Critical Social Work

School of Social Work
University of Windsor
401 Sunset Avenue
Windsor, Ont.
Canada N9B 3P4
cswedit@uwindsor.ca

Publication details, including instructions for authors and subscription information can be found at: <http://uwindsor.ca/criticalsocialwork>

Link to article:

<http://www.uwindsor.ca/criticalsocialwork/exploring-the-effects-of-early-life-sexual-abuse-in-later-life-among-catholic-nuns>

Critical Social Work, 2009 Vol. 10, No. 1

Exploring the Effects of Early Life Sexual Abuse in Later Life among Catholic Nuns

Critical Social Work 10(1)

Gary U. Behrman¹

¹ Saint Louis University

Abstract

This paper explores the variety of associated responses in later life to early life sexual abuse reported by aging Roman Catholic nuns (heretofore referred to as women religious). Specific attention is given to current effects and the strengths and resources these participants identify when integrating their personal histories of sexual abuse. The influences of their personal spirituality and institutional religious life are explicitly explored as factors in addressing the negative effects upon them in later life, which research participants associated with their sexual abuse.

Research on sexual abuse and its effects is extensive, due to a growing awareness and concern about the prevalence of sexual abuse against children and sexual violence against women (Koss et al., 1994). However, investigating sexual abuse rates and its effects among aging populations and specifically Roman Catholic women religious is severely limited. In response to this limitation, Saint Louis University's School of Medicine conducted a study to advance knowledge about "the consequences of sexual trauma among Catholic nuns in the United States and to compare the child sexual abuse experiences of Sisters with these figures for lay women" (Chibnall, Wolf, Duckro, 1998, p. 4). Twelve participants were recruited from this original study who were sexually abused before the age of 18 and are 65+ years of age

Purpose of this Study

In 1995, the U.S. Bureau of Health Professions commissioned a White Paper on geriatric education for social workers (Berkman, Damron-Rodriguez, Dobrof, & Harry, 1995), identifying theoretical challenges and the expanding role of social work in serving older adults (Abramson & Halpain, 2002). Because of American society's rapidly expanding aging population, the findings in the White Paper call social workers to engage in responsible and credible research with older adults that will positively influence healthcare practices and policies for an aging society (Dill, 2001).

This research addresses three gaps in the literature. First, the bulk of empirical studies on childhood sexual abuse are based on work with children, adolescents and adults. The literature

contains relatively few studies involving the impact of childhood sexual abuse among older adults (Dube et al., 2005; Luthar & Cushing, 1999). The limited research that does exist, only indirectly refers to aging adults who have experienced early life sexual abuse (Beitchman, Zucker, Hood, DaCosta, & Akman, 1991; Browne & Finkelhor, 1986; Cahill, Llewellyn, Pearson, 1991; Finkelhor, Hotaling, Lewis and Smith, 1990). These findings suggest a need to explore if the effects of early life abuse re-emerge and/or are exacerbated in later life in the voices of those affected (Granziano, 2003; Lantz & Buchalter, 2001).

Secondly, much of the post childhood sexual abuse research focuses upon pathogenic outcomes (Kaplan, 1999; Paolucci, Genuis & Violato, 2001). Peck and Berkowitz's (1964) research into aging focused upon geriatric populations (mostly male) and their positive ability to adapt, thereby shifting research away from focusing upon mal-adaptation. The prevalence and characteristics of sexual childhood abuse in adulthood can be found in Finkelhor et al., (1990) and in Morrow and Smith, (1995). A literature review of the effects of child sexual abuse can be found in Beitchman, et al., (1992) and Polusny and Follette (1995). All of the above research is consistent in suggesting that early life sexual abuse has the potential of creating a wide range of responses during adulthood consisting of emotional dysfunction characterized by depression, poor impulse control, substance abuse and anxiety disorders (Polusny & Follette, 1995; Molnar, Buka & Kessler, 2001).

There is relatively little in the literature about adults who do not exhibit negative outcomes in old age (Glantz & Sloboda, 1999; Graziano, 2003; Tyler, 2002). Borrowing the term "salutogenic" from Aaron Antonovsky's (1987) research on resiliency, this study's perspective "makes a fundamentally different philosophical assertion about the world than does pathogenesis. It directs us to study the mystery of health" (p. 5). Similar to a Strength's perspective (Saleeby, 1997), this approach guides the interview away from what caused or will cause disease within a person or maladaptation with their relationships following sexual abuse. Interviews explored what strengths are operating effectively and efficiently in managing sexual abuse from the perspective of participants, and in particular if and how participants perceive and describe their spirituality and religious life as strengths (Cole, Benore & Pargament, 2004).

Thirdly, there is comparatively little empirical research directed at female religious professionals with histories of sexual abuse (Leadership Conference of Women Religious (LCWR), 2008). Margaret Miles of Harvard University notes in her forward to Sipe's (1995) book, *Sex, Priests and Power: Anatomy of a Crisis*, that research with this population is waiting to be done. The number of women religious is dramatically decreasing. Today there are approximately 63,500 Catholic religious women in the United States, with the vast majority over the age of seventy (LCWR, 2008). Recording these women's stories offer insights into their lives and the legacy they created. Roman Catholic religious women have been initiating and maintaining social and health services since the late 18th century in the United States (U.S.) from a religious based mission (McNamara, 2002). For social workers, their stories are critical when identifying our profession's earliest efforts to serve populations marginalized due to socio-economic, health, gender and race status.

Spirituality and Religion

Research that explores the effects of childhood sexual abuse upon a person's religious beliefs and spiritual life indicate a diminished trust in God's love and acceptance and a disconnection from formal religion (Blazer, 1991; Cole, Benore & Pargament, 2004; Hall, 1995). Other studies denote that childhood sexual abuse influences adults' perceptions of God as being more distant and disapproving (Kane, Cheston & Greer, 1993). Koenig, McCullough and Larson (2000) analyzed the data findings from 850 studies that sought to correlate the potential benefits of religion upon health. The overwhelming majority of studies indicate that persons who self-identify as religious and participated in religious activities exhibited and/or self reported higher levels of well being than populations with no religious identity, affiliation or belief in God. Most scholars agree that religion and spirituality become increasingly important in old age, especially following trauma producing events (Bianchi, 1984; Koenig, 2000; Moberg, 1990; Stokes, 1990; Schultz-Hipp, 2001; Moeller, Bachmann, & Moeller 1993).

With few exceptions, research with numerous groups of North Americans has shown that the levels of religious beliefs, behavior, and experiences that reflect the positive influences of spirituality increase with age (Kimble, McFadden, Ellor & Seeber, 1995; Koenig, 1995; 1997; Ferraro, 1997). When religious resources are readily accessible it is anticipated that religion will play a prominent role for addressing the negative effects of trauma (Pargament, 1997). It appears that religious resources matter for older adults when interpreting and addressing the challenges of multiple losses that aging poses in later life.

In this study it was assumed that participants' institutional religious lives were integrally intertwined in both their interpretations of the effects of sexual abuse and the role of spirituality in managing self reported unwelcome effects. The working descriptions of spirituality and religion used when presenting and analyzing data from this study are based upon research in this field. For many older adults, understandings of religion and spirituality are closely related and separating the two does not make sense to them (Zinnbauer et al., 1997). Because of immense religious diversity great care must be taken into making generalizations about how religion is distinguishable from spirituality (see Moberg, 2001a).

The term "spiritual is broader than any religious group and it takes into account the diverse pluralism of today's world... (someone can speak) very positively about their own personal spirituality and still not clearly be connected to any religious group" (Friberg, 2001, p. 183). A holistic approach to understanding how religion and spirituality are related "focuses less upon the countless analytically separable physical, mental and social dimensions than upon how they all come together and cannot be separated in real life" (Moberg, 2001a, p. 14).

Although spirituality is a widely used word "precise definitions are rare in professional circles and there is no universal definition that can be operationalized and measured" (Koenig, 1997, pp. 70-71). There are many approaches to identifying characteristics of spirituality (Hodge, 2003). Certain characteristics of spirituality are repeated in the literature (Zinnbauer et al., 1997). In general, these characteristics can be described as a means to achieving a deep sense of wholeness, connectedness, and openness to ultimate meaning (Canda & Furman, 1999). This study embraces an understanding of spirituality as a core function of human life, which supports

wholeness and meaningful relationships and nurtures the possibility of creating ultimate meaning in life as each person defines this. “The spiritual is not one dimension among many in life; rather it permeates and gives meaning to all of life. The term spiritual well-being indicates wholeness in contrast to fragmentation” (Thorson, 2000 p. xiii). Spirituality is an innate human quality that is a central force keeping us whole and also is our experience of that unifying life force (Faiver, Ingersoll, O’Brien, & McNally, 2001).

The working description of spirituality, used to organize data collection and analysis, is that which connects a person to self, others and God in meaningful, responsible and purposeful ways. This description is grounded in the cited literature (Fukuyama & Sevig, 1997; Moberg, 2001b) and comprises both the functional (relationships with others) and substantive (relationship with God) dimensions of spirituality (Pargament, 1997). Utilizing these two categories assisted in organizing and listing the self reported effects of sexual abuse, and the internal strengths and external resources which supported them in mitigating unwelcome effects.

Obviously, religion is a significant influence in these participants’ lives. Religion is “an enduring institution providing an identity and belonging in the majority of societies in the world today” (Rizzuto, 1993, p. 17). The working description for religion used in this study is that religion organizes spirituality into institutional practices and theistic beliefs by which individuals and communities self identify and create meaningful relationships with each other. Religion provides the authority, tradition, rituals and guidelines that inform and inspire people how to be spiritual. In other words, at the core of religion are the guidelines in how to be connected to self, others and God in meaningful, responsible and purposeful ways.

Silenced Stories: Relevance for Social Workers

Consideration was given to why this elderly subpopulation is being studied and for what reasons. By listening and recording what these participants say about their professional lives of human service and what they report as most meaningful and helpful in addressing early life sexual abuse in later life as professionals, the social work profession may gain new insights and understandings into professional development. Secondly, social workers may gain insights into how to best serve aging persons with histories of sexual abuse by spurring related studies with other geriatric populations.

This sample was also chosen because these participants’ stories offer a critical window into the lives of women who were born between 1920 – 1950 and experienced sexual abuse. Although these religious women served in many public capacities as adults, their personal early life stories of sexual trauma, like so many other women of their era, demanded silence. Ecclesial and socio-political-economic structures defined the limitations of women’s voices in telling their stories of abuse and patriarchal structures limited how and if women could address, interpret and speak about their sexual abuse. Roman Catholic cultural-religious institutions greatly influenced these women’s lives and provided a particular frame of reference for their unique interpretations of what sexual abuse and their Catholic faith means to them today (McNamara, 2002).

Sources of moral and religious authority within Roman Catholic women religious environments were strictly defined by the Roman Catholic Church. During their formation and early

professional lives, prior to Vatican II reforms (1965) (McNamara, 2002), minimal personal authority existed. Group cohesion was highly valued and reinforced through uniform clothing and lifestyles. This dominant theme of personal authority subservient to external authority permeates their stories. It is important to be sensitive to the difficulties these participants report in claiming personal authority when revealing and interpreting their sexual abuse (Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003). The impervious parameters that exist within cultures, religions, and/or societies can be difficult to scale by individuals whose early life formation and training occur in homogenous, colloquial environments, where minimal alternative perspectives are introduced or tolerated. These structures often negate and/or silence interpretations that individuals assign to their abuse, especially when experiences are not commonly held or shared (Becker, 1997).

All of the research participants of this study managed their early sexual abuse in silence and isolation for several decades within and outside of their religious communities, where to speak of sexual abuse was shunned and avoided. In the Chibnall et al. (1998) survey the mean time from the sexual abuse event to disclosure was 54 years. For this study, the mean time of disclosure was 40+ years excluding the two participants who reported their abuse without anonymity for the first time. For these two participants disclosure with me took place 55 and 75 years after the sexual abuse. These numbers may be normative for many women of their era considering societal and patriarchal restrictions and limited psychological services for victims of sexual abuse prior to the 1970's.

Sample Selection

John Chibnall, psychologist and professor at Saint Louis University's School of Medicine, surveyed Catholic women religious regarding sexual abuse (Chibnall et al., 1998). The majority of them were represented in the Leadership Conference of Women Religious (LCWR). The original survey consisted of a systematic random sample of 2,500 women religious selected from 29,000 names in order to obtain prevalence estimates for sexual abuse within a margin of error of $\pm 2\%$. A total of 1,210 responded to the survey. Nineteen per cent reported some type of sexual abuse and various levels of subsequent trauma. This percentage is normative for the general female population in North America (Moeller, Bachmann & Moeller, 1993). One hundred sixty eight met the criteria for this study and these were contacted by mail. However, a vast majority were deceased and/or not interested in participating. Twelve agreed to participate, which falls within normative standards for qualitative research (Creswell, 2007; Marshall & Rossman, 1999; Miles & Huberman, 1994).

All participants in this study were sixty five years and older, with the oldest participant being eighty nine years old with the mean age of seventy four. All self report sexual abuse before the age of eighteen with various levels of accompanying self identified disruptive effects. In order to ensure goodness of fit with the Chibnall et al. (1998) study, the same criteria for early life sexual abuse was used. "Any sexually-orientated contact with a person of the same or opposite sex, including hugging and kissing (with clear sexual intent), genital fondling, disrobing, genital contact, and/or sexual intercourse, where the target of the sexual behavior is less than 18 years of age" (Chibnall et al., 1998, p. 5).

Each participant belonged to different active religious communities, dedicated to teaching, healthcare and social services. Participants reside in ten states, ranging from the east to west coasts and the northern and southern boundaries of the U.S. Only one Sister is fully retired, while four are partially retired and the remaining seven are actively engaged in professional ministry. Ten were interviewed at their residence, two at mutually agreed upon locations.

Participants reported a variety of sexual perpetrators. Some participants reported more than one sexual abuser. Four participants reported older male siblings; three reported a father or stepfather, one a grandfather, two older neighborhood boy(s), one a janitor, one a brother-in-law, one a priest, and one reporting an older religious Sister who was her immediate Superior during her early formation. During this period, most women entered the convent during their teen years.

Research Methodology

It is critical to assess the trustworthiness of the results and to establish researcher credibility. "Since a qualitative study depends so much on the human judgment and discipline of the researcher, it is necessary for you to indicate why you should be believed" (Tutty, Rothery & Grinnell, 1996, p. 112). Attempting to cover the effects of sexual abuse over a life span was beyond the scope of this study; rather, the focus was upon their insights into their current stage of human development. As Kaplan (1999) pointed out, there are an infinite number of factors that could be linked to resilience during a lifetime. Thus, the influences of time on resilience become difficult to accurately assess (Luthar & Cushing, 1999). This study's focus is on self identified current effects of early life sexual abuse without the researcher assigning pathology or diagnosis of their current responses. Also, it is not within the scope, nor purpose of this study to measure what effects in later life empirically correlate with early life sexual abuse. This will require further studies with different empirical methodologies to make such claims.

Instrumentation

All interview questions were predetermined with probes used to generate clarity and rich descriptions within the boundaries of the original questions. The questions focused upon how early life sexual abuse affects them today in any way. Specifically, how does sexual abuse influence their relationships with God, others and self and what effects are most troubling today? Also they were asked what is currently most helpful for managing and integrating the effects of sexual abuse with their lives as religious women.

During the interview process there is a mutual interpretative process which is fundamental to this research methodology. The researcher scans the landscape by encouraging the Sisters to tell their stories in their own words and by guiding them through the prescribed interview questions and subsequent probes. The purpose of the interview is to co-construct data that are textual rather than numerical, seeking to identify what spirituality and sexual abuse means to them, what are the current effects of sexual abuse and what they identify as resources and strengths in mitigating effects. Sensitivity is needed when interpreting their responses especially when they do not appear as normative for Roman Catholic woman religious and/or aging populations.

Data Analysis

The influence of symbolic interaction on how and why I gathered and analyzed data can be witnessed in both the content of my questions and subsequent analysis. The core principle of symbolic interactionism is that creating and maintaining meaning within a particular environment is central to all human relationships (Blumer, 1969; Mead, 1962; Stryker, 1980). In order to be resilient, individuals must re-negotiate and re-interpret what a crisis event means within their environments when faced with the task of maintaining or creating trusting relationships (Becker, 1997). "It is only through interaction with others that the person gives meaning to and makes sense of who she or he is" (Longress, 2000, p. 407). When utilizing symbolic interaction theory attention is given to the subjective interpretation of an event within particular environments (Stryker & Stratham, 1985).

Person and environment are realities that some theorists artificially segregate, however according to symbolic interaction theory (Stryker, 1980) person/environment cannot be understood independent of one another. Effects following sexual abuse are dynamic changing configurations of person and environment over time. According to symbolic interaction theory, how these Sisters interpret who they are as women religious who were sexually abused "do not arise simply from intra-psychic or physiological processes. Rather, they develop through the process of interaction and are shaped, in part, by the views and attitudes that others hold about us" (Robbins, Chatterjee & Canda, 1998, p. 269). Thus the significance of their religious environments when interpreting their abuse.

Applying symbolic interaction theory, open and then axial coding (Strauss & Corbin, 1997) helped identified the effects of sexual abuse and analysis of the data continued until categorical relationships emerged. This coding identified both the uniqueness of each response and core threads that appeared. This deductive process involved logical reasoning while contrasting and comparing all responses until patterns emerged. "In open coding the researcher forms initial categories of information about the phenomena being studied by segmenting information. Within each category the investigator finds several properties or subcategories and looks for data to show the extreme possibilities on a continuum" (Creswell, 1998, p. 57). Created categories consisted of how the sexual abuse affected their relationships with self, others and God and what resources helped them maintain and create meaningful and healing relationships with self, others and God.

Limitations of this Study

Generalizability is a problem with both the research methods and sample size in this study. First, the observations and conclusions made by the researcher cannot be reliably replicated in other studies. This study focused upon a specific population who experienced early life sexual abuse and the findings are not directly intended to be representative of other populations' experiences of sexual abuse. The complexity and diversity of aging cohorts, along with this study's purpose, make it difficult to apply these findings to other aging populations. Nor is there any claim that this group of religious women is representative of all religious women including those who have been sexually abused. These data apply to these participants at this time and future studies are needed with other aging subpopulations to establish any reliable transferability. However, these

biases do not negate the meaning and value of the data, rather this study is meant to explore and describe the rich and subtle textures of these participants' unique experiences that may illuminate other's experiences of sexual abuse and provide insights into their own lives. In depth data generated can provide a rich understanding of these participants but drawing direct conclusions about other aging persons who were sexually abused in early life is quite limited. Specific insights are generated but the knowledge created in this study cannot be applied from the specific to the general (Rubin & Babbie, 1993). All data about sexual abuse effects are self reported and no empirical tools are employed to neither measure these effects nor correlate them to the event of early life sexual abuse. Caution must be taken in any qualitative study when purporting external validity (Creswell, 2007; Marshall & Rossman, 1999).

Research Findings: Effects of Sexual Abuse

In general, sexual abuse in early life affects each older adult differently, however, there do exist some dominant patterns that appear both here and in the literature. These patterns consist of low self-esteem, lack of self-confidence, depression and anxiety, misplaced anger, disassociation from one's body and the inability to trust feelings and persons in authority. These same findings emerged from the data when asked how their early life sexual abuse influenced their relationship with self, others and God today.

Effects upon relationship with self

All the Sisters reported to various degrees some unwelcome effects associated with their histories of sexual abuse, consisting of anxiety, depression, and isolation:

"Yeah, yeah and just very anxious and just always like nervous and, like, I'm still very work oriented, that's still a piece of me. I think that's just part of me too. But, I'm a lot more, I would say, easier to speak with, at one time I was like, well even with the kids, I was real strict and now I'll laugh and it's, like, they're easier to be with in my classroom.

"How do you connect that with the childhood sexual abuse, the tension, anxiety?"

Well, that's very easy to know because when, it was with my brother and I was all, like, kindergarten and so, sometimes I didn't know exactly when it was going to take place. And he would just ask me, so I think, I just wasn't ever sure when it was going to happen so that brought me tension within my own personhood and not feeling relaxed."

This participant connects her present anxiety of being on guard for the unexpected with her early life sexual abuse. For her, it is difficult to be at ease with self because of her history of sexual abuse and she states that sometimes her anxiety surfaced while teaching. Other Sisters reports similar effects.

"The fact I was like angry, always fussing at something. I was never really at peace. I myself cannot see how the connection is there, but there must have been something. I felt like an empty shell just functioning, you know, doing my job, but nothing inside."

Behrman

Another Sister report similar effects:

"I have, still have a feeling that there is always something going on that's harmful to me but I'll never know and I can't really, some of the stuff that bothers me because I might make everybody mad. I mean, that's still there and I'm sure that's why in my childhood, I believe the world's not a very nice place and they're out to get you and I'm sure that's the atmosphere. For a while, I felt I was weak because I was sexually abused."

This next Sister also reports how the abuse disrupted her relationship with self:

"I used to go for days without talking to anybody and that has not happened to me in years. I have just decided that it's not going to define me and I'm more than that."

For the above Sisters, sexual abuse threatened the meaning of their lives as religious women, and kept them in a state of anxiety. Two reported that alcohol was another way to deal with the anxiety and disconnect from religious life:

"I was into some alcohol abuse and I think that triggered a lot of that because I resolved, well, I'll just stop drinking alcohol. And what I was left with was this terrible condition. And I don't know if that brought it on or if it (sexual abuse) was just dormant and it just came to light then. The mental breakdown or nervous breakdown whatever you want to call it. I told the doctor I had been drinking but I had taken myself off of that. He said you have been self medicating yourself. And I think I worked too hard and it got to the point that I just, I just lost it, I couldn't go on."

Another participant sought treatment for her alcohol abuse and during her treatment she confronted her early life sexual abuse:

"And then I also had treatment for alcoholism. They also had a little sexual abuse piece in the treatment. So it's very hard for me to separate out the effects of child abuse with the alcoholism that was going on in the family. And so it made a lot of sense to me in the way emotional or sexual abuse gets passed on. It keeps me emotionally trapped."

Another participant uses a metaphor to describe the effects on her self:

"I don't know if it is the abuse, but the fact that I was like afraid of adults. I have an expression, 'I always felt half-baked.' Like I was never a real mature adult. I took the courses, I got the degree but, I just never felt really, really comfortable, because all during my life I was filled with anger. There is always like a civil war within me fighting within myself, but not just the civil war, the Vietnam War, because in Vietnam they could not tell the enemy, he looked the same, the same as the good guys. So I did not know what the heck I was fighting, but something always was."

Sister uses powerful metaphors to describe the effects of her sexual abuse on her self, a civil war in which she did not know who was the enemy; being half baked, never quite becoming who she intended to be. Another Sister describes a similar self attitude:

Behrman

"Something was always bothering me. I worked hard as a teacher. I was always the last one in bed. I would kill myself working and studying and preparing, I was too intense."

Other reported effects of early life sexual abuse as disassociating from one's body in order to block many of the memories of sexual abuse:

"First of all I disassociated. I cannot remember the next 18 years. I don't remember who I lived with unless they approach me. I don't remember the good times. I remember a lot of bad times, but I couldn't remember anything good. I didn't realize how bad it was until I got put back together. Then I realized, 'wow, all those years I missed.'"

This same Sister separated her body from herself:

"Well that is the separation I made. You can have my body but you will never, never get my mind and fortunately they never did."

Another Sister had a similar disconnecting effect from her body:

"Well, as I say, my relationship with my body. I have, I have trouble walking and I have a lot pain in my hip and a lot of it is me ignoring my body, going past pain . . .and not paying attention to it... I'm sure part of that was the sexual abuse of being disengaged from the body."

This Sister describes the numbness of being trapped inside of her own body:

"And it feels to me sometimes like I'm in a net and I'm just trying to get out of it because I've internalized some of the abuse too. I mean, me being abusive to my own body. So, where is it? The enemy is me."

This Sister reports the emotional numbness accompanying her sexual abuse:

"When I did think about it (sexual abuse), the picture's there very vividly, as far as the words and the actions, but, and that lack of feeling, emotional... and I knew that it was there...and that lack of feeling, emotionally dead."

As a result of the sexual abuse, another Sister reports heart wrenching nightmares:

"I took myself away. I came home and had nightmares and everything. Just the thought of it. I was sitting down on the floor in the little chapel and I already had the knife out. It was always there underneath that the perpetrator had this control over me, and I was a bad person because of the abuse."

Another participant also reports similar suicidal ideation:

"I really didn't care for me at all, you know. It was pretty bad. I actually, in my own life, I did try to commit suicide, you know, so that was pretty bad...when I'm okay and I'm, everything's fine like now, everything's fine, I mean, I'm good within . . ."

Others report anxiety associated with memories of the abuse:

“All I could say is I got worse instead of better and that’s when I couldn’t sit. I could not sit. I could lie down but I couldn’t sit. So that began a very long struggle. I mean days and days and days. So, I did everything I could do to get better, everything I could do. But it didn’t come fast enough; it took a long a time.”

The overlapping patterns of anxiety, disassociation from self and others, along with attempts to manage the effects through work and substances permeate the stories.

Effects upon relationships with others

Most of the Sisters reported that initially their sexual abuse created disconnections from their communities. For many, this stemmed from keeping the abuse secret:

“If I didn’t have [sexual abuse] happen, would I have so much trouble with the Sisters I live with? And then I think too, if I would have been able to talk about it (sexual abuse) with my mom and dad, that would have changed my life because I would have had somebody that I felt that I could tell them that I, this was happening and instead, I kept it all to myself. I don’t think they would’ve believed me, so I just never took that chance.”

This Sister speaks about her need for control that disconnected her from community members:

“Well, one of the things that I feel like, that when I live with other people, that I have a little problem with controlling and it’s like, you had to control your own world when you were growing up because you didn’t want somebody to hurt you so I still have some left over of where I still control too much and I’m sure that’s not the whole piece.”

Two Sisters reported being sexually abused later as adults and interpreted this as being connected to their early life sexual abuse:

“It is the only thing I could think of. If I could never tell my parents as a child, how am I going to tell the nuns that I was sexually abused as an adult? I might as well just die. If this (sexual abuse) keeps happening to me, then there is something wrong with me. What is wrong with me? Why can’t I relate to people? That was very upsetting.”

The other Sister’s interpretation was similar:

“I was raped. He was a weird guy. Anyway, I was living alone in the basement apartment. He came over, and he was talking about missing his girlfriend. The guy was 6 foot something or other, I mean he was a big man, so I didn’t stand much chance. I never told anybody. I thought it was right to go to a clinic, and then I gave them a fake name, you know Mary Smith. They told me they didn’t think that was my right name.”

All of the women reported that their religious and cultural environments demanded silence about the abuse. This was communicated to them by priest confessors and was assumed by the

participants that to reveal their histories of sexual abuse would not be in their best interest and would not bring them relief from their symptoms.

Effects upon relationship with God

All of the participants report that their sexual abuse influenced their connection with God in many ways. For decades some felt disconnected from God:

“There were times when I wondered if God was really there or was he mad at me. I went into the chapel one time and said ‘if you are a good God, why is this happening, and if you’re not a good guy, then why am I here?’ It doesn’t make sense. There were times when I felt very distant from God.”

This theme repeats itself multiple times:

“I would probably say, intellectually, you know, I have the sense of, I know that God loves me but I don’t have the feelings. So as far as a relationship with God, its not a whole lot of feeling things. So I sometimes wonder, what would I do if I were challenged. So, it’s really hard, you know, like the dry desert.”

For many of the Sisters relating to God as a man is harmful and impossible:

“Well, Jesus as brother really brings up a lot. My father was absent, neglectful, being alcoholic doesn’t help a lot. So I usually stay with Mary and with the Holy Spirit. So, where am I going with that? I wanted a better relationship with God and I was seeking it. But...I think that I’ve always had trouble with the male gender issue around God.”

This Sister responds similarly:

“You talk about God the father, well if God the father was beating you every night or abusing you every night, or coming to you under the covers and then you go to church and say ‘our father who art in heaven,’ there’s a real big disconnect there.”

This next Sister quotes her childhood catechism and how her abuse distorted her relationship with God. She believed that God was only for heaven:

“I think for many years God was the judge and up in the sky and I needed to please him, I needed to do good and serve him in this world and be happy with him in the next. I never knew there was another piece to that sentence: ‘be happy with him, to serve him and be happy with him in this life and forever in the next.’ Somehow that little piece got lost and I never knew I could be happy in this world. Boy, was I angry when I found that one out.”

Spirituality and Religious Life as Strengths

This study intentionally sought salutogenic outcomes in later life among this population. It was important to identify what these participants identify as furnishing their lives with meaning and

strength in later life and that there is hope for those still struggling with the effects of sexual abuse. All participants expressed that their spiritual needs were not being met by their medical care alone and that entering deeply into a purposeful relationship with spiritual directors and trusting religious community members they discovered and created the strength they needed to recover from the abuse. These new connections permeate their stories:

"I faced my sexual abuse by listening to my feelings. I didn't run away from them. I delved into it by learning about relationships as a nun and by reading about family relationships and how they affect us as adults. I do a lot of thinking and praying about it. I reflect during my prayer about life and people and why people do what they do."

What stands out in ten of the stories was the moment they broke the silence their healing began. This shift from external to personal authority was pivotal for them. Women finding their voices and speaking about the abuse can be the path to healing (Brown & Gilligan, 1992; Morrow & Smith, 1995).

This Sister captures what many reported, that their spiritual awakening happened with they claimed their personal authority in interpreting what their sexual abuse means to them today and breaking the silence about this:

"It was very hard for me to break this secret the first time I told it was a small gathering where none of us were professional counselors in that sense. But I decided it's time for me to break the silence. And so I told them and I was weeping. And I got all kinds of sympathy, compassion, affirmation and there were some other parallel disclosures from people saying, 'well I too...' So I know that disclosure invites more disclosure. And so each time I share it, which isn't easy, cause I do it only with trusted people, because I'm protecting myself psychologically in terms of what I tell, who I tell and when I tell."

Others speak intimately about how sharing the secret made the difference:

"When it was time, God put the right people there to ask the question and to say 'share the secret.' So part of me wants to say I am really grateful to this God. You know, the more courageous I get, the more breaking silence with trusted people like this encounter, (our interview). I've been able to mentor other women. It's very helpful."

Other participants report similar gratitude for religious community resources:

"I had to come to believe through a lot of therapy and a lot of good people, I couldn't tell you how many people reached out to me to help me and would go on walks with me and take me someplace to get ice cream or go to dinner or ride with me. So probably all of that has some bearing on the abuse that I had as a child. It certainly gave me a sense of guilt and shame until someone did tell me, 'You know, you were a child and you didn't have the power to resist that.'"

What became apparent was how helpful are the new relationships with others:

“Definitely. I said, if I don’t have friends I will die. I will die of loneliness, you know not physically die but you just die, you know. I’ve got to do something about this (sexual abuse), so then I started connecting with people. I’ve been blessed by good friends and they help a lot. It’s the tangibles and so God puts people in our lives to help us get through. So, I am really grateful that I came through it.”

For all of the Sisters, prayer was a key strength for them:

“I think being a religious woman has helped me be able to have time to pray. So, in that part there, I find that the prayer helps you, helps your person, helps your spirit.”

This Sister describes how prayer helped her:

“There’s always something there that was bigger than the abuse and that’s kind of the way my prayer is. I sometimes get just so overwhelmed. I don’t know if this has anything to do with abuse or not but just like in religious life, you grow in your prayer. Prayer isn’t just saying words, it’s being quiet in his presence and being aware.”

All of the Sisters report having a spiritual director/directress who guides and encourages them in their relationship with God, which in turn assists in their healing:

“The person who helps me, because I am not seeing a psychologist anymore, is the spiritual director. She is good in all areas. She knows a lot more than just spirituality. I can tell her anything and she will listen and be helpful. So I have people to turn to.”

The value of spiritual direction is repeated in every interview and reported as the most influential protective factor for creating and maintaining health in later life. Having a spiritual director/directress is normative for most women religious (Guenther, 1992).

Many reported that their leaders in their communities were helpful:

“I’ve had very good general superiors, very good ones, and each of them has been so very, very generous to me in my life. There was never a time in my life that they’ve said, ‘now, I think you’ve had enough therapy. But they’ve never done that. They were just very giving women, you know, so I’m very, very, I’m a very grateful person for that.”

Their current religious environments provide them with the healthcare and support they need to address their sexual abuse in a confidential and professional setting:

“The gift is the community. I got the best of help. I got great doctors. I am grateful for the many religious experiences, there are many benefits of which I am grateful. It’s like a marriage I guess. You have to learn to live together, that’s it. I don’t know how else to put it. Then you have to talk, you have to keep on talking. The gift is the community.”

These participants self report that with adequate spiritual resources they have created hope for meaningful and joyful relationships in later life. This Sister sums it up:

“Spirituality is that hope that most survivors cling to. It’s not faith because sometimes faith has gone out the window, but it’s the virtue of hope. There’s something resilient in that hope that there’s something good going to happen. But you can’t see it yet...you don’t know it. And when somebody is in tears in front of you because they can’t see it, but down here, what keeps them coming back for therapy is that hope.”

Conclusion

Upon reflection I see the immense influences that the institutional religious environments have on these women when interpreting the effects of sexual abuse. All interpreted their sexual abuse within this environmental framework, which encouraged them to rely upon religious and spiritual resources. For these participants, their religious lives provide an important strength when dealing with the effects of sexual abuse. The findings of this study beckon for more research in the arena of spirituality and religious practices as strength based resources following trauma as well as the critical role that environments have in both supporting and hampering recovery following sexual abuse.

Key to mastering the challenges of recovering from sexual abuse is the capacity to successfully create new relationships with self and others in order to craft meaning and significance with others. When this is not possible, often people will remove themselves from those environments that are obstacles in maintaining or creating meaningful relationships with self and others. In environments where leaving is not an option, people will sometimes succumb to various types of disruptive and unfulfilled relationships with self, others and God (Becker, 1997). This was confirmed by these participants as all reported isolation and anxiety as a result of their sexual abuse. When a safe and trusting environment was provided for them to tell their story, all reported immense progress towards healing after telling their stories to a competent, trusting person.

The data suggest that through professional assistance, prayer, support from their religious communities, and breaking the silence they were able to establish new relationships that are creating meaningful connections today. For many, it was in later life that this healing has taken place, after decades of isolating and confusing anxiety.

Many social workers lack specific knowledge about the impact of early life sexual abuse in old age (Graziano, 2003). It is critical to raise awareness among social work researchers, healthcare providers and policy makers that the crisis of early life sexual abuse may be traumatic for some people and may be noteworthy clinical issues in old age. There is a danger in assuming that early life sexual abuse no longer influences the quality of life for persons in old age. “Any disruption in a child’s health and the consistent and supportive environment that (s)he needs to master this (sexual abuse) will skew or seriously impede these events. The consequences can be felt throughout a lifetime” (Flach, 1988, p. 99).

Secondly, creating conversations and studies about the significance of religious institutions and spirituality in later life as strengths for older adults can enhance social workers’ knowledge, values and skills when serving geriatric populations. Closely examining what the effects are for these particular women can lead to studies with other aging subpopulations whose various types

of sexual abuse might be misunderstood, underreported and/or undiagnosed, leading to inadequate assessment, ineffective interventions and misinterpreted current behaviors and coping patterns. “Clearly, there is a need for further and ongoing research into the manifestation of earlier trauma in the elderly” (Graziano, 2003, p. 13).

References

- Abramson, T.A., & Halpain, M. (2002). Providers of mental health services-now and in the future. *Generations: Journal of the American Society on Aging*, XXVI (1), 107-110.
- Antonovsky, A. (1987). The salutogenic perspective: towards a new view of health and illness. *The Journal of Mind-Body Health*, 4, 47-55.
- Becker, G. (1997). *Disrupted lives: How people create meaning in a chaotic world*. Berkeley, CA: University of California Press.
- Beitchman, J., Zucker, K., Hood, J., DeCosta, G., Akman, D., & Cassavia, E. (1992). A review of the long term effects of child sexual abuse. *Child Abuse and Neglect*, 16, 101-118.
- Berkman, B., Damron-Rodriguez, J., Dobrof, R., & Harry, L. (1995). Social Work, in: *A National Agenda for Geriatric Education: White Papers*, U.S. Public Health Service, Health Resources & Services Administration, Bureau of Health Profession.
- Bianchi, E. (1984). *Aging as a spiritual journey*. New York: Crossroad Publishers Co.
- Blazer, D. (1991). Spirituality and aging well. *Generations: Journal of the American Society on Aging*, 15(1), 61-65.
- Blumer, H. (1969). *Symbolic Interactionism: Perspective and Method*. Englewood Cliffs, NJ: Prentice-Hall.
- Brown & Gilligan, (1992). *Meeting at the crossroads*. New York: Ballantine
- Browne, A. & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99, 66-77.
- Cahill, C., Llewellyn, S., & Pearson, C. (1991) Long term effects of sexual abuse which occurred in childhood: A review. *British Journal of Clinical Psychological*, 30, 11-130.
- Canda, E.R. & Furman, (1999). *Spiritual diversity in social work practice: The heart of helping*. New York, NY: Free Press.
- Chibnall, J., Wolf, A., & Duckro, P. (1998). A national survey of the sexual trauma experiences of Catholic nuns. *Review of Religious Research*, 40, 2.
- Cole, B., Benore, E., & Pargament, K. (2004). Spirituality and coping with trauma. In S.Sorajjakool & H. H. Lamberton (Eds.), *Spirituality, health, and wholeness* (pp. 49-76). New York: Haworth Press.
- Creswell, J. (2007). *Qualitative inquiry and research design: Choosing among five traditions* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Dill, M. (2001). The aging of America: implications for the health workforce. Center for Health Workforce Studies, University at Albany, School of Public Health, NY.

Dube, S.R., Anda, R.F., Whitfield, C.L., Brown, D.W., Felitti, V.J., Doug, M., & Giles, W.H (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine*, 28, 430-438.

Faiver, C., Ingersoll, R.E., O'Brien, E., & McNally, C. (2001). Explorations in counseling and spirituality: Philosophical, practical, and personal reflections. Belmont, CA: Wadsworth/Thomson Learning, Inc.

Ferraro, K. (Ed.) (1997). *Gerontology: Perspectives and issues*. New York: Springer Publishing Co.

Finkelhor, D. & Hotaling, G., Lewis, I.A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics and risk factors. *Child Abuse and Neglect*, 14, 19-28.

Flach, F. (1988). *Resilience: Discovering a new strength at times of stress*. New York, NY: Ballantine Books.

Friberg, N. (2001). The role of the chaplain in spiritual care. In D. Moberg (Ed.) (2001). *Aging and Spirituality: Spiritual dimensions of aging theory, research, practice and policy*. Binghamton, NY: Haworth Press, Inc.

Fukuyama, M., & Sevig, T. (1997). Spiritual issues in counseling: A new course. *Counselor Education and Supervision*, 36, 224-232.

Glantz, M. & Sloboda, Z. (1999) Analysis and reconceptualization of resilience. In Glantz, M. & Johnson, J. (Eds.). *Resilience and development: Positive life adaptations*. New York: Plenum Publishers.

Goodman-Brown, T.B., Edelstein, R.S., Goodman, G.S., Jones, D.P.H., & Gordon, D.S. (2003). Why children tell: A model of children's disclosure of sexual abuse. *Child Abuse & Neglect*, 27, 525-540.

Graziano, R. (2003). Trauma and aging. *Journal of Gerontological Social Work*, 40, 4, 3-21.

Guenther, M. (1992). *Holy listening: The art of spiritual direction*. Cambridge, MA: Cowley Publications

Hall, T. (1995). Spiritual effects of childhood sexual abuse in adult Christian women. *Journal of Psychology and Theology*, 23, 129-134.

Hodge, D. (2003). *Spiritual assessment*. Botsford: CT: NACSW.

Behrman

Kane, D., Cheston, S. & Greer, J. (1993). Perceptions of god by survivors of childhood sexual abuse: An exploratory study in an under-researched area. *Journal of Psychology and Theology*, 21, 228-237.

Kaplan, H. (1999) Toward an understanding of resilience: A critical review of definitions and models. In: M. Glantz & J. Johnson, (Eds). *Resilience and development: Positive life adaptations*. New York, NY: Plenum Publishers.

Kimble, M., McFadden, S., Ellor, J., & Seeber, J. (1995) *Aging, spirituality and religion*. Minneapolis, MN: Fortress Press.

Koenig, H. (1995) *Research on religion and aging: An annotated bibliography*. Westport, CT: Greenwood Press.

Koenig, H. (1997). *Is religion good for your health? The effects of religion on physical and mental health*. Binghamton, NY: The Haworth Press.

Koenig, H. (2000). Religion, well being and health in the elderly: The scientific evidence for an association. In James Thorsen, *Perspectives in spiritual well-being and aging*. Springfield, IL: C.T. Thomas.

Koenig, H., McCullough, M., Larson, D. (2000) *Handbook of religion and health: A century of research reviewed*. New York: Oxford University Press

Koss, M., Goodman, L., Browne, A., Fitzgerald, L., Keita, G., & Russo, N. (1994) *No Safe Haven: Male Violence Against Women at Home, at Work, and in the Community*: Washington, D.C.: American Psychological Association.

Lantz, M.S., & Buchalter, E. N. (2001). Posttraumatic stress: Helping older adults cope with tragedy. *Geriatrics*, 56 (12), 35-36.

Leadership Conference of Women Religious (LCWR), (2008). About LCWR. Retrieved on July 31, 2008 from <http://lcwr.org/>

Longres, J. (2000). *Human behavior in the social environment* (3rd ed.). Itasca, Illinois: Peacock Publishers, Inc.

Luthar, S. & Cushing, G. (1999) Measurement issues in the empirical study of resilience. In Glantz, M. & Johnson, J. (Eds.). (1999). *Resilience and development: Positive life adaptations*. New York: Plenum Publishers.

Marshall, C. & Rossman, G. (1999). *Designing qualitative research* (3rd ed.). Thousand Oaks, CA: Sage.

McNamara, J. (2002). *Sisters in Arms: Catholic Nuns Through Two Millennia*. Harvard University Press.

Behrman

Mead, G. H. (1962) *Mind, self and society from the standpoint of a social behaviorist*. Chicago, IL: University of Chicago Press.

Miles, M. & Huberman, A.M. (1994). *Qualitative data analysis*. Thousand Oaks, CA: Sage Publications.

Moberg, D. (1990). Spiritual maturity and wholeness in later years. *Journal of Religious Gerontology*, 7(1/2), 5-24.

Moberg, D (2001a). The reality and centrality of spirituality. In D. Moberg (Ed.) (2001). *Aging and Spirituality: Spiritual dimensions of aging theory, research, practice and policy*. Binghamton, NY: Haworth Press, Inc.

Moberg, D. (2001b). *Aging and Spirituality: Research, practice and policy*. Binghamton, NY: Haworth Press, Inc.

Moeller, T., Bachmann, G., & Moeller, J. (1993). The combined effects of physical, sexual, and emotional abuse during childhood: Long-term health consequences for women. *Child Abuse and Neglect*, 17, 623-640.

Molnar, B.V., Buka, S.L., & Kessler, R.C. (2001). Child sexual abuse and subsequent psychopathology: Results from the National Co morbidity Study. *American Journal of Public Health*, 9, 753-760.

Morrow, S.L., & Smith, M.L. (1995). Constructions of survival and coping by women who have survived childhood sexual abuse. *Journal of Consulting Psychology*, 42, 24-33.

Paolucci, E.O, Genuis, M.L, & Violato, C. (2001). A meta-analysis of the published research on the effects of child sexual abuse. *Journal of Psychology*, 135, 17-36.

Pargament, K. (1997). *The psychology of religion and coping: Theory, research, practice*. New York: The Guilford Press.

Peck, R & Berkowitz, H. (1964). Personality and adjustment in middle ages, in B. Neugarten, ed., *Personality in middle and late life*. New York: Atherton Press

Polusny, M. & Follette, V. (1995). Long term correlates of child sexual abuse: Theory and review of the empirical literature. *Applied and Preventative Psychology*, 4, 143-166.

Rizutto, A. (1993). Exploring sacred lifescapes. In: Randour, M.L. (Ed.) *Exploring sacred landscapes: Religious and spiritual experiences in psychotherapy*. New York: Columbia University Press.

Robbins, S.; Chatterjee, P.; Canda, E. (1998). *Contemporary human behavior theory: A critical perspective for social work*. Boston: Allyn & Bacon.

Behrman

- Rubin, A. & Babbie, E. (1993). *Research methods for social work*. Pacific Grove, CA: Brooks/Cole Publishing Co.
- Saleebey, D. (Ed.) (1997). *The strength's perspective in social work practice* (2nd ed.). New York: Longman.
- Schultz-Hipp, P. (2001). Do spirituality and religiosity increase with age? In: Moberg, D. (Ed.), *Aging and Spirituality: Spiritual dimensions of aging theory, research, practice and policy*. Binghamton, NY: Haworth Press, Inc.
- Stokes, K. (1990). Faith development in the adult life cycle. In Seeber, James J. (Ed.) *Spiritual maturity in the later years* (pp. 167-184). Binghamton, NY: The Haworth Press.
- Strauss, A. & Corbin, J. (Eds.). (1997). *Grounded theory in practice*. Thousand Oaks, CA: Sage.
- Stryker, S. (1980). *Symbolic interactionism: A social structure version*. Merlo Park, CA: Benjamin Cummings Pub.
- Stryker, S. & Stratham, A. (1985). Symbolic interaction and role theory. In G. Lindzey & E. Aronson (Eds.), *The Handbook of Social Psychology*. NY: Random House.
- Thorson, J. (2000). *Perspectives in spiritual well-being and aging*. Springfield, IL: C.T. Thomas.
- Tutty, L., Rothery, M. & Grinnell, R. Jr. (1996). *Qualitative research for social workers*. Needham Heights, MA: Allyn and Bacon.
- Tyler, K. (2002). Social and emotional outcomes of child sexual abuse: A review of recent research. *Aggression & Violent Behavior*, 7, 567-589.
- Zinnbauer, B., Pargament, K., Cole, B., Rye, M., Butter, E., Bleavich, T., Hipp, K., Scott, A., Kadar, J. (1997). Religion and spirituality: Unfuzzifying the fuzzy. *Journal of the Scientific Study of Religion*, 36(4), 549-564.