which is an iterative process of analyzing data, then collecting more data (Milliken & Schreiber, 2001). This back and forth process continues, using a blend of deductive and inductive reasoning to develop the core category. The core category is the central phenomenon or issue the participants are experiencing, such as a pattern, process, or condition that best expresses what the data are showing. Like a tree trunk is
connected to all its branches, the core category unifies the other categories in a mid-level
theory of some social process, condition, or structure (Schreiber, 2001).

Grounded theory methodology is based on symbolic interactionism, a theory from
20th century sociology. Symbolic interactionism’s origin is from the 19th century
pragmatism, of philosophers Charles Peirce, William James, and John Dewey One of
pragmatism’s main contentions is that knowledge is gained from active participation, not
just by observing. We are part of the world and live in it, and make meaning and
understanding as such. Pragmatism is open to change and adaptation: empirical
knowledge is not fixed or certain, but consists of explanations that can be replaced with
better or new explanations (Magee, 1998).

Symbolic interactionism suggests a person’s behavior towards others is based on
the meanings derived from social interactions by that person. It is an interpretive process
by which the person’s perception of self is based on what that person thinks of
him/herself and how that person thinks others’ perceive him/her. This interactive
process includes the private inner-voice conversation of what one thinks of oneself and
how one thinks others think of oneself, with attempts to minimize any conflicts. The
person forms meaning of one’s world and self via this interactive process in the unique
context of that person’s world. World context is perceived differently for each person.

Symbolic interactionism describes social interaction based on meaning,
interpreted uniquely by each person, and this meaning as influencing the person’s social
behavior. Grounded theory, as a methodology of extracting social processes from
participants’ data, is based on symbolic interactionism. Because this study, and its
parent study, aims at describing complex and multidimensional social processes,
grounded theory is the appropriate methodology to use. Grounded theory methodology supports rich in-depth narrative data collection and analysis that is conducive to determining complex social processes.

The above process of meaning formation is important to sexual violence research since survivors often battle with sensitive issues of shame, blame, invalidation, and stigmatization. These issues are perpetuated by internal and external factors, such as negative self-appraisal and reactions from others upon “telling.” This reflects the process of symbolic interactionism and thus is conducive to grounded theory methodology. Likewise the researcher actively participates in data gathering, including interacting with the informants, and uses a constant comparative method of data analysis. The researcher’s enmeshment with the data is central to grounded theory. Thus, in this study, the investigator needs to capture meaning as perceived and interpreted by the survivor of sexual violence in the survivor’s world context. (Jeon, 2004).

Parent Study Background

This study used data from the study “Women’s and Men’s Responses to Sexual Violence” funded by the National Institute of Nursing Research (RO1, NR008230-01). This researcher is a member of the parent study team. The purpose of this on-going parent study is to develop a midrange theory that describes, explains and predicts men’s and women’s responses to sexual violence and guides clinical interventions for individuals seeking healthcare who have experienced sexual violence. The specific aims of the parent study are to:

a) refine and expand the categorization of experiences of sexual violence identified in the framework previously developed by the principle investigator and
colleagues; b) identify the basic social psychological processes, including critical junctures related to recovery, used by individuals in each category to manage their lives during and after their victimizing experience; c) explore the role of social structural forces (cultural, social, economic, institutional) including those of the healthcare system, on the participants’ responses to sexual violence; d) examine the influence of gender on responses to sexual violence by comparing men and women’s experiences; and e) based on the theory, develop a sexual violence nursing assessment guide that may be used by staff nurses who care for victims of sexual violence in their daily practices… The long-range goal of the [parent study] research is to build and validate a repertoire of theory based assessment and intervention strategies to be used by healthcare professionals who work with survivors of sexual violence in a variety of settings (Grant Proposal, 2003, p.42).

Sampling in the Parent Study

In the parent study, the targeted sample was approximately 60 men and 60 women who had experienced sexual violence at some time in their lives. Because survivors of sexual violence are considered to be a vulnerable and hidden population, adaptive sampling, as described by Thompson and Collins (2002), was used to access the sample. Adaptive sampling facilitates an estimation of the population of interest. A geographic or physical area is canvassed to determine if members of the desired population congregate in that area. If members are found, sampling continues in that geographic area and then moves to adjacent areas. If no members of the population are found, or if there is insufficient diversity in the sample, the sampling is adapted to obtain a more representative sample. This adaptability is the main distinction of adaptive sampling
from other sampling techniques such as convenience and purposive or selective sampling, which are typically fixed a priori. Adaptive sampling is effective at utilizing population characteristics to systematically and methodically sample for accurate representation (Martsolf, Courey, Chapman, Mims & Draucker, 2006).

Community assessment can be used to enhance adaptive sampling. Community assessment is a systematic and comprehensive technique to become familiar with the community of interest, and its needs, strengths and characteristics, and its source of informants. Three main components of community assessments exist. The first component is the analysis of extant knowledge of the community of interest. The second component is the observation of the community via a windshield survey followed by a walk-through. The windshield survey involves driving around the community in a motor vehicle to get the overall view and perspective of the community. The walk-through survey involves canvassing the neighborhoods to experience the sights, sounds, and smells directly, as a resident might experience it. The third component is meeting the people in the community face-to-face by networking with community leaders and dialoguing with selected community members. These three components help to evaluate three main dimensions of community: place (e.g., boundaries, size, physical appearance and history); people (e.g., characteristics of the residents and visitors, social groups and institutions such as churches and schools); and function (e.g., development, distribution and use of goods and services, law and order, and civil growth and development) (Shuster & Goeppinger, 2004). By enhancing adaptive sampling with a community assessment, an effective and efficient sampling was used effectively to recruit a difficult to reach population.
Members of the research team (3 PhD and 5 Masters prepared nurses) gathered information on 19 target zip code areas of a midsize midwestern metropolitan area. Based on this preliminary demographic and geographic information, and information from the literature on community sampling, a community guide was constructed to guide the team’s community assessment. Pairs of team members completed a drive through windshield assessment followed by a walk through assessment on each zip code area. During the walkthrough, members of community organizations and businesses were briefly informed about the study and its purpose; Permission to display recruitment flyers at some of these sites was obtained. Six zip codes were selected for flyer placements based on the centrality to the downtown area and the diversity of population. The recruitment flyers had tear-off stubs with a toll-free number to contact investigators. The flyer assured confidentiality and mentioned that there would be a 35-dollar compensation for participation (See Appendix A).

Since this study involved participants of both genders who have a variety of sexual violence experiences, the initial goal of obtaining a sample of 60 women and 60 men was achieved. However, since this study uses grounded theory, this sample stratification (60 males / 60 females) was revised as necessary due to theoretical sampling needs: a few additional participants and second interviews generated a total of 126 interviews.

Parent Study Procedure

The population of interest for this study was men and women 18 and older who experienced sexual violence. Kent State University Institutional Review Board approval was obtained along with a certificate of confidentiality from the U.S. Department of
Health and Human Services (NINR 04-19). Individuals who saw flyers posted in the community, called a toll free telephone number listed on the flyer. A master’s prepared and experienced advanced practice psychiatric/mental health nurse assessed each caller as a potential participant using a telephone screening guide. Acute psychotic symptoms, current suicidality and substance abuse were exclusion criteria.

Participants were scheduled for interviews at sites in their communities. Sites included churches, social service agencies, and community health centers. Principles of confidentiality were discussed and consent for all procedures, including audiotaping and transcription, was obtained. Benefits and risks of participating were discussed and signed informed consent was obtained (see Appendix B).

Each interview was audiotaped and an open-ended questionnaire guide (see Appendix C) was used to cover important areas of response to sexual violence. The initial question was “Tell me about your experience with sexual violence.” Suggested follow-up questions included: what else was going on in your life at the time of the sexual violence; and what was it like to experience…; what was the high point and low point in response to sexual violence; what was your experience with healthcare professionals; how does your community view sexual violence? Based on the initial analysis, more specific experience questions were later added to the questionnaire guide, for example: tell about an experience of getting help from a healthcare provider, and tell about a time when spirituality was used in your response to sexual violence. At the conclusion of the interview, a community resource guide was given to participants when requested and referrals were made as needed. Interviews lasted on average about 60 to 90 minutes.
Field notes were made after the interview. Each participant was reimbursed 35 dollars to compensate for transportation and interview time.

Using adaptive sampling techniques to obtain a diverse and balanced sample of men and women, 66 women and 60 men were interviewed by the time this investigator began data analysis preparation for the current study.

Data Analysis for the Parent Study

The researcher has served as a member of the parent study research team that has been analyzing the data. The team first developed coding procedures to guide the group analysis of the transcripts. Grounded theory involves three levels of coding.

First level coding is a close objective analysis of the data, often line-by-line for narrative data. Selected words, phrases, and other single units of meaning are labeled as codes. This is the most basic and least abstract of the coding process. For the first several transcripts, each team member conducted line-by-line coding (first level coding) independently and then discussed the codes as a group to develop coding consistency among team members.

Soon after line-by-line coding progressed through several transcripts second level coding began, which is an aggregation of first level codes into categories. As preliminary categories began to emerge, the researchers began to develop a codebook that included a list of emerging categories, preliminary descriptions of these categories, inclusion and exclusion criteria of these categories, and exemplars of text. Three categories that emerged early in the data analysis included telling (revealing one’s experience of sexual violence to another), parenting (parenting being influenced by sexual violence), and spirituality (turning to spirituality in response to sexual violence). These three potential
categories were first selected for focus because of the frequency and depth of the participant references to these topics in the majority of the transcripts that were first examined by the team. With the preliminary operational definition of these three emerging categories as determined by the team, three team members were assigned to each category. Team members assigned to each category began to read the transcripts to identify incidents and stories as text units, and to compare and contrast these text units to further develop the category. Consistent with the current researcher’s academic and clinical interest in spirituality and health, I was assigned the emerging category of spirituality to examine in-depth.

Data Collection for the Spirituality Study

Several techniques were used to collect text units needed to develop the category of spirituality. A text unit is a part of the narrative text that represents “a meaningful point of fact, story or idea expressed by the participant” (Grant Proposal, 2003, p. 61). A word search was run on all 126 transcripts using key words such as church, faith, prayer, spiritual, church, Bible, God, Higher Power, Jesus, Savior and Christ. The term selection reflected the predominant Christian religious affiliation of most of the participants. Text units containing these terms were highlighted. All 126 transcripts were also closely read, guided by the Martsolf and Mickley’s (1998) five-attribute (meaning, value, transcendence, connecting and becoming) definition of spirituality, and text units reflecting these attributes were also highlighted. This researcher determined that 47 transcripts had no spirituality-related text units and 79 transcripts had at least one spirituality-related text unit, with nearly all 79 having several. The researchers then carefully evaluated these 79 transcripts to determine which were the richest in spirituality.
data. The 50 participants who presented the most relevant and richest data, considering both the quantity and quality of the textual units, and guided by the Martzolf and Mickley framework, were selected as the sample for the current spirituality study.

Data Analysis for the Spirituality Study

The two main analytic activities for this study were a content analysis based on the Martzolf and Mickley (1998) framework and a constant comparison analysis to develop the theory.

*Conceptual Framework and Content Analysis of Data*

The purpose of this study’s first specific aim was to determine the consistency between the Martzolf and Mickley (1998) framework and participant data. If the framework and the data were consistent, the framework could provide guidance on organizing the narrative data on spirituality so the researchers may begin to make sense of the data and proceed with constant comparison analysis.

Researchers can also bring important conceptualization to the study. These conceptualizations are referred to by Patton (1990) as sensitizing concepts, which can be drawn from theory, research, and practice. In qualitative research these sensitizing concepts can be related to a specific phenomenon and can offer a sense of reference and help guide the research in selecting relevant text to examine a particular phenomenon, but not force an interpretive analysis. Patton affirms “the inductive application of a sensitizing concept is to examine how the concept is manifest in a particular setting or among a particular group of people” (p. 391).

Similarly, Sandelowski (1995) encourages the use of key concepts from an existing framework, such as Martzolf and Mickley’s (1998) spirituality framework, to
organize data. Sandelowski suggests, “In studies intended to have no a priori commitment toward certain views of the target phenomenon, any framework that fits the data and that permits the research to cluster the data may be useful…” (p. 375).

Sandelowski advises that the framework is used to put the data into usable form, but “any framework for analysis must ultimately be data-driven, or must earn its way into the study by virtue of its fit with and faithfulness to the data” (p. 375). Sandelowski also warns that other, perhaps more robust, ways of organizing data not be precluded by the organizing framework.

**Procedures**

Because spirituality is a complex, difficult to define construct, the researchers determined that a framework that could initially guide the identification of narrative text related to spirituality would aid in data collection and analysis. The framework of Martsolf and Mickley (1998) was chosen because it is one of the most frequently used and cited frameworks and could serve as a useful heuristic for organizing the data.

Content analysis was performed on textual units related to spirituality for 50 transcripts. The procedures described in Appendix D (Parent Study Content Analysis Procedure) were used for the analysis. Two coders independently coded 379 text units from the 50 transcripts into one of the five attributes of the Martsolf and Mickley framework (see Table 1).

In order to reach the targeted 0.70 correlation for inter-rater reliability, initial coding attempts were needed in order to clarify differing interpretations of the operational definitions of the five spiritual attributes. Two coders coded the first ten transcripts independently. Because the inter-rater reliability index was below $r < .70$, the coders met
with the co-investigator to standardize coding procedure and refine operational
definitions, and then re-coded the transcripts.

Consequently, in order to clarify the categorization of text units, several of the
definitions of spirituality attributes required expansion. Connecting was defined as:

Joining, linking, or uniting with self, others, or God/higher power in a significant
relationship that includes communicating with each other and/or being associated
with each other in a harmonious way. Includes references to prayers that are
asking for help from God/higher power.

Transcendence was defined as:

Experience of a dimension beyond the self or recognizing the fact that there is
more than self; going beyond ordinary limits; surpassing, exceeding, to be above
and independent of (the universe, time, etc.), superior or supreme. To be used in
cases where the participant is describing situations in which he/she has had
experiences that are not explained by ordinary life experiences but go beyond and
surpass what can usually be explained or predicted and often are explained by the
power of a supreme being. Praise, honor, or adoration given to a supreme being
because of awe of the superior nature of this being would fall into this category.
Realizing or experiencing that there is a dimension beyond the self would fall into
this category.

This procedure was repeated several times until inter-rater reliabilities of over
0.70 were consistently achieved.

Data Analysis and Theory Development

In order to determine the process by which participants use spirituality in response
to experiences of sexual violence, constant comparison techniques were used. The
constant comparison method is an iterative process, a back and forth process of
evaluating all sources of data (e.g. transcripts, memos, literature research, expert
consults) (Schreiber, 2001). The results of the content analysis indicated that the
Martsolf and Mickley (1998) framework, with minor modifications, could serve as a
useful heuristic guide in the constant comparison analysis. Those attributes coded with the most text units served as the initial categories.

With these initial categories, and as concepts and their relationships were developing, the team of experts continually assisted with further data analysis and category development. This process reflected second level coding as described by Schreiber (2001). Ongoing category and theoretical development occurred through intensive analysis of eleven more data rich transcripts. This data and conceptual analysis was in close consultation with the expert research team and with prolonged immersion in the data. At this stage the category of spiritual connecting was also differentiated from interpersonal connecting by comparing and contrasting several transcripts rich in spiritual connecting and interpersonal connecting.

Furthermore, in analyzing the theoretically relevant textual units it was important to view them in the context of the surrounding text in order to fully appreciate the rich meaning of the text. Adequate evidence was found from the data to saturate categories and support the emerging theoretical framework. It was projected that approximately 50 data rich transcripts, relatively balanced between females and males, would be needed to saturate and connect categories, and extract the theory. Including both females and males would add to the richness of the findings and benefit transferability (Lincoln & Guba, 1985). This was possible since out of the 126 transcripts at least 50 were deemed data rich in spirituality content.

The 50 spirituality data rich transcripts were closely analyzed in order to support the initial categories and refine the categories per data findings. A table including the relevant text units, corresponding to the extracted categories, from the 50 transcripts was
created (see Appendix E). The findings from these 50 transcripts were also verified with an additional 10 transcripts with varying richness of spirituality content. The text units and category table also served as a heuristic guide to analyze the emerging relationships among the categories.

Once categories began to form, relationships between the categories were considered. This was third level coding, also called theoretical coding, which was increased in abstractness (involving relationships between categories) and generated the theory extracted from and grounded in the data. However, even at the second level coding or the development of categories, theoretical coding took place in order to generate valid categories. Theoretical coding denoted a theoretical or hypothesis driven thought processing in analyzing and coding the data. The goal was to develop the abstractness and breadth of the informants’ realities and meanings, and the behaviors or responses to problems, conditions, or needs. Crucial to effective theoretical coding and theoretical sampling was ongoing memoing and review of memoing. Often substantive coding (first level and some second level coding) occurred concurrently with theoretical coding (third level and some second level coding). This was part of the constant comparison and iterative processes of grounded theory. Also, at the third level of coding the level of abstractness was more open to formulating the core category (Schreiber, 2001).

Several techniques were used to facilitate the analysis. Memoing, the process of making conceptual notes about the coding process, including questions, comments, and suggestions for further data collection and analysis, was conducted through the data collection and analysis phase (Schreiber, 2001). Theoretical sampling was used to refine the developing categories. Theoretical sampling included several second interviews with
selected informants. Weekly and monthly meetings with the research team, and bi-
annual meetings with an advisory board, helped guide the theory development.
Refinement in the data was documented with extensive audit trails.

Truthfulness, in the sense of scientific rigor, was incorporated by using Lincoln
and Guba’s (1985) criteria for credibility, transferability, confirmability, and
dependability. Credibility was supported by ongoing immersion in the data and peer
debriefing by weekly meetings and consultations with experts in the field.
Transferability was ensured by detailed sample characteristics and contextual factors.
Confirmability was addressed by using a detailed audit trail, including written and
electronic records. Dependability was assured by extensive memoing, theoretical and
methodological discussion, and the detailed audit trail.
CHAPTER FOUR

RESULTS

The results of this study are discussed in the following order. Demographic characteristics of the 50 participants are described. The content analysis using the Martsolf and Mickley (1998) spiritual framework is described. The theoretical framework describing how survivors of sexual violence use spirituality is then presented.

The Sample

The sample consisted of 27 females and 23 males. The age of participants ranged from 18 to 62 years; 50% were between 40 and 50 years of age. Forty-six percent of the sample were African-American (n=23) and 36% were Caucasian (n=18). The largest portion of participants were single, 48% (n=24); 24% (n=12) were married, 12% (n=6) were divorced, 6% (n=3) were separated, and only one participant was engaged. Sixty-two percent of the participants were parents (n=31) with the average number of children at three. The majority of the participants (52%, n=26) had an income under 10,000 dollars and 24% (n=12) had an income between 10,000 and 30,000 dollars. The largest group of participants (28%, n=14) came from a single person household.

Statistical analyses were conducted to evaluate the comparability of the parent study and spirituality study participants. The 76 parent group participants who were not included in this study and the 50 participants in the spirituality study were compared. A total of 41.5% (n=27) of the parent study group females and 36.5% (n=23) of the parent
study group males were included in the spirituality study group. A Chi Square analysis ($\chi^2 = .340; \text{df} = 1; \ p = .560$) showed no statistical difference between the parent study group (n=76) and the spirituality study group (n=50) on gender. An ANOVA was conducted comparing these two groups on age, number of children, and number of persons in the house. None of these differences were statistically significant (age: $F = 0.663$ at $p= .417$; number of children: $F = 2.199$ at $p= .141$; number in house: $F = 0.647$ at $p= .423$).

The two groups differed on religious affiliation. In the 76 parent group participants not included in this study, 11 (14%) participants indicated no religious affiliation and one participant indicated “atheist.” In the spirituality study only one (2%) participant indicated no religious affiliation and no participants indicated “atheist” ($\chi^2 = 5.35; \text{df} = 1; \ p = .021$). Given that this sample was chosen for the richness of references to spirituality, this is understandable. In both groups most participants designated Christian for religious affiliation: in the parent group, 49 of the 76 participants (64%) were of a Christian religious affiliation, and in the spirituality group, 33 participants (66%) were of a Christian religious affiliation ($\chi^2 = 1.79; \text{df} = 1; \ p = .181$). Thus, there was no significant difference between the two groups regarding Christian religious affiliation.

There was also a higher percentage of African-Americans (50%, n=25) to Caucasians (36%, n=18) in the spirituality study. However, in the parent study group there was a higher percentage of Caucasians (53%, n=40) than African-Americans (39%, n=30). Though, both groups were not significantly different in Caucasian and African-American racial composition ($\chi^2 = 2.49; \text{df} = 1; \ p = .115$). In the spirituality study group,
as in the parent study group, African-Americans and Caucasians were the two predominant racial groups identified by the participants.

Content Analysis

The transcripts of the 50 spirituality study participants yielded 379 text units related to spirituality. Table 1 presents the results of the content analysis of the 50 transcripts used for the theory development. The five spiritual attributes and a brief definition of each, the frequency of coding each attribute by the two raters, and an example of a corresponding textual unit is presented. “Other” is included for comparative purposes only. Most transcripts had more than one text unit coded to the framework, and most transcripts had specific spirituality attributes that were coded several times throughout the transcript. The final intercoder reliability index was 0.72. All text units were coded to one of the five spiritual attributes (see Table 1 on p. 66). The lack of coding to the “Other” label coding cell further supports the consistency of the data to Martsolf and Mickley’s five-attribute conceptual definition framework of spirituality, suggesting a conceptual fit between the framework and the data. Through the process of coding, two of the Martsolf and Mickley (1998) definitions were modified from the original framework to fit this population.

The spiritual attribute of Connecting was used most often to code textual units deemed to have spiritual content. Transcendence was the next most commonly used spiritual attribute to code textual units with spiritual content. The three remaining spiritual attributes of Becoming, Value, and Meaning were used much less frequently.
<table>
<thead>
<tr>
<th>SPIRITUAL ATTRIBUTE</th>
<th># of text units coded by rater</th>
<th>TEXTUAL UNIT EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meaning</strong>- the ontological significance of life.</td>
<td>rater 1</td>
<td>rater 2</td>
</tr>
<tr>
<td><strong>Value</strong>- beliefs and standards that are cherished</td>
<td>32</td>
<td>46</td>
</tr>
<tr>
<td><strong>Transcendence</strong>- experience and appreciation of a dimension beyond the self.</td>
<td>91</td>
<td>95</td>
</tr>
<tr>
<td><strong>Connecting</strong>- significant relationships with self, others, God/higher power</td>
<td>233</td>
<td>191</td>
</tr>
<tr>
<td><strong>Becoming</strong>- an unfolding of life that demands reflection and experience.</td>
<td>13</td>
<td>32</td>
</tr>
<tr>
<td><strong>Other</strong>- spirituality content not fitting in the above five attributes.</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 1: Content Analysis Results

These results indicated that the concepts of connecting and transcendence are central to the process of using spirituality by persons who have experienced sexual violence.

Development of the Theory by which Survivors Turn to Spirituality in Response to Sexual Violence

*Core Category*

Constant comparison of the data yielded a theoretical framework explaining how survivors use spirituality in response to sexual violence. A core category in grounded theory relates to all the categories and best links the categories together in order to describe a basic social process. The core category for the theory about how survivors of sexual violence use spirituality was labeled “Being Delivered.”

The term Being Delivered was chosen because what was most notable in the participants’ transcripts was a sense of being rescued, saved, and being set free from the...
effects of sexual violence by a spiritual being or power. The participants described being delivered as “taking me in a good way, taking me towards a good place,” “a new being in Christ,” “higher power by my side…holding my hand…leading me” and “I was delivered.”

**Theoretical Framework**

For *most* of the participants, “being delivered” began with spiritual connection with a divine being. For *many* participants, this connection led to one of several types of spiritual journeys. For a *few* participants, their journey reached a spiritual transformation.

The theoretical framework consists of three main dimensions (see Figure 1): spiritual connection, spiritual journey, and spiritual transformation. Each of these dimensions will be described. Also see Appendix E for the coding table of the 50 transcripts from which the theory was extracted. The textual units supporting the theory are also listed in Appendix E.

**Spiritual connection.**

The first dimension is Spiritual Connection. All of the 50 participants expressed some type of connecting, or attempt to connect in a divine manner, either with self, others or God. Spiritual connection went beyond interpersonal communication or relating to significant others, and rose to a deeply personal and meaningful sharing. Spiritual Connection served as a gateway to the next dimension (Spiritual Journey), and experiencing one or more characteristics of getting connected spiritually was necessary for participants to turn to spirituality and find a spiritual pathway.
The participants’ descriptions of the experience of Spiritual Connection suggests this experience has four characteristics: 1) *Communion*- the sharing or exchanging of intimate thoughts or feelings; 2) *Presence*- a strong or obvious effects or influence on others; 3) *Passion*- showing or caused by strong feelings or belief; and 4) *Perpetuity*-
never ending or changing. Most individuals described two or more of these characteristics of spiritual connecting.

The first characteristic of spiritual connection, *communion*, is “the sharing or exchanging of intimate thoughts and feelings” (Oxford, 2002, p. 280), and is based on participants’ comments, such as: “longing in my heart for Him [God],” “drew nearer to God,” “God was my doctor.” Communion was chosen as a term to best convey a sense of heart-felt relating to God/higher power and to others in the context of the divine, often by prayer. Many participants connected with God by praying privately, praying publicly in worship such as in church activities, and in having others pray for the participant. Prayer was the most common and main way participants intimately communicated with God, whether privately or with others, for example: “talk to God most of all,” “pray every day,” and “praying about other people.” However, several participants also referred to each of the following components of *communion*: Scripture reading, “Bible studies every week”; church participation, “church family being there,” “having a church life”; and reaching out to others to “help other people.”

A 20-year-old female survivor of two episodes of childhood molestation refers to several of these components in recovering:

Prayer is the only thing that helped me through. It took me a long time to get over going to church. Like every Sunday before, I would go to church just to go or just because somebody told me to; but once I started going for myself and listening, I found the message for me, and when the preacher preached, I always listen now and when I started listening I realized that God is the ruler of all things.

A 50-year female surviving an episode of adult sexual violence desperately expresses a need for love, yet firmly states finding love in God after humans failed her, “you just want to be loved and then you can’t get it from the human type so you get it
from God.” Another female survivor of multiple molestations as a child and teen found prayer life-changing:

I think the best thing about it when I got older, and I began to recognize the power of prayer and even this church [name withheld], it changed, it kind of changed my mindset, you know what I’m saying, like it was like well I know that I can pray and I know that even if something happens God will give me peace about what happened and I felt like I couldn’t depend on anyone else so why not try God and that helped me a whole lot, I mean more so than anything else, just being able to know the power of prayer and knowing that you know when I pray God hears me so for me that was really to me healed me and saved me. It’s still you know, it’s still a healing process.

Another participant surviving a lifetime of sexual violence offers a powerful experience of prayer:

God, most of all, that’s who I talk to most of all. Like sometimes I wanted a pastor and she’s busy and I don’t have anybody, I don’t have a lot of friends so there’s nobody to really talk to other than my children, I would talk to God. I would say you’ve kept me this long…But I think you just have to go inside yourself and mostly talk to God, mostly talk to God….Prayer, that’s all I had. I just didn’t want to hurt myself. I prayed to God and it was like voices in my head talking about me and it was prayer and some people would say, others would say for whatever, that big strong lady and people were praying for me.

Spiritual connection, as described by the participants, also had the characteristic of presence. Presence is defined as “a divine or supernatural spirit felt to be present” (Webster’s, 2001, p. 1529). This term was chosen to reflect the participants’ expressions of some type of divine presence and is based on references to: the relationship with God/higher power as life changing, “I draw nearer to God and his powers,” “the Lord is bigger than the law”; protecting, “God kept me from that,” “Lord
holding me back”; and making things happen, “gift that the Lord gave me,” and “God put
her in my life.” However, the most common referents made by participants regarding
presence are about being blessed and experiencing grace with comments including: “I
have been blessed in many ways,” “its been a great blessing,” and “only by the grace of
God.”

After being told by a physician that she was infertile, and then becoming pregnant
after unwanted sex, a participant refers to her baby son, as “He’s been a blessing…God
works in mysterious ways.” Another participant, in referring to her mom, states that her
children and she are “very blessed to have her” and in reference to this participant’s
husband as “this man was given to me by the grace of God. Another participant states
“God got me in this position” in reference to using his experience as a survivor of
childhood sexual abuse in reaching out to help youth as a high school coach. Other
aspects of presence shared by participants refer to “the Lord will always provide,” “God
kept me from that,” and “God didn’t let me die, I must be here for a reason.” In each
case the participant strongly believed in God’s profound presence and power.

The third characteristic, passion, “an intense desire or enthusiasm for something”
(Oxford, 2002, p. 997) is based on participants’ references to how strongly they feel love,
and/or hold beliefs and faith. Participants emphasized their intense degree or depth of
feeling or belief involved in a spiritual connection. The participants most frequently
mentioned God loving them as a component of this characteristic. This appreciation of
God’s love was emphatically expressed in verbally (words used, and tone/volume of
voice), but also nonverbally. Participants would use facial expressions, hand motions,
and other body language to emphasize their passion. Furthermore, participants could also
use repetition of word to show passion, such as, “I just wanted to be loved and you know, you know, I KNOW God loves me.”

A 25-year-old female survivor of three episodes of childhood sexual abuse, who responds to her sister’s comment that God has a plan for her, gives an exemplar of passion in connecting with God’s love:

‘He has a plan for you’ and I just wept, because I just remember feeling like me, just me, He has a plan for just me. You know, and just feeling like I’m that loved, you know, no matter how anybody else has failed or I’ve failed myself, He loves me that much. Absolutely!

Another common component was emphasizing an intense and enthusiastic personal belief or faith in God by such phrases as “my faith in God is most important,” “faith and hope, man it’s just there,” and “first and foremost, I am a Christian, I do believe in Christ, in God.” Ardent belief in scripture was another important component, “I do believe in the Bible,” and “Everything in the Holy Bible is true.” Prayer was also expressed intensely by many participants as a compelling activity, “prayer is powerful to me.” A few participants also expressed a strong sense of hope.

The last (and least common) characteristic, **perpetuity**, “endless or indefinitely long duration or existence” (Webster’s, 2001, p.1444) is based on references to how spiritual connection is: timeless, “I always have God”; cannot be broken, “my faith never waivered”; and, God as being there all the time whether recognized or not, “God’s willing to help out for the rest of my life,” “God will always be there,” “God had all this set up prior,” and “all through my life God has been preparing me.” This term conveys well the sense of timelessness and imperviousness. Comments reflecting this characteristic include “God has all this set up you know, prior,” “God will always be there,” and “my faith never wavered.” Others stated God as helping or planning
throughout life. A potent example is shared from a 47-year-old female surviving a lifetime of abuse that states:

If you ain’t got nobody to talk to, then you can talk to God and it’s real. I mean I’d go in my bed and my kids are gone and I’m there by myself and I was starting I’ll call my pastor and she was busy and I was like oh God how do I face the past you know, and he said I’m with you, always even up to the end, and I started thinking about that and this week if I hadn’t been spiritually lifted in the word I don’t know what I might have done but just knowing that in the word of God has given us, saying I’m with you always and what I’m going through now you experiencing too. Whatever I go through, You [God] right there with me going through it.

*Spiritual journey.*

For some participants, a spiritual connection allowed them to begin a spiritual journey that was associated with healing. The name, Spiritual Journey, was chosen to reflect an ongoing spiritual process with direction and purpose, and with journey being defined as “a passage or progress from one stage to another” (Webster’s, 2001, p. 1034). Spiritual Journey is an ongoing process in the survivor’s life and could involve one of three paths: being sustained, being awakened, and being tested. These three separate processes, or pathways, lead to the third main dimension (discussed below). The individual can experience any or all of these processes in arriving at the third main aspect.

*Being Sustained* is the process of keeping “(a person, the mind, the spirits, etc) from giving way, as under trial or affliction.” Many participants described being accompanied, protected, shielded, healed and unburdened, by ongoing and persisting Divine guardianship and guidance. Some examples include: “God’s been able to get me through day by day,” “no matter what I’ve been through, the Lord has been there for me,” “I can deal with any situation because of the Lord,” “God’s going to see me through
“I never did it on my own strength, but on His,” “my religion carried me through,” and “Let go and let God, He will protect and care for you.”

This was the most important pathway in the sense of involving ongoing spiritual support. It also was the most inclusive pathway regarding the expressed variety of sustaining factors involved in the participants’ lives. Two enlightening exemplars reflect the essence of this pathway. A female survivor of molestation by an older child when she was 7-8 years old, who was then raped when nine years old by an older boy, shares her experience of being sustained:

Well, being in the church, I believe that, if you uh, take a problem that, that’s really heavy on you, that you don’t really want to deal with, or is hard for you to deal with. If you like, talk to God about it, and in a sense give it to him, give him that problem, it takes a lot, and it did, it takes a lot from you to lift, like oh, like a weight been lifted off your shoulders. That’s what I did, I prayed about it, and that’s what he did, he took that from me, I mean, before I did that, it was, I cried about it a lot. And like I said, I might think about it every once in a while, and I remember that I gave him that problem, that I don’t have to think about that problem no more, I don’t have to let it affect my life.

Being sustained was also a crucial pathway for a participant without a traditional religious belief,

So that’s, you know if I’m going to talk about a higher power that’s what it is, it’s a good orderly direction, you know. It’s not leading me someplace bad, it’s loving and it’s caring and it wants to bring me into a new world, a new life, you know it wants to hold my hand like I’m a little kid and say here, this is the way to go, you know, here’s the sunshine, here’s the rainbow, here’s the, you know flowers. You know that, that type of setting, you know it’s not that dark, gloomy, which the path I usually walk is the dark gloomy path by myself, so right now it’s like with a higher power by my side I have a higher power holding my hand and he’s leading me down this path that’s real sunny and real bright and cheerful. And you know I’m not all the way in there yet.

The next pathway, being awakened, was less commonly experienced than being sustained. Awaken is defined as “to come to bring to an awareness, becoming cognizant”
(Webster’s, 2001, p. 144). Being Awakened is based on participants referring to finding a new way of thinking, seeing the truth, or having changed to looking at things with a Divine perspective: “I got my spirit back and joy,” “new focus on God, worship, and scripture,” “changed way of thinking after searching for truth,” “profound change in baptism by the Holy Spirit, and new focus on learning about and getting to know God,” and “healing started, the Lord wanting me to move on.” Often participants conveyed this awakening as an introspective AH HA type of experience.

A female survivor of multiple rapes as an adult shared “they broke my spirit. But I’m here today to tell them that I got my spirit back, and my joy. I am on my way for recovery all the way.” A male survivor of childhood sexual abuse, a physically and emotionally abusive mother, personal chronic drug addictions, and three rapes while in prison, shared his insight in an awakening to a Higher Power:

So to not have drugs to cope, now I gotta learn how to cope all over again, so it’s like I’m an infant, I have a little bit of self defense, I mean I can, I can, which I believe it my higher power that helps me, it’s not a lot, it’s what they call hope. You know I have a little hope today that you know if I stand up for myself then I can get better. And that’s where I’m at you know, I’m standing up for myself. I’m still, I’m, I’m you know I haven’t completely, you know completely gotten the program again, but you know I’m slowly grabbing hold of the what needs to be done today for me, you know, I’m having that hope, that little bit of uh, understanding about myself. Like I said it’s a new way of life, that means I have to change every part, every aspect of you know what I’ve always, like talking, language, you know that’s. So it’s more of a new way.

Another common pathway of the spiritual journey is being tested. Being tested is defined as undergoing a “situation that reveals the strength or quality of someone or something by putting them under strain” (Oxford, 2002, p. 1433). Participants referred to going through trials, tests, and tribulations from God, and growing stronger from life’s challenges, and reflect Divine evaluation or appraisal. Examples include: “there was a
reason I was going through this, God won’t put me through more than I can handle,” “I kept asking the Lord why am I here, what is my purpose,” “why are You allowing this to happen,” and “it was all a part of what I had to go through and what He [God] is going to accomplish.”

While relatively few participants described this pathway, those that did described several intense experiences and struggles. They believed the trials/tribulations/tests were given to them so they could become stronger. Participants were called to suffer but were given the ability to take it day by day. However, participants would ask God “why,” and try to find divine meaning in being sexually abused, such as being part of God’s plan or a way of becoming stronger, or through an understanding that “God would not give [me] more than [I] could handle.” A few participants shared feeling a kinship to individuals in scripture stories who had experienced suffering. This male survivor of a one time adult sexual assault by another man offered a poignant reflection on being tested:

I look at it like this you know God tests us, you know. I was at church meeting this morning, you know with the devotion meetings, and I was talking and about the Israelites you know going out of Egypt and stuff, and a lot of us have failed, whether it’s Christians or whatever denomination you happen to be…you know God tests us, you know, tests our resolve and you know puts little trials and tribulations upon us to see, first of all, to see how strong our faith is and how committed we are and um you know I honestly feel you know it says somewhere in the Bible, what we go through for his sake you know to make us stronger [persons] and um He’ll never put more on us than we can bear you know, like it will seem I call them footprints, it seems like my toughest moments there was only one set of footprints so it seems like He’s right there and He says well my child that’s my carriage.

Furthermore, another male who survived childhood molestation by a male relative for 18 months shares struggling with asking God why,

Knowing that I always have somebody to talk to. I knew there was a God and I always, wherever I was I knew He was right there with me but there were a lot of times that I would ask Him, oh God, why are you letting this happen to me, and
my mother always taught me she said you have to trust and believe, you have to have faith, and I just a lot of times I would get mad at God because I felt he was actually allowing this to happen to me and I know everything happens for a reason but why me.

_Spiritual transformation._

For a few participants, spiritual journeys led to spiritual transformation. This third main dimension, Spiritual Transformation, was named due to evidence in the narratives that some participants were undergoing a transformation of their spirit. This transformation drew them closer to God and deepened their personal insight into their life. This transformational process was not superficial or transient, but lasting and permeating. This dimension appeared to be the most difficult to reach since there were participants who did not achieve this dimension. Twenty-three participants experienced some manifestation of Spiritual Transformation. Transformation is defined as “a thorough or dramatic change in form or appearance” (Oxford, 2002, p. 1481), with Spiritual Transformation reflecting a profound positive change in mind and spirit. For many of the participants Spiritual Transformation involved two manifestations: _Transformative Meaning, and Transcendence_

Transformative Meaning, is composed of two elements, _redemptive revival_ and _inspiration_, and involves having the participant look at the sexual violence in a more meaningful and adaptive perspective. Transformative meaning conveys the life-changing power of achieving divinely enlightened meaning about the sexual violence and responses to it.

_ Redemptive revival _ is composed of two concepts: redemptive, “acting to save someone from error or evil” (Oxford, 2002, p. 1138), and revival, “restoration to life,
consciousness, vigor, strength, etc.” (Webster’s, 2001, p.1648). This researcher found these two concepts as supporting each other and similar enough to combine the concepts. Redemptive revival is portrayed as revival or renewal due to the action of being saved from evil, trials, mistakes or failings related to the sexual violence. A sense of revival and redemption was portrayed in a variety of ways. For some participants it was realizing that “God said I’m not bad,” “God’s voice telling me, this was not your fault,” and “only God can break that cycle.” Along this line of thinking other participants viewed sin and evil as being in the world and people as needing a Savior and a salvific surrender to God, “I thank God I’m saved and delivered from all that,” and “accepting Jesus Christ as my personal savior.” Some participants believed they had to repent and make a “turn-about face,” and “the old things have passed away…I had a new way of doing things.” This was especially important to those participants who themselves became perpetrators of abuse or sexual violence, often attributed to the sexual violence the participant survived. God’s forgiveness was also an important part of these participants’ redemptive revival.

A male survivor of molestation and rape as a child, who later became a passive observer of childhood prostitution in his place of residence, with vivid and intense bluntness stated,

Point blank? God’s holy spirit kicked my ass, in love and mercy and anger and wrath. And that’s how it happened, the spirit descended upon me, I believed, I said Lord, you know, I cried out to him. And the Holy Ghost descended upon me.

A 46-year-old female survivor of lifetime sexual violence described a revival or renewal experience:

. It was a healing process. You know, sometimes, you don’t know you’re hurting. Sometimes you don’t know you are a wounded person and uh, but it, what is that
scripture ‘a new being in Christ, he’s a new creature, the old things have passed away and behold all things become new.’ And that’s basically was really the truth I was, I had a new way of doing things, a new way of, even though I have fallen and sinned, ‘all have sinned,’ that’s right, I have definitely done.

However, a male survivor of gang rape in the military effectively conveyed his ongoing and deep struggle with faith and his religion of origin:

Um, PAUSE. The problem is when it comes to faith and Christianity; it’s which side of the cross are you on. I went to a Nazarene church and there was a wooden cross above the altar and for the seven years that I went there I can’t honestly tell you one sermon that I actually heard, because the way the lighting was it cast a shadow on each side of that cross, over the cross, so all I could picture was Christ hanging in the center and then you have 2 crosses with the 2 thieves on either side. One side you had somebody being redeemed because he believed that Christ was hanging on the cross, the other guy being condemned because he didn’t believe. And I sat there for 7 years wondering which side of the cross I was on. So, Christianity and belief in God is a matter of faith and that’s something that’s hard to come by.

The second aspect of transformative meaning is Inspiration, “the process of being mentally stimulated to do or feel something, especially to do something creative” (Oxford, 2002, p.690). Inspiration is viewed as having a deep urge, desire, or hope to do something, especially something creative or with sacred qualities. Participants offered several avenues for inspiration to be channeled or expressed, such as involvement in a ministry, volunteer work, group bible study, raising children in the church, or having hope in finding a purpose in life. One participant stated, “being ordained a pastor was a highlight in my life,” another participant mentioned, “music has carried me because I am a musician and played in churches,” and another participant offered “God has put me in a ministry, on the path to help hurting women and a few occasional men.” Another participant shared about finding inspiration through participation in this study that was felt by the participant to have the potential to help others, “this study I felt was a blessing…I’m going to help somebody else.”
Music ministry was an avenue of inspiration for this male survivor of sexual violence through early adulthood who also experienced alcohol abuse and mental illness:

I decided very young that that was not what I wanted, because I had a deep desire to serve the Lord and uh, even as messed up as I was inside, that’s what I wanted, still want to this day. I think it’s affected me in such a way that I still have trouble. …and then, it was quite a struggle after that because the choir director said no, you’re too little and you’re too young and you can’t sing in the choir, you can’t play the piano, you can’t do anything. And I was like, man when is this ever going to end? So the pastor said yes, he can, go play. And I ended up being the pianist for that church. I was doing that until age 14. Sundays and Wednesdays. And he took me on trips, like a, what do you call that, crusade trips, traveling. It was pretty amazing, because they thought that I was some sort of a prodigy or something or a genius or something, but it wasn’t, it just was that I practiced 10 or 12 hours a day, and I developed it quickly, and I feel like that that was a gift, a decent gift that the Lord gave me, and I feel happy.

A female survivor of childhood sexual abuse and an adulthood rape expressed an exceptional case of inspiration:

I was 8 years old. And I had a strong desire to be a preacher. I had a gift of gab. I was quiet, but I still like to talk about the Lord. I had a fascination with God and a fascination with Jesus and you know, just liked, it actually, you know, just loved it, but you know. I became a Christian. I didn’t ask permission to be a Christian. I just went up one Sunday, I knew what I wanted. I knew it.

Transcendence, the other manifestation of Spiritual Transformation, refers to the appreciation and supernatural experience of the Divine (for most participants this would include God or Jesus Christ). Transcendence, “(of God) existing apart from and not subject to the limitations of the material universe” (Oxford, 2002, p.1480), was named and defined as such to convey its supernatural association with the Divine. Transcendence is described by participants as worshiping/praising the divine and experiencing Divine intervention. The former is expressed well by a 25-year-old female survivor of childhood and adult sexual violence who stated, “He wants me to honor him and bring him glory, and I can do that.” Several survivors sharing distinct experiences of
Divine intervention evidence the latter. One participant said, “it was a miracle” when she found out her Hepatitis C was gone. Another participant believed that “only by the grace of God” did a bullet miss the gas tank of her car. A 43-year-old female surviving childhood and teenage sexual abuse viewed a pattern of divine interventions working in her life, “I just started seeing miracles in my life and I think that’s what kept me clear the whole two years, I was seeing miracle after miracle after miracle, they were all miracles going on in my life.”

In summary, the extracted theory, grounded in the data, reflects the complex social process in which the participants turn to spirituality in response to sexual violence. The core category describes a process of Being Delivered. The three main dimensions reflect a journeying process that emerges by Spiritual Connection through four characteristics (in order of most to least coded: communion, presence, passion, perpetuity). Spiritual Connection opens pathways of Spiritual Journey in which an ongoing spiritual life process is experienced. This process of being on a Spiritual Journey can be experienced in one to three ways (in order of commonality: being sustained, being awakened, and being tested). These pathways optimally lead to Spiritual Transformation which the participant may experience as two manifestations: transcendence and transformative meaning, with the latter composed of two characteristics: redemptive revival and inspiration. Only a minority of participants seems to achieve this last dimension. This spiritual process progression (spiritual connection>spiritual journey> spiritual transformation) represents a deepening and intensifying of “Being Delivered” as the process of turning to spirituality in response to sexual violence.
Summary

Martsolf and Mickley’s (1998) model was shown to be relevant and helpful tool for content analysis of transcripts from participants turning to spirituality as a response to sexual violence. The theory developed in this study extends the Martsolf and Mickley model to an integrated and dynamic process. Martsolf and Mickley’s conceptual definition model functioned as a heuristic tool to initiate analysis of a complex process of using spirituality as a response to sexual violence. By initially analyzing all transcripts, then selecting 50 spiritually intense transcripts from which to extract the theory, it was possible to develop a scientifically rigorous theory of a social process by which participants use spirituality in response to sexual violence.

A model of the theory was generated incorporating three dimensions: first- spiritual connection (communion, passion, perpetuity, presence); second- spiritual journey (being sustained, being awakened, being tested); and third- spiritual transformation (transcendence, transformative meaning). A core category of "Being Delivered" was found in the participants’ transcripts. Being delivered reflects participants’ use of spirituality to help them heal from the many types of sequelae of sexual violence.
CHAPTER 5

DISCUSSION

The findings of this study of narratives of 23 men and 27 women who experienced sexual violence at some point in the lifespan add to knowledge about spirituality and responses to sexual violence. The Martsolf and Mickley (1998) definition of spirituality as being comprised of five attributes was supported in this study, and provided a clear definition and framework of spirituality for this study. The Martsolf and Mickley framework has been widely cited in the literature and the current study supports the continued use of the Martsolf and Mickley conceptualization in research (Baldacchino & Draper, 2001; Burkhart & Solari-Twadell, 2001; Byrne, 2002; Coles, 2000; Davies & Curtis, 2000; Draper & McSherry, 2002; Flannelly, Flannelly & Weaver, 2002; Govier, 2000; Hener, 2003; Henery 2003; Hoover, 2002; Kellehear, 2000; Kettles, Woods & Collins, 2002; Lipe, 2002, Louis & Alpert, 2000; Macduff, 1998; McLeod & Wright, 2001; McEwan, 2004; McSherry, Cash & Ross, 2004; McSherry, Draper & Kendrick, 2002; Meehan, 2004; Meraviglia, 2004; Meyer, 2003; O’Reilly, 2004; Smith & McSherry, 2004; Tanyi, 2002; Taylor, 2001; Thorpe & Barsky, 2001; Tongprateep, 2000; Winslow & Winslow, 2003).

However, it is suggested that the expanded definitions of two of the five spirituality attributes (connecting and transcendence) of the Martsolf and Mickley (1998) framework be used in future research: Connecting defined as,
Joining, linking, or uniting with self, others, or God/higher power in a significant relationship that includes communicating with each other and/or being associated with each other in a harmonious way. Includes references to prayers that are asking for help from God/higher power;

and Transcendence defined as,

Experience of a dimension beyond the self or recognizing the fact that there is more then self; going beyond ordinary limits; surpassing, exceeding, to be above and independent of (the universe, time, etc.), superior or supreme. To be used in cases where the participant is describing situations in which he/she has had experiences that are not explained by ordinary life experiences but go beyond and surpass what can usually be explained or predicted and often are explained by the power of a supreme being. Praise, honor, or adoration given to a supreme being because of awe of the superior nature of this being would fall into this category. Realizing or experiencing that there is a dimension beyond the self would fall into this category.

The Being Delivered Framework

A theoretical framework emerged from the spirituality data from the narratives of the 50 participants. The model suggests that men and women who have experienced sexual violence use spirituality in response to the violence in a process of “Being Delivered.” The process begins with Spiritual Connection, moves to Spiritual Journey, and culminates for some individuals in Spiritual Transformation. The elements of this model largely support findings about spirituality in earlier studies in other populations.

Spiritual Connection

The theory’s first dimension, Spiritual Connection, is different then interpersonal connection since it inherently involves and clearly expresses a sense of divine interaction. Many participants shared about attending church services, and being a part of church that supported a sense of connection with the divine.

Other studies also supported the concept of spiritual connection. In their study of cancer survivors, Halstead and Hull (2001) found survivors connecting to God and
others, and receiving spiritual assurance. Hungelmann, et al (1985) also found spiritual connection to be important in a sample of elderly. These participants described a connection to God/Higher Power, others, persons, nature, and one’s self. The authors labeled the core category as Harmonious Interconnectedness. Draucker & Petrovic’s (1996) study of male survivors of childhood sexual abuse (n=19) found several of the survivors described spiritual experiences of connecting to God as part of the healing process. Spiritual connection, particularly the characteristic communion, was also affirmed by Glaister and Abel (2001), who found that female survivors of childhood sexual abuse experienced support from relationships with God, church, religion, and angels.

The findings of the current study suggest that spiritual connection is more than interpersonal connection for survivors of sexual violence. For these individuals, communion characterizes spiritual connection, which is more than communication. Communion includes sharing your heart and mind, which communication can likewise do, but Communion goes beyond this and involves sharing the soul’s connection to God/Higher Power and humanity. Prayer, in many forms, was foundational for many participants in experiencing Communion.

Spiritual connection also has the characteristic of passion, which is more than having worldly desire or motivation, or the intense feelings that many participants endured throughout their abuse. Passion is about feeling committed love, faith and/or trust, and having spirited beliefs that have a transcendent foundation. Often the nonverbal communication cues conveyed this; unfortunately, the transcripts did not. Consequently, the value of field notes was critical.
Spiritual connection included the characteristic of \textit{perpetuity}, which denotes the perseverance and permanence of this spiritual connection as experienced by survivors of sexual violence.

Furthermore, spiritual connection in survivors of sexual violence is characterized by a sense of \textit{presence}. Presence is more than feeling close or the absence of loneliness. Presence is experiencing something beyond humanness. It is experiencing the divine, or as so many participants stated, being blessed, or experiencing grace.

\textit{Spiritual Journey}

Another important finding grounded in the data was the process of Spiritual Journey, with the important discovery of three pathways: being sustained, being awakened, and being tested. This is the most process oriented finding of the study. It is crucial to appreciate the process or journey aspect to these three pathways, which implies no endpoints but emphasizes possibilities or potential, such as developing Transformative Meaning and experiencing Transcendence. Though these spiritual journey pathways have no endpoints, they do necessitate some type of beginning, which was some form of spiritual connection, as the results of the data analysis indicated. In some way the survivor needs to commence the spiritual journey after first experiencing spiritual connection. The spiritual journey pathway dimension is especially salient for survivors of lifetime, or prolonged episodic sexual violence.

The findings of Woodard and Sowell (2001) and Taylor and Outlaw (2002) affirm the importance of an \textit{ongoing} transcendent relation, as the spiritual journey pathway of \textit{being sustained} represents. Furthermore, Ganzervoort’s (2002) study of 12 male survivors of childhood sexual abuse described growing closer to God as they aged, which is similar
to the ongoing process of *being sustained* found in the current study. Draucker and Petrovic (1996) additionally found private or group prayer as the main path for God’s help in a group of male survivors of childhood sexual abuse: supporting the spiritual journey pathway of *being sustained* in the theory of the current study.

Draucker and Stern’s (2000, p. 397) study of 23 female survivors of sexual violence by male intimates, found in a subset of five survivors of lifetime abuse and sexual violence that “they believed God provided experiences of adversity so they could become stronger.” This is supportive of the *being tested* pathway in this current study’s theory. In the same study, this subset of five survivors also expressed a type of process named “Creating a Safer Life: Reclaiming Spirit” which has some similarity to the spiritual pathway of *being awakened*, and the *redemptive revival* element of Transformative Meaning phase in the current study’s theory.

**Spiritual Transformation**

The third, and final, dimension of this theory of “Being Delivered” was labeled “Spiritual Transformation.” This dimension contains the resonating interaction between Transformative Meaning and Transcendence, with each supporting the development and richness of the other. Transformative Meaning changes the way the survivor perceives and interprets sexual violence, response to sexual violence, and redemption/revival. This change is in a positive light, at times illuminated by Divine intervention or expressing Divine praise, honor, and awe (elements of Transcendence). Few participants clearly expressed experiencing Transcendence. Participants may start to sense spiritual transformation during spiritual connection. However, genuinely integrating spiritual transformation appears to be a long arduous process, which may help explain why only a
minority of participants talked about reaching this dimension. Draucker and Stern’s (2000, p.397) concept of “Creating a Safer Life: Reclaiming Spirit” has some similarity to the spiritual transformation element of *redemptive revival* in the sense of creating a positive transformative way of viewing one’s self as a survivor of sexual violence.

**Being Delivered**

The core category, labeled “Being Delivered,” unified the categories found in the study and reflects the importance of divine connection and assistance in climbing out of the sequelae of sexual violence. “Being Delivered” is an important process that summarizes the experiences of the participants who turned to spirituality in response to sexual violence. This study supports the theory that some survivors of sexual violence (particularly survivors of episodic sexual violence) do need to experience a process of being delivered from the sequelae of sexual violence in order to heal or recover from sexual violence. These survivors need the experience of divine connections and sustenance to pull them out of the prison of sexual violence sequelae and to a deep degree, set them free. The permeating destructive effects of sexual violence to the survivor’s body, mind, and spirit as discussed in the Review of the Literature, often requires a transcendent power and relationship to deliver the survivor from the ravages of sexual violence.

The core category of this study, “Being Delivered,” has similarities to “Escaping the Dungeon: The Journey to Freedom” (Draucker & Petrovic, 1996, p.326) since both groups of participants in these two studies experience a freeing of sorts from the past sexual violence and its hold on them. However, the participants in the current study experienced an external intervention that assisted with pulling them and carrying them
out of the sexual violence sequelae. These participants could not deliver themselves; they needed help from a spiritual source. Analysis of the narratives of the participants indicated that the process began with an initial spiritual connection that led to a type of spiritual journey, with some participants experiencing spiritual transformation.

In light of the above discussion, the dynamic process the survivors experience in turning to spirituality as a response to sexual violence is conveyed in this theory. The process is unique for each survivor, though commonalities exist, which generated this theory.

In addition to the previously cited studies in this chapter, several other studies support the current study’s findings. The current theory supports a previous systematic review by Shaw, et al (2005) that revealed religion and spirituality as usually being beneficial to trauma recovery (including sexual violence), and that experiencing trauma can lead to a deepening of religion and spirituality. This seems to advocate that a spiritual process or journey is involved, which may relate to the spiritual journey pathways of this current study’s theory.

Oaksford and Frude (2003) found in a study of 11 women that religious support was a coping strategy used by female survivors of child sexual abuse. Smith and Kelly (2001) also found in a study of seven women that belief in God’s help as part of the recovery process of redefining self. Another study of women (n=22) found religion and church as important sources of support (Valentine & Feinhauer, 1993). Geisbrecht and Sevcik (2000) found in five female survivors of abuse, including sexual, recovery involved rebuilding personal and spiritual identity, redefining relationship and a new identity with the religious community. Though, these studies included small numbers of
only female participants, the findings support using spirituality in response to sexual violence.

As this review of relevant literature suggests, this current study’s theory support previous findings on the positive effects of spirituality on health. The advantage of the current study is that it relates these findings to a dynamic process of how both male and female survivors of sexual violence turn to spirituality in response to experiencing sexual violence. The social process theory developed in this study is important particularly because it emerged out of the narrative data of experiences of participants. Its strength is also based on qualitatively analyzing a large number of data rich transcripts from a variety of participants, sexual violence experiences, and responses to the sexual violence. Previous studies have been limited in these parameters. Of special significance is the inclusion of a large number of male survivors of sexual violence, which have tended to be poorly represented and appreciated in studies of this type.

The five spirituality attributes from the Martsolf and Mickley (1998) framework functioned well as a platform for initiating the development of the theory. However, the theory expands the 5-attribute spirituality definitional model of Martsolf and Mickley into the context of process (and journey) as referenced in the current study’s theory; particularly with “connecting” (spiritual connection) being a gateway to “becoming” (spiritual journey) leading to “meaning” (transformative meaning) and “transcendence” (transcendence). The spiritual attribute “value” did not play an important role. Cherished values and standards were not specifically expressed as part of the process of turning to spirituality as a response to sexual violence. This is an
important consideration for the caregiver in interacting with survivors: avoid focusing on
dogmas and ideologies.

The current study also suggests that many survivors of sexual violence use
spirituality to connect, journey, and transform, in order to experience “being delivered”
from the sequela of sexual violence. For many participants of this study, spirituality is a
key element of recovery. The findings of this study also reveal the complexity of the
participants’ use of spirituality. The importance of spirituality, and appreciating its
complexity, are crucial for caregivers to consider in helping survivors of sexual violence.

Implications for Nursing

This study has several implications for clinical practice. The social process
theory developed in this study from findings grounded in the data attest to the importance
of approaching the survivor as a person on a possible spiritual journey, possibly including
spiritual struggle. Nurses and other healthcare providers who provide care for survivors
of sexual violence should assess the impact of the violence on the client’s spiritual health.
When working with those clients who indicate that spiritual interventions have been
helpful in assigning meaning to life events, nurses should assist the client to make
connections to a higher power through communion, or through sensing the presence of
this power.

Clinicians would benefit by appreciating that the findings of this study suggest
three spiritual journey pathways. The key is to be sensitively aware and appreciative of
the spiritual journey process that is unique for each survivor. The process may be
lifelong and influenced by many factors. It is also important for the healthcare provider
to accept the survivor for where that person is on the journey. One survivor may be the
attempting to make spiritual connection, another survivor may be experiencing profound transformative meaning.

Although beyond the scope of this discussion to adequately review all the sources of support available, being aware of sources of support and being able to offer or refer to supports are very important. However, an excellent source often under-appreciated and under-utilized is the chaplaincy department of healthcare facilities. Particularly for survivors enduring deep spiritual struggles, using chaplaincy services can be dramatic (McClung, Grossoehme & Jacobson, 2006). A few small pilot studies have shown potential for specific spiritually-based therapeutic approaches geared towards survivors of sexual abuse and based on cognitive adaptations, reconnection to self, others, and God (Beveridge & Cheung, 2004; Murray-Swank & Pargament, 2005). These approaches also support the importance of spiritual connection and transformative meaning found in this study’s theory.

Future Research

Based on the findings of this study, several areas of future research are suggested. Gaps still exist in the understanding of how the type of sexual violence experience relates to the process of using spirituality in response to sexual violence. Therefore, a qualitative grounded theory study of male and female survivors of sexual violence who have experienced only discrete episodes of violence should be designed to examine whether the process of turning to spirituality is related to the type of violence (discrete vs. episodic).

Furthermore, the nature of the relationship between the perpetrator and the victim of sexual violence remains largely unexplored. Therefore, a study to assess application
of the current theory to clergy sexual abuse response and recovery would address this gap with male and female survivors of clergy sexual abuse. The participants should be interviewed with a questionnaire guide based on this spirituality study’s theory.

In addition, the relationship between variables such as religious background and ability to forgive are not well understood in light of establishing spiritual connection, spiritual journey pathways, and spiritual transformation. Hence, qualitative investigations exploring the role of religious background and forgiveness in establishing spiritual connection, spiritual journey pathways, and spiritual transformation is warranted.

In a practice discipline such as nursing, testing of professional healthcare interventions is essential. Therefore, an intervention study that tests the efficacy of a nursing intervention aimed at providing spiritual care that fosters connection between clients who are survivors of sexual violence with a higher power should be conducted.

Limitations

Transferability was supported by a detailed description of the participants. Although a variety of participants were interviewed, a lack of minorities, except for African-Americans, persisted. With the growing numbers of persons of Hispanic, Asian, and Middle Eastern origins, cultural diversity factors need to be considered, especially exploring a dimension such as spirituality, which is contextualized in culture. This study was also possibly limited by questions, terminology, definitions, and related restriction in comprehension of what the interviewer was asking. Some element of cultural contextualization may have played a role, such as a participant from a racial minority and limited educational background. This varied participant to participant, and was
occasionally revealed only when transcripts were being analyzed. Likewise, this study was limited in diversity of religious faiths, and mostly reflected Christian traditions. This study also included only a few survivors of clergy abuse.

In qualitative research some degree of hermeneutic subjectivity occurs, however an expert team of consultants was utilized and ongoing intense review was incorporated into all phases and aspects of this study. In regards to the interviews, the participants were recalling retrospectively, often remote past events. However, detailed narratives attest to these experiences being etched deeply upon the minds and spirits of the participants. It might also be anticipated that some participants might fabricate in order to obtain the 35-dollar participation reimbursement. However, this was rarely the case, possibly only in 2 or 3 cases in the parent study and none in the sample used for the spirituality study. In general, the participants were deeply sincere and appreciative of participating.
Appendix A

1 in 4 women and 1 in 10 men has experienced sexual violence

MEN & WOMEN (18+ yrs. old) NEEDED FOR A STUDY ON RESPONSES TO SEXUAL VIOLENCE

If you have experienced sexual violence or unwanted sexual contact as a child or adult, we invite you to take part in this study.

PARTICIPATION INVOLVES:
• A 1-2 hour confidential, one-on-one interview
• $35.00 per interview for your time
• Interview locations in your community
• Your stories will help nurses help others

For more information and to sign up, call our confidential, toll-free number:
1-866-381-2922

This study is conducted by the Kent State University College of Nursing and has been approved by the KSU Human Subjects Review Board; (330) 672-2704
Appendix B

CONSENT FORM  - PARTICIPANT COPY

Study: Women's and Men's Responses to Sexual Violence

We are conducting a research project to look at the ways in which men’s and women’s lives are affected by sexual violence (abuse, assault, rape) with the goal of providing information to assist nurses and other health professionals who work with individuals who have experienced such violence. We would like to invite you to take part in the study.

If you decide to do this, you will be asked to participate in an interview that will last approximately one to two hours and that will consist of several general questions about the effects the violence has had on your life. The interview will be conducted by Greg Knapik who is an advanced practice psychiatric nurse who has had experience working with individuals who have experienced trauma. The interview will be audiotaped and later transcribed. The audiotape will be destroyed after transcription. We may contact you sometime after the initial interview to ask for clarification of some information that you provided, to inquire about any additional thoughts you might have had, or to ask you to review a summary of the results of the study. We will ask you if you have available any written documents related to your experience of violence, for example, court transcripts, media articles, journals, correspondence from the person who was violent, that you would we willing to share with us. This is completely optional.

You may experience some discomfort or painful emotions while discussing this sensitive topic with a stranger, especially if you have not had the opportunity to discuss your experience before. If you feel distressed during the interview, please discuss your reactions with Greg Knapik; you may answer only those questions you wish to answer and may stop the interview at anytime. If you would like to receive information related to mental health services or victim resources in your area, Greg Knapik will be happy to provide that for you.

The benefit to you would be the opportunity to share your experiences in order to assist professionals in their work with men and women who have experienced sexual violence. Taking part in this project is entirely up to you and you may stop at any time without penalty. Information you provide will be kept confidential within the limits of the law.

To help protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal
state, or local civil, criminal, administrative, legislative or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below.

The Certificate cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of Federally funded projects or for information that must be disclosed in order to meet the requirements of the Food and Drug Administration (FDA).

You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.

The Certificate of Confidentiality does not prevent the researchers from disclosing voluntarily, without your consent, information that would identify you are a participant in the research project if you disclose information about the abuse of a child or an intent to harm yourself or another, in which case the proper authorities will be notified.

Results will be reported for the group as a whole, although descriptions of your experiences and your quotes may be used as examples. Your identity will be concealed in any reports. You will be given $35.00 today to compensate you for your time and travel.

The project has been approved by Kent State University. If you have questions about Kent State University’s rules for research, please call Dr. John West, Vice Provost and Dean, Division of Research and Sponsored Programs, telephone 1-330-672-0700. Please contact Dr. Claire Burke Draucker, Dr. Donna Martsolf, or Dr. Barbara Mims at 1-866-381-2922 (the study toll free line) with any questions or concerns related to your participation in this study. You will receive a copy of this consent form.

Consent
I agree to take part in this project. I know what I will be asked to do and that I can stop at any time.

__________________________       _____________________
Participant’s Signature                       Date

AUDIOTAPE CONSENT FORM
Study: Women and Men’s Responses to Sexual Violence

I agree to audio taping at____________________________ on_______________.

The audiotape will be transcribed and erased. It will not be used in any manner after transcription.

Date____________                          Signature _____________________________
Appendix C

INTERVIEW GUIDE

You have indicated that you have experienced (sexual assault, sexual abuse, rape) by (your husband, partner, boyfriend, friend, a stranger ...) I am interested in finding what that (those) experience(s) were like for you and how it (they) have affected your life.

Tell me about the sexual violence you have experienced. (Note: Participants will be assured that they may provide as few or as many details as they would like)

Describe your relationship with the person(s) who perpetrated the violence.

What else was happening in your life at the time?

What was it like living through the violence?

How did you manage following the violence?

How do you feel the violence affected your life?

How do you feel you have healed, recovered, coped with your experience of sexual violence?

When did healing, recovering, coping start?

What have been the high points?

What have been the low points?

What has helped you get through it?

How did your family or friends respond?

How does your community deal with sexual violence?

Have you had contact with any agencies, such as health care, police, court, rape crisis? What were those experiences like?

Based on your experiences, what advice would you give to health care professionals who encounter women (or men) who have experienced sexual violence, or other types of abuse?
Appendix D

Content Analysis Projects

Method:
According to Patton (1990), sensitizing concepts are concepts that the researchers bring to the data. The sensitizing concepts are drawn from theory, the research literature, and clinical practice. Concepts drawn from conceptual frameworks related to a specific phenomenon are often used in this manner in qualitative research. These concepts give researchers a general sense of reference and offer guidance on selecting relevant text to examine a particular phenomenon. Patton argues that “the inductive application of a sensitizing concept is to examine how the concept is manifest in a particular setting or among a particular group of people” (p. 391). The researcher uses the sensitizing concepts to make sense of or present a segment of data, but not to force an interpretive analysis (Patton).
Sandelowski (1995) also discusses the use of key concepts from an a priori framework to organize data. Sandelowski argues that, “In studies intended to have no a priori commitment toward certain views of the target phenomenon, any framework that fits the data and that permits the research to cluster the data may be useful…” (p. 375). Like Patton, Sandelowski addresses the caveat that the framework is used to put the data into usable form, but “any framework for analysis must ultimately be data-driven, or must earn its way into the study by virtue of its fit with and faithfulness to the data” (p. 375). She cautions that the researcher must not let the organizing framework close off recognition to other ways of organizing the data that are “truer to them and more illuminating” (p. 375).

Procedures:

Content analysis as described by Miles and Huberman (1984) will be used to code the narrative data according to the framework. Double coding procedures, using two coders to code the same data set, is recommended to provide a reliability check and to aid definitional clarity. Miles and Huberman recommend that coders:

Code, separately, 5-10 pages of the first set of transcribed field notes, then to review each rendition collectively. When doing this, one shouldn’t initially expect better than 70 per cent intercoder reliability, using the formula:

\[
\text{Reliability} = \frac{\text{number of agreements}}{\text{Total number of agreements}} + \frac{\text{disagreements}}{\text{Total number of agreements}}
\]
Miles and Huberman (1984) suggest that having coders clarify their differing perspectives early in their process will cause them to be more “ecumenical during later coding for having assimilated a colleague’s rival vision of data that looked, initially, codable in only one way” p. 63).

For this study, the following procedures will guide the analysis:

1. Two coders (both advanced practice nurses who are members of the research team) will be assigned to code the narrative data for the phenomenon of interest.

2. Operational definitions of the phenomenon will be drawn from the existing frameworks by the study investigators and reviewed with the coders.

3. The coders will each independently read the first group of transcripts (n = 10) and highlight text units (stories, incidents, or reflections) that are believed to be relevant to the phenomenon.

4. The coders will present the text units they have highlighted to each other, and through discussion, reach agreement as to which text units fit with the operational definition of the phenomenon. If the coders do not reach agreement, the investigator will determine which text units in question are relevant.

5. The text units will be presented to the investigator, who will affirm the consistency between the data and the operational definition.

6. Operational definitions of the category will be reviewed with the coders who will then independently use a coding matrix sheet to place each text unit with the category/attribute. An other/miscellaneous cell will be used for text that does not fit well with an existing category/attribute.

7. An intercoder reliability index will be calculated after the first ten transcripts are coded. If the index is under .70, the coding will be reviewed by the investigators to determine if definitions need to be clarified or if further coding instructions need to be provided.

8. These procedures will be repeated until all the transcripts have been coded.

9. The investigators and the coders will meet to discuss the overall consistency between the framework and the data. If, for example, there is much narrative data that has been placed in the other/miscellaneous category, this will suggest the need for a new category/attribute. If there are categories or attributes that are not saturated with data, that may suggest that that category/attribute may not be relevant for this population.

10. The findings of the content analysis will be used to enhance, but not force, further interpretive analysis
### Greg Knapik 6/1/06

50 selected transcripts with spirituality snippets and 10 transcripts for checking theory credibility

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