

THE RELATIONSHIP AMONG RELIGIOSITY, CHILDHOOD SEXUAL ABUSE, AND
GOD ATTACHMENT ON THE DEVELOPMENT OF SEXUAL SHAME

by

Derek James Parker

A Dissertation Presented in Partial Fulfillment of the Requirements for the Degree
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ABSTRACT

Religiosity is a very important component to an individual's overall wellness. Religiosity is typically formed early in life through family religious patterns and expectations. While religiosity may be a protective and healthy component of oneself, it is possible that religiosity may also contribute negatively and enhance maladaptive thoughts. Previous research has explored childhood family religiosity and current religiosity and their relationships with the development of sexual shame. This study aims at continuing to explore the relationship of childhood family religiosity and current religiosity and their relationship to the development of sexual shame. Additionally, childhood sexual abuse and a perceived relationship instability with God are also explored through their relationships on the development of religiosity and sexual shame. Results suggested several direct and indirect relationships. The analysis included a simple mediation model which explored the relationship of childhood family religiosity to sexual shame through current religiosity. Additionally, two moderated mediation models were used to analyze the relationship of childhood sexual abuse and a perceived relationship instability with God. Finally, implications are presented that inform how the results can be used as a clinician, counselor educator, and areas of future research.

Keywords: religiosity, sexual shame, God attachment, childhood sexual abuse

Dedication

Reaching this point in my doctoral journey would not have been possible without my faith in Jesus Christ as my Lord and savior. Throughout the program, I continuously prayed for open and closed doors, and he has continued to open all of the doors to this point. Additionally, I dedicate this to my church family of Zion of Jefferson County for their countless prayers and support.

I also dedicate this to my family. I would like to thank my family for raising me the way they did and always instilling in me the notion that you only get out of things what you put into them. You have always believed in me and encouraged me to be the best version of myself. The love and support that I received from my parents, brother, sister, and daughters have fueled me to reach this point.

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CHAPTER ONE: INTRODUCTION

Prior research has explored the potential relationship between religiosity and sexual shame (Deguara, 2019; Leonhardt et al., 2020). However, little research has explored the impact childhood sexual abuse has on the development of sexual shame. This study addressed childhood sexual abuse as a moderating factor in the development of sexual shame and religiosity. Additionally, I examined the moderating effect of an insecure attachment to God on religious and sexual shame development.

One of the components of this study was exploring the impact of childhood and current religiosity on sexual shame. Religiosity is a complex personal construct that often begins early in life and expands across a lifetime (Ganje-Fling & McCarthy, 1996). A critical component of religious development is the degree of childhood family religiosity, where a system of perceived truths and beliefs are disseminated by the parents to the child (Bader & Desmond, 2006; Bao et al., 1999; Goeke-Morey & Cummings, 2017; Volk, Thomas, et al., 2016; Quinn & Lewin, 2019). This system of beliefs can serve as protective factors (Gall et al., 2007; Murray et al., 2007; Quinn & Lewin, 2019) or influence shame-proneness due to moral incongruence between individuals' actions and their beliefs (Hallman et al., 2018; Leonhardt et al., 2020; Volk, Floyd, et al., 2019; Volk, Thomas, et al., 2016). Though childhood family religiosity acts as a conduit for personal religious faith development, other factors contribute to an individual's current religiosity.

In addition to religiosity, attachment is also a construct in human development. Like religiosity, attachment behaviors form early in life and continue to develop through the course of an individual's life (Bartholomew & Horowitz, 1991). Attachment patterns are formed when individuals face a perceived danger and seek an attachment figure to provide comfort (Bowlby,

1982). When a child has an attachment figure meet their needs, a secure attachment pattern is formed (Bartholomew & Horowitz, 1991; Bowlby, 1982), which may serve as a protective factor when the individual faces perceived danger (Baptist et al., 2012). However, when an individual faces a perceived danger and an attachment figure does not provide safety, insecure attachment patterns may develop (Bartholomew & Horowitz, 1991; Bowlby, 1982; Passanisi et al., 2015; Wells, 2003). Attachment patterns are important considerations when analyzing the impact that childhood sexual abuse has on individual sexual shame development.

Attachment patterns found in parent and child relationships may also be found in a relationship with God. Individuals have attachment patterns with God that mirror human attachment patterns (Kirkpatrick, 1992). God attachment forms when an individual views God as an attachment figure (Beck, 2006; Kirkpatrick, 1999; Kirkpatrick, 1992). The compensatory theory of God attachment suggests that individuals who do not have secure attachment patterns may substitute God as a secure attachment figure (Beck 2006; Beck & McDonald, 2004; Granqvist, 1998, 2005; Kirkpatrick 1997). The correspondence theory suggests that God attachment will mirror the individual's attachment patterns they have with their attachment figures (Brokaw & Edwards, 1994; Kimball et al., 2013; McDonald & Beck 2005; McDonald et al., 2005; Miner, 2009; Sandage et al., 2015; Taylor et al., 2014). Viewing God attachment from these lenses provides a clearer picture of how attachment patterns influence God attachment.

Religiosity and these attachment patterns are important to keep in mind when exploring human sexuality, as it is deeply influenced by an individual's worldview and system of beliefs (Elise, 2008; Murray et al., 2007). These beliefs are developed through the values communicated by the individual's family, culture, religion, society, and peer groups (Murray et al., 2007; Shadbolt, 2009). Peer expectations (Bonilla et al., 2020), exposure to pornography (Coopersmith,

2006), and sexting (Bonilla et al, 2020; DeRider, 2019; Papp et al, 2015; Ringrose & Harvey, 2015; Roberts & Raun, 2020) may influence the development of sexuality. These beliefs and social norms can provide a healthy view of sexuality that leads to healthy exploration or a distorted view that may elicit shame and guilt (Murray et al., 2007; Shadbolt, 2009). This is particularly true for households where sexuality is not actively discussed (Brandon-Friedman, 2019; Clark, 2017; Cunningham et al, 2002; Mollon, 2005). Additionally, religious organizations may also create shame due to moral incongruence between thoughts, behaviors, and the individual's system of beliefs (Deguara, 2019; Murray et al., 2007; Volk, Thomas, et al., 2016). Childhood sexual abuse may further affect the development of healthy sexual scripts (Weiss, 2010) and lead to additional struggles identifying healthy and unhealthy sexuality (Dorahy & Clearwater, 2012; Feiring, Taska, & Chen, 2002, Kessler & Bieschke, 1999; Talbot et al., 2004). These elements may all impact the development of sexual shame. Feiring, Taska, & Chen, 2002

Sexual shame can be deeply linked to exposure to childhood sexual abuse (Aakvaag et al., 2016; Barker et al., 2021). Early exposure to sexual abuse, particularly when acted upon by an attachment figure, can impact the individual's ability to form healthy attachments (Adams et al., 2001). The inability to form healthy childhood attachments may directly impact their ability to form healthy attachments and relationships later in life (Feiring & Taska, 2005).

Hypersexuality may also manifest due to childhood sexual abuse (Gilliland et al., 2011).

Difficulty forming healthy relationships and developing maladaptive sexual scripts may lead to unhealthy long-term relationships, revictimization, and increased risk for sexual health-related issues.

This study addressed the impact that childhood household family religiosity has on the development of sexual shame as mediated through current religiosity. This study also expands

the current research by exploring the impact religiosity has on the development of sexual shame as mediated by childhood sexual abuse. Furthermore, I explored how God attachment may impact the development of sexual shame and religiosity. The study was designed to explore these different components and ascertain the variable influences on the development of shame and religious beliefs.

Background to the Problem

Religiosity and sexual shame have existed throughout history, and sexuality as a concept has emerged and developed over time. Society's views on sexuality have changed to varying degrees throughout history. The following sections will discuss sexual shame from a religious historical perspective, exploring how the Holy Bible presents sexuality and how society has changed over time.

Religiosity

The Holy Bible provides a framework for conceptualizing the origins of sexuality and sexual shame from a theological perspective, helping to view the influence of sexuality on human development. A theological understanding of sexuality begins in the book of Genesis when God created the world. As an element of creation, God created sexuality as a healthy practice within the confines of marriage, with Genesis 1:3 illustrating God's reflection on this creation as good (*New Living Translation*, 1996/2015, Genesis 1:31); however, the view on sexuality has changed (Murray & Ciarrocchi, 2007). After the Fall, sexual relationships were expanded from an intimate relationship within a marital relationship to one of self-pleasure and exploration. This expansion has created sexual activities that may impact one's religious belief system and cause shame-proneness and secrecy.

The Holy Bible depicts sexual immorality as a deadly sin, which may lead to sin-proneness, shame-proneness, or complication within an individual's life. Throughout the Old and New Testaments, there are countless examples that illustrate the Biblical ideal of sexuality and the numerous struggles humanity faces when engaging in it outside of a Biblical perspective. For example, King David's lust for Bathsheba caused him to lust after her, sinning against God and engaging in murder (*New Living Translation*, 1996/2015, 2 Samuel 11 & 12). The sexual activities of Sodom and Gomorrah caused God to destroy the cities (*New Living Translation*, 1996/2015, Genesis 19). Although the concept of sexual immorality as introduced in the Holy Bible could lead to healthy sexuality, it has been a possible mechanism for guilt, shame-proneness, and pain, especially for those who engage in sexual behavior outside of the Biblical context and their religious belief system.

Attachment and God Attachment

God attachment is another critical component of this study. Research suggests that religiosity can be both a protective factor and a factor in shame development. The relationship between religiosity and the development of shame-proneness may be linked to both positive and negative attributes (D'Urso et al., 2019; Kirkpatrick, 1992; Leonhardt et al., 2020; Murray et al., 2007; Rowatt et al., 2002; Timberlake et al., 2016). Religiosity can increase shame due to a moral incongruence between an individual's behavior and values, resulting in an unstable relationship with God (Murray et al., 2007). This incongruence may increase the belief that the individuals have developed an addictive pattern related to their sexual behaviors (Timberlake et al., 2016). However, God attachment may also provide a secure base for those who experience trauma, facilitating hope and resiliency when dealing with fear-inducing events and potential distress (D'Urso et al., 2019). God attachment may also contribute to protection from sexual

shame resulting from childhood sexual abuse, though it can also contribute to shame development (D'Urso et al., 2019; Kirkpatrick, 1992). The utilization of God as an attachment figure may increase spiritual practices, which may function as a protective factor (Kirkpatrick, 1992; Murray & Ciarrocchi, 2007; Rowatt & Kirkpatrick, 2002); however, it may also increase shame-proneness if the individual does not feel God loves them (Giordano et al., 2007; Kirkpatrick 1992; Rowatt & Kirkpatrick, 2002; Timberlake et al., 2016).

Childhood Sexual Abuse and Sexual Development

There are several societal issues that impact the development of a healthy sexual identity, especially for younger individuals. Childhood sexual abuse, early exposure to pornographic content, and sexting may impact an individual's sexual development. The following sections discuss these as factors that can influence sexual shame.

Childhood Sexual Abuse

Childhood sexual abuse is a problem facing American society, with estimates suggesting that at least 1 in 4 females and 1 in 13 males in the United States under the age of 18 are sexually abused each year (Centers for Disease Control, n.d.). The lifetime rates of childhood sexual abuse of minors under the age of 18 is around 8% of males and 19.7% for females (Pereda et al., 2009). Though these numbers are estimates, it is believed that these numbers may be significantly larger, but many victims do not report their abuse for numerous reasons such as not being able to comprehend the abuse, not wanting to hurt their perpetrator, or fearing repercussions due to an attachment figure inflicting the abuse (Centers for Disease Control, n.d.). Additionally, studies are typically conducted with adults, so it may not be an adequate depiction of childhood experiences due to repressed memories and does not represent the current children demographics (Pereda et al., 2009). There is also inconsistency in terminology and methodology

between studies that may impact the results (Stoltenborgh et al., 2011). Further research is needed to accurately depict the lived experiences of those who are affected by abuse.

Additional research is also needed to explore the relationship between sexual shame and religiosity for victims of childhood sexual abuse. Shame is exacerbated when an individual is exposed to childhood sexual abuse (Aakvaag et al., 2016; Barker et al., 2021; Talmon et al., 2017), which can alter an individual's ability to have healthy sexual scripts (Gilliland et al., 2011; Shadbolt, 2009), increase mental health symptoms (Gordon, 2018), lead to insecure attachment styles (Brown et al., 2010), cause inappropriate boundary formation (Talmon et al., 2017), decrease self-compassion (Phillips et al., 2019), and increase hypersexuality (Reid, 2010). Exposure to childhood sexual abuse also alters an individual's self-image, which can affect their esteem and self-worth (Barker et al., 2021; Dorahy et al., 2012). These individuals tend to self-blame regarding what happened to them, which increases the risk of long-term development issues (Feiring, Taska, & Lewis, 1996; Feiring, Taska, & Chen, 2002). Individuals who face childhood sexual abuse sometimes recover; however, this exposure may become a lifelong struggle to adapt and recover (Feiring & Taska, 2005). Because exposure to childhood sexual abuse can impact the sexual development of an individual, this was a focus of the current study. It is important to ascertain the relationship religion may play in exacerbating or reducing the impact of childhood sexual abuse on sexual shame.

Early Exposure to Pornography

The expansion of the internet and technology has made pornographic material more easily accessible to younger individuals (Chisholm et al., 2015; Coopersmith, 2006), increasing the likelihood of accidental exposure (McNabney et al., 2020). Early and frequent exposure to pornographic materials can be linked to an increased risk of sexual shame development in youth

(Chisholm et al., 2015). Sexual shame may be alleviated by continued use of pornographic material, but this is also linked to an addictive cycle of continued use (Levert, 2007; Volk, Thomas, et al., 2016). Thus, the significant increase in the intentional and accidental exposure of younger individuals can lead to sexual shame or normalize sexual behaviors that the individual is not developmentally prepared to explore. This may increase their risk of victimization and put them in risky sexual situations.

Sexting

Youth who are not exposed to childhood sexual abuse or pornography may still struggle with sexual identity development. Youth think about sex a lot, and sexual identity development may lead to confusion (Brandon-Friedman, 2019). Youth discuss sex with peers and potentially engage in sexting, which is electronically sending sexually explicit messages and images to others (Bonilla et al., 2020). Sexting is a prominent activity among youth and may be linked to popularity (DeRider, 2019). Though sexting may be incorporated into healthy relationships (Bonilla et al., 2020), youth who engage in sexting may experience increased struggles with mental health symptoms, increased risk for sexual shame, and an increased risk of suicide (Bonilla et al., 2020). Sexting may also lead to violence and victimization (DeRidder, 2019; Roberts et al., 2020). Females have an increased risk of being bullied, shamed, and victimized as opposed to males who typically receive positive peer praise (Papp et al., 2015; Ringrose et al., 2015). Sexual shame regarding images being shared with others is also a risk factor for females who engage in sexting (DeRidder, 2019). Sexting has increased in popularity with the increased access to technology such as phones and tablets, but this can produce sexual shame among those who engage in the activity, especially if the individual is female. This activity can also lead to

early exposure to sexuality, create unhealthy sexual values, distort healthy sexual scripts, and potentially lead to victimization.

Sexual Shame

Though sexual shame may develop organically through early exposure to sex (Adams et al., 2001), religiosity also contributes to the development of sexual shame (Levert, 2007; Leonhardt et al., 2020; Lewczuk et al., 2020; Szymanski et al., 2020; Volk, Thomas, et al., 2016). Religion plays a role in developing morality; therefore, it contributes to how individuals view sexuality (Leonhardt et al., 2020). Religions have specific views on the role of healthy sexuality, which may create conflicts among individuals when they struggle with elements outside the traditional view of sexuality (Leonhardt et al., 2020; Lewczuk et al., 2020; Volk, Thomas, et al., 2016). This struggle may cause some individuals to develop addictive-like compulsions, which they use to manage these incongruent thoughts (Levert, 2007). Additionally, some individuals may have increased sexual shame due to their incongruent thought patterns (Lewczuk et al., 2020; Volk, Thomas, et al., 2016). This study hopes to continue the discussion by exploring the relationship between religiosity and sexual shame while exploring additional variables that may also contribute to sexual shame.

This study will continue to explore the relationship between childhood sexual abuse and sexual shame. This is particularly important in relation to God attachment. Issues that arise out of early sexual development may lead to shame-proneness and sexual confusion into adulthood (Brandon-Friedman, 2019). Shame may develop during childhood if they do not have a positive support figure to discuss their sexuality with (Cunningham et al., 2002; Kessler & Bieschke, 1999). Shame-proneness may increase the likelihood of adult victimization (Kessler & Bieschke,

1999). Many victims of sexual shame engage in self-blaming, which may be exacerbated by attachment figures who are not willing to listen to their story (Feiring, Taska, & Chen, 2002).

This study addressed the relationship among family religiosity, current religiosity, and sexual shame to ascertain the relationship that childhood family religiosity has on the development of sexual shame and the relationship sexual shame may have on current religiosity. Additionally, an insecure attachment to God, when an individual is victim of childhood sexual abuse, was studied regarding its impact on the development of sexual shame and current religiosity. The focus on these topics related to sexual shame will continue the discussion regarding the unique relationship among these concepts.

Purpose of the Study

The purpose of this study was to explore the relationship between childhood family religiosity and the development of sexual shame through current religiosity. Additionally, the moderating effects of childhood sexual abuse and an insecure attachment to God were explored. Attachment is formed early in life through effective interpersonal relationships with an authority figure (Bartholomew et al., 1991). When children cannot establish a healthy bond with a primary attachment figure, they form maladaptive forms of attachment. Childhood sexual abuse can disrupt these attachment patterns and further complicate a victim's ability to form attachments throughout their lifetime (Timberlake et al., 2016). However, it is possible that without a strong attachment figure, an individual may substitute a God attachment to fill their attachment needs (Kirkpatrick, 1992; Rowatt et al., 2002). Therefore, I explored childhood household religiosity, current religiosity, and God attachment, focusing on the impact that religiosity has on sexual shame for those who experienced childhood sexual abuse. It is important to assess the childhood development of healthy sexual values, the impact of exposure to sexualized material, and the

current youth culture. The increased knowledge of these variables' interactions will increase the clinical effectiveness of those working with religious individuals who have experienced childhood sexual abuse. These results will allow clinicians the opportunity to assess the impact religiosity has on the recovery of individuals who struggle with sexual shame.

Research Questions

There are several key research questions that were explored in this study related to the relationship between childhood family religiosity and sexual shame through current religiosity as well as childhood sexual abuse and a perceived insecure relationship with God. The direct and indirect relationships between the variables were analyzed regarding potential correlation between variables and the strength of the relationships. This study addressed these questions and several hypotheses to provide insight into the unique relationships these variables have on the development of sexual shame.

Research Questions: In what way does the current religiosity mediate the potential interaction between childhood family religiosity and current religiosity? In what way does childhood sexual abuse serve as a moderated mediator on religiosity and sexual shame? In what way does a perceived relationship instability with God serve as a moderated mediator on religiosity and sexual shame?

Hypothesis 1a: Childhood family religiosity is positively related to current religiosity.

Hypothesis 1b: Current religiosity is positively related to sexual shame.

Hypothesis 1c: Childhood family religiosity is positively related to sexual shame.

Hypothesis 1d: The relationship between childhood religiosity and sexual shame is mediated by current religiosity.

Hypothesis 2a: Experience as a victim of childhood sexual abuse is positively related to sexual shame.

Hypothesis 2b: Perception of relationship instability with God is positively related to sexual shame.

Hypothesis 2c: Perception of relationship instability with God is positively related to current religiosity.

Hypothesis 3a: Childhood religiosity has a direct positive relationship with sexual shame.

Hypothesis 3b: The relationship between childhood religiosity and current religiosity is weakened for those who experienced childhood sexual abuse.

Hypothesis 3c: The relationship between childhood religiosity and sexual shame is strengthened for those who experienced childhood sexual abuse.

Hypothesis 3d: The direct relationship between childhood religiosity and current religiosity will be weakened by those who experienced childhood sexual abuse as a child.

Hypothesis 3e: The mediated relationship between childhood religiosity and sexual shame through current religiosity is strengthened for those who experience childhood sexual abuse.

Hypothesis 3f: The mediated relationship between childhood religiosity and sexual shame through current religiosity is strengthened at higher levels of perceived relationship instability with God.

Hypothesis 3g: The moderated relationship between childhood religiosity and sexual shame is strengthened at higher levels of perceived relationship instability with God.

Hypothesis 3h: The moderated mediated relationship between childhood religiosity and sexual shame by current religiosity is strengthened at higher levels of perceived relationship instability with God.

Assumptions and Limitations

There are several assumptions and limitations that factor into the results of the study. A first assumption is that participants have believed in God at one point even if the belief was not current. There was no differentiation regarding the religious belief system they possessed so the relationship between childhood family religiosity and current religiosity could be adequately measured regardless of current belief patterns. This may have created variation in the degree of spirituality that an individual possesses. Additionally, new age beliefs may have differing views, which may contribute to this study's limitations. However, it was not the aim of the study to provide social definitions for the personal definitions individuals have of what their spirituality represents.

Assumptions regarding the use of Mechanical Turk are that participants were over the age of 18, identified as having a belief in a higher power at some point, have experienced childhood sexual abuse, and respond honestly to the survey. One limitation is the use of self-reporting mechanisms. The sensitive nature of the study topic may have caused the participants to overreport or underreport in their responses. Exploring childhood sexual abuse and sexual shame may have caused some individuals to alter their responses as a protective factor. Individuals may have also adapted their core belief of what occurred, which may have impacted their answers, or they may have overreported on their experiences to provide meaning to their past experiences.

Other potential limitations include participants who did not hold traditional spiritual beliefs, which may have skewed the data presented in the study. The representative population may also not be as diverse as intended. However, using a more globalized data collection mechanism helped gain a broad and inclusive representation in the analysis of the variables.

Definition of Terms

This section defines terms used in this study, as several of these terms have different meanings depending on the context.

Attachment: Attachment is a lifelong process of connecting to others to help cope with perceived stressors (Bowlby, 1982). Attachment is typically initiated during infancy and continues throughout life. Bowlby (1982) suggested different forms of attachment: secure, anxious, and avoidant. These forms of attachment are formed early in life when an individual has a present attachment figure (secure) or does not have attachment support that helps them meet their needs (anxious or avoidant). Individuals who do not possess secure attachments may turn to religion as a mechanism to meet their needs (Rowatt et al., 2002). God attachment is when an individual chooses to have God serve as an attachment figure and a secure base (Kirkpatrick, 1992).

Childhood sexual abuse: The American Medical Association (1992) defined childhood sexual abuse as “the engagement of a child in sexual activities for which the child is developmentally unprepared and cannot give informed consent” (p. 5). Childhood sexual abuse is often perpetrated by individuals with a degree of power over that individual (Morrison & Ferris, 2002). Childhood sexual abuse does not require intercourse or physical contact to occur for the abuse to have occurred (American Medical Association, 1992).

Guilt: Guilt and shame are often used interchangeably; however, there are distinct and critical differences between the two. Guilt is formed when individuals view their behaviors and actions as wrong (Aakvaag et al., 2016; Dorahy et al., 2012). Guilt may produce a healthy response to the behavior or event and lead to behavioral change (Gordon, 2018; Phillips et al., 2019).

Religiosity: Religiosity is defined as a system of beliefs that influence how an individual thinks, feels, and behaves regarding a specific set of beliefs established by the belief in a higher power (Gall et al., 2007; Ganje-Fling & McCarthy, 1996; Hackney et al., 2003). This set of beliefs is rooted in a moral understanding system derived from this higher power belief.

Shame: Shame is an intimate view of the self as bad, which may create negative schemas (Dorahy et al., 2012), increased mental health symptoms (Aakvaag et al., 2016), decreased motivation for change (Chisholm et al., 2015), increased vulnerability toward addictive behaviors (Gilliland et al., 2011; Phillips et al., 2019), and a view of self as responsible for the actions (Feiring, Taska, & Chen, 2002). Sexual shame is shame derived from sexualized behaviors (Volk, Floyd, et al., 2019). Sexual shame may impact an individual's sexual identity (Gordon, 2018), increase risk of sexualized behaviors and or dysfunction (Volk, Thomas, et al., 2016), and increase risk of revictimization (Kessler et al., 1999). This study focused on shame, more importantly, sexual shame, as opposed to guilt.

Significance of the Study

Sexual shame can impact an individual's self-identity (Aakvaag et al., 2016), the development of meaningful relationships (Clark, 2017), and increase mental health symptoms (Hastings, 1998; Reid, 2010; Schwartz & Brasted, 1985). It is important to understand how individuals learn about sexuality and develop their sexual norms. This study will continue the

discussion regarding the impact of religiosity on the development of sexual shame. Additionally, this study introduces the aspect of childhood sexual abuse, which may contribute to the development of sexual shame. God attachment is another area of study that has not been explored to advance the discussion of sexual shame. This study thus aims to expand the current research regarding religiosity and sexual shame while also exploring the impact of childhood sexual abuse and God attachment.

Theoretical and Conceptual Framework

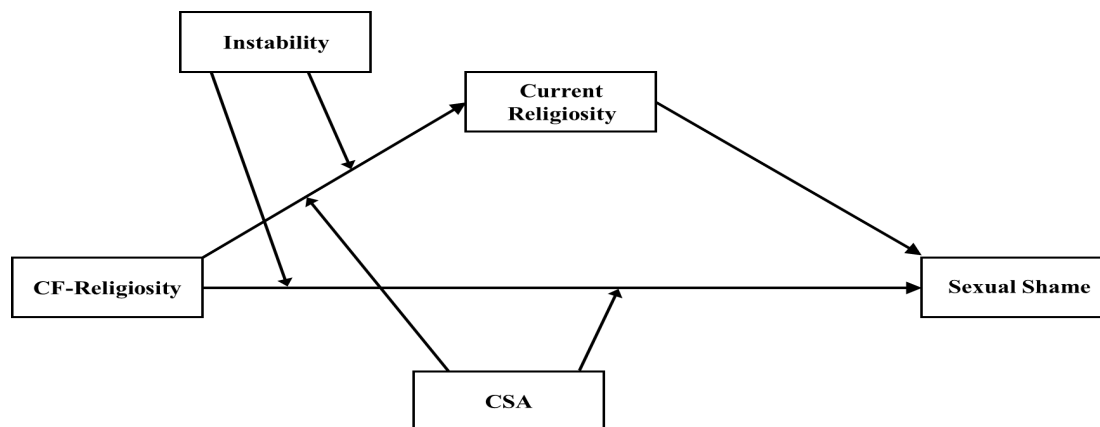
This study encompasses several theoretical and conceptual components. Bowlby's (1982) theory on attachment was used because it suggests that individuals seek secure attachment figures to manage life's stressful events. Children who have attachment figures who meet their physical, psychological, and emotional needs will form secure attachments, but without these figures, insecure attachment patterns may form. Additionally, Kirkpatrick (1992) expanded Bowlby's theory to explore God attachment and suggests individuals with insecure attachment patterns may use God as a secure attachment figure. The theory suggests that a human presence is not needed to form a secure attachment. The belief that a loving God is present within that person's life may create a secure God attachment that can meet the individual's needs.

This study also considers the pretense that religiosity may contribute to the development of sexual shame (Volk, Thomas, et al., 2016). Religiosity may influence the process of developing healthy and maladaptive sexual scripts. Religiosity may contribute to moral incongruence, which may cause disruptions in the development of sexuality due to perceived maladaptive behaviors regarding sexuality (Volk, Floyd, et al., 2019). The potential influence of religiosity on the development of shame-proneness is a critical question that was explored.

Figure 1 illustrates the various interactions of interest as a conceptual model that was explored in this study. First, this model was used to explore the relationship between childhood household religiosity to sexual shame through current religiosity. Next, childhood sexual abuse was examined as a mediator on the relationship of childhood family religiosity to current religiosity and childhood family religiosity to sexual shame. Last, I analyzed the mediation impact of a perceived insecure attachment to God on childhood family religiosity and current religiosity as well as childhood family religiosity and sexual shame. This study addressed the dynamic relationships between household religiosity and sexual shame through current religiosity, childhood sexual abuse, and God attachment. This model will extend current literature by exploring the correspondence model of God attachment and its impact on sexual shame development and current levels of religiosity.

Figure 1

Integrative Conceptual Model



Organization of the Remaining Chapters

This study will be organized into four additional chapters. Chapter 2 of this study will explore past research on sexual shame, childhood sexual abuse, attachment issues, early

exposure to pornographic material, sexting, religiosity, and God attachment, which provided a base of knowledge for this study. Chapter 3 will provide an overview of the research methods and procedures. The chapter will outline the participants, instruments, and procedures used to collect this study's data. Chapter 4 will provide data analysis and results of the study. Chapter 5 will then present the interpretation of the findings as well as the limitations and future research to advance this study. This chapter will connect the findings of this study to past research and present an overview of how the results can be viewed regarding past research and how it can be used in future research.

Chapter Summary

This chapter provided a brief introduction to this study. Through this study, the relationship between childhood household religiosity, sexual shame, and current levels of religiosity were studied through the impact of childhood sexual abuse and God attachment. This chapter explored the hypotheses, definitions of key components of the study, and the theoretical framework. This chapter also supported the significance of the study. The next chapter will provide the literature review that served as the foundation for the hypotheses.

CHAPTER TWO: REVIEW OF THE LITERATURE

This study was focused on several key variables: religiosity, attachment, God attachment, childhood sexual abuse, shame, and sexual shame. This chapter will review past research to provide a framework of these topics including religiosity, attachment, God attachment, childhood sexual abuse, and shame. These topics must be explored to differentiate these concepts within this study and provide an understanding for the remaining chapters of this study.

Religiosity

Religiosity and spirituality are individuals' views of a higher power (Ganje-Fling & McCarthy, 1996). Religiosity and spirituality are the personal manifestations of a person's beliefs, whereas religion is the communal practice of like belief systems. Religiosity can be a protective factor in the development of sexual shame, especially when an individual experiences trauma in childhood (Gall et al., 2007); however, it can also increase the likelihood of developing shame.

The development of sexual shame through religiosity may stem from internal and external factors that contribute to the shame-proneness. Involvement in structured religious communities may contribute to shame-proneness, with or without intent. Shame may be reinforced for individuals who have perceived sexual addictions through a judgmental church lens (Edgar, 2012). This may cause the individual to feel excluded from their church community, further isolating and increasing shame (Rudolfsson & TideFors, 2014). Another contributing external factor in developing sexual shame is growing up in a religious household (Gordon, 2018). Religious parents may contribute to a negative view of God if they engage in abuse or use religion to justify their behaviors and abuse (Ganje-Fling & McCarthy, 1996; Goeke-Morey et al., 2017). Though studies vary on the impact of both parents (Bao et al., 1999; Li, 2014;

Vaidyanathan, 2011), research has suggested that spirituality of the mother has been positively correlated with adult religiosity (Bao et al., 1999; Holden et al., 2013; McDonald et al., 2005); and a decrease in the father's spirituality may increase anxious views of God (Bao et al., 1999; Li, 2014; McDonald et al., 2005). Further, family household religiosity may promote healthy sexuality; however, it may also contribute to the development of shame through observing and experiencing the family spiritual practices (Bao et al., 1999).

Similarly, internal factors may contribute to the development of sexual shame.

Individuals with a strong moral conviction may experience sexual shame due to the moral incongruence between their belief system and their actions (Borgogna et al., 2020; Perry et al., 2017; Volk, Floyd, et al., 2019; Volk, Thomas, et al., 2016). Individuals who have strong religiosity and view pornography may have an increased perception that they have problematic pornography use (Chisholm et al., 2015; Grubbs, Exline, Pargament, Hook, & Carlisle, 2015). Additionally, individuals who experience childhood sexual abuse may view God as unloving and distant (Ganje-Fling & McCarthy, 1996) or feel betrayed by God (Rudolfsson & Tidefors, 2014). These feelings may cause an individual to have difficulty trusting and attaching to God (Reinert & Edwards, 2009), though religiosity can be used as a mechanism for both helpful and harmful coping strategies (Gall, 2006). These experiences contribute to the impact that spirituality may have on the development of shame.

Though religiosity may contribute to the development of sexual shame, it also can serve as a protective factor. Religious parents are often more involved in their child's life (Goeke-Morey et al., 2017; Hall, Brokaw, et al., 1998; Laurin et al., 2008), and their faith may shape the spirituality of their children (Leonard et al., 2013; Power & McKinney, 2013). Religious parents who are warm and authoritative may be viewed as mimicking the image of God (Heaven et al.,

2010). Children who grow up in religious households often have decreased engagement in sexual behaviors (Quinn et al., 2019). Religious attendance has been suggested to decrease incidents of premarital sex (Murray et al., 2007) and increase sexual satisfaction (Grubbs & Hooks, 2016). Increased religiosity is also likely to increase wellness (Szymanski et al., 2020) and lessen distress (Gall, 2006). Lastly, religiosity may shape healthy sexual beliefs that increase healthy sexuality (Leonhardt et al., 2020). Religiosity has a dual impact on sexuality depending on how religiosity influences sexual identity development. In some cases, it can contribute to the development of maladaptive sexual scripts and risk of sexual shame; however, in other cases, it can be a protective factor.

Attachment

It is important to understand secure attachment and insecure attachment and their impact on individual development. Attachment is typically formed early in life while an infant seeks a parent as a secure base when they experience distress (Bowlby, 1982). Attachment is part of the formative development of self, and the ability to have an attachment figure can play a role in how that individual experiences the world. However, though some individuals have a reliable attachment figure (i.e., secure attachment), others do not, leading to an insecure attachment.

Secure attachment is formed when an individual faces a degree of distress, and an attachment figure provides proximity and emotional security (Baptist et al., 2012; Bowlby, 1982; D'Urso et al., 2019; Passanisi et al., 2015; Szymanski & Stewart-Richardson, 2014). Secure attachment is often formed early in infancy and often extends throughout the individual's life (Bartholomew & Horowitz, 1991; Bowlby, 1982; Giordano et al., 2017; Kirkpatrick, 1992; TenElshof & Furrow, 2000). The parent-child relationship is critical to the development of secure attachment (Leonard et al., 2013; Passanisi et al., 2015). Secure attachment can help cope

with an event (Baptist et al., 2012; Bolen, 2002), but it can also help with adult relationships (Szymanski & Stewart-Richardson, 2014), self-esteem (Passanisi et al., 2015), and decreased loneliness (Pereira et al., 2014). Either parent may function as an attachment figure (Bowlby, 1982; Trub & Starks, 2017), but the mother often serves as the secure attachment figure (Bowlby, 1982). Secure attachment becomes a useful way for an individual to attach to a secure base when faced with distress, which correlates with better adult functioning.

Although individuals may find a secure base in times of perceived danger, other individuals attempt to find that secure base, but no one is present; thus insecure attachment patterns may form. Insecure attachment typically manifests as anxious or avoidant attachment (Bowlby, 1982), where the individual views the world as dangerous and often feels that they have to face it alone. Insecure attachment may lead to issues with addiction (Adams & Robinson, 2001; Giordano et al., 2017; Trub & Starks, 2017), issues with relationships/intimacy (Adams & Robinson, 2001; Stephenson & Welch, 2019; Szymanski & Stewart-Richardson, 2014; Trub & Starks, 2017), increased shame (Wells, 2003), and issues with healthy sexuality (Adams & Robinson, 2001; Timberlake et al., 2016). Thus, insecure attachment is often linked to difficulties in various aspects of life. However, identity development is a dynamic process, and many factors may contribute to developing healthy attachments and functionality later in life (Bolen, 2002). It is important to recognize that issues with attachment may make things more complex and have to create alternative mechanisms to having their needs met. These may manifest as both prosocial coping strategies and perhaps unhealthy behavioral activities.

These attachment patterns can also be linked to sexuality. For instance, sexual addiction has been connected to early attachment issues (Adams et al., 2001). Early secure attachment may lead to healthier relationships throughout the individual's life; however, an insecure attachment

may lead to attachment anxiety or avoidance, which may negatively impact future relationships (Trub et al., 2017). Teens may engage in sexting to maneuver sexual avoidance and anxiety if they were exposed to insecure attachment earlier in life (Trub et al., 2017). Further, individuals with insecure attachment patterns may have an increased risk of developing sexual shame through their actions (Brown et al., 2010; Opitz et al., 2009) in addition to compensating through sexualized activities (Giordano et al., 2017), which may lead to risky sexually compulsive behaviors (Timberlake et al., 2016). In contrast, secure attachment can be linked to increased spiritual maturity (Bolen, 2002; TenElshof & Furrow, 2000), which may result in an individual engaging in less sex to avoid the formation of relationships. Secure attachment may also be a protective factor when individuals experience sexual abuse (Baptist et al., 2012).

God Attachment

Religion plays a big role in how individuals respond to crises (Kirkpatrick, 1992). Religious attachment is when an individual uses a religious figure as a secure attachment base (Bolen, 2002; Kirkpatrick, 1992). Individuals who had difficulty forming secure childhood attachments may rely on religious activities to form healthy attachments (Rowatt et al., 2002). Similar to Bowlby's attachment theory, attachment to God can be secure, avoidant, or anxious depending on the relationship the individual has with God (Rowatt et al., 2002). For example, studies on nuns showed healthy, secure, and meaningful attachments with God (Kirkpatrick, 1992). Attachment to God may help an individual who is exposed to childhood sexual abuse or other sexualized shame experiences and provide a secure base to manage those experiences.

Compensatory Versus Correspondence

An important component of addressing God attachment is exploring the difference between the compensatory and correspondence model of attachment. The compensatory model

indicates that an individual who does not have a secure attachment figure may substitute, or compensate, God as a secure attachment figure (Hall, Fuji-Kawa, et al., 2009). The compensatory model proposes that God is used to fill the attachment void and meets their attachment needs in times of distress (Beck & McDonald, 2004). In contrast, the correspondence model suggests that an individual's attachment pattern is replicated in their attachment to God (Hall, Fuji-Kawa, et al., 2009). In this model, the individual views God similar to how they view their human attachment figures (Beck & McDonald, 2004). The correspondence model suggests that individuals with secure attachment patterns will also have secure attachment to God, individuals with anxious attachment will have an anxious attachment to God, and individuals who have avoidant attachment styles will have an avoidant attachment to God.

There is a debate regarding the strength of each model, and both models have produced empirical support for their application. In terms of the compensatory model, it focuses on God as an attachment figure to compensate for lack of supports within an individual's life. God can be a source of support and strength and increase confidence in times of difficulty or distress (Beck, 2006). The compensatory model has support when applying it to the insecure attachment style (Bao et al., 1999; Beck, 2006; Granqvist, 2005; Granqvist, 1998; Granqvist & Hagekull, 1999; Reinert & Edwards, 2009; Richards & Hackett, 2012), an avoidant attachment style (Kirkpatrick & Shaver, 1990), and an anxious attachment style (Kirkpatrick, 1997). The literature within this model suggests that parental relationships contribute to insecure attachment patterns (Bao et al., 1999; Kirkpatrick & Shaver, 1990; Reinert & Edwards, 2009). Avoidant attachment styles are more complex, as they may also lead to an increased risk of agnostic beliefs; however, anxious attachment patterns may be more secure in God as an attachment figure (Kirkpatrick, 1997). The compensatory model is also positively correlated with childhood sexual abuse; an increase in

sexual abuse may increase insecurity with God as an attachment figure (Reinert & Edwards, 2009).

The correspondence model of attachment focuses on attachment style with attachment figures, which are directly related to their God attachment. The correspondence model focuses on both a secure attachment style as well as an insecure attachment pattern. A correspondence model for secure attachment suggests that a secure attachment to an attachment figure would correlate with a strong attachment to God (Granqvist & Gagekull, 1999; Hall, Fuji-Kawa, et al., 2009; Kimball et al., 2013; McDonald et al., 2005; Miner, 2009). Through this lens, God is viewed as strong and wise and is conceptualized through the lens of human attachment figures (Brokaw & Edwards, 1994; Kimball et al., 2013). Similarly, individuals with insecure attachment styles, avoidant and anxious, also mirror that attachment style with God (Hall, Fuji-Kawa, et al., 2009; McDonald et al., 2005; Miner, 2009; Sandage et al., 2015; Tailor et al., 2014). The gender of the attachment figure may play a role in the development of the correspondence (see Limke et al., 2011), but it needs to be explored at greater lengths to ascertain the relationships (McDonald et al., 2005; Tailor et al., 2014). Lastly, a correspondence model may have greater influence on implicit spirituality, which includes internal processes regarding God (Hall, Fuji-Kawa, et al., 2009). It is possible that the explicit communication of spirituality may not be as overtly influenced through an attachment lens.

There is research supporting both a compensatory and correspondence model of God attachment. The current study advances the research base, which supports differing views of attachment style and how it is replicated in God attachment. This research addressed how God attachment may be used in treatment for childhood sexual abuse and sexual shame. The models

have been explored and refined, but more research is needed to continue to delineate between the two models.

Childhood Sexual Abuse and Other Sexual Exposure

Childhood sexual abuse and early exposure to sexualization may impact an individual's development, particularly the development of healthy sexual scripts and shame. The previous section focused on literature regarding sexual shame and its impact on development. This section will present literature regarding the impact of childhood sexual abuse and other forms of sexualized exposure including pornography and social media. These areas are instrumental in the development of sexuality and potentially lead to sexual shame depending on the individual's experience.

Childhood Sexual Abuse

Childhood sexual abuse occurs when a person of power engages in sexual contact with a child (Morrison & Ferris, 2009). Childhood sexual abuse has been reported to occur in 15-33% of females and 13 to 16% of males (Morrison & Ferris, 2009). Research has indicated that around 1 in 4 females and 1 in 13 or 1 in 20 males experience childhood sexual abuse at some point in their developmental years (Centers for Disease Control, n.d.; National Center for Victims of Crime, 2020). The discrepancy in the numbers of victims of childhood sexual abuse is due to a high percentage of victims who do not report their abuse out of fear, misunderstanding, or not wanting to harm a loved one (National Center for Victims of Crimes, 2020). Additionally, females are more likely to report abuse, but adolescent males are the least likely to report due to male gender expectations that may make them feel powerless (Hlaka, 2017).

Due to the intimate nature of childhood sexual abuse, it may be a traumatic experience that drastically impacts the healthy development of sexual identity. Sexual shame may develop

as a mediating factor to provide meaning and rationalization regarding the experience (Feiring, Taska, & Chen, 2002), altering how an individual views themselves due to the victimization (Weiss, 2010). Childhood sexual shame has been linked to self-condemnation, powerlessness, loss of dignity, and feelings that others will judge them (Weiss, 2010). The intensity of the shame is often linked to the severity, duration, and who abused them (Aakvaag et al., 2016; Feiring, Taska, & Chen, 2002). Feelings of shame also become elevated when the child continues to have contact with the abuser (Talmon et al., 2017).

Childhood sexual abuse also tends to continue to impact the individual. It has been linked to sexual dysfunction, especially if the sexual abuse occurred before the age of 16 (Pulverman et al., 2020). Victims of childhood sexual abuse also have a greater likelihood of becoming revictimized during adulthood (Kessler et al., 1999). Further, individuals who are victims of childhood sexual abuse often have difficulty with social interactions due to the experience (DeCou et al., 2019). Though many victims of childhood sexual abuse recover, some report that the experience has caused shame proneness across their life (Feiring & Taska, 2005).

Biological, Psychological, Social, and Spiritual Implications

Childhood sexual abuse may result in a plethora of different symptoms that manifest over a lifetime. Various factors contribute to the development of these symptoms, and some individuals may experience few, whereas others experience a significant number of symptoms (Talmon & Ginzburg, 2017). These symptoms may materialize physically, psychologically, socially, or spiritually. Ultimately, childhood sexual abuse may deeply alter a person's sense of self (Weiss, 2010). It is important to recognize that each individual experience is different, and victims may not report the presence of symptoms.

The first type of symptoms that may present are physical symptoms, which include pain, swelling, bleeding, bruising, frequent urinary tract infections, painful urination, the presence of a sexually transmitted infection, and/or pregnancy (Zuckerman, 2010). The severity of these symptoms may vary greatly. Individuals also may have changes in their eating patterns, sleep hygiene patterns, difficulty focusing, inappropriate sexual behaviors such as masturbation in public, being overly seductive toward peers and adults (Zuckerman, 2010), and sexual addictions (Opitz et al., 2009). Some individuals may display physical evidence, or they may find ways to hide these symptoms.

The second symptoms set are psychological symptoms. Childhood sexual abuse is linked to increased frequency of mental health issues (Aakvaag et al., 2016). Potential psychological effects of childhood sexual abuse include extreme fear, early fascination with sexualized behaviors (Talmon & Ginzburg, 2017; Zuckerman, 2010), issues with adjustment, depression, self-esteem, and post-traumatic stress disorder (DeCou et al., 2019; Feiring, Taska, & Lewis, 1996; Feiring, Taska, & Lewis, 2002). Additionally, victims of this abuse may feel that they have no self-worth or identity (Feiring & Taska, 2005; Hlavka, 2017; Weiss, 2010). They may also have an increased risk of addictive behaviors, both behavioral and chemical (Opitz et al., 2009). Similar to physical symptoms, individuals may struggle with psychological distress but not report it out of fear. Shame may contribute to the unwillingness to shed light on the childhood sexual abuse.

The third category of symptoms of childhood sexual abuse are social symptoms. These symptoms may be changing relationships with family members, adults in their life (such as teachers), and peers. Individual symptoms of childhood sexual abuse include being clingy, withdrawn, rejected, lacking desire to form relationships, refusing to go to school, declining

grades, refusing to engage in physical education class, and tardiness (Feiring & Taska, 2005; Feiring, Taska, & Lewis, 1996; Zuckerman, 2010). Relationships with family members may also be deeply impacted, even with members who were not the perpetrator (Opitz et al., 2009). Victims of sexual abuse may have a range of social symptoms from withdrawing from people to being overly sexual (Talmon & Ginzburg, 2017; Zuckerman, 2010). These symptoms may also fluctuate depending on individual moods.

The last category of symptoms involves spiritual implications. Individuals who experience childhood sexual abuse may have their worldview changed and may start to question the presence of a loving God (Hall & Edwards, 2002). The shame derived from childhood sexual abuse may cause some to reject God or have an insecure attachment; however, others may find these experiences as a mechanism to form a strong God attachment and have a strong attachment to God (Murray & Ciarrocchi, 2007). The degree of religious coping may significantly contribute to this relationship.

Childhood sexual abuse is a damaging experience that many experience. Exposure to childhood sexual abuse has the potential to link to lifelong issues with sexual identity and attachment toward others. This behavior is often perpetrated by an attachment figure, which creates even more damage through altering sexual scripts. The next sections will address social media and pornography, which can also impact a child's sexual identity development.

Exposure to Pornography

Pornography is one of the most prominent businesses in the United States (Grubbs, Grant, & Engelman, 2018; Guidry et al., 2020; Szymanski et al., 2014). It allegedly is geared toward consenting adults; however, youth are increasingly being exposed to pornography as well. Most males and females will view pornography by the age of 16 (Sun et al., 2016). The

expansion of technology such as smart phones and tablets have increased the potential risk of access to pornography (Coopersmith, 2006; McNabney et al., 2020). Most who viewed pornography viewed it for the first time on accident (Sun et al., 2016). Youth spend a great deal of time on their phones, and it is not always easy to monitor or regulate what they are accessing.

It is important for families to monitor and assess the content being viewed by their youth, because pornography and social media may be providing sexual education to youth. Many view pornography as a mechanism for masturbation, and sexual minorities sometimes use it to explore their sexuality (Prause, 2019). Additionally, individuals who have sexual issues may turn to cybersex to fill that void (Levert, 2007). But viewing pornography can develop sexual scripts, and they may be more likely to attempt to act out the scenes in real life (Sun et al., 2016).

Additionally, there is the potential addictive nature of pornography use (Binnie et al., 2020; Chen et al., 2019; Grubbs, Grand, & Engelman, 2018; Grubbs, Exline, Pargament, Volk, & Lindberg, 2017; Lewczuk et al., 2020). Those who live in families where sexuality is openly discussed tend to use pornography less than those growing up in families where it is not an open subject (Charig et al., 2020). Families that have open discussion on sexuality and hold acceptable and unacceptable views of sexuality may help with the level of use (Volk, Thomas, et al., 2016).

Sexting and Social Media

In addition to pornography, youth can also be exposed to sexualized material through social media and sexting. Sexting is a prevalent activity among young individuals (Bonilla et al., 2020). It is estimated that approximately 50 to 60% of youth engage in sexting, and it even more prominent among sexual minorities (Trub et al., 2017). But sexting is not always a consensual activity, with many being forced to engage in it (Bonilla et al., 2020), especially females (Roberts et al., 2020). Sexting may lead to shame and stigma if the material is shared without

their consent (DeRider, 2019). Sexting has also been linked to cyber and real bullying and may lead to depression, self-mutilation, substance use, and suicide (Ringrose et al., 2015).

Summary

In this section, literature was explored regarding childhood sexual abuse, pornography, and sexting. These three experiences have the potential to impact a younger individual's sexual development. All three may lead to sexual shame and victimization, which can impact individuals well into adulthood. It is critical for parents and guardians to be aware of what their children are being exposed to and how much free time they are afforded on technology. Though the focus of this study was childhood sexual abuse, it was still important to illustrate other potential areas where sexual shame could develop.

Shame

Shame is a concept that is sometimes linked to guilt and embarrassment (Rizvi, 2010); however, it has fundamental differences from the other emotions. It is important to understand the differences between shame and guilt, as they can impact an individual differently. This section will explore the delineation between shame and guilt, which applied to the topic of this study. Shame will then be narrowed to sexual shame and the impact that this may have on human development. Shame derived from childhood sexual abuse or other early exposure to sexualized behaviors will also be explored. This section will look at both the potential positive and negative aspects that shame may have on individuals and potential struggles as a result of shame. Further, this section will discuss the impact sexual shame may have on development and the onset of biopsychosocial-spiritual symptomology.

Shame Versus Guilt

The first task in addressing shame is to differentiate shame from guilt. These two terms are often used interchangeably (Blum, 2008; Rizvi, 2010); however, there are differentiating features. Guilt typically occurs when an individual did something that violated their idea of what is right, and they have remorse about their actions (Arel, 2015; Feiring & Taka, 2005; Gilliland et al., 2011; Kinston, 1983; Murray & Ciarrocchi, 2007; Potter-Effron, 1989; Rizvi, 2010; Rosenthal, 2003; Tangney et al., 1992). Individuals may feel that their behavior was wrong such as something that they did or failed to do (Aakvaag et al., 2016; Dorahy & Clearwater, 2012; Tangney et al., 1992). The individual may feel that they need to be punished (Kinston, 1983; Potter-Effron, 1989); however, guilt does not typically result in long-term symptoms (Murray & Ciarrocchi, 2007), though it may lead to positive behavioral changes (Gilliland et al., 2011; Phillips et al., 2019). Guilt may also be derived from engaging in behavior that does not coincide with their religious and/or spiritual beliefs (Grubbs, Exline, Pargament, Volk, & Lindberg, 2017; Grubbs & Hook, 2016), which may cause them to become closer to God (Borgogna et al., 2020). Therefore, the experience of guilt may be both positive and negative.

Shame is experienced differently from guilt due being deeply rooted and personal (Brown, 2013; Cunningham et al., 2002; Gordon, 2018; Lewis, 1971; Kinston, 1983; Weiss, 2010). Shame is produced through the individual viewing their experience through a system of beliefs and their worldview (Deguara, 2019; Lewis, 1992; Shadbolt, 2009; Weiss, 2010), assessing their behaviors against social norms (Feiring & Taska, 2005). Shame is formed when an individual fails to meet an internalized ideal of themselves, typically produced by a standard set by an individual's system, notably family and society (Brown et al., 2010; Dorahy et al., 2012; Hallman et al., 2018). Shame may be developed early in life and continued throughout the

lifetime (Adams & Robinson, 2001; Brown & Treveltham, 2010; Feiring, Taska, & Chen, 2002; Feiring, Taska, & Lewis, 2002; Hlavka, 2017; Kessler & Bieschke, 1999; Talmon & Ginzburg, 2017). Shame is a part of the human experience; however, individual response to shame varies greatly. Shame is typically seen as a failure of one's entire self (Brown & Treveltham, 2010; Chisholm & Gall, 2015; Clark, 2017; Dorahy & Clearwater, 2012; Feiring, Taska, & Lewis, 1996; Rizvi, 2010; Tangney et al., 1992), which results in a negative assessment of self (Feiring & Taska, 2005; Lewis, 1992; Tangney et al., 1992), feelings of being broken (Arel, 2015; Elise, 2008; Murray & Ciarrocchi, 2007) as well as feeling undesirable (Aakvaag et al, 2016; Pinto-Gouveia & Matos, 2011), helpless (Brown, 2013; Elise, 2008; Potter-Effron, 1989; Talmon & Ginzburg, 2017), a failure and unlovable (Phillips et al., 2019; Potter-Effron, 1989), and exposed (Brown, 2013).

It is also important to acknowledge shame's ties to religion. Shame may be traced back through the annals of time (Murray & Ciarrocchi, 2007). In the Biblical story of creation, mankind chose to disobey God and ate from the tree of knowledge; therefore, shame entered the world. Shame in this instance was brought about by seeing themselves as naked and flawed. This depiction of creation is a fundamentally taught beginning of the Christian and Jewish faith. Shame manifests now as a fundamental view of the self as broken and separated from God (Murray & Ciarrocchi, 2007).

The recognition of the fundamental differences between shame and guilt is critical to analyzing the impact that these constructs have on development. Guilt is a recognition that an action, or inaction, did not meet with that individual's belief in what is right from wrong; therefore, punishment and reconciliation is needed. Shame is rooted deep into a fundamental

belief that oneself is broken, wrong, and bad. This view is conceptualized by a faulty view of self and exasperated by the belief that others view them in the same manner.

Sexual Shame

Sexual shame is different than guilt in that the individual internalizes the action, seeing themselves as a bad person rather than that they did something wrong (Aakvaag et al., 2016; Chisholm et al., 2015; Fering et al., 2005; Gilliland et al., 2011; Gordon, 2018; Weiss, 2010). Sexual shame manifests when sexualized behaviors lead to feelings of inadequacy and brokenness, causing individuals to have adverse feelings regarding their sexual identity. Thus, sexual shame can be damaging to healthy sexual development.

Sexual shame may manifest as a result of childhood sexual abuse; however, it can manifest in many ways. Sexual shame may occur through the taboo nature of sex in American society (Kaufman, 1989; Volk, Thomas, et al., 2016). Sexual shame is influenced by Western cultural beliefs such as morals, views on marriage, views of homosexuality, gender roles, sexism, and view on sexualized behaviors (Brown et al., 2010; Deguara, 2019; Shadbolt, 2009). Sexual shame may develop early depending on messages sent to the child by their caregivers (Clark, 2017; Hastings, 1998; Kaufman, 1989; Volk, Thomas, et al., 2016) as well as ineffective parenting (Kessler et al., 1999). It is a normative experience for young children to explore their own sexuality by touching and exploring their body (Lichtenberg, 2007; Mollon, 2005); however, parents may refuse to talk about sexuality with their children, which may lead them to correlate sex with shame (Hastings, 1998; Lichtenberg, 2007; Mollon, 2005). Sexual shame may also occur if an individual has early exposure to pornography (Volk, Floyd, et al., 2019; Volk, Thomas, et al., 2016), sexual abuse (Gordon, 2018), religious shaming regarding sexuality (Chisholm & Gall, 2015; Leonhardt et al., 2020), and sexual secrets (Hastings, 1998). It is

important to be aware of the causes of sexual shame, as it may significantly impact an individual's ability to develop healthy sexual scripts.

Sexual shame impacts the development of sexual norms (Shadbolt, 2009) and may affect an individual's evaluation of their own sexual identity, behaviors, attractions, thoughts, and feelings (Feiring, Taska, & Lewis, 1996; Feiring, Taska, & Chen, 2002; Feiring, Taska, & Lewis, 2002; Gordon, 2018). Thus, shame may be one of the most damaging aspects of childhood mistreatment (Talmon et al., 2017), as it significantly impacts an individual's development. Individuals who identify as sexual minorities may be at an increased risk of maladaptive sexual shame development (Brown et al., 2010; Kaufman, 1996). The development of this sexual shame may impact that individual's view of self, how they interact with others sexually, and increased disparity between their sexual identity and sexual behaviors.

The onset of sexual shame may also impact an individual's ability to have healthy sexual boundaries, and they may engage in hypersexual behaviors as a mechanism to deal with sexual shame (Reid, 2010; Schwartz & Brasted, 1985). This may be increased when an individual experiences childhood sexual abuse (Andrews et al., 2000; Barker et al., 2021). Though an increase in sexualized behaviors may seem counterintuitive of someone who has sexual shame, it may be a mechanism to derive meaning from the shame (Kaufman, 1989). Sexual shame may also impact an individual's ability to build healthy interpersonal relationships and may disrupt healthy sexual development (Clark, 2017). Sexual shame may be a causal factor for most sexual disorders (Hastings, 1998; Reid, 2010; Schwartz & Brasted, 1985). Sexual shame thus needs to be addressed to have a healthy sexual identity development.

Sexual shame may also impact an individual's degree of religiosity due to the perceived moral incongruence from their beliefs and their experiences (Volk, Floyd, et al., 2019; Volk,

Thomas, et al., 2016). The messages that the church provides to children about sexuality can be both supportive and shameful. The church can play a role in the transformation and redemption of individuals struggling with sexual shame if careful attention is placed on the message and supports being provided (Arel, 2015; Gordon, 2018; Leonhardt et al., 2015; McClintuck, 2001; Murray & Ciarrocchi, 2007). The incongruence between an individual's belief system and their lived experience can be a derivative factor to the development of sexual shame.

The development of sexual shame and its impact on identity may be influenced by gender. Females tend to experience shame more often than males (Aakvaag et al., 2016; Brown, 2013; Hallman et al., 2018; Lewis, 1971; Talbot et al., 2004), which is especially true for sexual minorities (Hallman et al., 2018; Shadbolt, 2009). However, men still experience sexual shame (Dorahy & Clearwater, 2012; Gordon, 2019; Hlavka, 2017). The difference between shame development may be due to varying views on the role of gender (Gordon, 2019; Weiss, 2010). Sexual shame can be developed by all genders; however, societal expectations may exacerbate the development of sexual shame due to a self-perceived violation of sexual norming behaviors. Research has suggested that female victims felt ashamed of their sexual assault (Weiss, 2010). But men, particularly young men, may feel the male gender role as a barrier to report sexual abuse and sexual shame (Dorahy & Clearwater, 2012; Hlavka, 2017).

Sexual shame is important within individual development. Sexual shame may occur through a variety of actions, or inactions, and can impact an individual's development and ability to form appropriate interpersonal relationships with others. Sexual shame can also affect one's religious belief system. It is important to gain an understanding of the causal factors of sexual shame, as it alters individuals' views of themselves and may cause them to feel broken and have difficulty forming relationships and healthy sexual scripts.

Symptomology

The impact of shame and sexual shame is found in a number of symptoms including mental health and addictive disorders. Shame may cause an individual to feel vulnerable and defeated (Hastings, 1998; Kessler et al., 1999; Pinto-Gouveia & Matos, 2011; Potter-Effron, 1989) and have a hard time adjusting (Clark, 2017; Feiring, Taska, & Lewis, 1996). Shame may cause individuals to have a hard time moving beyond the shame, and they may wish to be invisible (Chisholm et al., 2015; Feiring & Taska, 2005; Weiss, 2010). Shame also causes an individual to feel like they are broken and may choose to alienate themselves from others (Adams et al., 2001; Dorahy et al., 2012; Potter-Effron, 1989; Weiss, 2010). Shame may impact the individual view of their self-image and have difficulty with self-esteem (Elison et al., 2006; Pinto-Gouveia et al., 2011; Rizvi, 2010; Talmon et al., 2017). Therefore, various ways that individuals exhibit sexual shame include withdrawing, avoidance, attacking, and attacking the self (Elison et al., 2006).

The development of shame has also been linked to an increase in a wide array of mental health issues, which not only impacts sexual development but may cause further struggles in overcoming sexual shame. Shame may be experienced in a maladaptive way that increases mental health symptoms (Aakvaag et al., 2016; Andrews et al., 2020; Elison et al., 2006; Gilliland et al., 2011; Lichtenberg, 2007; Potter-Effron, 1989; Rizvi, 2010; Tangney et al., 1992). Sexual shame can be linked to increases in depression, adjustment, anxiety, and posttraumatic stress symptoms (Fering et al., 2002; Pulverman et al., 2020). Shame may also contribute to poor interpersonal skills, decreased empathy, increased anger (Gordon, 2018), increased narcissism, dissociation, aggression, and violence (Volk, Thomas, et al., 2016). Further, it may be linked to the feeling of being a failure (Cunningham et al., 2002). Sexual shame is also connected with

increased risk of suicidal ideation and/or attempts (Andrews et al., 2020; Rizvi, 2010; Tangney et al., 1992). All these increased symptoms may cause a higher reliance on services within the community (Hallman et al., 2018).

In addition to these mental health symptoms, sexual shame can be linked to an increased risk for addictive behaviors. The addiction may be sexualized in nature, or it may manifest as a chemical addiction. Shame seems to be a driving force in the development of addictive behaviors rather than guilt (Adams et al., 2001; Gilliland et al., 2011), and it may be a critical component to an individual struggling in the addictive cycle (Phillips et al., 2019). Sexual shame may cause some individuals to engage in sexual addictions (Garner et al., 2020; Levert, 2007) or chemical substances (Gilliland et al., 2011). Sexual shame may also contribute to the development of hyper-sexual behaviors as a self-medication process of their shame (Chisholm et al., 2015; Gilliland et al., 2011). Addiction may be used as a mechanism to mask the painful emotions of sexual shame (Adams et al., 2001; Reid, 2010; Schwartz & Brasted, 1985). Sexual shame may also increase the risk of developing unhealthy sexual scripts such as paraphilias (Hastings, 1998). It is critical to assess potential addiction when working with an individual struggling with shame and/or sexual shame.

Overview of Current Research on Shame

Research on the impact of sexual shame has increased over the last few years. The focal point of the research has varied from religiosity, pornography use, sexting, and childhood sexual abuse. Sexual shame is a critical part of this study; therefore, several recent studies will be presented to illustrate some of the current findings. The purpose of this study is to continue the research within this field, adding to the literature by focusing on both childhood sexual abuse and God attachment.

One of the studies highlighted in this section focused on childhood sexual abuse, sexual shame, and relationship satisfaction (Barker et al., 2021). Barker et al. (2021) studied 732 individuals who are in a committed relationship and found a correlation between childhood sexual shame and relationship satisfaction; however, sexual shame appeared to mediate this relationship. These findings indicate the importance of sexual shame for future research of childhood sexual abuse and relationship satisfaction.

Research has also addressed religiosity in relation to sexuality. Leonhardt et al. (2020) studied the impact religiosity has on sexual satisfaction based on the experiences of 1,614 individuals in committed relationships. They termed “sexual guilt” as a parameter instead of sexual shame. The results showed that higher degrees of sanctification led to higher levels of sexual satisfaction. Conversely, lower degrees of sanctification were linked to higher levels of sexual guilt. The sexual guilt was mostly tied to a conservative view of sex within the church, and unmarried individuals who were sexually active felt guilt from those actions.

Other studies have been closely related to the current study, examining the relationship between childhood abuse and shame. Talmon and Ginzburg (2017) studied 531 female college students and found a link from childhood abuse to boundaries and shame, concluding that childhood mistreatment led to negative views about their bodies, personality and behaviors due to the violation that happens through childhood abuse. Further, this abuse impacts how that individual views the world, creating an increased perception of danger due to the invasion of their body. Aakvaag et al. (2016) also conducted a large study focused on the relationship between sexual abuse and the development of shame and/or guilt. The study involved 2,437 females and 2,092 males who had experienced sexual abuse, rape, and/or serious physical

violence. Results showed that these experiences increased shame and guilt, and females were more prone to shame and guilt than the men being studied.

Despite the lack of studies focusing on sexual abuse of males, Dorahy and Clearwater (2012) explored the relationship between males who experienced childhood sexual abuse and the impact of shame and guilt. They found that these men felt that the shame they experience due to their childhood sexual abuse has altered how they view themselves. Additionally, the men felt that the shame they were enduring could not be changed. This study added a layer of humanity due to the nature of the study and clearly linked childhood sexual abuse as a catalyst for manifesting shame into their identity (see also Hlavka, 2017).

These studies are a few of the current studies exploring the impact sexual shame has on human development. There are several critical factors that have been identified such as the frequency of sexual abuse, gender, and role of religiosity. Literature focused on sexual shame should continue to explore and define the long-term implications that sexual abuse has on identity development. This present study will continue to assess the impact that childhood sexual abuse has on the development of sexual shame and religiosity.

Summary

This section focused on the literature on shame and guilt while focusing on sexual shame. Sexual shame is often experienced when an individual is struggling with the outcomes of sexual behaviors, which may be derived from both voluntary and involuntary sexualized behaviors. Sexual shame impacts both the development and sexual development of the individual. Many people experience issues with mental health and addictive symptoms when struggling with sexual shame. These symptoms often are used to mask the pain associated with the sexual

shame. A critical contribution to the development of sexual shame is childhood sexual abuse, which can alter childhood development and cause maladaptive sexual scripts across the lifetime.

Present Study

The present study addressed the relationship among childhood family religiosity, sexual shame, current levels of religiosity, childhood sexual abuse, and God attachment. Though these factors have been individually studied, combining them in this manner will expand the research on the topics. These variables were explored in terms of their interactions. This last section of the chapter will provide context on the hypotheses of this study.

A research question explored in this study related to the relationship between childhood family religiosity and current level of religiosity, with the hypothesis that increased household family religiosity is positively related to the current level of religiosity of the individual. Prior research has suggested this relationship with religiosity, indicating that higher family religiosity led to higher current religiosity as well as lower family religiosity leading to lower current religiosity (Bader & Desmond, 2006; Bao et al., 1999; Dangerfield et al., 2019; Flor & Knapp, 2001; Goeke-Morey & Cummings, 2017; Grenqvist, 1998; Heaven et al., 2010; Kimball et al., 2013; Kirkpatrick & Shaver, 1990; Leonard et al., 2013; Li, 2014; Martin et al., 2003; McDonald et al., 2005; Perry & Snawder, 2017; Power & McKinney, 2013; Vaidyanathan, 2011).

Therefore, household family religiosity is important in spiritual development.

An additional research question related to the moderating effect of current religiosity on household family religiosity and sexual shame. The study addressed whether childhood family religiosity leads to current religiosity as well as whether current religiosity is related to sexual shame. Further, I examined whether childhood family religion and sexual shame was mediated by current religiosity. Religiosity may be a causal factor to the development of sexual shame

(Ganje-Fling & McCarthy, 1996; Grubbs & Hook, 2016; Hallman et al., 2018; Murray et al., 2007) Research has linked sexual shame to decreased levels of religiosity (Chisholm & Gall, 2015; Deguara, 2019; Murray et al., 2007; Rudolfsson & Tidefors, 2014; Volk, Thomas, et al., 2016). Childhood family religiosity may impact the development of sexual shame, and sexual shame may impact current levels of religiosity.

Another research question explored was the impact that childhood sexual abuse has on the development of sexual shame and religiosity. This study focused on whether experience as a victim of sexual abuse is related to sexual shame, whether sexual abuse weakens religiosity, whether religiosity on its own and with sexual shame are strengthened by abuse. The premise behind these hypotheses is that childhood sexual abuse may impact the development sexual shame (Aakvaag et al., 2016; Andrews et al., 2000; Barker et al., 2021; Brown et al., 2010; Dorahy & Clearwater, 2012; Feiring & Taska, 2005; Feiring, Taska, & Chen, 2002; Feiring, Taska, & Lewis, 2002; Feiring, Taska, & Lewis, 1996; Gilliland et al., 2011; Gordon, 2018; Hastings, 1998; Hlavka, 2017; Kessler & Bieschke, 1999; Phillips et al., 2019; Shadbolt, 2009; Talbot et al., 2004; Talmon et al., 2017; Weiss, 2010). Thus, individuals who experience childhood sexual abuse may have less current religiosity (D'Urso et al., 2019; Gall, 2006; Ganje-Fling & McCarthy, 1996; Goeke-Morey & Cummings, 2017), or individuals may have increased spirituality because of the abuse (Bao et al., 1999; Beck, 2006; Beck & McDonald, 2004; Gall et al., 2007; Granqvist, 2005; Granqvist, 1998; Granqvist & Hagekull, 1999; Hall, Fuji-Kawa, et al., 2009; Kirkpatrick, 1997; Kirkpatrick & Shaver, 1990; Laurin et al., 2008; Richard & Hackett, 2012).

The last research question addressed the impact of an insecure attachment to God. The hypotheses related to whether relationship instability with God is positively related to sexual

shame or current religiosity, whether childhood religiosity and sexual shame is mediated by instability with God, and whether instability with God leads to a stronger relationship between childhood religiosity and sexual shame. Prior research has suggested these relationships (Adams & Robinson, 2001; Beck & McDonald, 2004; Ganje-Fling & McCarthy, 1996; Passanisi et al., 2015; Reinert & Edwards, 2009). This study will explore a potential linkage to correspondence versus compensatory God attachment. These data will help add to the research basis on the compelling differences between theories.

Ultimately this study was conducted to explore the relationship that childhood sexual abuse and God attachment has on the development of sexual shame and current levels of religiosity. Childhood family religiosity lays the groundwork for religious development through the lifetime. However, these other variables contribute to the degree of spiritual development. These interactions were critical components of this research study.

Chapter Summary

This chapter provided an overview of the research regarding attachment, religiosity, God attachment, sexual shame, and childhood sexual abuse. Attachment was explored through both an attachment pattern as well as a compensatory versus correspondence model of God attachment. The chapter also discussed research relating to the variables of this study such as shame and childhood sexual abuse.

CHAPTER THREE: METHOD

This chapter will provide a framework for the methods used when conducting this study that was focused on the relationship among childhood religiosity, sexual shame, and current religiosity, which may be impacted by childhood sexual abuse and insecure attachment to God. Mediation and moderation were used to ascertain correlation and potential power between variables (Hayes, 2017). This chapter will present a brief discussion of the research design, how the selection of participants was conducted, and the instruments used within the study. Next, the procedures will be presented along with the research questions that were analyzed. Lastly, a brief discussion on the data analysis and ethical considerations will be highlighted.

Research Design

This study aimed at exploring the potential relationship that religiosity has on the development of sexual shame, which may be moderated by childhood sexual abuse and an insecure attachment to God. Additionally, I assessed the impact an insecure attachment to God has on the relationship between childhood family religiosity and current religiosity. Because there were no treatments in the study, I chose a nonexperimental, cross-sectional research design. The data collected were used to make inferences based on the population.

I used Amazon Mechanical Turk, a crowdsourced platform popular among social scientists (Paolacci & Chandler, 2014), due to its ability to provide a diverse and representative sample. Mechanical Turk has been demonstrated as an effective means of data collection, replacing traditional convenience samples (Buhrmester et al., 2011; Paolacci & Chandler, 2014). Participants were asked to complete an informed consent form and then demographic information, a childhood sexual abuse screening question, Religious Commitment Inventory (RCI), Kyle Inventory of Sexual Shame (KISS), and the Spiritual Assessment Inventory (SAI).

Screening questions were provided at the end of the survey to ensure compliance and attention to the study's aim, as well as to increase the probability of accurate responses. After completion of the research study, the data were formatted and downloaded into the IBM SPSS Statistics program to conduct statistical analysis.

Research Questions and Hypotheses

Research Questions: In what way does the current religiosity mediate the potential interaction between childhood family religiosity and current religiosity? In what way does childhood sexual abuse serve as a moderated mediator on religiosity and sexual shame? In what way does a perceived relationship instability with God serve as a moderated mediator on religiosity and sexual shame?

Hypothesis 1a: Childhood family religiosity is positively related to current religiosity.

Hypothesis 1b: Current religiosity is positively related to sexual shame.

Hypothesis 1c: Childhood family religiosity is positively related to sexual shame.

Hypothesis 1d: The relationship between childhood religiosity and sexual shame is mediated by current religiosity.

Hypothesis 2a: Experience as a victim of childhood sexual abuse is positively related to sexual shame.

Hypothesis 2b: Perceptions of relationship instability with God is positively related to sexual shame.

Hypothesis 2c: Perception of relationship instability with God is positively related to current religiosity.

Hypothesis 3a: Childhood religiosity has a direct positive relationship with sexual shame.

Hypothesis 3b: The relationship between childhood religiosity and current religiosity is weakened for those that experienced childhood sexual abuse.

Hypothesis 3c: The relationship between childhood religiosity and sexual shame is strengthened for those that experienced childhood sexual abuse.

Hypothesis 3d: The direct relationship between childhood religiosity and current religiosity will be weakened by those who experienced childhood sexual abuse as a child.

Hypothesis 3e: The mediated relationship between childhood religiosity and sexual shame through current religiosity is strengthened for those who experience childhood sexual abuse.

Hypothesis 3f: The mediated relationship between childhood religiosity and sexual shame through current religiosity is strengthened at higher levels of perceived relationship instability with God.

Hypothesis 3g: The moderated relationship between childhood religiosity and sexual shame is strengthened at higher levels of perceived relationship instability with God.

Hypothesis 3h: The moderated mediated relationship between childhood religiosity and sexual shame by current religiosity is strengthened at higher levels of perceived relationship instability with God.

Selection of Participants

Mechanical Turk is a crowdsourced online platform used to recruit participants. Participants had to meet the criteria of being an adult over the age of 18 and identified as having a belief of God at some point regardless of whether they had a current belief. This study did not delineate a specific religious background but rather having a belief in a supreme being. Criteria also included experiencing sexual shame and being a victim of childhood sexual abuse.

Exclusionary criteria included participants who did not identify as being an adult, never possessed a belief in God, had not experienced sexual shame, and are not victims of sexual abuse. This study aimed to have at least 300 participants to have a sufficient degree of variability within the population set.

Demographic Information

Through the completion of the survey, participants were asked some basic demographic information to ascertain baseline data. Participants identified their racial identity, relationship status, religious affiliation, degree of their belief in God, and gender. The initial dataset ($N = 411$) was screened, and 15 participants were removed due to incomplete responses on the survey. Participants ($N = 356$) ranged from 22 to 76 years old ($M = 37.5$). A breakdown of participant demographic information can be found in Table 1.

Table 1*Participant Demographics*

Demographic	<i>n</i>	%
Gender		
Male	229	64.3
Female	127	35.7
Ethnicity		
White or Caucasian	281	78.9
Black or African American	53	14.9
American Indian or Alaska Native	5	1.4
Asian or Asian American	10	2.8
Hispanic or Latino	7	2.0
Relationship Status		
Single (I have never been in a serious relationship)	16	4.5
Single (I am not currently in a serious relationship but have in the past)	16	4.5
Non-committed Dating Relationship	5	1.4
Monogamous Dating Relationship	11	3.1
Married or Life Partner	291	81.7
Legally Separated	9	2.5
Divorced	8	2.2
Religious Affiliation		
Protestant	48	13.5
Catholic	210	59.0
Christian (Non-Denominational)	67	18.8
Mormon	2	0.6
Jehovah's Witness	1	0.3
Muslim	3	0.8
Hindu	4	1.1
Jewish	1	0.3
Buddhist	3	0.8
Taoist	1	0.3
None	12	3.4
Other	4	1.1
Belief in God		
I believe there is a God	258	72.5
I sometimes believe there is a God	81	22.8
I used to believe but do not anymore	17	4.8

Instrumentation

Religiosity

Religiosity was measured through the RCI, which is a brief, 10 item instrument that uses a 5-point Likert system to assess level of adherence to religious system of beliefs. This assessment is used to measure the levels of religiosity (Worthington et al., 2003). This study explored how well the participant felt they are adhering to the interpersonal and intrapersonal nature of their religious belief system. Sample questions from the RCI include “I spent time trying to grow in understanding of my faith” and “Religion is especially important to me because it answers many questions about the meaning of life.”

God Attachment

God attachment was measured through the SAI—an instrument that is applicable to both clinical and research use and has a purpose of assessing an individual’s awareness of God and their relationship with God (Hall & Edwards, 2002). The SAI also has five subscales: awareness, realistic acceptance, disappointment, grandiosity, and instability. This study focused on the instability subscale in assessing an individual’s level of God attachment, namely anxious attachment toward God. The SAI has 47 original items, with seven follow-up questions regarding answers on particular questions. The instrument uses a 5-point Likert scale ranging from *not at all true* to *very true*. Some questions on this instrument include “I’m afraid God will give up on me” and “My emotional connection with God is unstable.”

Child Sexual Abuse

Another factor within this study is the impact of childhood sexual abuse. The survey asked participants whether they were victims of childhood sexual abuse. The purpose of this

question was to ensure participants of this study met the inclusion criteria. The study did not go into assessment questions regarding the nature and impact of their childhood sexual abuse.

Sexual Shame

Sexual shame was measured through the KISS (Kyle, 2013). The KISS is an assessment tool that is used to measure the level of sexual shame an individual may exhibit. The KISS is a 20-question instrument where the participant selects an answer from *strongly disagree* to *strongly agree* throughout the series of questions. The KISS was used in this study to ascertain the level of sexual shame that the individuals exhibited in order to build the relationship. Sample questions in this instrument include “I think people would look down on me if they knew about my sexual experience” and “When I think of my sexual past, I feel defective as a person, like something is inherently wrong with me.”

Cronbach’s Alphas Data Screening

The Cronbach’s alpha is a measurement of internal consistency, assessing how closely related a set of items are as a group. When conducting the assessment, it was found that all variables had sufficient Cronbach’s alphas, and inter-item correlation were consistent with expectations. The Cronbach’s Alpha for the assessments were as follows: RCI-P was 0.928, RCI-H was 0.936, KISS was 0.939, and SAI-Instability was 0.928. The screening question for childhood sexual abuse was not assessed since it was a singular question.

Research Procedures

Prior to data collection, approval was procured by Liberty University’s Institutional Review Board. Once the study was approved, the survey was created in Mechanical Turk, and the pilot was tested. The pilot appeared to be working correctly, so participants were recruited. Potential participants were asked to review the informed consent prior to completing the survey.

Participants were assured that participation is strictly voluntary, and they could terminate their participation at any time. Additionally, they were assured that their participation would be kept confidential, and no identifying information would be presented. Participants were also informed that this study was going to explore religiosity, attachment to God, and sexual shame.

Participants completed the demographic information and screening questions to ensure that they met the inclusionary and exclusionary criteria. Participants were informed that they would be compensated at the completion of the survey. Data collection for this study occurred in May and June 2021.

Data Process and Analysis

The initial dataset ($N = 411$) was screened for completed surveys (to remove incomplete surveys, outliers, surveys with a pattern of answers selected, and surveys which were completed in brief periods of time). This resulted in the removal of 15 participants were removed due to incomplete responses to primary measures and the demographic criteria of interest. The final dataset ($N = 356$) was then analyzed using SPSS. Using the Hayes' (2017) PROCESS macro, the cross-sectional data were analyzed using Pearson's correlation coefficients and a regression analysis. The analysis involved a simple mediation model for indirect effect and moderated mediation to assess instability with God and childhood sexual abuse. These were used to evaluate each hypothesis through correlation and effect through the various variables.

Ethical Considerations

Careful attention to ethical considerations were considered throughout the research study, and the study was approved by Liberty University's Institutional Review Board. Mechanical Turk was used to facilitate the survey; therefore, research participants completed the survey and were compensated through Mechanical Turk. This allowed the research to be collected without

increased risk of identifying information about the participants, outside of basic demographic information, to be obtainable. Due to the sensitive nature of this study, assurance of confidentiality was paramount.

Additionally, careful attention was given to the American Counseling Association Code of Ethics (2014), particularly Section G: Research and Publication. Due diligence was used to ensure the confidentiality and safety of all participants. All participants were provided with an informed consent and the ability to terminate their participation in the survey at any point. I also paid attention to accurate reporting of data, and suggestions for future research are presented.

Summary

This chapter focused on the format and methodology of this study. The chapter focused on both the format of the study as well as the rationale for particular selections. This chapter illustrated the research design, selection of participants, overview of the instruments used, research procedures, research questions, data analysis, and ethical considerations.

CHAPTER FOUR: RESULTS

The purpose of this study was to explore the relationships between childhood family religiosity, current religiosity, sexual shame, childhood sexual abuse, and God attachment. The initial focus was on the relationship between childhood family religiosity and sexual shame through the mediation of current religiosity. This was expanded to further delineate the possible moderation of childhood family religiosity with current religiosity by childhood sexual abuse. Next, the relationship between childhood family religiosity to sexual shame was analyzed through the moderation of childhood sexual abuse. Then the potential moderation relationship of an instable relationship with God was explored through the relationship of childhood sexual abuse and current religiosity. Finally, the relationship between childhood family religiosity and sexual shame was explored through the moderation on an instability relationship with God. This chapter presents the results of the data analysis related to these relationships.

Data Screening

An original sample of 411 participants were obtained through data collection in June 2021. The data screening process consisted of screening the dataset for individual items. After the data screening, 15 participants were removed for missing information. A final data screening was conducted to ensure there were no incomplete responses to the study's primary measurements and demographic criteria that was critical for this study. Following the final data screening, 356 participants were used in this study.

After identifying the 356 participants for this study, a Cronbach's Alpha test was run on the measurements. Cronbach's Alpha is used to measure internal consistency of the assessments. All variables in the study had sufficient Cronbach's Alphas, and inter-item correlation were

consistent. Child sexual abuse was not screened due to being a singular item. The RCI-P was found to be 0.928, RCI-H was 0.936, KISS was 0.939, and SAI-Instability was 0.928.

Correlation Analysis

The first area of analysis was the Pearson's correlation, which is used as a basis for the hypothesized models. Prior to assessing the mediation and moderation analysis, it is important to test for correlation. This analysis serves as a base to assess if the individual relationships are consistent with expectations. Insignificant correlations and/or effects are illustrated using red font in all tables.

The Pearson's r correlation test was conducted to ascertain whether the present study's variables were correlated as expected. The results of this test are illustrated in Table 2. First, the test found that childhood family religiosity was significantly positively correlated with current religiosity ($r = .668, p < 0.01$). Second, childhood family religiosity ($r = .323, p < 0.01$) and current religiosity ($r = .429, p < 0.01$) were found to be positively significantly correlated with sexual shame. Next, instability with God was positively correlated with childhood family religiosity ($r = .453, p < 0.01$), current religiosity ($r = .577, p < 0.01$), and sexual shame ($r = .733, p < 0.01$). Instability with God was associated with increased scores on sexual shame. Last, childhood sexual abuse was not significantly correlated with childhood family religiosity or current religiosity; however, it was found to be significantly positively correlated with sexual shame ($r = .185, p < 0.01$) and instability with God ($r = .105, p < 0.05$).

Table 2*Pearson's R, Means, and Standard Deviations*

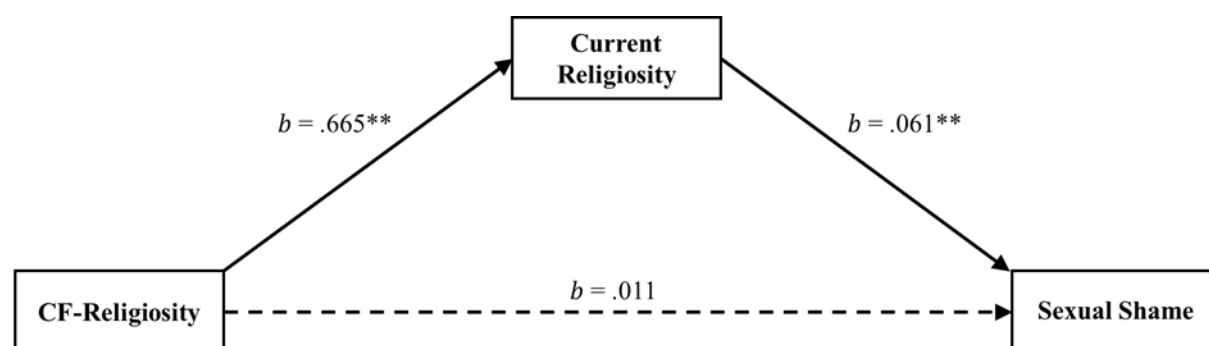
	1	2	3	4	5
(1) CFR	1				
(2) Current Religiosity	.668**	1			
(3) Sexual Shame	.323**	.429**	1		
(4) Instability with God	.453**	.577**	.733**	1	
(5) CSA	.071	.063	.185**	.105*	1
Mean	34.076	34.486	4.374	3.149	NA
SD	9.795	9.750	1.553	1.068	NA
Cronbach's α	.936	.928	.939	.928	NA

*Correlation is significant at the .05 level (2-tailed).

**Correlation is significant at the .01 level (2-tailed).

Simple Mediation Model

The simple mediation model was used to test the significant positive indirect effect in which childhood family religiosity has on the development of sexual shame through current religiosity. Figure 2 illustrates this relationship. The solid lines within this model illustrate statistically significant relationships, whereas the dashed line indicates an insignificant relationship.

Figure 2*Simple Mediation Model*

* $p < .05$, ** $p < .001$

The first model explored several direct relationships and the mediated relationship of the variables. The findings suggested a significant relationship between childhood family religiosity to current religiosity ($b = 0.665$) and current religiosity to sexual shame ($b = 0.061$; see Table 3). The findings did not show a significant relationship between childhood family religiosity and sexual shame ($b = 0.011$). The proposed mediation model of childhood family religiosity to sexual shame through current religiosity was thus supported.

Table 3*Simple Mediation*

Source	<i>b</i>	<i>SE</i>	<i>t</i>	<i>P</i>	LLCI	ULCI
Current Religiosity: $R = .668$, $R^2 = .446$, $MSE = 52.772$, $F(1, 354) = 130.445$, $p < .001$						
CF-Religiosity	.665	.058	11.421	<.001	.551	.780
Sexual Shame: $R = .431$, $R^2 = .186$, $MSE = 1.974$, $F(2, 353) = 29.277$, $p < .001$						
CF-Religiosity	.011	.015	.711	.477	-.019	.040
Current Religiosity	.061	.014	4.510	<.001	.034	.088

Hypothesis 1a

Hypothesis 1a proposed that childhood family religiosity is positively related to current religiosity. The findings were consistent in that childhood family religiosity had a significant

positive effect on current religiosity ($b = 0.665$, $SE = 0.058$, $CI = [0.551 \text{ to } 0.790]$). Therefore, this hypothesis was supported.

Hypothesis 1b

Hypothesis 1b proposed that current religiosity is positively related to sexual shame. The findings were consistent that current religiosity had a significant positive effect on sexual shame ($b = 0.061$, $SE = 0.014$, $CI = [0.034 \text{ to } 0.088]$). Therefore, this hypothesis was supported.

Hypothesis 1c

Hypothesis 1c proposed childhood family religiosity is positively related to sexual shame. The findings suggest that there was not a significant positive effect between childhood family religiosity and sexual shame ($b = 0.011$, $SE = 0.015$, $CI = [-0.019 \text{ to } 0.040]$). However, overall, it was found that childhood family religiosity had a significant total effect on sexual shame ($b = 0.051$, $SE = 0.010$, $SI = ([0.031 \text{ to } 0.071])$).

Hypothesis 1d

Hypothesis 1d proposed that the relationship between childhood family religiosity and sexual shame is mediated by current religiosity. The findings suggest that the indirect effect of current religiosity between childhood family religiosity and sexual shame was significant ($b = 0.041$, $SE = 0.010$, $CI = ([0.023 \text{ to } 0.062])$). These findings thus support the hypothesis that current religiosity does positively mediate the effects of childhood family religiosity on sexual shame.

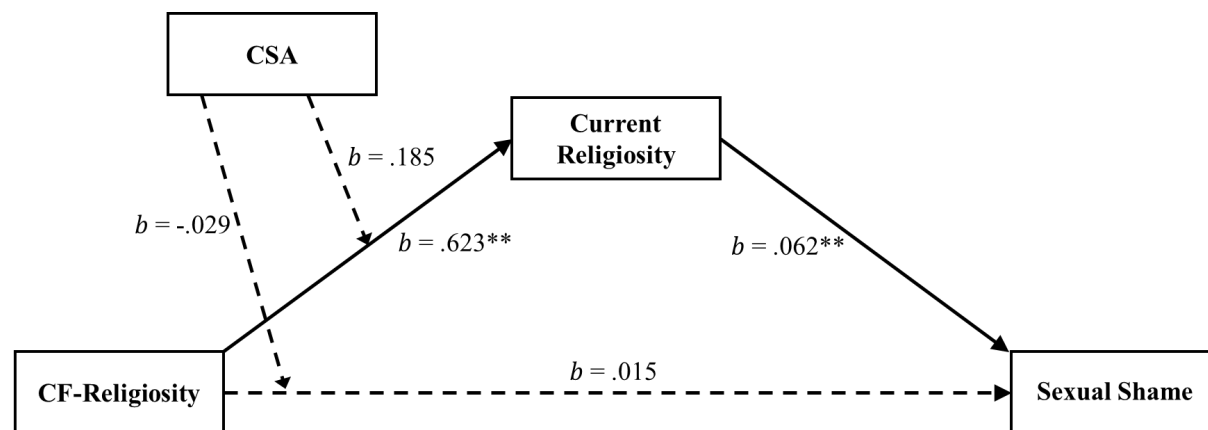
Moderated Mediation Model: Childhood Sexual Abuse

The next model that was assessed is the moderated mediation model through childhood sexual abuse. This model explored the effect childhood sexual abuse had on childhood family religiosity and sexual shame (see Figure 3). The focus of this model was to analyze the direct and

indirect relationships that childhood sexual abuse has on childhood family religiosity to sexual shame through current religiosity.

Figure 3

Moderation by Childhood Sexual Abuse



* $p < .05$, ** $p < .001$

The second model again looked at the direct relationship between childhood family religiosity to current religiosity, current religiosity to sexual shame, childhood family religiosity to sexual shame, and the mediated relationship of childhood family religiosity to sexual shame through current religiosity. This model also incorporated the variable of childhood sexual abuse and explored it as a moderator between childhood family religiosity to current religiosity and childhood family religiosity to sexual shame. The findings suggest a significant relationship between childhood family religiosity to current religiosity ($b = 0.623$) and current religiosity to sexual shame ($b = 0.062$; see Table 4). But this model did not show a significant relationship between childhood family religiosity to sexual shame ($b = 0.015$), the moderation of childhood sexual abuse between childhood family religiosity and current religiosity ($b = 0.185$), or the moderation of childhood sexual abuse between childhood family religiosity to sexual shame ($b = 0.015$).

Table 4*Moderation by Childhood Sexual Abuse*

Source	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	LLCI	ULCI
Current Religiosity: $R = .673, R^2 = .453, MSE = 52.478, F(3, 352) = 50.325, p < .001$						
CF-Religiosity (CFR)	.623	.068	9.180	<.001	.489	.756
CSA	.198	1.042	.190	.850	-1.852	2.247
CFR X CSA	.185	.139	1.337	.182	-.087	.458
Sexual Shame: $R = .465, R^2 = .216, MSE = 1.912, F(4, 351) = 20.881, p < .001$						
CF-Religiosity	.015	.016	.937	.349	-.016	.045
Current Religiosity	.062	.013	4.714	<.001	.036	.088
CSA	.643	.170	3.781	<.001	.309	.978
CFR X CSA	-.029	.021	-1.390	.165	-.070	.012

Hypothesis 2a

Hypothesis 2a proposed that the experience as a victim of childhood sexual abuse is positively related to sexual shame. The findings suggest that childhood sexual abuse did have a significant positive direct effect on sexual shame ($b = 0.643, SE = 0.170, CI = [0.309 \text{ to } 0.978]$). These findings support the hypothesis that being a victim of childhood sexual abuse is positively related to sexual shame.

Hypotheses 3b and 3d

Hypothesis 3b proposed that the relationship between childhood religiosity and current religiosity is weakened for those who experience childhood sexual abuse. The findings suggest that childhood sexual abuse did not moderate the effect of childhood family religiosity on current religiosity ($b = 0.185, SE = 0.139, CI = [-0.087 \text{ to } 0.458]$). These findings do not support the direct effect of childhood sexual abuse on the relationship between childhood family religiosity and current religiosity. Therefore, these two hypotheses were not supported.

Hypothesis 3c

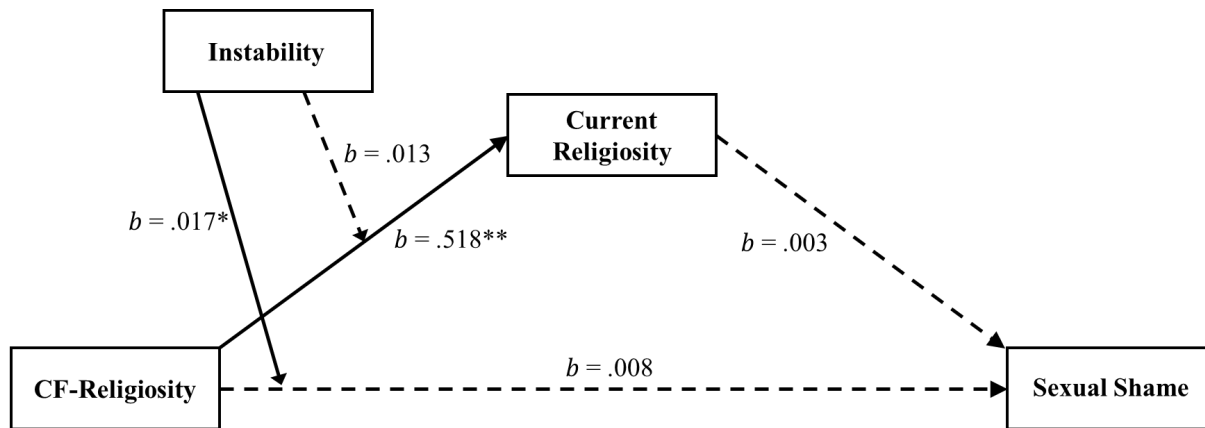
Hypothesis 3c proposed that the relationship between childhood family religiosity and sexual shame is strengthened for those who experienced childhood sexual abuse. The findings did not suggest that childhood sexual abuse moderated the effects of childhood family religiosity on sexual shame ($b = -0.029$, $SE = 0.021$, $CI = [-0.070$ to $0.012]$). This hypothesis was thus not supported.

Hypothesis 3e

Hypothesis 3e proposed that the mediated relationship between childhood family religiosity and sexual shame through current religiosity is strengthened at a higher level of perceived relationship instability with God. The findings did not support that childhood sexual abuse moderated the full indirect effect of childhood family religiosity to sexual shame through current religiosity ($b = 0.011$, $SE = 0.008$, $CI = [-0.004$ to $0.029]$). Therefore, this hypothesis was not supported.

Moderated Mediation Model: Relationship Instability with God

The second model that was analyzed was the impact that perceived relationship instability with God has on childhood family religiosity as well as sexual shame and current religiosity. This relationship pattern was used to assess the relationships between each of these variables (see Figure 4). The model explored the relationship instability has on the relationship between child family religiosity and current religiosity, child family religiosity and sexual shame, and child family religiosity and sexual shame through current religiosity.

Figure 4*Moderation by Instability with God** $p < .05$, ** $p < .001$

The third proposed model explored direct and moderated relationships. This model again explored the relationship between childhood family religiosity and current religiosity, current religiosity and sexual shame, and childhood family religiosity and sexual shame. Additionally, it explored the moderation of childhood family religiosity on sexual shame through current religiosity as well as instability to God, and the moderation of childhood family religiosity on sexual shame through instability to God. The findings suggested a positive relationship between childhood family religiosity and current religiosity ($b = 0.518$) and childhood family religiosity and sexual shame through instability to God ($b = 0.017$; see Table 5). But the findings did not support a significant relationship between current religiosity and sexual shame ($b = 0.003$), childhood family religiosity and sexual shame ($b = 0.008$), or childhood family religiosity and sexual shame through instability to God ($b = 0.013$). Thus, the model was not supported for a moderated mediation relationship between variables.

Table 5*Moderation by Instability with God*

Source	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	LLCI	ULCI
Current Religiosity: $R = .736$, $R^2 = .542$, $MSE = 43.948$, $F(3, 352) = 76.718$, $p < .001$						
CF-Religiosity (CFR)	.518	.077	6.683	<.001	.365	.670
IWG	3.140	.632	4.966	<.001	1.896	4.383
CFR X IWG	.013	.047	.270	.788	-.080	.105
Sexual Shame: $R = .744$, $R^2 = .554$, $MSE = 1.088$, $F(4, 351) = 78.943$, $p < .001$						
CF-Religiosity	.008	.013	.636	.525	-.017	.033
Current Religiosity	.003	.012	.217	.828	-.022	.027
IWG	1.046	.077	13.537	<.001	.894	1.198
CFR X IWG	.017	.007	2.526	<.05	.004	.029

Hypothesis 2b

Hypothesis 2b proposed that the perception of relationship instability with God is positively related to sexual shame. The findings supported a very strong relationship between instability with God on sexual shame ($b = 1.046$, $SE = 0.077$, $CI = [0.894 \text{ to } 1.198]$). This hypothesis was thus supported.

Hypothesis 2c

Hypothesis 2c proposed that the perception of relationship instability with God is positively related to current religiosity. The findings supported a relationship between relationship instability with God and current religiosity ($b = 3.140$, $SE = 0.632$, $CI = [1.896 \text{ to } 4.383]$). Thus, this hypothesis was supported.

Hypothesis 3a

Hypothesis 3a proposed that childhood religiosity has a direct positive relationship with sexual shame. The findings did not support this relationship ($b = 0.008$, $SE = 0.013$, $CI = [-0.017 \text{ to } 0.033]$). Therefore, this hypothesis was not supported.

Hypotheses 3f and 3h

Hypothesis 3f proposed that the mediated relationship between childhood religiosity and sexual shame through current religiosity is strengthened at a higher level of perceived relationship instability with God. Hypothesis 3h proposed that moderated mediated relationship between childhood religiosity and sexual shame through religiosity is strengthened at higher levels of perceived relationship instability with God. Neither of these relationships was found to be significant. Both hypotheses were thus not supported.

Hypothesis 3g

Hypothesis 3g proposed that the moderated relationship between childhood religiosity and sexual shame is strengthened at a higher level of perceived relationship instability with God. The findings suggest that current religiosity was no longer significantly associated with sexual shame as it was in previous models ($b = 0.003$, $SE = 0.012$, $CI = [-0.022 \text{ to } 0.027]$). Thus, this hypothesis was not supported.

Summary

This chapter provided an overview of the findings. Survey responses were used to look at direct and indirect relationships between childhood family religiosity, current religiosity, sexual shame, childhood sexual abuse, and a perceived instability within relationship with God. Correlation analyses were conducted using the Pearson's correlation to assess the various relationships. After completing the correlation analysis, a simple mediation model was used to measure the relationship between childhood family religiosity to sexual shame through current religiosity. Next, two moderated mediation models were used to explore the relationship that childhood sexual abuse and a perceived instability in their relationship with God had on

childhood family religiosity, current religiosity, and sexual shame. These models were used to analyze the research questions and hypotheses.

The next chapter will provide an overview of the study and a discussion of the results from this chapter. These results will provide a greater degree of analysis. Additionally, existing research will be used to provide a framework for the results from this chapter, and implications of this study will be presented. Finally, limitations and future research suggestions will be presented.

CHAPTER FIVE: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The current study addressed the relationship between childhood family religiosity and sexual shame through current religiosity. The interactions between these variables were also expanded to analyze childhood sexual abuse as a mediator between childhood family religiosity and current religiosity and childhood family religiosity and sexual shame. Additionally, a perceived relationship instability with God was explored as a potential mediator between childhood family religiosity and current religiosity as well as childhood family religiosity and sexual shame. This model expands on previous research that explored these various interactions (Dorahy & Clearwater, 2012; Edgar, 2012; Feiring et al., 1996; Murray & Ciarrocchi, 2007; Szymanski & Carretta, 2020; Talmon & Ginzburg, 2017; Volk et al., 2016). This chapter presents a summary of the findings and implications for potential areas of future research.

Summary of the Research Findings

This study utilized a simple mediation model to assess the relationships between childhood family religiosity to sexual shame when mediated by current religiosity. Additionally, two moderated mediation models were used to explore the relationships of childhood sexual abuse and a perceived relationship instability with God. Within each of these models, direct and indirect relationships were assessed using correlation and regression. The Pearson's correlations and regression analysis were used to assess the direct and indirect relationships. Additionally, each hypothesis was assessed regarding relationships and effects on each variable.

Childhood Family Religiosity to Sexual Shame through Current Religiosity

Prior research suggests that religiosity may play a role in the development of sexual shame (Ganje-Fling & McCarthy, 1996; Grubbs & Hook, 2016; Hallman et al., 2018; Murray et al., 2007). The current study results showed that childhood family religiosity had a significant

positive relationship with current religiosity. These results are consistent with prior research that suggested that childhood family religiosity may be positively related to current religiosity (Bader & Desmond, 2006; Bao et al., 1999; Granqvist, 1998; McDonald et al., 2005; Power & McKinney, 2013; Quinn & Lewis, 2019; Vaidyanathan, 2011). These findings contrasted with prior research that did not indicate this positive relationship (Leonard et al., 2013). These findings suggest that individuals who grew up in religious households have higher levels of current religiosity.

Additionally, consistent with what was hypothesized, current religiosity had a significant positive effect on sexual shame. This is consistent with prior research that suggested current religiosity contributes to the development of sexual shame (Deguara, 2019; Ganje-Fling & McCarthy, 1996; Grubbs & Hook, 2016; Hallman et al., 2018; Leonhardt et al., 2020; Murray et al., 2007). However, childhood family religiosity was not significantly associated with sexual shame, suggesting that an individual's past religiosity may not be directly associated with sexual shame. Again, this contrasts with prior research that suggested a potential relationship between childhood family religiosity and the development of sexual shame (Goeke-Morey et al., 2017; Gordon, 2018). But the relationship that childhood family religiosity has on the development of current religiosity may indirectly affect the development of sexual shame.

Hypothesis 1a

The first hypothesis explored the direct relationship between childhood family religiosity and current religiosity. Prior research suggested a positive relationship between childhood family religiosity and current religiosity (Bader & Desmond, 2006; Bao et al., 1999; Dangerfield et al., 2019; Flor & Knapp, 2001; Goeke-Morey & Cummings, 2017; Granqvist, 1998; Heaven et al., 2010; Kimball et al., 2013; Kirkpatrick & Shaver, 1990; Leonard et al., 2013; Li, 2014; Martin et

al., 2003; McDonald et al., 2005; Perry & Snawder, 2017; Power & McKinney, 2013; Vaidyanathan, 2011). The findings suggested that childhood family religiosity is associated with increased levels of religiosity, which is important when assessing faith development and the role that the childhood family has on faith development later in life.

Hypotheses 1b and 1c

These hypotheses explored the relationship between current religiosity and sexual shame. Prior research suggested that current religiosity is positively related to sexual shame (Ganje-Fling & McCarthy, 1996; Grubbs & Hook, 2016; Hallman et al., 2018; Murray et al., 2007). The findings of the current study suggest that current religiosity is both positively correlated and had a significant positive effect on sexual shame. Further, the findings suggest that childhood family religiosity alone was not significantly associated with the development of sexual shame. These findings suggest that past religiosity may not predict the development of sexual shame despite previous research indicating that it does (Goeke-Morey et al., 2017; Gordon, 2018).

Hypothesis 1d

The final hypothesis tested in this model addressed the indirect effect of the variables. The hypothesis suggested that the relationship between childhood religiosity and sexual shame will be mediated by current religiosity, supported by the findings. In addition, these findings support prior research that connected religiosity with the development of sexual shame (Ganje-Fling & McCarthy, 1996; Grubbs & Hook, 2016; Hallman et al., 2018; Murray et al., 2007); however, these results suggest that current religiosity may have a more direct relationship than childhood family religiosity.

Childhood Sexual Abuse

The simple mediation model was also expanded on with the introduction of childhood sexual abuse to explore the moderating effect of childhood sexual abuse. Prior research has supported the relationship between childhood sexual abuse and sexual shame (Aakvaag et al., 2016; Andrews et al., 2000; Barker et al., 2021; Brown et al., 2010; Dorahy & Clearwater, 2012; Feiring & Taska, 2005; Feiring, Taaska, & Chen, 2002; Feiring, Taska, & Lewis, 1996; Gilliland et al., 2011; Gordon, 2018; Hastings, 1998; Hlavka, 2017; Kessler & Bieschke, 1999; Phillips et al., 2019; Shadbolt, 2009; Talbot et al., 2004; Talmon et al., 2017; Weiss, 2010). Childhood sexual abuse may also contribute to the development of religiosity (Bao et al., 1999; Beck, 2006; Beck & McDonald, 2004; Gall et al., 2007; Granqvist, 1998, 2005; Granqvist & Hagekull, 1999; Hall, Fuji-Kawa, et al., 2009; Kirkpatrick, 1997; Kirkpatrick & Shaver, 1990; Laurin et al., 2008; Richard & Hackett, 2012) or have a negative impact on the development of religiosity (D'Urso et al., 2019; Gall, 2006; Ganje-Fling & McCarthy, 1996; Goeke-Morey & Cummings, 2017).

The findings suggested that childhood sexual abuse was not correlated to childhood family religiosity or current religiosity; however, it was significantly positively correlated to sexual shame. The findings did not support previous research that suggested a potential correlation between childhood sexual abuse and religiosity (Hall & Edwards, 2002; Murray & Ciarrocchi, 2007). However, it did support previous research that suggests it may correlate with sexual shame (Aakvaag et al., 2016; Feiring, Taska, & Chen, 2002; Feiring, Taska, & Lewis, 2002; Weiss, 2010).

Additional interactions were explored related to childhood sexual abuse. The first interaction that was explored was the relationship between childhood family religiosity and current religiosity by childhood sexual abuse. The findings did not support the moderation

relationship. This contrasts with prior research that suggested that childhood sexual abuse may negatively impact the development of religiosity (Hall & Edwards, 2002) or positively impact the development of religiosity (Murray & Ciarrocchi, 2007).

The next interaction the relationship between childhood family religiosity on sexual shame when childhood sexual abuse occurred. The results did not indicate a significant effect on the development of sexual shame. The last interaction that was explored was the impact of childhood sexual abuse on the development of sexual shame. On its own, childhood sexual abuse was positively associated with higher scores on the sexual shame inventory. This supported prior research (Andrews et al., 2000; Barker et al., 2021; Gordon, 2018).

Hypothesis 2a

This hypothesis explored the relationship of childhood sexual abuse and the development of sexual shame. Prior research suggested that childhood sexual abuse is a potential factor in the development of sexual shame (Aakvaag et al., 2016; Andrews et al., 2000; Barker et al., 2021; Gilliland et al., 2011; Gordon, 2018; Hastings, 1998; Hlavka, 2017; Kessler & Bieschke, 1999; Shadbolt, 2009; Talbot et al., 2004; Talmon et al., 2017; Weiss, 2010). The hypothesis was based on this research, which the findings supported. Results suggested that being a victim of childhood sexual abuse would increase scores on the sexual shame measurement, meaning that being a victim of childhood sexual abuse may impact sexual shame. This finding suggests that childhood sexual abuse may produce an increase proneness to sexual shame development. This is important when assessing the direct and indirect impact that childhood sexual abuse may have on a person's development.

Hypotheses 3b and 3d

These hypotheses addressed the relationship between childhood family religiosity and current religiosity with the presence of childhood sexual abuse. Prior research suggested that childhood sexual abuse may decrease the level of religiosity of an individual (D'Urso et al., 2019; Gall, 2006; Ganje-Fling & McCarthy, 1996; Goeke-Morey & Cummings, 2017). The hypotheses suggested that religiosity (childhood and current) would be weakened for victims of childhood sexual abuse. However, the findings did not support this assumption.

Hypothesis 3c

Hypothesis 3c suggested that the relationship between childhood religiosity and sexual shame will be strengthened for those who experience childhood sexual abuse. Though childhood sexual abuse did positively associate with sexual shame alone, it did not moderate the effects of childhood family religiosity and sexual shame. The association of childhood sexual abuse and sexual shame is supported by previous research (Aakvaag et al., 2016; Andrews et al., 2000; Barker et al., 2021; Brown et al., 2010; Dorahy & Clearwater, 2012; Feiring & Taska, 2005; Feiring, Taska, & Chen, 2002; Feiring, Taska, & Lewis, 1996; Gilliland et al., 2011; Gordon, 2018; Hastings, 1998; Hlavka, 2017; Kessler & Bieschke, 1999; Phillips et al., 2019; Shadbolt, 2009; Talbot et al., 2004; Talmon et al., 2017; Weiss, 2010).

Hypothesis 3e

The last hypothesis that was explored in this model was the mediated relationship between childhood family religiosity and sexual shame through current religiosity, which may be strengthened for those who experience childhood sexual abuse. The findings suggested that childhood sexual abuse did not moderate the full indirect effect of childhood family religiosity on sexual shame through current religiosity despite past research that did link this relationship

(Aakvaag et al., 2016; Andrews et al., 2000; Barker et al., 2021; Feiring & Taska, 2005; Feiring, Taska, & Chen, 2002; Feiring, Taska, & Lewis, 1996; Gilliland et al., 2011; Gordon, 2018; Hastings, 1998; Shadbolt, 2009; Talbot et al., 2004; Talmon et al., 2017; Weiss, 2010). This finding indicates that childhood sexual abuse may link to sexual shame; however, religiosity does not have a significant impact on this relationship.

Perceived Relationship Instability with God

The final relationship explored is the perceived relationship instability with God as a potential moderator within the simple mediation model. Prior research has focused on the impact that a secure attachment to God (Beck, 2006; Kirkpatrick & Shaver, 1990) and the impact that an insecure attachment to God may have on individuals who experience childhood sexual abuse (Bao et al., 1999; Beck, 2006; Granqvist, 1998, 2005; Granqvist & Hagekull, 1999; Reinert & Edwards, 2009; Richards & Hackett, 2012). Additionally, attachment to God in relation to the relationship between childhood family religiosity and sexual shame because there was little research to this point linking these relationships.

Using the Pearson's r correlation, a perceived instability with God was positively correlated with childhood family religiosity, current religiosity, and sexual shame. This differs from what was expected, as it suggests that an instability with God was associated with higher scores of childhood family religiosity and current religiosity. These findings indicate that instability is not associated with a decrease in religiosity. This differs from prior research suggesting that God attachment has a correlation with religiosity (Adams & Robinson, 2001; Beck & McDonald, 2004; Ganje-Fling & McCarthy, 1996; Passanisi et al., 2015; Reinert & Edwards, 2009). However, the findings did suggest that instability with God was associated with increased scores on the sexual shame measurements, which supports prior research connecting

this relationship (Dorahy & Clearwater, 2012; Gordon, 2018; Hlavka, 2017). The findings of this study may suggest that a perceived relationship instability with God may not mean that they are not actively pursuing their personal religiosity. Individuals may have differing levels of religiosity; however, they are still engaged. Individuals with perceived relationship instability with God may use religiosity as a means to address that perceived relationship, or may not be actively engaged in their religious practices. The findings suggest that an individual may still be religious, even if they perceive their relationship with God as unstable.

The findings within this model suggesting a perceived relationship instability with God as a moderator was more complex than in previous models. As such, the implications of the findings were more complicated to interpret. The results did support the expectation that childhood family religiosity is significantly positively related to current religiosity. This is consistent with previous models. However, differing from what was expected, the results did not suggest that a perceived relationship instability with God affected the relationship between childhood family religiosity and current religiosity. But a perceived relationship instability with God, on its own, was positively associated with current religiosity. This suggested that instability was linked to increased current religiosity. This finding suggests that individuals who perceive a relationship instability with God, to some degree, remain religious into adulthood. This is linked to past research that suggested that individuals who experience childhood sexual abuse may have insecurity with God as an attachment figure (Reinert & Edwards, 2009). These findings suggest that despite the insecurity, the individuals may continue to remain grounded in their religiosity.

The second interaction proposed in this model was the perceived relationship instability with God and its potential role as a moderator between current religiosity and sexual shame. The results did not support instability as a moderator, and current religiosity was no longer

significantly associated with sexual shame as it had been in prior models. This may be partially explained due to the strongest effect found in this model being between a perceived relationship instability with God on sexual shame. Instability had a very strong positive effect on the development of sexual shame. This effect may have been so strong that it impacted the relationships with other variables within this model. This relationship may be an area for future research.

Hypothesis 2c

The second relationship that was assessed with this model was the perception of relationship instability with God and current religiosity. The findings suggested that an unstable relationship with God was positively related to current religiosity, which is contrary to previous research (Bao et al., 1999; Holden et al., 2013; McDonald et al., 2005). The results suggested that instability was associated with an increase in current religiosity. This can make sense due to the individual actively pursuing their religious beliefs to compensate for the perceived instability. Additionally, individuals who have a perceived relationship instability with God are likely still engaged in their spiritual practices.

Hypothesis 3a

Hypothesis 3a suggested that childhood family religiosity will have a direct positive relationship to sexual shame. Prior research supported the assumption that the messages presented by the parents during childhood (Clark, 2017; Hastings, 1998; Kaufman, 1989;) and household family religiosity (Chisholm & Gall, 2015; Leonhardt et al., 2020) are positively related to sexual shame. Prior research also has been conducted which did not link childhood family religiosity to the development of sexual shame (Volk, Thomas, et al., 2016). The findings did not support this direct effect, which did support prior research that did not link

childhood family religiosity to sexual shame (Volk, Thomas, et al., 2016). There was a correlation between childhood family religiosity and sexual shame, but the mediation and moderation models did not suggest that childhood family religiosity had a significant effect on sexual shame on its own. These findings suggest that someone's past religiosity, though impactful on the development of current religiosity, may not have as strong of a direct relationship on sexual shame.

Hypotheses 3f and 3h

The next hypotheses addressed was the mediated relationship between childhood religiosity and sexual shame through current religiosity based on perceived relationship instability with God. The findings did not suggest that a perceived relationship instability with God mediated or moderated the relationship of childhood family religiosity and sexual shame through current religiosity. These findings were contrary to what was expected. It is possible that religiosity within the simple mediation model may compensate for a perceived relationship instability with God.

Hypothesis 3g

The final relationship that was studied through this model was the moderated relationship between childhood family religiosity and sexual shame based on perceived relationship instability with God. The findings indicated that there was a significant effect on sexual shame. However, findings did not show any significant conditional direct effects for different levels of childhood sexual abuse. Evidence for an unconditional effect was found, which may suggest that the effect is not conditioned on childhood sexual abuse. Prior research has suggested that childhood family religiosity's effect on sexual shame is invariant across all values of a perceived

relationship instability with God (Hayes, 2018). Due to this, the moderating effect is not supported.

Implications of the Study

This study addressed the mediated relationship between childhood family religiosity and sexual shame through current religiosity. The direct relationships between childhood family religiosity and current religiosity, current religiosity and sexual shame, and childhood family religiosity and sexual shame were explored. Additionally, childhood sexual abuse and a perceived relationship instability with God were explored as potential moderators. The results of this study were predictive of some relationships; however, other relationships were not supported. Several implications can be derived from this study.

Counseling

Sexual shame can be a problem faced by many clients attending counseling. Sexual shame may contribute to the individual having internalized feelings that they are a bad person (Aakvaag et al., 2016), impact the development of healthy sexuality (Reid, 2010; Schwartz & Brasted, 1985), contribute to relationship issues in adulthood (Clark, 2017), and contribute to the development of sexual disorders (Hastings, 1998; Reid, 2010; Schwartz & Brasted, 1985). The results of this study found direct and indirect links between religiosity, childhood sexual abuse, and God attachment to sexual shame, supporting the assertion that sexual shame may be increased when an individual experiences childhood sexual abuse (Andrews et al., 2000; Barker et al., 2021). The current study results can inform the counseling profession that sexual shame can be detrimental, and it is necessary to assess and treat sexual shame.

This study explored childhood family religiosity and current religiosity. Religiosity may contribute to sexual shame due to moral incongruence (Gordon, 2018; Volk, Floyd, et al., 2019;

Volk, Thomas, et al., 2016), create higher levels of shame-proneness (Deguara, 2019; Leonhardt et al., 2020), and increase feelings of isolation (Rudolfsson & TideFors, 2014). This study also supported the interaction of religiosity on the development of sexual shame and childhood sexual abuse. Relationship instability with God also was significantly correlated and had a positive effect on sexual shame. This is important for clinicians to recognize the positive and negative impact of religiosity on individuals who experience childhood sexual abuse and/or sexual shame. Clinicians may consider increase assessment of both childhood family religiosity and current religiosity. The findings suggest that religiosity may be an important treatment focus for individuals who experience sexual shame. Additionally, assessing for God attachment may be necessary for those who express a degree of religiosity.

The last implication for the counseling profession is the impact of childhood sexual abuse. Prior research has suggested that childhood sexual abuse is a prevalent issue (Morrison & Ferris, 2009; National Center for Victims of Crimes, 2020). Childhood sexual abuse may impact an individual's self-view (Weiss, 2010), self-condemnation (Weiss, 2010), and sexual dysfunction (Pulverman et al., 2020); lead to increased risk of revictimization (Kessler et al., 1999); and create issues with socialization (DeCou et al., 2019). This study found that childhood sexual abuse was linked to sexual shame. Therefore, clinicians working with clients with a history of childhood sexual abuse may consider assessing and treating the root issues associated with the abuse and assessing for sexual shame.

Counselor Education and Supervision

Several implications can apply to counselor education regarding how trauma and religiosity are taught. First, counselor educators may consider addressing childhood sexual abuse and sexual shame holistically. Counselor educators may be wise to consider childhood sexual

abuse and its potential impact on wellness, including religious/spiritual beliefs. Additionally, religiosity may be addressed within courses. Based on the results suggesting that childhood family religiosity and current religiosity contributed significantly to the development of sexual shame, these may be included in courses in a counseling program.

In addition to counselor educators, supervisors would be wise to take time to assess their supervisee's level of competency when assessing for religiosity, sexual shame, and childhood sexual abuse. Additionally, God attachment may be an important consideration within the counseling relationship. God attachment may be directly linked to childhood attachment patterns (Granqvist & Gagekull, 1999; Hall, Fuji-Kawa, et al., 2009; Kimball et al., 2013; McDonald et al., 2005; Miner, 2009), or God may be used as a secure attachment figure when a child does not have a secure attachment figure (Beck & McDonald, 2004; Kirkpatrick & Shaver, 1990). Thus, attachment and God attachment can be clinical factors that influence the direction of treatment and should be addressed during supervision.

Limitations of the Study

Though there were several potential implications for the study, some limitations must be considered. The limitations stem from the research design and participant makeup of the study. The first limitation of the study is the selection of participants. Mechanical Turk was used to recruiting participants for this study, which is often used within the human services field (Paolacci & Chandler, 2014) and may be a better option than traditional convenience sampling (Buhrmester et al., 2011); however, it may limit the participant sampling. Additionally, there may be alternative reasons why an individual participated, namely financial compensation. Further, though data were analyzed to ensure that participants completed the assessment, and the

Cronbach's Alphas were calculated to ensure internal consistency, it is still possible that the population is not an accurate representation of the population.

The makeup of the participant pool may also have influenced the results. Participants were overrepresented by those who profess to be Catholic, Protestant, and Christian (non-denominational). This study aimed at not differentiating or defining what religiosity means for a person; however, the population was predominantly Catholic. Having one religion makeup over half of the population becomes a problem because their denominational practices may have heavily influenced the results. Similarly, the population was also predominately males, Caucasian, and married. Male participants made up over two-thirds of the population sample. Males may experience religiosity, sexual shame, and childhood sexual abuse differently than females. Prior research has also suggested that females are more often victims than males (Morrison & Ferris, 2009), but the population sampling did not represent that.

Additionally, the participants were primarily Caucasian (78.9%) and were married/had a life partner (81.7%). Therefore, it is possible that cultural practices and considerations may have influenced the results. The overrepresentation of Caucasian participants did not allow for potential cultural diversity from other population samples to be adequately assessed. A more culturally diverse population sample may yield greater results and highlight cultural differences within the variables. Additionally, individuals who are married may experience various interactions differently than someone single.

The measurements selected for this study may also be a limitation of this study. Though the measurements were purposely kept small to keep the assessment small and intentional, the assessment for childhood sexual abuse was a single-item question. Thus, utilizing a measurement to assess the degree of childhood sexual abuse could have produced meaningful results.

The last limitation to this study is the study of childhood sexual abuse and sexual shame. Due to the intimate nature of childhood sexual abuse, many individuals may choose not to report it. This is prevalent for males (Hlaka, 2017). This may have also impacted the responses on the assessment. Sexual shame may also impact internalized feelings (Chisholm et al., 2015; Fering et al., 2005; Gilliland et al., 2011; Gordon, 2018; Weiss, 2010), which could have affected the results of the study. Additionally, the frequency, duration and severity of the abuse was not assessed within this study. Participants were asked if they were victim of childhood sexual abuse; however, they were not asked other important questions. Future research may consider assessing the frequency of the abuse, how long the duration of the abuse occurred, who abused them, and the perceived severity of the abuse. These results would add additional conditions into the results. The results of this study should be viewed within the context of these limitations.

Recommendations for Future Research

This present study addressed the relationships among childhood family religiosity, current religiosity, sexual shame, and the impact of childhood sexual abuse and attachment to God. Although this study produced meaningful results, there are recommendations for future research. The first recommendation for future research is to rectify the overrepresentation within this study. Some suggestions would be to conduct this study with just males and just females. This would allow gender differences to be assessed to ascertain gender as a potential variable in these relationships. Additionally, it may be helpful to limit and specify religiosity. This study had representation from a wide array of religious belief systems, which may contribute to varying results. Catholicism was overly represented within this population sample. It is possible that certain religious belief systems may have differing legalistic practices which may contribute to the development of shame proneness. The study can be reproduced with more stringent

parameters around religiosity and see if that impacts the relationships within the study. This may be particularly important for God attachment and household family religiosity.

The second area of future research is further study regarding perceived relationship instability with God. This model did not produce the outcomes expected, but looking at different factors may contribute to the body of knowledge. For example, perhaps more research exploring the compensatory versus correspondence God attachment pattern instead of just instability in their relationship with God. It is also recommended that there is more research on God attachment.

The next area of future research would be a further exploration of the relationship between current religiosity and sexual shame. This study found a relationship between religiosity and sexual shame; however, it did not explore how religiosity impacts shame proneness. Further research exploring religiosity, which may increase shame proneness, and aspects of religiosity that may reduce shame proneness may be beneficial to study. This could significantly benefit how clinicians and churches may intervene to reduce sexual shame.

The last area of future research would be a continued exploration on the impact of sexual shame. There were significant relationships within this study regarding sexual shame. Sexual shame was correlated with all the variables within this study, and most of the variables had significant effect on sexual shame. Continued research exploring the impact of sexual shame is important to continue to analyze this important variable. A mixed-methods research method may be beneficial to add a layer of qualitative research methods into the study dynamics.

Summary

This chapter provided a summary of the findings paired with prior research to make connections between this study and past studies. The implications of how the results can be used

in counseling, counselor education, and supervision were also presented. The various limitations of this study were explored as well as areas of potential future research. This study provided a lens to view the development of sexual shame, but continued research will allow a better understanding of the dynamic relationships among religiosity, sexual shame, childhood sexual abuse, and God attachment.

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