

**EXPLORING THE EFFECTS OF EARLY LIFE SEXUAL ABUSE  
IN LATER LIFE AMONG CATHOLIC (Nuns) WOMEN RELIGIOUS**

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## **ABSTRACT**

This study explores the variety of associated responses in later life to early life sexual abuse reported by aging Catholic nuns (heretofore referred to as women religious). Specific attention is given to current effects and the spiritual strengths and religious resources these participants identify when integrating their personal histories of sexual abuse and mitigating unwelcome effects, which they associate with their sexual abuse.

Twelve participants were recruited from an original study conducted by Saint Louis University School of Medicine with 1200 Catholic women religious to determine prevalence rates of sexual abuse among this population (Chibnall, Wolf, Duckro, 1998). Participants in this second study were sexually abused before or at the age of 18 and are 65+ years of age. Contacts were made with those who met criteria for this study and who stated in the original study that they were willing to participate in future studies.

The effects of early life sexual abuse in later life reported in this study appear to support the findings in the original Chibnall study. Reported effects consist of anxiety and depression, guilt and shame, disassociation, compulsivity, need for perfection and control, feeling used, uneasiness with adult persons in authority, suicidal ideation, substance abuse, low self esteem, inability to take care of oneself physically, emotionally and socially, and a sense of a lost childhood that either is attempted to be relived in adulthood or developmentally frozen at the emotional stage that the abuse occurred.

All participants report an alleviation of unwelcome effects in later life and identify a variety of resources, which assist them in later life when dealing with reported associated effects. Foremost is the role of spirituality in maintaining and creating well being in later life and specifically the efficacy of spiritual direction as an integral component of health.

## **Value of this Research**

Consideration is given to why this elderly subpopulation is being studied and for what reasons. This sample is chosen because these participants' stories offer a critical window into the lives of early 20<sup>th</sup> century women, not because of their unique religious status, but because their early life sexual abuse experiences are perhaps representative of other women of this time. Although these religious women served in many public capacities, their personal 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 limited how and if women could address, interpret and speak about their sexual abuse.

Also, this sample was selected because of its value to the applied social science professions. 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, educators may gain new insights and understandings into effective professional development (Whyte, 1991).

Secondly, with few exceptions, research with numerous 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; Koenig, McCullough, Larson, 2000; Moberg, 2003). When religious resources are readily accessible it is anticipated that religion will play a prominent role for addressing trauma (Pargament, 1997).

The literature indicates that religious resources and personal faith matter for older adults when interpreting and addressing the challenges of multiple losses that aging poses

in later life. Koenig, McCullough, & 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 being 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.

Thirdly, there is comparatively little empirical research directed at female religious professionals with histories of sexual abuse (Leadership Conference of Women Religious (LCWR), 2007). Dr. 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 Catholic women religious is dramatically decreasing. Today there are approximately 73,000 Catholic religious women in the United States, with the vast majority over the age of seventy (LCWR, 2007). Recording these women's stories offer insights into their lives and legacy.

### **Purpose of this Research**

This study explores how the religious structures, rituals and symbols, which comprise these participants' religious life, both sustain and challenge their relationships with self, others and their understanding of God when addressing their sexual abuse and how their religious beliefs and practices currently support wholeness and/or fragmentation. The interview questions surface their interpretations of what their experiences of sexual abuse mean to them today and how they perceive their religious environment diminishing and/or supporting their strategies that promote health in old age. 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; Hall, 1995). Other studies denote that childhood sexual abuse influences adults' perceptions of God as being more distant and disapproving (Kane, Cheston & Greer, 1993).

Although these findings cannot be generalized to other populations, this study has the potential to raise awareness, inform strategies and create sensitivities when providing services for aging populations who report sexual abuse or have been reluctant to do so. Also, it is my intention that this study will spur further collaborative research with other professional disciplines to scientifically investigate the role of faith in old age in maintaining health. The interpretations and implications of these events for individual women and religious life in general are compelling" (Chibnall, et. al., 1998, p.25).

### **Distinguishing between Religion & Spirituality**

For these participants spirituality and religious experiences are integrally intertwined in their interpretations of the effects of sexual abuse and the resources available to them. Thus it is important to provide a working description of spirituality and religion when presenting and analyzing data from this study. 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. "The generalizations about religion expressed by scholars and social scientists often contradict each other...because the definitions of religion used in research vary widely and are not necessarily consistent with each other and the measures and indicators of religiousness used in research are numerous, each viewing its object of

study from a somewhat different perspective” (Moberg, 2001, p. 9). 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, 2001, p. 14).

There is research that attempts to distinguish between religion and spirituality without dividing them (Fukuyama & Sevig, 1999; Richards & Bergin, 1997). This literature distinguishes religion as the written canon, the social and cultural institutional structures and historical traditions, which inform, nurture and guide spirituality. The task of creating and maintaining meaningful and responsible relationships with self, others and what one defines as the ultimate purpose of life is the domain of spirituality (Joseph, 1988; May, 1985; Rizzuto, 1993).

The working description 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 (Zinnbauer, et. al, 1997). 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). But two perspectives offered in the literature, the substantive and functional are helpful in achieving some level of coherent and reasonable classification of spirituality and religion as it pertains to these participants. According to the substantive perspective, the sacred is what distinguishes religion from spirituality in so far that the person is conscious of a relationship with God or whoever comes to be associated with a Supreme Being (Pargament, 1997). The substantive perspective

proposes that a conscious relationship with some sort of deity is integral to and descriptive of religion.

The second perspective is the functional view, which “shifts from a supernatural force to a process of dealing with the fundamental problems of existence...and its concerns with death, suffering, tragedy, evil, pain, and injustice” (Pargament, 1997, p. 27). From the substantive tradition we take the sacred and from the functional tradition we generate the notion of a search for significance (meaning)” (Pargament, 1997, p. 30).

## **Summary of Findings**

### **Effects of Sexual Abuse**

As reported in the abstract, there were a wide range of effects reported which were not measured for severity or duration. One Sister sums up the effects that capture the general experiences of most participants.

*You know, I really thought I was pretty normal, you know, until . . .well, I mean, I always thought I had problems but I thought I was pretty normal but then when you wake up and you begin to realize what life is all about and you realize that, you know, you carry your wounds with you and you have to get them healed. You know, and I don't even know this, but when the pain gets bad enough, you'll do something about it. So, the pain would get excruciating for me until I was in my 40's.*

### **Strengths in Later Life**

All of the participants report personal strengths in later life in dealing with unwelcome effects of sexual abuse. For ten of the Sisters, they gained personal strength by breaking the silence that surrounded their abuse. This was accomplished through the help of professional therapists, spiritual directors and supportive friends. For participants, it is essential to claim responsibility and freedom to interpret what the sexual abuse means to them rather than having religious or medical authorities craft this for them.

*You know, the effects of alcoholism and child abuse on keeping secrets and not trusting and being isolated are probably the hardest things. Once you can break the silence and it takes enormous, enormous strength.*

This breaking the silence is the first step to challenging religious structures that silenced them and prevented them from speaking the truth and trusting that they will be heard with respect and safety.

*It's like, God, is my whole life a waste? But it's just all a part of the process is my healing, so I know I have come through and survived and it's been very, very hard. But the hardest part for me was, you know, being isolated and not knowing I could trust people with this story.*

### **Resources that Function as Protective Factors**

Participants report resources that provided them with the tools to address their sexual abuse in effective ways. The dominant resource that appears in the data is the value of finding a confidential, competent and reliable professional with whom to disclose the sexual abuse. Professionals are identified by participants as being therapists and spiritual directors. However, most participants caution about seeking help with professionals not adequately trained to deal with faith issues.

*I have told several people...when you get into therapy, don't go to a generalist. You go to someone without specialized training, they don't get it. They miss it and I've suffered through that, when I think of it, money and time spent, and I, you know, I was dancing as fast as I could, so the spiritual piece comes last, they don't all have the training, and the woman that I went to in the end was very, very good. She had training in bio-spirituality that you can use in spiritual direction very effectively.*

This participant strongly recommends that 'generalists' should be trained in post sexual abuse interventions that are effective and sensitive to an individual's faith.

*Twenty, twenty five years ago generalists didn't have a clue (about sexual abuse recovery), and so I stopped being angry with them, but the, I went through a time when I was very angry, you know that people were not helping me the way I needed to be helped, and even my own community said we don't know what you need but go get it. I mean who do you go to? Who'll believe you?*

All report the value and significance of adding a trained spiritual director to their bio-psycho-social medical treatment plan.

*So you can get healed psychologically, you know sexually and psychologically, but spiritual healing is the last piece. So what I've learned is that you don't talk about spirituality to somebody who is on the front end coming in to it, first time breaking silence and telling the stories. You bring them through the process, like in spiritual direction, and then, finally you're looking at spiritual healing. Most people don't go through spiritual direction for sexual abuse, until they've healed the psychological thing because it's the last piece to be taken care of.*

This aspect of spiritual healing from sexual abuse is the most significant protective factor for these participants. Without spiritual healing they assess that their life as a women religious is not whole and integrated.

*I was doing much spiritual direction towards the end, but also what helped me make the jump from psychological to spiritual was I had that wonderful theological re-framing from that protestant woman on the west coast. She was able to say, in non-clinical terms, a framework that I was comfortable with theologically, what was going on, and she's brilliant with this in terms of power.*

Overwhelming, all participants report religious life as a valuable spiritual resource and protective factor today. This spirituality is both functional, in their search for meaning and significance in their relationship with others and substantive in their relationship with God.

### **Areas for Future Research**

The role of spirituality and religion in mitigating the effects of sexual abuse requires further study. Exploring the hypothesis that sexual abuse as a crisis event has significant spiritual consequences may prove beneficial in contributing to the literature that exists about the effects of crisis and loss in old age. Studying the impact of spiritual direction with aging populations who were sexually abused would be beneficial for researchers and practitioners to examine. What is the value of complementary

interventions such as spiritual direction to pharmacology and other therapies following sexual abuse? Exploring other spiritual programs and religious traditions and their value and efficacy with aging populations may also contribute to the literature.

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