TRAUMATIC SYMPTOMS AND OVERALL WELL-BEING IN THOSE ABUSED BY CHURCH WORKERS

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Introduction

- Childhood Sexual Abuse
  - 25% of girls and 17% of boys in the U.S. were sexually abused before the age of 18
  - 90% of childhood sexual abuse goes unreported (NSVRC, 2012)

- Sexual Abuse within the Church
  - Different than other abuses (Wells, 2003; Hindman, 1989; McLaughlin, 1994; and Rossetti, 1995)
    - Covered up: much more with this type of abuse at many different levels, especially systemically.
    - Under-reported, given the nature of the relationship between victim and perpetrator.
Purpose

- Clergy-perpetrated sexual abuse has not been thoroughly studied
- Large number of survivors, yet lack of quantitative research
- Aid in developing a better understanding of this population in order to better serve them in treatment
Literature Review

- Complex PTSD
  - Type I vs. Type II trauma
  - DSM-IV-TR PTSD diagnosis did not fully cover range of symptoms that survivors of chronic interpersonal trauma were displaying
    - Also called DESNOS & DTD (Developmental Trauma Disorder)
  - Implications for treatment

- Childhood Sexual Abuse
  - Varying statistics and reporting issues
  - Abused children are more symptomatic than non-abused children (Kendall-Tackett, Williams, & Finkielhor, 1993)
Childhood Sexual Abuse by Church Workers

10,667 claims of clergy-perpetrated sexual abuse in the U.S. were reported between 1950 and 2002 (John Jay Research Team, 2004)

Only a handful of published studies; most qualitative in nature

All demonstrate ongoing difficulties in those abused by church workers

Unique symptoms (Farrell studies): include themes of theology, spirituality, and existentialism

Spiritual and existential trauma themes include: difficulty praying, political anger, generalized sense of inner emptiness, conflict with God, fearful of death and/or dying, and generalized uncertainty surrounding the purpose of life.
Role of priest-parishioner-congregation: the dynamics in the hierarchical relationship that exist between clergy members and parishioner, and the parish as a whole; feeding into the societal problem; other members denying this abuse took place, blaming victim, etc.

The relationship between priest and victim (usually a member of the congregation): priest is an extension of god, a father-like figure (very similar to incest). Also has the power to determine if you "get into heaven."
Effects of Trauma on Spirituality & Religion

Religion and Spirituality Definitions

More frequently, decreases in religiousness/spirituality as a result of trauma, rather than increases in religiousness/spirituality (Walker, Reid, O’Neill, & Brown, 2009; Falsetti, Resick, and Davis, 2003)

Uniqueness in Catholic Religion: sex before marriage as a sin, so sexual abuse would make someone a sinner; homosexuals are sinners (male on male perpetrated sexual violence)

Biblical references to condoning rape of women
Literature Review

- **Treatment**
  - Type I vs. Type II treatment (Herman, 1997)
  - Type II treatments
    - Stage-oriented
    - Cognitive Procession Therapy (CPT)
    - Dialectical Behavior Therapy (DBT)
    - Skills Training in Affect and Interpersonal Regulation with Modified Prolonged Exposure (STAIR)
  - Treatment for Survivors of Clergy Abuse
    - EMDR study (Farrell, Dworkin, Keenan and Spierings, 2010)
    - *Solace for the Soul* (Murray-Swank & Pargament, 2008)
    - Familiarity with theology
Competence

Trauma
- Psychologists tend to rate their training and knowledge on how to treat childhood sexual abuse as poor (Pope & Feldman-Summers, 1992)
- Only 71 programs offer trauma-specific training or have a faculty who is an expert in trauma (APA Division 56)
- Lack of training can cause harm to clients and therapists

Spirituality
- Divide between psychology and religion
- Psychologists least religious professors
- 85% of clinical psychologists reported that the topic of religion was not frequently discussed in their training (Shafranske & Malony, 1990)
Study Hypotheses

1. Differences would be seen between SNAP group members and a clinically normed population in the following areas:
   - Overall traumatic symptoms (higher)
   - Overall quality of life (lower)
   - Both quality of life and traumatic symptoms by:
     - Gender (no difference)
     - Age (older age now: lower trauma symptoms; higher quality of life)
     - Age at onset of abuse (older age at abuse: lower trauma symptoms; higher quality of life)
     - Duration of abuse (longer duration: higher trauma symptoms; lower quality of life)
     - Years since abuse ended: (more time since abuse ended: lower trauma symptoms; higher quality of life).
Methods

- **Sample**
  - 72 SNAP members (36 male/36 female)

- **Procedures**
  - Online survey
  - Demographics Questionnaire (gender, current age, age of onset of abuse, duration of abuse, time since abuse ended, type of perpetrator, if they were a member of a religious organization at the time of the abuse, and current affiliation if any)
  - Traumatic Stress Inventory, Second Edition (TSI-2)
  - World Health Organization Quality of Life, Brief Version (WHOQOL-BREF)
Results

- Numerical Findings
  - On average men tended to score higher on the TSI-2, with the exception of Dissociation scale, Sexual Disturbance scale, and the Sexual Disturbances-Dysfunctional Sexual Behavior subscale (SXD-DSB).
  - The Sexual Disturbance scale taps into sexual distress and dysfunction, such as shame during sex.
  - The Sexual Disturbances-Dysfunctional Sexual Behavior subscale (SXD-DSB) measures sexual behavior that is dysfunctional, problematic, or compulsive. Examples: indiscriminate sexual contact, sexual attraction to dangerous persons, unsafe sex, and sexual risk-taking.
  - Males on average scored lower than women on three out of the four WHOQOL-BREF domains (Physical Health, Psychological, and Environment), but scored higher on the Social Relationships domain.
Results

- On average the study sample scored higher on the TSI-2 than the clinical cut-off sample, with the exception of Dysfunctional Sexual Behavior.
- The study sample scored lower on all WHOQOL-BREF domains than the clinical cut-off sample, with the exception of Physical Health.
Discussion

- Large difference between males and females
  - Male-on-male sexual violence
    - Against societal norms
    - Can create confusion in regards to sexual orientation and aspects of masculinity
    - The priest or bishop had been a mentor
  - Females scoring higher on Dissociation, Sexual Disturbance, and Dysfunctional Sexual Behavior.
    - Dissociation as a conditioned response
    - Abused women may be more likely to act out sexually or avoid sexual contact entirely; perhaps because women tend to be more objectified in regards to sex (higher rates of female sex trafficking and sex workers)
    - Perhaps men may pretend to engage in sex in a "normal way" - may serve as avoidance
  - Men scored higher on Defensive Avoidance & Intrusive Experiences
    - More acceptable way of coping for men
  - Men scoring higher on Rejection Sensitivity and Self Disturbance factor
    - Fear of rejection due to stereotypes of male perpetrated sexual violence
Males scoring higher on Social Relationships than women

- Men more active in SNAP

SNAP members scoring significantly higher than the clinical sample on majority of TSI-2 scales

- Except Sexual Dysfunction
  - The clinical cut off sample was half females. Therefore, the male participants could have skewed the data when comparing to an all-female sample. Moreover, as noted above, females in this study showed significantly more sexual dysfunction than males.

- SNAP members scored significantly lower on WHOQOL-BREF domains: Overall, statistical significance was robust even with a small sample size; the sample population is doing much worse than a clinical population who experienced sexual abuse

- Except Physical Health
  - The sample population still scored higher on TSI-2 scales that measured physical pain or general medical concerns. Perhaps the WHOQOL-BREF sample had more chronic medical issues. It could also be that SNAP members are more active in taking care of their physical health.

- Again, SNAP members doing much worse than the overall population
Discussion

- Overall, the older participants were currently, the worse off they were.
  - Suggests that abuse by clergy stays with a survivor for a long time.
  - Possibly, symptoms get worse over time without treatment.
  - Perhaps older people who are still experiencing symptoms still feel the need to be part of a supportive community like SNAP, or were more likely to want to fill out a survey on clergy sexual abuse.

- Significant gender differences: overall, men tended to show positive correlation with age and symptoms on most scales; however, some of the scales were negatively correlated with women.

- This is in contrast to what the previously published research literature states: that usually older participants are better off.
Discussion

- Duration of abuse was not associated with reduced severity of symptoms
  - Suggests that abuse is abuse, no matter if it occurred once or multiple times
- The longer it had been since abuse ended, the more severe symptoms were reported by the sample.
  - Survivors of clergy sexual abuse not finding relief of symptoms as time passes
  - Symptoms getting worse over time
  - Older people still experiencing symptoms still need support, and more likely to fill out survey
Discussion

- **Limitations**
  - Small sample size – even smaller when broken down by gender
  - Recruitment strategies: email recruitment. Those who did not have access to the Internet or who did not have an email address were excluded.
    - I was even asked by someone in SNAP headquarters if it would be possible to print out the survey in order to distribute it to interested members who did not have internet or email capabilities.
  - All members had to be a part of the SNAP organization; these individuals may have more support than those who are not members. On the other hand, being a part of the SNAP organization may encourage members to be vocal about their symptoms. Moreover, SNAP members could easily be triggered by participating in a support meeting and hearing each other’s abuse stories.
Discussion

- Item wording
  - The researcher was contacted via email by some participants who noted that they were confused by some of the wording used in the study. Some felt as if the term “abuse” was not specific enough and would have wanted clarification if it was sexual in nature or not.

- Lack of control of snowball sampling:
  - Once the link was sent to chapter leaders, there was no control over who the leaders might send the link to, or if they sent it at all. Therefore, people may have obtained the link to participate even if they were not a part of a local SNAP group.
  - Moreover, because the link was sent directly to SNAP leaders, there may have been a higher proportion of leaders in the sample than group members, which could have skewed results.

- Disproportionate representation of Catholics
Discussion

- Implications for Future Research
  - Larger sample size
  - Did not collect data on the type of abuse (sexual vs. non sexual abuse) - some participants noted this.
  - Participants thanking me for doing a study like this demonstrates that they are willing to be part of more studies and want to contribute to the research.
  - It would be interesting to look more closely at how religion or spirituality impacted or played a role in symptoms/recovery.
  - More training and education for trainees and therapist!
Dissertation Committee

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References


References


