The Role of Evangelical Beliefs in the Attainment of Posttraumatic Growth

Among Adult Survivors of Child Sexual Abuse

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Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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Approved by:

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Abstract

Posttraumatic growth (PTG) is a post-trauma outcome that is extraordinarily complex due to the many subjective aspects and various emerging models regarding the mechanisms leading to it. Studies have led to traditional models of PTG; however, some special populations have limited data regarding factors leading to PTG. Adult survivors of child sexual abuse (CSA) are a distinct population due to the unique sequela emerging from CSA. Religious or spiritual growth is a recognized domain that has been shown to predict PTG; however, no study to date has examined Evangelical Protestant beliefs in relation to PTG among adults with a history of CSA. The experience of CSA creates a complex and multidimensional path to PTG among this unique population. The ambiguous outcomes related to PTG studies among adult survivors of CSA warrant further investigation to advance knowledge regarding clinical treatment and PTG. Therefore, this quantitative research study examined the connection between PTG and Evangelical Protestant (EP) spiritual beliefs among adult survivors of CSA. Data were collected through two sources: (a) an online survey among adult survivors of CSA and (b) interviews with trauma therapists regarding their experiences working with adults that have a history of CSA. The analyses revealed that EP beliefs could aid in attaining PTG among adult survivors of CSA. Therefore, these findings should be considered a reference point for conceptualization and treatment approaches for clinicians in the therapeutic process.

Keywords: posttraumatic growth, child sexual abuse, adult survivor of child sexual abuse, religiosity, spiritual beliefs, Evangelical Protestant

Dedication

First and foremost, I want to dedicate this manuscript to our Heavenly Father. I set out on this path to give glory to Him, and I continue to strive in that endeavor every day and in everything.

Earning a doctorate takes a village, and there is no way I could have done this without my village. God has truly blessed me with mine, and I am very thankful. It has taken every one of you, and words cannot express my gratefulness. Thank you, Brian, Adam, Avery, Aiden, mom, dad, Jen, and Stu.

To my fiancé, Brian, your patience, support, guidance, and love have been invaluable throughout this journey. I can only imagine what it has been like for you. Thank you for being by my side through all my emotional rollercoasters. You have been a blessing beyond anything I deserve, and I thank God for you every day. You have been an integral part of my justification process and continue to provide encouragement and insight as I walk through my sanctification process. I cannot wait to become your wife!!!!

My beautiful children, Adam, Avery, and Aiden: thank you for understanding and being patient with me throughout this journey. You are my inspiration!!! I hope you will recognize that even when life throws hardship and struggle your way (and it will), God will never leave you. He will be with you every step of the way. His love and mine for you are endless and unbounded.

Mom and dad, thank you so much for bringing me to church and making God a part of my childhood life. Thank you for providing a biblical example in your words and deeds. You have been a fundamental part of my journey through graduate school and in my walk with God. You have been an endless source of unconditional love and understanding throughout my many

life struggles and have been alongside me during my triumphs. You mean more to me than you will ever know.

Jen and Stu, I am so very grateful for your encouragement and support throughout this process. Thank you for allowing the kids and me to live with you and helping me care for them. I hope to repay you both for what you had to endure those years (haha).

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I want to acknowledge the Almighty God for His unfailing grace and mercy. I recognize that You provided all the means I needed to complete this journey. I pray I always remember that it is only through You that I have achieved this difficult task and that everything I have is because You gave it to me.

Next, I would like to acknowledge and thank my chair, Dr. Kristin Kellen. Your godliness, kindness, and encouragement have motivated and uplifted me throughout the dissertation process. Your support and guidance throughout this arduous undertaking have been incredible, and you have no idea what an impact you have made on my life. I am grateful that God allowed you to be my chair for this process. He truly blessed me with you!

Furthermore, I want to thank and acknowledge Dr. Mary Cate Guman and Dr. Fred Volk for your feedback and assistance with this project, as well as all my professors at Liberty University.

Table of Contents

List of Tables

List of Figures

List of Abbreviations

Amazon's Mechanical Turk (MTurk)

Attachment Insecurity (AI)

Child Sexual Abuse (CSA)

Evangelical Protestant (EP)

Experiences in Close Relationship Scale-Short Form (ECR-S)

Multidimensional Scale of Perceived Social Support (MSPSS)

New International Bible Version (NIV)

Perceived Social Support (PSS)

Posttraumatic Growth (PTG)

Posttraumatic Stress (PTS)

Posttraumatic Stress Disorder (PTSD)

Religious/Spiritual (R/S)

Stress-Related Growth Scale (SRGS)

Stress-Related Growth Scale-Revised (SRGS-R)

United Nations Children's Fund (UNICEF)

CHAPTER ONE: INTRODUCTION

Overview

This study explored the relationship between Evangelical Protestant Christian beliefs and posttraumatic growth among adult survivors of child sexual abuse. This chapter presents an introduction to this investigation. First, background material is presented regarding the variables in the study. Second, the problem and purpose of the investigation are identified. Next, the significance of the research and the research questions that guided the study are defined. Lastly, explanations of key terms presented in this study are provided.

Background

The long-term consequences of childhood maltreatment have received a vast amount of research over the past several decades. Numerous studies have identified that victims of child abuse may experience profound adverse lifelong outcomes (Barrera et al., 2013; S. Nelson et al., 2011; United Nations, 2021). One specific type of childhood maltreatment that has been argued to be differentiated from the others is childhood sexual abuse (Allender & Lee-Thorp, 2018; Finkelhor & Browne, 1985; Nooner et al., 2012). Authors such as Nooner et al. (2012) and Finkelhor and Browne (1985) have suggested distinct ways childhood sexual abuse (CSA) impacts the victim, compared to other types of childhood trauma and abuse. This argument is based on the unique dynamics surrounding CSA. In other words, the experience of CSA may contribute to a cluster of distinct lifelong psychopathological problems such as (a) a dysfunctional framework concerning sexual feelings and attitudes, (b) an internal schema that features interpersonal attachment instability, and (c) self-beliefs regarding powerlessness, shame, and guilt (Allender & Lee-Thorp, 2018; Finkelhor & Browne, 1985; Nooner et al., 2012).

The coping methods CSA survivors employ following the abuse can greatly impact long-term outcomes (Walsh et al., 2010). Indeed, while suffering appears to be a universal experience, the distinct ways in which people cope can fluctuate across a multitude of populations and experiences. Unique influences that impact how individuals cope with CSA can affect outcomes ranging from no adverse effects to experiencing posttraumatic stress disorder (Hartley et al., 2016; Kaye-Tzadok & Davidson-Arad, 2016; Walker-Williams & Fouché, 2018). Remarkably, some survivors of CSA have been able to experience a phenomenon that goes beyond homeostatic recovery or healing. These individuals experience a profound reconstruction of their life, resulting in a positive change known as posttraumatic growth (Park, 2009).

The concept of posttraumatic growth (PTG) among adults with a history of CSA continues to be a controversial topic due to the resulting mixed domains delineating growth (Hartley et al., 2016; Kaye-Tzadok & Davidson-Arad, 2016; Walker-Williams & Fouché, 2018). Naturally, each experience of trauma and growth is uniquely differentiated due to the subjectivity of one's experience. Thus, the conceptualization of PTG is complex and appears to manifest through a multifaceted process (Tedeschi & Calhoun, 2004). Proof of this intricate contextual variance is displayed by the fact that even though the PTG literature has continued to increase over the last 30 years, there are still significant limitations regarding the identification of mechanisms leading to PTG (Mangelsdorf & Eid, 2015).

PTG research has identified several domains that can lead to PTG. In fact, multiple authors have alleged that religious/spiritual (R/S) beliefs are an integral factor in coping with both the immediate aftermath of trauma and contributing to many components shown to predict PTG (Cadell et al., 2003; Calhoun et al., 2000; Ekas & Whitman, 2010; Lightsey, 2006; Vis & Boynton, 2008; Zeligman et al., 2019). Evidence of this can be found in a meta-analysis that

revealed R/S beliefs and coping correlate with PTG outcomes (Prati & Pietrantoni, 2009).

According to the literature, R/S beliefs provide avenues that lead to PTG, such as (a) providing

the means to incorporate a revised worldview that includes the trauma, (b) a sense of purpose,

(c) increased meaningful interpersonal relationships, (d) increased awareness of self-worth, and

(e) hope for the future (Cobb, 2017; Park et al., 1996; Prati & Pietrantoni, 2009; Russano et al.,

2017; Shaw et al., 2005; Tedeschi & Calhoun, 2004).

 According to the Pew Research Center's (2017) report on the global religious landscape,

over six billion people report they possess R/S beliefs. The largest group among the religions is

Christianity, with over 2.3 billion or nearly a third of the world's population reporting they are

Christians. Furthermore, within the United States, seven out of 10 people identify as Christian

(Public Religion Research Institute, 2021). CSA survivors with Christian beliefs may experience

post-trauma confusion and distortions because of their faith. On the other hand, survivors of CSA

may be able to overcome the trauma in a beneficial and meaningful way because of their

Christian faith. Either way, the theological underpinnings within the Christian framework could

significantly influence how the individual handles the experience (Hall, 1995; Redmond, 1989;

Schmutzer, 2008). Also important to note is that while the conceptualizations of these opposite

outcomes are intriguing and meaningful, they are outside the scope of this study.

 Among the Christian religious groups in the United States, Evangelical Protestant (EP)

Christians comprise the largest group, with Catholic Christians making up the second largest

(Pew Research Center, 2022). The literature has shown that, for some, pre-existing Christian

beliefs can be destroyed due to a traumatic experience, while for others, it provides resolution

(Shaw et al., 2005). Collins et al. (2014) reported that Christian beliefs and the concept of God

played a key role in influencing the outcomes and sequela following CSA among Catholic

survivors. While this data play a role in contributing to research among Christian CSA survivors, I have found no parallel studies regarding EP CSA survivors. It is my belief that distinct teaching and doctrinal differences among EP and Catholic Christian CSA survivors may affect outcomes for the individual survivor. Hence, the current study specifically addressed the impact of EP beliefs in the attainment of PTG. With this in mind, differing outcomes related to PTG based upon EP or Catholic theology will not be addressed in the current study; however, a synopsis of my contention for this distinction is made in Chapter Two. This study investigated the possibility of a unique role that EP spiritual beliefs may play when examining the extents of PTG among adult survivors of CSA.

Historical Background

CSA has been shown to predict multiple layers of unpropitious consequences across the lifespan, including dysfunction among behavioral, psychological, and interpersonal domains (Dube et al., 2005). The damage of CSA facilitates a complex scheme of defense mechanisms that function primarily outside cognizant awareness and is responsible for (a) managing dealings with others, (b) influencing relationships pursued, (c) theologies accepted, and (d) the global structure of life (Allender & Lee-Thorp, 2018). Additionally, the literature has shown that adverse sequelae following CSA persist even four or five decades following the CSA experience(s) (Easton & Kong, 2017; Gilbert et al., 2009). Therefore, individuals that have endured CSA often develop lifelong vulnerabilities to psychopathology such as substance use disorders and suicidal ideation (Assink et al., 2019; Hillberg et al., 2011; Neumann et al., 1996).

Studies indicate that survivors of CSA use a wide array of coping techniques (Walsh et al., 2010). Cognitive and behavioral strategies are the common coping mechanisms that individuals utilize to help deal with this new "shattered" reality. The most widely used cognitive

approaches include reframing, self-blame, minimization, wishful thinking, downward

comparison, and distraction. The behavioral coping methods incorporate actions such as

substance use and avoidance or distraction methods (Timraz et al., 2018; Walsh et al., 2010).

Thus, the complexity of this process is due to the evolving processes throughout the lifespan of

adult survivors and deserves attention and further research.

Theoretical Background

Research has shown that PTG is achievable among adult survivors of CSA (Easton et al.,

2013; Hartley et al., 2016; Kaye-Tzadok & Davidson-Arad, 2016; Lev-Wiesel et al., 2004;

Shakespeare-Finch & de Dassel, 2009; Walker-Williams & Fouché, 2018). According to

Tedeschi and Calhoun (1995), PTG can be identified through three broad, multidimensional

constructs. These constructs are (a) improved interpersonal relationships, (b) enhanced beliefs

relating to the self, and (c) an optimistic worldview relating to life (Tedeschi & Calhoun, 1995).

Studies regarding PTG among CSA survivors have unearthed resources or mechanisms that have

been shown to be effective in delineating these broad PTG outcomes (Easton et al., 2013;

Hartley et al., 2016; Kaye-Tzadok & Davidson-Arad, 2016; Lev-Wiesel et al., 2004;

Shakespeare-Finch & de Dassel, 2009; Walker-Williams & Fouché, 2018); however, these

studies have reported mixed results.

PTG is rooted in a constructivist framework and could be described as the sincere and

significant changes to the individual's personality and worldview (Jayawickreme & Blackie,

2016; Tedeschi & Calhoun, 2004). In the past several decades the focus of trauma-informed

practice regarding awareness and treatment has been significantly elevated to the perceptual

forefront of medical and mental health professionals. The profound work of psychiatrists and

neuroscientists such as Bruce Perry and Bessel van der Kolk has changed the theoretical

landscape of how trauma is perceived and treated. Whereas posttraumatic stress disorder (PTSD) was once a disorder only encountered by combat veterans, the world is recognizing the high prevalence of PTSD and trauma among all populations (McDonough, 2012). With this increased recognition, diagnosis and treatment have also become more available. Mental health professionals are receiving specialized postgraduate training in a variety of different trauma-specific therapy modalities to help meet the needs of this ever increasing and diverse population (Dursun & Soylemez, 2020). Furthermore, the emergence of *Positive Psychology* has created a pathway for theories to develop supporting the possibility for positive change following a traumatic event (Affleck & Tennen, 1996; Andrews et al., 2016). Hence, the theory of PTG emerged.

According to the PTG model created by Tedeschi and Calhoun (1996), R/S growth is one of the core domains related to PTG. However, recent studies have found evidence to contradict this model, with results indicating PTG was not related to R/S beliefs following a traumatic event (E. B. Davis et al., 2019; Mangelsdorf et al., 2019). Nevertheless, studies have concluded with mixed results, discovering both beneficial and adverse outcomes relating to R/S beliefs among individuals who have suffered trauma (Chan & Rhodes, 2013; Pargament et al., 1998; Russano et al., 2017; Tae & Chae, 2021). Given these points, it is clear the concept of R/S beliefs in relation to PTG merits further inquiry.

R/S beliefs have been shown to be infused within an individual's life so deeply that these beliefs will affect their reaction to adversity and the methods in which they cope with distress (Harrison et al., 2001). Sheikh (2008) indicated that a positive personal transformation following a profoundly distressing event is forged from existential and philosophical beliefs and traditions. Furthermore, R/S beliefs are a complex phenomenon that can provide salient meaning in the

context of traumatic experiences and impact how individuals cope with those experiences (Calhoun & Tedeschi, 2014).

On the topic of suffering and PTG, the EP perspective of this concept is considered "nuanced and paradoxical, going beyond resilience and posttraumatic growth or benefit-finding" (Tan, 2019, p. 285). The experience of trauma or suffering is understood to provide opportunities to experience benefits such as (a) gaining humility, (b) helping to embolden others, (c) obtaining a closer relationship to God, and (d) becoming more Christlike, rather than the secular path of gaining self-strength or self-actualization skills (Piper & Taylor, 2006; Tan, 2019). A biblical perspective on PTG will therefore put emphasis on the positive outcomes of brokenness, humility, and deeper Christlikeness rather than a comprehensive psychological change (Tan, 2013). According to a study conducted by Andrews et al. (2016), Christian beliefs regarding post-trauma reactions are compatible with the construct of PTG. Hence, seeking to understand PTG among CSA survivors through the lens of EP Christianity is a unique perspective differentiated from many others.

Social Background

Sexual abuse is a subject that appears to merit a much-needed dialogue in the Christian church (Schmutzer, 2008). As the topic of sex is traditionally taboo amongst the Christian leaders and communities, secrecy often surrounds the experiences of CSA (Kennedy & Prock, 2016; Schmutzer, 2008). The disclosure of sexual abuse among Christian CSA survivors is thought to be vastly underreported (Kennedy & Prock, 2016; Schmutzer, 2008). Therefore, CSA experiences and outcomes among the Christian population are a unique and understudied subject (George & Bance, 2020; Kennedy & Prock, 2016; Schmutzer, 2008).

Another factor related to the relevance of the current study is that the documented research regarding links between PTG and CSA has used small sample sizes with study-specific characteristics such as victims limited to clergy-perpetrated CSA, incestuous CSA, or known-perpetrator CSA (Hartley et al., 2016). Moreover, PTG studies that have been conducted regarding CSA experiences primarily focus only on women victims (Easton et al., 2013; Hartley et al., 2016; Lev-Wiesel et al., 2004; Shakespeare-Finch & de Dassel, 2009). Thus, further studies investigating PTG in relation to the homogeneous population of all adult CSA survivors is warranted.

Additional Variables to Consider

Research seems to indicate a few potential variables that might also impact PTG: attachment style (Arikan & Karanci, 2012; K. M. Nelson et al., 2019; O'Connor & Elklit, 2008; Rees, 2007), the intensity of distress related to the event (Dekel et al., 2012; Mesidor & Sly, 2019; Morris et al., 2005; Schubert et al., 2016), and perceived social support (Prati & Pietrantoni, 2009; Tedeschi & Calhoun, 2004). The first variable, attachment, is considered an influential variable when considering posttraumatic outcomes (Bartholomew & Horowitz, 1991). There has been a robust amount of literature regarding attachment and PTG. Attachment can affect resiliency and emotional stress regulation, directly affecting posttraumatic reactions, including PTG (K. M. Nelson et al., 2019; Rees, 2007). Securely attached individuals develop emotional elasticity, a balanced view of themselves and others, and are more likely to resolve posttraumatic stress (Arikan et al., 2015; Gleeson et al., 2021; Thompson, 2010). In contrast, insecure attachments are often associated with psychopathology, adverse trauma outcomes, and can produce a dysfunctional perception of the self and others (Halpern et al., 2011; Mikulincer et al., 2007).

Next, regarding distress and PTG, Dekel et al. (2011) suggested a possible path to PTG must include the trigger of distress. In other words, distress triggers ensuing growth. This theory makes sense, especially in light of Tedeschi and Calhoun (2004). By definition, PTG is the outcome of the post-trauma psychological struggle (Tedeschi & Calhoun, 2004). Stress-induced rumination transforms into constructive processing, which initiates PTG processes. In fact, Solomon and Dekel (2007) asserted that elevated distress levels tend to lead to PTG.

Finally, as it relates to perceived social support, Tedeschi and Calhoun (2004) conceptualized this component as necessary to facilitate the processing of the adverse life event to reach the outcome of PTG. Social support has been shown to promote PTG, especially among survivors of child abuse (Brooks et al., 2019; Courtois et al., 2009). Furthermore, emotional comfort through supportive social support has been suggested as essential for PTG outcomes following traumatic events (Prati & Pietrantoni, 2009).

Problem Statement

The problem is that no research has been found delineating the unique perspective of EP beliefs as a pathway to PTG. Likewise, PTG research is still inconsistent and limited, especially among the unique population of adult survivors of CSA (Easton et al., 2013; Lev-Wiesel et al., 2004; Shakespeare-Finch & de Dassel, 2009; Wright et al., 2007). Another troubling aspect related to this subject is that many clinicians have a lack of knowledge and understanding regarding EP beliefs and the impact it can have on CSA survivors (Hathaway, 2008). Thus, this study aimed to add to the existing literature by examining the way that EP beliefs can impact CSA survivors in order to develop a better understanding of the dynamics and importance of EP beliefs in the lives of adult CSA survivors.

Many theoretical models of PTG exist and are still emerging; however, the contextual and individual mechanisms leading to PTG remain unclear (Kaye-Tzadok & Davidson-Arad, 2016; McElheran et al., 2012). Given the vast number of individuals who experience trauma, further understanding of factors surrounding the path to PTG is crucial, especially among mental health clinicians (J-y. Lee & Kim, 2021). Despite many studies over the past 30 years, much is still to be learned because delineating mechanisms for PTG face as many difficulties as defining the subjective nature of trauma itself (McGrath, 2006). A consistent conclusion across the literature is that more research is needed regarding connections to and factors delineating PTG, especially among adult survivors of CSA (Barrington & Shakespeare-Finch, 2013; Hartley et al., 2016; McElheran et al., 2012; K. M. Nelson et al., 2019; Roche et al., 1999). Furthermore, adults that identify as EP compose the largest religious group in America; hence, an exploration regarding EP beliefs as a contributing mechanism to PTG among adults with a history of CSA is warranted.

In addition, even though clinical literature has addressed the need for attending to R/S beliefs in the realm of therapy, studies show that many clinicians neglect to raise these issues with clients (Cashwell et al., 2013; Frazier & Hansen, 2009; Hathaway, 2008). These results are disturbing especially because R/S variables could be vital treatment targets regarding interventions with CSA survivors (Harris et al., 2007). Owen et al. (2016) reported that for those clients that had a significant commitment to their R/S beliefs, treatment outcomes were directly related to the therapist's knowledge and humility regarding this cultural component. Thus, the current study sought to contribute to the literature surrounding these matters.

Purpose Statement

This study sought to gain a better understanding of the mechanisms leading to PTG among adults with a history of CSA with a focus on examining the role of EP beliefs in the attainment of PTG. This was a quantitative study composed of data compiled from two sources. This research study utilized an online survey sample to measure the extent of EP beliefs and PTG among adults with a history of CSA. In addition, an investigation among trauma therapists through interviews was utilized to determine their perception of EP beliefs in the attainment of PTG among clients will a history of CSA. This study's findings are intended to increase the empirical connections which already exist between R/S beliefs and PTG among CSA survivors, thus providing further evidence of R/S beliefs being an integral component that merits inclusion in the therapeutic process. If EP beliefs can positively impact levels of PTG among this population, it may serve as a reference point for clinicians in supporting their clients through recovery and the attainment of PTG following traumatic events, such as CSA. Finally, the current study's results provide a better understanding of influences and predictors of PTG, such as EP beliefs.

Significance of Study

This study aimed to build on the existing information surrounding pathways to PTG among adults with a history of CSA by drawing attention to the R/S beliefs of the individual. More specifically, EP beliefs were examined since I have found no research regarding EP beliefs and PTG among this population. Furthermore, the results enhance the conversation surrounding mental health professionals and their treatment of survivors of CSA. Hence, the current research sought to ascertain a link between EP beliefs and the attainment of PTG among this unique

population. The implications for such research could vastly shift outcomes for adult CSA

survivors with a greater understanding of the constructs.

Despite robust literature and research regarding clinical trauma treatment models, there

remains much to be learned. Studies seeking to understand the unique mechanisms that lead to

PTG among adult survivors of CSA have resulted in inconclusive or mixed results (Gleeson et

al., 2021; Kucharska, 2019; Romeo et al., 2019; Schmidt et al., 2012). Cashwell et al.'s (2013)

study examined the perceived importance of R/S beliefs in clinical treatment and the frequency

of R/S integration practices in treatment among counselors. This research yielded a significant

gap between these two concepts (Cashwell et al., 2013). Counselors reported a high perceived

value of religion and spirituality within the therapeutic setting but reported low inclusion rates of

addressing those issues with clients (Cashwell et al., 2013). Studies have suggested the fear or

challenge in integrating R/S beliefs into clinical practice is due to the lack of proper graduate

training (Cashwell et al., 2013; Pearce et al., 2018; Scott & Wolfe, 2015).

Important to note is that within the last 30 years counselor training programs have

pursued a dogged endeavor to incorporate "multicultural" principles with the addition of

multicultural counseling competencies (e.g., see Sue et al., 1992). Within these multicultural

competencies, the priority has been addressing race and ethnicity (Vandiver et al., 2021), with

"some identities receiving more attention than others" (W. R. Evans & Nelson, 2021, p. 2). Thus,

the incorporation of R/S beliefs has been neglected among many counselors. Regardless of this,

the spiritual component to life is an important one; thus, the need to present research that

supports the need for clinicians to understand the fundamental attributes of EP identity and the

nature by which CSA interlaces itself into every facet of the survivor's life is crucial (Collins et

al., 2014).

Recognizing how these beliefs are impacted by CSA and equipping clinicians with the knowledge to tackle this complex component are vital in order to offer efficient treatment for this population. Clinical literature has found that the impact and sequelae following CSA can be unique within a Christian perspective (Hall, 1995; Redmond, 1989; Schmutzer, 2008). This study provides a more in-depth understanding of the attainment of PTG, specifically for adult survivors of CSA and the mental health clinicians supporting them. Thus, this study was twofold. First, the study examined these variables among adults with a history of CSA, and second, the study explored whether trauma therapists have observed any correlation between EP beliefs and PTG, while controlling for three mediator variables.

Research Questions

RQ1: Do Evangelical Protestant beliefs affect the extent of posttraumatic growth among adult survivors of child sexual abuse?

RQ2: How do Evangelical Protestant beliefs impact the extent of posttraumatic growth among adult survivors of child sexual abuse?

RQ3: How much of the variance in posttraumatic growth levels can be explained by levels of Evangelical Protestant beliefs among adult survivors of child sexual abuse?

RQ4: Do the variables of attachment, posttraumatic stress, and/or social support significantly affect the relationship between Evangelical Protestant beliefs and the extent of posttraumatic growth among adult survivors of child sexual abuse?

Assumptions and Limitations

Assumptions and limitations for the current study included the following: measurements used for data collection, self-reporting of data, and generalizability of the results. The first assumption was that the measurements used in the study measured the domains accurately.

While the PTG measurement has been demonstrated to accurately measure this variable, this still

remains an assumption. Furthermore, identifying EP beliefs is a difficult concept to obtain;

therefore, a chance of making a Type I error[1] was a possibility due to inaccurate categorizing of

this variable. The next assumption was that the participants reported accurate data. For example,

the results reflect the assumption that the subjects had the cognitive ability to understand and

answer the survey questions accurately and honestly.

Additionally, I assumed the generalizability of results. The utilization of Amazon's

Mechanical Turk (MTurk) to recruit participants enabled generalizability of this study to be

representative of the general population in the United States. Previous research indicated Mturk

samples have been notably diverse in multiculturalism, socioeconomic status, and age (Casler et

al., 2013; Mason & Suri, 2012). Moreover, research data collected through Mturk have been

shown to be superior to other collection methods in regard to generalizability. Another

assumption was that the participants obtained through Mturk were representative of adults with a

history of CSA that hold EP beliefs (Casler et al., 2013; Shapiro et al., 2013).

There were also limitations that should be noted for this study. The challenge of using an

online survey and the general nature of the CSA topic may have presented issues with subject

variability and sample size. As there is a great deal of complexity in this type of research, I

acknowledge that the impact of CSA affects each individual uniquely. Therefore, because of the

current study's chosen methodology and sampling method, a limitation was identifying and

recognizing differences regarding the distinct characteristics within the CSA history (e.g.,

frequency of abuse, relationship to the abuser, intensity of abuse). This information is valuable to

consider because research has shown that considerations such as these are related to varying

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[1] A Type I error is a false positive conclusion.

outcomes (Tyler, 2002). Furthermore, even though attachment was a mediating variable assessed in the current study, the author recognizes that attachment is a complex concept to capture. Thus, the measurement may not have completely captured the concept of one's attachment; however, it was chosen because it is what was available and reasonable to ask of the participants for the study. Finally, it is also important to make mention that the study did not delineate the differences between clergy-perpetrated and non-clergy perpetrated CSA.

Definitions

1. *Believers* – Individuals who believe in and adhere to the Evangelical Protestant Christian faith (as defined below).

2. *Child Sexual Abuse (CSA)* – any completed or attempted (non-completed) sexual act, sexual contact with, or exploitation (i.e., noncontact sexual interaction) of a child by an adult (18 years or older) or another child/teenager that was 3 years older or more (Katerndahl et al., 2005; Leeb et al., 2008).

3. *Existential(ism)* – emphasizes the subjective meaning of human experience and one's ultimate enlightenment (e.g., the pursuit for meaning or purpose and how it is illuminated or revealed; APA, 2022; Van Deurzen, 2012).

4. *Mechanism(s)* – the underlying processes or activities that offer a type of causal explanation of psychological states and behavior (U. Koch & Cratsley, 2020).

5. *Religious/Spiritual (R/S) Beliefs* – conceptualized generally to embrace both religious (e.g., Christianity, Islam, Judaism, Buddhism, Hinduism) and non-religious forms (e.g., spiritual-but-not-religious), and elucidates an individual's perception regarding existential beliefs, personal significance and purpose, connections with others, and the transcendent (Canda et al., 2019; Pargament, 2007). This terminology could also refer to spiritually

related beliefs, practices, values, and symbols that are shared among a culture or ethnic

community (Puchalski et al., 2009).

6. *Posttraumatic Growth (PTG)* – the positive, radical change in perception of self and the

philosophy of life, including (a) recognition of personal strength, (b) the discovery of

hope for the future and new possibilities, (c) improved relationships, (d) a greater

appreciation for life, and (e) spiritual growth (George & Bance, 2020; Sneddon et al.,

2016; Tedeschi & Calhoun, 2004).

7. *Evangelical Protestant (EP)* – Christians who emphasize (a) the preaching of the gospel

of Jesus Christ, (b) personal conversion or "born again" experiences, (c) Scripture as the

sole foundation and authority for faith, and (d) active evangelism (the call to spread

God's message about Christ worldwide; Melton, 2022).

8. *Trauma* – the experience of an uncontrollable circumstance which is understood as a

threat to a person's sense of coherence or survival (Goodman-Brown et al., 2003).

Summary

The unique psychological impact of CSA can consist of an identity submerged in low

self-esteem, depression, anxiety, and interpersonal struggles across the lifespan (Dagan & Yager,

2019; Dube et al., 2005; Edwall et al., 1989; Jehu, 1989). Yet, the experience of CSA has the

potential to provide a pathway to personal and experiential growth among survivors (Tedeschi &

Calhoun, 1996). Since research has shown that R/S philosophies or beliefs provide the

foundation for which individuals cope with the trauma-related stress and other adversities of life

(Cobb, 2017; Kotarba, 1983), these types of beliefs should be considered when examining

mechanisms leading to growth. The EP Christian faith community has a unique set of beliefs that

warrant such consideration.

Chapter One provided an overview and background information regarding the current study. Also discussed were the purpose statement, the significance of the study, and the research questions. This study focused on the homogeneous population of adult survivors of child sexual abuse, where the predictor variable for this study was EP Christian beliefs, and the criterion variable was posttraumatic growth. Finally, assumptions and limitations were addressed, and a description of key terms used throughout the paper were provided.

CHAPTER TWO: LITERATURE REVIEW

Overview

This chapter provides information associated with each variable within the study. The core problem of child sexual abuse is explored concerning core concepts and related outcomes. Then, the framework of posttraumatic growth, religious and spiritual beliefs, and trauma are examined. This literature review also analyzes research regarding trauma and posttraumatic growth among adults with a history of child sexual abuse. Finally, a summary of research and literature addressing (a) Christianity, (b) Christian beliefs, (c) differences among Christian sects, and (d) Evangelical beliefs in relation to outcomes among survivors of child sexual abuse is presented.

Review of the Literature

Child Sexual Abuse

Defining Child Sexual Abuse

Research has sought to unearth the high prevalence of child sexual abuse (CSA) in recent years. Hence, clarifying the prevalence and what constitutes this form of abuse is vital (Pan et al., 2020; Viola et al., 2016). The definition of CSA used by differing agencies and authors can vary extensively from one researcher to another (Barth et al., 2012; Pan et al., 2020). For example, the World Health Organization (WHO, 2022) defines CSA in the following statement:

Sexual abuse involves the intent to gratify or satisfy the needs of the perpetrator or another third party, including that of seeking power over the child. It includes: (a) non-contact sexual abuse (e.g., threats of sexual abuse, verbal sexual harassment, sexual solicitation, indecent exposure, exposing the child to pornography); (b) contact sexual abuse involving sexual intercourse (i.e., sexual assault or rape); (c) contact sexual abuse

excluding sexual intercourse but involving other acts such as inappropriate touching, fondling and kissing. Child sexual abuse is often carried out without physical force, but rather with some type of emotional manipulation. Children can be sexually abused by both adults and other children who are—by virtue of their age or stage of development— in a position of responsibility or trust or power over the survivor. (p. 3)

Alternatively, the Centers for Disease Control and Prevention (CDC) defines CSA as "any completed or attempted (non-completed) sexual act, sexual contact with, or exploitation (i.e., non-contact sexual interaction) of a child by a caregiver" (Leeb et al., 2008, p. 22). The ambiguity regarding what constitutes sexual abuse proves the need to have a clear definition. For this study, the author has selected the following definition: any completed or attempted (non-completed) sexual act, sexual contact with, or exploitation (i.e., noncontact sexual interaction) of a child by an adult (18 years or older) or another child/teenager who was 3 years older or more (Katerndahl et al., 2005; Leeb et al., 2008).

An extension of the definition provides details of categories related to CSA. These categories include sexual contact and interaction/exploitation (Allender & Lee-Thorp, 2018; Finkelhor, 1984; Leeb et al., 2008; Murray et al., 2014). *Sexual contact* implies physical touch designed to arouse sexual desire in the victim and/or the perpetrator (Allender & Lee-Thorp, 2018). *Physical touch* includes penetration between the mouth, penis, vulva, or anus (Leeb et al., 2008), as well as "intentional sexual touching, either directly or through the clothing" (Leeb et al., 2008, p. 15; e.g., breast fondling, sexual kissing, simulated intercourse; Allender & Lee-Thorp, 2018). Furthermore, it is also important to mention that the adult can enact sexual contact with the child or the child with the adult. Moreover, this also includes a child committing "a

sexual act on another individual (child or adult) when forced or coerced by an adult" (Merrick &

Jent, 2013, p. 386; e.g., prostitution, trafficking).

Sexual abuse is not limited to physical contact (Finkelhor, 1984). *Sexual interactions* are

far more challenging to recognize because physical touch is not involved (Allender & Lee-

Thorp, 2018). Sexual interactions can be classified as visual or verbal. Examples of *verbal sexual*

interactions include direct or subtle solicitation or innuendo for sexual purposes, a verbal account

of sexual acts, and frequent usage of sexual language (Allender & Lee-Thorp, 2018). *Visual*

sexual interactions consist of acts where the child is forced or invited to view pornographic films

or images or is "observed by the perpetrator in a state of undress that is arousing to the adult"

(Allender & Lee-Thorp, 2018, p. 49). These interactions also include coercing a child to observe

sexual acts or abuse and filming or taking photographs of a child in a sexual manner (Leeb et al.,

2008; United Nations Children's Fund [UNICEF], 2010).

Also worth noting is the legal age constituting a child and an adult. UNICEF (2010)

clarifies that a child is regarded under the legal age as provided by national law. Within the

United States, the CDC describes a child as "any individual from birth through 17 years of age at

the time of abuse" (p. 13), and an adult is age 18 or older (Leeb et al., 2008). This study will

adhere to this age definition regarding a child and an adult. Furthermore, regardless of the

person's perceived age, all sexual acts between a child and adult (even with child consent) are,

by definition, CSA (Murray et al., 2014).

Prevalence of CSA

CSA is prevalent throughout all nations, cultures, and socioeconomic backgrounds. It is a

common form of child maltreatment and is universally silenced among male and female children

(Dube et al., 2005; Finkelhor, 2020). A general fallacy concerning CSA is that it is an unusual

incident committed against females by male strangers in low socioeconomic, urban areas (Murray et al., 2014). On the contrary, CSA is a widespread occurrence that negatively affects millions of children (all genders) in urban and rural communities and across all ethnic and socioeconomic settings (Murray et al., 2014).

It is estimated that one in eight of the world's children are sexually abused before reaching the age of 18 (UNICEF, 2020). Almost 70,000 incidents of CSA were substantiated in 2019 in the United States (Children's Bureau, 2021). Moreover, experiences related to child sexual molestation took four out of the top 10 spots for the most impactful adverse life events among individuals living in the United States in a nationwide survey in 2015 (Mangelsdorf & Eid, 2015).

A recent international meta-analysis regarding CSA prevalence conducted by Pan et al. (2020) revealed a mean prevalence of 24%; however, there was significant heterogeneity among countries. For example, in Pan et al.'s study, the prevalence was as high as 32% in North America, whereas Europe had a 17% prevalence and Asia showed a prevalence of 18% (Pan et al., 2020). However, other studies have indicated prevalence rates ranging from 7%–11% (Townsend, 2013) and 1%–11% (Finkelhor et al., 2014) in the United States. It is also important to note that data should always be interpreted cautiously, as cultural norms and values affect the understanding of the sexual abuse and willingness to disclose (Rueda et al., 2021). Cultural values such as gender norms, family honor, children's obedience to adults, and the stigmatization of victims influence disclosure and, thus, prevalence data (Viola et al., 2016). Studies have emphasized the significance of understanding cultural and ethnic beliefs regarding CSA (Ferragut et al., 2020; Rueda et al., 2021).

CSA is a complex phenomenon, and "its very nature implies that victims do not always dare to report out of fear and shame" (Rueda et al., 2021, p. 2). Thus, there has been much discussion concerning the precise number of CSA occurrences. It is estimated that only a fraction of CSA experiences are disclosed to caregivers, child protective services, police, or other appropriate authorities (Hinds & Giardino, 2020). Darkness to Light (2017) estimates that 60% of CSA victims never reveal the abuse to anyone. Studies have revealed that the actual number of CSA experiences is at least three to four times the reported number (Goodman-Brown et al., 2003; Mills et al., 2016). Moreover, Ullman and Filipa's research (2005, as cited in de Montigny Gauthier et al., 2019) indicated that "only one-third of CSA survivors reveal their abuse in their childhood, another third does so after reaching adulthood" (p. 481). Consequently, 40% disclosed to a peer or friend; hence, CSA often remains unidentified by the caregivers or other appropriate authorities (Broman-Fulks et al., 2007).

UNICEF (2020) surveyed 30 countries and uncovered that only 1% of adolescent females who had experienced forced or involuntary sex reported the occurrence to anyone. The challenging complexity in disclosure is exacerbated by shame, family pressures, not being believed, or fear of stigma, in which a high number of disclosures are retracted (Baía et al., 2021; McGuire & London, 2020; Rueda et al., 2021). Many children experiencing CSA may not even be cognizant of their victimization (Murray et al., 2014). Furthermore, multiple surveys and studies repeatedly reveal a significant disparity between the rates of CSA occurrences and reports of disclosure to the appropriate agencies, implying that only a minute number of CSA victims receive any professional support (UNICEF, 2020).

Perpetrators of CSA

CSA perpetrator research is still in a primitive stage; therefore, much of the data appears to be mixed concerning this type of sex offender (Cromer & Goldsmith, 2010). Nevertheless, the evidence that has been accumulated regarding perpetrator data does appear to have some consistency. Another point often overlooked is the recognition that CSA often goes unreported; thus, affecting the overall data related to CSA perpetrators and victims.

Several myths exist within western culture concerning the identity of perpetrators that commit CSA. These myths primarily involve stereotypical disseminations of perpetrator guilt (Craissati & McClurg, 1997; Cromer & Goldsmith, 2010; Finkelhor et al., 2011; Ralston, 2019; S. P. Thomas & Hall, 2008). On the contrary, Cromer and Goldsmith (2010) reported that CSA perpetrators consist of a rather heterogeneous group. In fact, CSA is perpetrated by several types of offenders, including trusted friends and family, strangers, other juveniles, males and females, and people of all sexual orientations, socioeconomic classes, and cultural backgrounds (Cromer & Goldsmith, 2010).

The literature indicates CSA is more often than not perpetrated by someone known by the child (Finkelhor et al., 2011; Hassan et al., 2015; UNICEF, 2020). Ralston (2019) reported that 41% to 68% of all CSA perpetrators are someone known to the child. Moreover, according to Hornor and Zeno (2018), family members of the child perpetrate "nearly 2/3s of child sexual abuse, with fathers and stepfathers being the most common abusers" (p. 208). Proof of this is also found in Carlson et al. (2015), where the authors discovered that, in a sample of children that disclosed CSA at a Children's Advocacy Center, 62% of the identified offenders were a relative; 38% were an acquaintance; and only 1% were perpetrated by a stranger. Similarly,

Hassan et al. (2015) reported that their sample of CSA victims was abused by a relative or acquaintance rather than strangers or unknown people.

When it comes to individual characteristics of the offender, Miller (2013) categorized three types of individuals in the following statement:

> (a) the "situational child sex molester" who engages in sex with adults or children and simply sees children as targets of opportunity, (b) the "preferential child molester" who imagines a special relationship with each of the children he or she has sex with, often grooming them over time; and (e) the "sadistic pedophile" who enjoys engaging in acts of sexual violence with children, often resulting in their death. (pp. 507–508)

Moreover, S. P. Thomas et al. (2012) found that many of their sample offenders were heterosexual, married, and had children or stepchildren of their own. Some studies (e.g., Hilarski et al., 2008; Sinanan, 2011) have supported the claim that offenders are typically middle-aged and have low socioeconomic status. Others, like S. P. Thomas et al. (2012), had different findings. S. P. Thomas et al. (2012) reported that their sample of perpetrators' age, socioeconomic status, and education were broadly mixed. As an illustration, their findings revealed a mean age of 23 years old and the education of the perpetrator sample varied from general equivalency high school diploma (GED) to PhD degree (S. P. Thomas et al., 2012).

Research has also suggested that while men are predominantly held accountable for sexually abusing children, data regarding female offenders are on the rise (Balboni, 2011; Hassan et al., 2015; Kouyoumdjian et al., 2009). The male perpetrators typically consist of fathers, stepfathers, grandfathers, siblings, cousins, neighbors, and older children (Hassan et al., 2015; S. P. Thomas et al., 2012). Female perpetrators are more difficult to categorize due to the lack of reporting (Finkelhor et al., 2011; Hornor & Zeno, 2018). Finkelhor et al. (2011) reported

that female-perpetrated abuse goes underreported because of a lack of knowledge on the victims'

behalf regarding what behaviors constitute sexual abuse. As an illustration, acts of female-

perpetrated CSA can be disguised as ordinary caregiving (e.g., bathing, changing clothes/diaper;

Hornor & Zeno, 2018). Curti et al. (2019) found the female perpetrators of CSA included the

paternal grandmother, babysitter, mother, stepmother, or foster mother. One last point worth

noting is that female offenders seldom coerce accomplices, unlike many male perpetrators

(Tsopelas et al., 2011).

Psychological Sequalae of CSA

Freud (1962) claimed that CSA was at the core of every case of hysteria. Both theory and

research identify CSA's burden of psychological sequelae and disorders are substantial (Bak-

Klimek et al., 2014; Fergusson et al., 2008; Herman, 1982; Herman et al., 1986; Hillberg et al.,

2011; Murray et al., 2014; Tasharrofi & Barnes, 2019; W. Wong et al., 2020). Herman (1982)

claimed that survivors of CSA report symptomology that parallels survivors of other forms of

severe, prolonged, and repeated trauma (e.g., captivity, torture). Moreover, CSA has been found

to induce a lifelong impact that includes a broad spectrum of multiple and severe

psychopathology (Bak-Klimek et al., 2014; Herman et al., 1986; Hillberg et al., 2011; Sanjeevi et

al., 2018; W. Wong et al., 2020). According to Tasharrofi and Barnes (2019), the manifestation

of adverse psychopathological functioning is more than twice as likely to occur among adults

with a history of CSA versus those with no history of CSA. Additionally, Putman et al. (2013)

asserted that CSA is the most pervasive of numerous childhood adverse experiences related to

the development of adult psychopathology.

The heterogeneity of mental health outcomes ranges from severe patterns of

psychological symptomology to no indication of adverse psychological sequelae (Bak-Klimek et

al., 2014; Sanjeevi et al., 2018). For those who are affected, the damaging mental health consequences of CSA vary widely in severity, duration, and type (Bak-Klimek et al., 2014; Maniglio, 2009; Sanjeevi et al., 2018). To demonstrate, CSA has been linked with impairments in ego functioning, poor identity coherence, mood and anxiety disorders, personality disorders, substance use disorders, suicidal ideation, depression, and preoccupations with anger, guilt, and shame dysfunction among adult survivors (Dube et al., 2005; Easton & Kong, 2017; Gilbert et al., 2009; Herman et al., 1986; Molnar et al., 2001). Furthermore, the correlations between CSA and psychopathological symptomology in adulthood has been found to be present even when controlling for genetic factors and background (E. C. Nelson et al., 2002; Sanjeevi et al., 2018).

The concept of *complex trauma* was initially identified and defined by Herman (1992) as an exposure of repeated traumatic experiences that take place over a prolonged period of time (e.g., months or years). These chronic events (e.g., sexual abuse, neglect, physical abuse) typically occur during childhood within the interpersonal realm (e.g., caregiver system; Herman, 1992; van der Kolk et al., 2005). Complex trauma became a differentiated category because these types of experiences often lead to more pervasive consequences across domains of development and functioning that fall outside the boundaries of typical posttraumatic stress disorder (PTSD) symptomology when compared to single-event traumatic experiences (e.g., natural disaster, car wreck; Cloitre et al., 2009; Cook et al., 2005; Herman, 1992; van der Kolk & Fisler, 1995). The accumulation of these traumatic experiences has been found to predict trauma-related symptoms such as depression, PTSD, anxiety, dissociation, sexual difficulties, anger, and a fragmented and dysfunctional representational scheme of the self and others (Cloitre et al., 2009; C. Smith, 2013).

Research indicates the age onset and the distinct characteristics surrounding the complex trauma exposure is linked to adult symptom severity (Anda et al., 2010; Fergusson et al., 2008). In fact, the sequelae of prolonged experiences of CSA are linked to a greater overall spectrum and prevalence of difficulties in functioning when compared to other trauma types (Cloitre et al., 2009; Fergusson et al., 2008; Herman et al., 1986; Kisiel et al., 2014). This evidence clearly suggests that there may be something traumatogenic about the impact of sexual abuse in the development of pernicious symptomology (Cloitre et al., 2009; Fergusson et al., 2008; Herman et al., 1986; Kisiel et al., 2014).

PTSD "is a complex biopsychosocial condition caused by the stress of an inescapable, potentially lethal situation and involving a persistent derangement of the central nervous system" (Nurcombe, 2000, p. 88). According to the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM–5; American Psychiatric Association, 2013), the required criteria listed in the PTSD symptom clusters include: (a) unwanted intrusions, (b) avoidance of trauma reminders, (c) negative shifts in cognitions and mood, and (d) hyperarousal or reactivity following the trauma. According to Nooner et al. (2012), sexual trauma has the most substantiated connection to PTSD. Thus, survivors of CSA are acutely susceptible to developing PTSD (McLean & Gallop, 2003). Authors have theorized unassimilated cognitions of the sexual abuse emerge in the form of disturbing imagery, nightmares, and somatic symptoms triggering PTSD symptoms such as hyperarousal, avoidance, and intrusive thoughts (Nurcombe, 2000; Rahm et al., 2012).

The link between CSA and depression in adulthood has also been recognized in research. CSA survivors have been found to display an elevated risk of depressive symptoms (Bak-Klimek et al., 2014; Hailye, 2013, as cited in Sanjeevi et al., 2018; W. Wong et al., 2020). For example,

Mullen and Fergusson (1999) completed an analysis of multiple studies using stringent criteria

for inclusion. In all instances, "significant associations were found . . . indicating moderate to

strong relationships between risks of depressive symptoms and reports of CSA" (p. 76). Other

studies have also documented the association of CSA, dysthymia, and depression in adulthood at

a rate of two to four times higher than individuals that have no history of CSA (Easton, 2019;

Molnar et al., 2001; Rapsey et al., 2017).

  Another adverse psychological outcome that poses a significant risk to survivors of CSA

is related to suicide. Multiple studies have revealed that CSA is associated with an increased risk

of attempted and completed suicides (Fedina et al., 2021; Mullen & Fergusson, 1999; Sanjeevi et

al., 2018; Soderberg et al., 2004). Ystgaard et al. (2004) completed a study comparing different

childhood adversities concerning chronic suicidal behaviors. The findings indicated CSA having

the most significant association with suicidal and parasuicidal behaviors (Ystgaard et al., 2004).

Additionally, research has demonstrated that individuals with a history of CSA are at increased

risk for suicidal ideation, multiple suicide attempts, completed suicides, and extended psychiatric

contact (Fedina et al., 2021; Mullen & Fergusson, 1999; Sanjeevi et al., 2018; Soderberg et al.,

2004; Ystgaard et al., 2004).

  Other psychiatric disorders that have been found to occur more frequently in populations

with a history of CSA include anxiety disorders (Allen et al., 2014; Feerick & Snow, 2005, as

cited in Bak-Klimek et al., 2014; H. K. Kim & Yu, 2015), borderline personality disorder

(McLean & Gallop, 2003; Sanjeevi et al., 2018; Sansone et al., 2011; Spataro et al., 2004, as

cited in Sanjeevi et al., 2018), and substance use disorders (Fergusson et al., 2013; Sartor et al.,

2013). Consequently, a diagnosis of borderline personality disorder among survivors of CSA has

been shown to predict suicidal behaviors significantly (Ferraz et al., 2013, as cited in Sanjeevi et

al., 2018). Furthermore, some authors suggest that elevated levels of dissociation (Gold et al., 1999) and dissociative identity disorder (Bliss, 1984; Reed-Gavish, 2013; Vissia et al., 2016) are associated with the experience of CSA, particularly complex or ongoing childhood expiries of CSA.

While much evidence has been provided showing a link between CSA and psychiatric disorders, it is essential to note that the development of psychopathology could be influenced by numerous other reasons (Bak-Klimek et al., 2014; Hillberg et al., 2011; Neumann et al., 1996; Sanjeevi et al., 2018). In other words, in the context of psychological symptomology, both abused and non-abused adults could display the same psychopathology (Neumann et al., 1996). There is no clear explanation for this heterogeneity among CSA survivors; however, the CSA experience is believed to have a significant impact regarding the development of adverse psychological outcomes (Bak-Klimek et al., 2014; Hillberg et al., 2011). Furthermore, many studies revealing data related to this topic do not factor in other traumatic events (e.g., physical abuse, natural disasters, single-event traumas; Finkelhor & Browne, 1985; Neumann et al., 1996; Sanjeevi et al., 2018). Thus, while the associations between CSA and psychiatric disorders are pervasive, it is essential to recognize the uncertainty of highly specific or casual linkages between CSA and particular types of psychological problems.

The Impact of CSA on Beliefs of the Self and Others

CSA can flay one's sense of certainty, safety, and identity (Tedeschi & Calhoun, 2004). Herman (1982) alleged that survivors of CSA suffer not only from a variety of adverse psychological symptoms, but also "from a profound damage to their sense of self and their capacity for relationships with others" (p. 225). The experience of CSA can be so formidable that it can surpass one's adaptive coping capacities (Starnino & Sullivan, 2016). Thus, when CSA is

perpetrated, it has the potential to trigger an internal earthquake with the potential to negatively affect the survivor across the lifespan (Calhoun & Tedeschi, 1999). CSA may facilitate distorted beliefs that lead to cynical internal schemas regarding the self and others. Research has indicated that CSA survivors could experience cataclysmic disruption of their internal belief system or what is known as the internal working model (Alexander et al., 1998; Finkelhor, 1988; Nurcombe, 2000; Starnino & Sullivan, 2016). In other words, events such as CSA may alter an individual's worldview and understanding of the world, themselves, and others (Calhoun & Tedeschi, 1999; Kilmer, 2006). For example, pre-CSA beliefs often include "the world and others are benevolent" (i.e., the "just world[2]" belief) and "the self has value and worth" (Janoff-Bulman, 2002). In contrast, post-trauma beliefs could be characterized by a pervasive sense of helplessness, shame, and the inability to trust others (Allender & Lee-Thorp, 2018; Finkelhor, 1988; Janoff-Bulman, 2002; Starnino & Sullivan, 2016). Starnino and Sullivan (2016) noted, "It is difficult to view the world as safe and caring, and the self as a whole, when abuse and exploitation are embedded in one's personal biography" (p. 1096).

A frequent assumption among trauma survivors is that they were, somehow, personally deserving of what occurred, ascribing culpability to themselves. To clarify, the victim assimilates self-attribution to the adverse experience to rationalize the "just world" belief. This concept is especially true in individuals with a history of CSA, as evidenced by survivors' identification of themselves as damaged and having little to no worth (Allender & Lee-Thorp, 2018; Finkelhor, 1988; Janoff-Bulman, 1993; Starnino & Sullivan, 2016). In fact, Finkelhor et al. (1990) identified fractured interpersonal schemas as a chronic pathology among survivors of CSA.

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[2] According to the just-world theory, people assume or believe that the world is fair, where good things happen to good people and bad things happen to bad people (Lerner, 2013). The just-world belief is a cognitive fallacy that may hamper growth following a traumatic event (Park et al., 2010).

Survivors of CSA are often enslaved by shame and held captive by the secrets they feel bound to suppress. The internal degradation jeopardizes secure identity formation and interferes with the capacity to trust others (Nurcombe, 2000).

Post-trauma victims are also apt to stop having faith in the benevolence of others. Beliefs of diminished trust in people and a general perception of a cruel world are developed within the internal working model of the individual (Alexander et al., 1998; Yan, 2001). Consequently, the internal working model is the framework for developing attachment security (Alexander et al., 1998). Evidence indicates that attachment styles are mostly believed to be stable from childhood to adulthood; however, life experiences (such as CSA) can modify attachment security (Alexander et al., 1998; Mikulincer et al., 2007). Furthermore, Aspelmeier et al. (2007) reported that survivors of CSA consistently exhibit low levels of attachment security, resulting in detached interpersonal relationships, thus resulting in difficulties within aspects of adult social functioning.

The available empirical research suggests that the experience of CSA contributes to unfavorable outcomes in relationships with significant others (Georgia et al., 2018; Godbout et al., 2014). According to Dolan and Whitworth (2013), persons with a CSA history are more liable to have unstable intimate relationships in adulthood. Similarly, other studies found links to poor couple adjustment in long-term romantic relationships, prominent levels of discontent with their adult relationships, and decreased levels of fulfillment and satisfaction in relationships among survivors of CSA compared to adults with no history of CSA (Baumann et al., 2020; de Montigny Gauthier et al., 2019; Fairweather & Kinder, 2013). Moreover, research has confirmed that adults with a history of CSA are incredibly vulnerable to significant sexual challenges in adulthood, such as dysfunction in the ability to express and experience sexual behavior safely

and healthily (H. K. Kim & Yu, 2015). As a result, survivors of CSA often experience a lower

quality marriage relationship (e.g., more likely to divorce and difficulties with intimacy; de

Montigny Gauthier et al., 2019; Georgia et al., 2018). Other outcomes regarding sexual

adjustment due to CSA include sexual orientation, a higher number of sexual partners, and

increased rates of abortions and sexually transmitted diseases (Arriola et al., 2005; Merrill et al.,

2003; Mullen & Fergusson, 1999; Paolucci et al., 2001; Senn et al., 2006; Steed & Templer,

2010; Tomeo et al., 2001).

Conceptual/Theoretical Framework of Posttraumatic Growth

While the terminology and construct of posttraumatic growth (PTG) as a theory was only

developed in the mid-1990s, the idea of a profound, perhaps existential, positive personal

transformation following a traumatic event has existed throughout centuries of religious,

mythological, and philosophical texts and sources (Affleck & Tennen, 1996). The advent of

positive psychology in the 1990s led to new concepts and theories regarding the opportunity for

positive change following distress (Dursun & Soylemez, 2020). Models such as *perceived*

benefits (Tennen et al., 1992), *stress-related growth* (Park et al., 1996), and *posttraumatic*

growth (Tedeschi & Calhoun, 1996) were developed and researched, with Tedeschi and

Calhoun's model becoming the most researched model (Dursun & Soylemez, 2020). According

to Tedeschi and Calhoun's (1996) model of PTG, the improved psychological function needed to

attain PTG occurs in three principal areas, namely positive life changes, healthy interpersonal

relationships, and positive self-perception.

The PTG theory is most often associated with Dr. Richard Tedeschi and Dr. Lawrence

Calhoun's model, which posits that growth is experienced within five domains. These veridical

domains include a greater appreciation for life, more meaningful relationships with others,

increased awareness of personal strength, new hope for the future, and spiritual or existential

growth (Tedeschi & Calhoun, 2004). Based upon these domains, the posttraumatic growth

inventory was developed to measure this positive change in the aftermath of trauma

(Jayawickreme & Blackie, 2016).

After Tedeschi and Calhoun proposed their PTG theory in the 1990s, the term and theory

became officially recognized as a psychological theory (Collier, 2016). Accordingly, the last

several decades have yielded numerous studies regarding PTG. Findings among the PTG

research have presented empirical evidence causing conceptualization shifts (Dursun &

Soylemez, 2020). In line with the evolving evidence, Tedeschi et al. (2018) have since proposed

a new model of PTG, redefining it as an outcome and a process.

While Tedeschi and Calhoun's model is generally well-known and accepted, other

models have been postulated to describe the conceptualization of PTG. Joseph and Linley (2005)

use an organismic valuing theory of adversarial growth. In other words, this theory posits that

traumatic events can force the individual to accommodate new beliefs through cognitive

processing, and through this, growth is developed (Joseph & Linley, 2005). Additionally, J. Kim

et al. (2016) construed PTG as encompassing numerous domains that obtain life fulfillment and

general contentment.

The different models postulated by leaders in the field such as Tedeschi, Calhoun,

Joseph, Linley, J. Kim, M. Kim, and Park do agree on one aspect of PTG in that the experience

of life adversity in itself is not enough to enable growth (Jayawickreme & Blackie, 2016). In

fact, posttraumatic depreciation is often experienced decades after an adverse life event for many

people. The conceptualization leading to the difference between PTG or depreciation is based on

whether the individual assimilates or accommodates the adverse life experience. If the individual

assimilates the negative life event, growth is not expected; therefore, the accommodation of new

beliefs and knowledge regarding this new, unexpected reality must occur to provide a framework

for PTG (Jayawickreme & Blackie, 2016; Park, 2010).

Theoretical Background of PTG

PTG is clearly differentiated from other similar healthy constructs following a traumatic

event such as recovery, healing, and resiliency (Dursun & Soylemez, 2020). PTG is the personal

transformation and growth beyond pre-trauma perception (Tedeschi et al., 2018). For

clarification, PTG is unlike healing or resiliency because the growth experienced in PTG

prescribes to the individual incorporating a new belief system to include the traumatic event and

provide a new schema that will protect the individual in future distressing circumstances

(Tedeschi & Calhoun, 2004). The central context delineating the process and outcome of PTG is

that of cognitive restructuring in order to reconstruct previously held assumptions that were

challenged as a result of an extremely distressing event (Tedeschi & Calhoun, 2004). PTG occurs

in tandem with the individual adapting to the psychological consequences to highly distressful

events (Tedeschi & Calhoun, 2004).

Individual Mechanisms for PTG

While the outcomes delineating PTG have been researched and defined, the precise

factors that clarify why some experience PTG and others do not warrant further investigation

(Jayawickreme & Blackie, 2016). For example, some research has shown that personality factors

such as extraversion or introversion can predict posttraumatic outcomes (Rzeszutek et al., 2017).

Other predictors include adaptive coping skills (such as religious coping), the ability to ruminate

deliberately, emotional or social support, and a general optimistic worldview (Linley & Joseph,

2004; Prati & Pietrantoni, 2009; Shaw et al., 2005). One aspect of PTG that has been agreed

upon by many researchers is that the central task leading to PTG is the intentional, cognitive

processing of the traumatic event(s) (Dagan & Yager, 2019; Janoff-Bulman, 2004; Park, 2010;

Tedeschi & Calhoun, 2004). However, even with the delineated predictors, the empirical

evidence has yet to make conclusive suppositions regarding the predictive individual

mechanisms leading to growth, especially in special populations (Jayawickreme & Blackie,

2016; Schubert et al., 2016), Moreover, issues regarding the measurement of PTG and the

mechanisms leading to PTG are still unclear. The PTG measurement concerns have been

conceptualized because of the subjective reporting and validity of the measurements assessing it

(Mangelsdorf et al., 2019).

Another factor that may affect a consensus regarding individual mechanisms leading to

PTG is that of the type of trauma. Research regarding mechanisms leading to PTG has grown

significantly over the past few decades, leading to evidence suggesting the type of trauma is a

significant factor in delineating these mechanisms (Crawford et al., 2014; Shakespeare-Finch &

Armstrong, 2010). Dagan and Yager (2019) suggested that there may be a difference between

achieving PTG following a defined traumatic event versus a more profound, persistent

interpersonal trauma, as is many victims' experiences of CSA. Janoff-Bulman (2004) suggested

that PTG following an event such as an accident or illness is somewhat easily understood due to

the feelings of thankfulness to have survived. In contrast, Dagan and Yager (2019) claimed PTG

following experiences such as complex trauma or CSA may be much more idiosyncratic and

complex.

Challenging the Theory of PTG

Though PTG has been a widely accepted theory by most modern cultures, many

researchers have a more contrarian view of PTG. The most significant issue throughout recent

literature is methodological concerns in the assessment of attainment of PTG (Ford et al., 2012; Jayawickreme & Blackie, 2016). This argument posits that areas such as the genuineness of lasting, perceived growth, and the possibility for alternative explanations of the growth are not included in the valid and most often used standardized measurements (Ford et al., 2012; McFarland & Alvaro, 2000; Tennen & Affleck, 2009). Many researchers postulate that the lack of longitudinal research regarding the change has many researchers unconvinced that PTG, as assessed by the posttraumatic growth inventory (Tedeschi & Calhoun, 2004), provides the evidence that change is a genuine, lasting transformation or a simple adjustment process (Herbst et al., 2000; Jayawickreme & Blackie, 2016; R. W. Robins et al., 2005).

Ford et al. (2012) proposed another valid argument regarding the legitimacy of perceived change by stating that preexisting or pre-event beliefs must be measured to determine if a change in beliefs has taken place. Furthermore, most research delineating PTG outcomes is cross-sectional and requires the subjects to self-report their perceived changes by estimating their pre-event beliefs (Mangelsdorf et al., 2019). However, while some studies have addressed this with appropriate measurements (C. G. Davis et al., 1998; Ickovics et al., 2006), additional concerns of recall bias and memory decay have developed due to the retrospective aspect of this type of assessment (Ford et al., 2012; Frazier & Kaler, 2006).

A final challenge to the theory of PTG is the examination of other alternatives for the reported positive change or growth. Ford et al. (2012) postulated that the reported growth experienced after an adverse life experience may amplify prior self-regulating coping skills due to the event and not "growth" per se. Moreover, Taylor et al. (2000) claimed the positive changes individuals report after adversity is most likely "positive illusions" that are just created as a defense mechanism in response to assimilating or accommodating the adverse experience.

Validity of the PTG Theory

Even though criticism can be found regarding the PTG theory, the evidence to support

the theory has built over decades of research and hundreds of thousands of participants reporting

the experience of PTG (Jayawickreme & Blackie, 2016). In fact, research has consistently

demonstrated that PTG is a shared experience, and this evidence proves PTG is worth continued

studies (Jayawickreme & Blackie, 2016; Linley & Joseph, 2004). Tedeschi et al. (2018) made a

profound argument by stating that after an adverse or extremely distressing life experience,

individuals seldom have a solid motive to seek growth and positivity. That statement is

congruent with most historical literature and studies reflecting unfavorable posttraumatic

outcomes, such as PTSD (R. J. Teixeira & Pereira, 2013). In a meta-analysis and systemic

review of PTG studies, Xiaoli et al. (2019) found that among 26 articles and over 10,000

subjects, significant levels of PTG were reported in over half (52.58%). Thus, PTG has been

measured and assessed through both qualitative and quantitative rigorous, peer-reviewed studies

resulting in significant findings and evidence related to the construct of PTG (Xiaoli et al., 2019).

The Functional-Descriptive Model of PTG

The functional-descriptive model of PTG is the general theoretical framework and

postulates that growth occurs when foundational core beliefs are challenged due to a severely

traumatic event. Amid distress, individuals struggle to create accommodated cognitions to

include the latest information and explore the significance of the event (Tedeschi & Calhoun,

2004). Within this struggle, PTG is developed (Tedeschi & Calhoun, 2004). However, the

experience of CSA may contradict the functional-descriptive model of PTG (Hartley et al.,

2016).

Hartley et al. (2016) reported that the functional-descriptive model was not an entirely accurate model because the CSA created the initial framework to base all beliefs upon. In other words, many adult survivors of CSA have indicated their belief framework was not "shattered" but developed with the abuse, becoming the initial foundation of their core beliefs. With this in mind, PTG can only occur after multiple positive experiences contradict the dysfunctional beliefs learned from the CSA (Hartley et al., 2016). The PTG model must include modifying that initial framework to include healthy thoughts (Hartley et al., 2016). Another concern is that explanations of PTG have not accounted for the developmental concerns regarding the impacts of CSA (Hartley et al., 2016). In fact, in the case of CSA, many survivors do not even begin to process the consequences of the trauma until adulthood (McElheran et al., 2012).

Religious/Spiritual Beliefs, Trauma, and Posttraumatic Growth

The Impact of Religious/Spiritual Beliefs Following Trauma

The experience of trauma causes a "partial, if not total, reorganization of the value system and worldview of the victims as they process the event" (Parlotz, 2002, as cited in Vis & Boynton, 2008, p. 77). Taku et al. (2008) indicated that religious/spiritual (R/S) beliefs can be broadly defined regarding trauma. For example, some trauma survivors may seek answers within a more existential perspective as an alternative to seeking answers that religion provides relating to the traumatic experience (Tedeschi & Calhoun, 2006). Therefore, a traumatic experience impacts cognitive, behavioral, and psychological elements within the survivor and affects existential or R/S beliefs (Vis & Boynton, 2008). D. K. Smith et al. (2006) suggested that as individuals attempt to make sense of the trauma, R/S beliefs become an interconnected factor. Furthermore, Decker (1993) contended that the impact of trauma will enhance the pursuit of existential questions regarding the meaning of life, which often leads to spiritual growth. Thus,

"trauma affects spirituality, and spirituality can shape the journey through trauma" (Vis &

Boynton, 2008, p. 75).

The realization of a lack of control is a common experience for an individual after

exposure to a traumatic event. Within this new understanding, trauma survivors tend to

reevaluate their worldview, the meaning of life, and coping with distress (Shaw et al., 2005; Vis

& Boynton, 2008). Within this reappraisal of beliefs, individuals attempt to construct a

perspective regarding the meaning of life following the trauma (Shaw et al., 2005; Vis &

Boynton, 2008). In essence, although the trauma survivor had no control over experiencing the

traumatic event, they can determine their response (Shaw et al., 2005).

Many individuals apply R/S beliefs to cope with traumatic events (Wortmann & Park,

2008) and have been positively associated with well-being and effective coping in the face of

adverse life events (Pargament et al., 1990). An individual's R/S beliefs can serve as a positive

source amid chaos by providing security and a path to create meaning (J-y. Lee & Kim, 2021).

For example, Ai et al. (2006) found that R/S beliefs may provide an optimistic internal

framework essential to survival through discovering one's purpose or meaning in life, in contrast

to simply creating the answers to these existential questions. Moreover, R/S beliefs may also

assist in providing a new perspective relating to traumatic experiences, such as a new positive

understanding and perspective of suffering (Aldwin, 2012). Emmons et al. (1998) summarized

how R/S beliefs can aid in growth and recovery following trauma: "Religion or spirituality can

provide a unifying philosophy of life and serve as an integrating and stabilizing force that

provides a framework for interpreting life's challenges and provides a resolution to such

concerns as suffering, death, tragedy, and injustice" (p. 175). Thus, one can utilize their R/S

beliefs to gain a new perspective on suffering or trauma that may aid in healing and growth.

In desperate times of distress, many people rely on their R/S beliefs as a vehicle to provide security, coherence, and many other coping tools (Gall et al., 2011; Wortmann & Park, 2008; Zeligman et al., 2020). In fact, in the days following the terrorist attacks in New York on September 11, 2001, a national survey found that 90% of the sample identified their R/S beliefs as their primary coping mechanism (Schuster et al., 2001, as cited in Shaw et al., 2005). Pargament et al. (2000) pinpointed numerous R/S coping tactics that assist in the aftermath of traumatic experiences. These coping strategies include reconceptualizing the stressor as an opportunity to strengthen the relationship with their higher power, providing comfort and solace, and gaining the capacity to dispose of resentments and anger (Pargament et al., 2000). Furthermore, R/S coping is a significant predictor of decreased psychological distress following traumatic events such as war, sexual assault, and community violence (Bryant-Davis & Wong, 2013). Additional forms of R/S coping consist of finding (a) an enriched meaning of life, (b) strengthening interpersonal supports, (c) acceptance of life's struggles, (d) greater existential awareness, and (e) having a defined, foundational belief structure (Shaw et al., 2005; Yalom & Lieberman, 1991).

Another aspect of R/S beliefs regarding the aftermath of trauma involves the impact of intrinsic versus extrinsic coping. Intrinsic R/S beliefs refer to how individuals develop their internal schema based on their R/S beliefs (Masters, 2013b). On the other hand, extrinsic R/S beliefs refer to using R/S beliefs "to fulfill more basic needs such as social relations or personal comfort" (Masters, 2013a, para. 1). In other words, intrinsic beliefs are how R/S coping is provided through gaining a sense of meaning and purpose (Shaw et al., 2005). Extrinsic beliefs include the tangible support one may access through community and interpersonal support (Shaw et al., 2005).

Intrinsic and extrinsic R/S coping is beneficial relating to post-trauma outcomes. Janoff-Bulman (1993) reported that intrinsic R/S beliefs assisted in reconstructing shattered worldview beliefs. By the same token, Black (2019) suggested that regaining a secure relationship with one's high power or perceiving their higher power[3] as a trustworthy refuge can facilitate improved internal working models of trust and interpersonal relationships. It is these aspects that can develop following trauma, which can help aid in growth (Shaw et al., 2005). Furthermore, access to one's faith community is another R/S coping mechanism that can aid in post-trauma recovery. One's R/S community can provide readily accessed, tangible support that can serve as an active (versus passive) approach (Bryant-Davis & Wong, 2013; Harris et al., 2012; Sullivan, 2009). This active stance to recovery encourages moving away from a withdrawn or isolated state, a common adverse symptom among trauma survivors.

Despite the research mentioned above, for some, preexisting R/S beliefs can be shattered because of the experience of trauma (Shaw et al., 2005). Reinert and Edwards (2009) completed a study regarding the perception of God or a higher power among college students with a history of child abuse. Their results indicated a generally negative perception of their higher power being distant, unloving, and controlling (Reinert & Edwards, 2009). Similarly, numerous studies have found that trauma survivors often view the event as an act of punishment or abandonment from their higher power (Fallot & Heckman, 2005; Feinauer, 2003; Janoff-Bulman, 2002; Starnino & Sullivan, 2016).

Consequently, the maleficent view of a higher power created amid and following trauma often results in bitterness and more significant condescension and cynicism toward religious beliefs and commitments (Schwartzberg & Janoff-Bulman, 1991). Rubenstein (1966) claimed

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[3] Higher power can be defined as representations of the sacred or divine or transcendent and could also embody any being that provokes a spiritual attitude (Borras et al., 2010; Sussman et al., 2011).

that the belief in the absence of benevolence during the trauma obscures the belief framework

surrounding R/S beliefs. Similarly, another study suggested that individuals lacking self-worth or

value view their higher power as unsympathetic, judgmental, and rejecting (Buri & Mueller,

1993).

In summary, implications within the literature illustrate the significance of R/S beliefs

within the context of growth out of trauma (e.g., Pargament et al., 1998; Park et al., 1996;

Tedeschi & Calhoun, 1995, 1996). Nevertheless, some literature has shown R/S beliefs are not

always advantageous when attempting to heal during the aftermath of trauma (Fallot &

Heckman, 2005; Shaw et al., 2005; Starnino & Sullivan, 2016). Therefore, while R/S beliefs can

serve as a constructive pathway to personal and spiritual healing and growth from trauma

(Pargament et al., 2000; Starnino & Sullivan, 2016), they can also be deleterious to recovery

following traumatic events (Fallot & Heckman, 2005; Shaw et al., 2005; Starnino & Sullivan,

2016).

R/S Beliefs and PTG

Broadly speaking, matters of the "soul" have not always been a popular research topic

among the secular psychology and counseling realms of studies. However, over the past several

decades, the counseling field has increasingly recognized that religion and spirituality are

relevant domains when considering a holistic approach to the client (Cashwell et al., 2013;

Ridley et al., 2001; Sue & Sue, 1999). Ridley et al. (2021) asserted the following:

> A significant piece of identity for one client may not be for another. Some clients may
>
> weigh their race more heavily, others their sexual orientation, others their religion, and
>
> still many others the intersection of identities. Therefore, clinicians cannot assume what
>
> will be salient for any client. (p. 549)

In fact, Paul (2016) reported that almost 75% of Americans claim their R/S beliefs guide their life choices and values; thus, the inclusion of them in mental health treatment may be a vital component.

Furthermore, in recent years, literature regarding the impact of R/S beliefs on the areas of resiliency and recovery dramatically increased because of the focus on trauma. This became especially true when Tedeschi and Calhoun (1996) introduced the PTG inventory and identified "spiritual change" as a domain in which to measure PTG; however, this domain was revised and renamed "spiritual existential change" recently to capture various spiritual adjustments one may encounter following an adverse life event (Tedeschi et al., 2018). This concept appears to be valid considering that trauma and posttraumatic outcomes are subjective experiences; therefore, spiritual change and the variations in which R/S beliefs are used in the aftermath of CSA could be conceptualized similarly.

Models of PTG and psychospiritual transformation suggest a natural connection between R/S beliefs and PTG (Grof & Grof, 1989). Authors contend that following a crisis or traumatic event, individuals tend to find themselves wrestling with existential questions or dilemmas which essentially indicate that an R/S response is required to reconcile (Grof & Grof, 1989; J. A. Lee et al., 2010; Vis & Boynton, 2008). Furthermore, Kotarba (1983) suggested that one's R/S beliefs are essential for finding value within the difficulties and losses in life. According to Meichenbaum (2012), the world's major religions (e.g., Christianity, Islam, Hinduism, Judaism, Buddhism) all demonstrate that while suffering is a fundamental part of life, a positive psychospiritual transformation can be the result.

Several significant themes have appeared throughout the literature concerning the unique R/S mechanisms that lead to PTG. These themes include meaning formation, rebuilding of

shattered assumptions, R/S coping, and forgiveness (Calhoun et al., 2000; J-y. Lee & Kim, 2021; Mattis, 2002; Park et al., 1996; Shaw et al., 2005; Vis & Boynton, 2008; Zeligman et al., 2019). Vis and Boynton (2008) argued that the inclusion of R/S beliefs in post-trauma processes facilitates growth through accessing R/S resources and acknowledging R/S beliefs to serve as a secure foundation to answer existential questions.

The capacity to make meaning of trauma is significant in PTG and often predicts the attainment of PTG among those struggling to cope with a traumatic experience (Dekel et al., 2011; Seol et al., 2021). One profound challenge following a traumatic event is the shattering or challenging of core beliefs regarding the self, others, and the world (Vis & Boynton, 2008). The meaning-making process serves as a vehicle to develop new accommodated beliefs (Affleck & Tennen, 1996; Prati & Pietrantoni, 2009; Tedeschi et al., 1998). This PTG pathway is made through the individual experiencing an enhanced level of functioning that surpasses baseline, pre-trauma life (Calhoun & Tedeschi, 1999).

According to Calhoun and Tedeschi (1999), two separate processes need to occur in order for one to discover meaning in trauma. These processes can be summarized as "benefit-finding" and "transcendent meaning" (Calhoun & Tedeschi, 1999; Vis & Boynton, 2008). Vis and Marie Boynton (2008) explained these two different concepts as follows: "Simply finding meaning is valuable; however, those who accomplish the task of weaving this meaning into their daily lives can create a narrative about the traumatic event that goes beyond loss and hopelessness, inviting possibilities for emotional growth" (p. 74). In other words, benefit finding has been described as the individual obtaining constructive aspects because of the traumatic experience (Tedeschi & Calhoun, 1995; Tedeschi et al., 1998), whereas transcendent meaning offers a profound and positive new perspective on life (Vis & Boynton, 2008).

The meaning-making strategy necessitates significant cognitive components and processes for the individual to transform the trauma into both "benefit finding" and "transcendent meaning" experiences (Park, 2005; Vis & Boynton, 2008; Worthington et al., 2003). However, transcendent meaning-making involves a deep level of purposeful cognitive processing and reflection to go beyond a return to baseline and get through to an existential meaning and appreciation (Decker, 1993; Mattis, 2002; Vis & Boynton, 2008). In other words, transcendent meaning provides a link between despair and optimistic hope for the future (Emblen & Pesut, 2001; Vis & Boynton, 2008). Through this cognitive adjustment, PTG can be developed (Emblen & Pesut, 2001; Vis & Boynton, 2008).

The literature has reflected a substantial link between meaning formation and R/S beliefs (G. D. Clark, 2006; Mattis, 2002; Shaw et al., 2005; Sheridan, 2004; Vis & Boynton, 2008; Walker et al., 2010; Walker-Williams & Fouché, 2018). Notably, several authors have argued that meaning making and R/S conceptions are so interconnected and intricate that the two cannot be separated (G. D. Clark, 2006; Emblen & Pesut, 2001; Sheridan, 2004; Vis & Boynton, 2008). Moreover, some research demonstrates a cyclical relationship between meaning-making and R/S beliefs. That is to say, R/S beliefs precede the meaning formation, and as a result, enhanced spiritual growth can occur, which is a domain of PTG (Cadell et al., 2003; Mattis, 2002; Shaw et al., 2005).

Meichenbaum (2012) noted that R/S beliefs supply a framework in which an individual can implement their core values and beliefs into meaning-making and a sense of security regarding future traumatic events. As an illustration, acknowledging the benevolent sovereignty of a higher power for an ultimate greater purpose may help move the meaning formation process quicker. When an individual can incorporate the traumatic experience within their R/S

framework, the trauma no longer is personal but becomes an event that provides for an enduring, significant future (Vis & Boynton, 2008).

With all this being said, it is also important to note that the link between R/S beliefs and PTG may provide a positive construction of the life narrative; however, this narrative may not be accurate or hold any truth (Shaw et al., 2005). Moreover, Park and Ai (2006) noted that while R/S beliefs enable the construction of meaning after trauma, little evidence proves how the enablement of R/S beliefs influences the development of helpful meaning-making and answers existential questions. This study attempted to shed some light on this topic by demonstrating whether or not Evangelical Protestant (EP) Christian beliefs are unique in the PTG experience among CSA survivors.

R/S beliefs have also been shown to be a pathway to PTG using R/S coping resources. Ai and Park's (2005) findings indicated that one's R/S coping resources increase as distress and threats increase. Shaw et al. (2005) completed a study regarding the role of R/S coping strategies in the attainment of PTG, and a correlation between the two was identified. Moreover, in Prati and Pietrantoni's (2009) meta-analysis of 31 studies, multiple variables related to R/S coping and PTG were found. R/S coping resources include the ability to revise one's worldview to include the trauma, the concept of forgiveness, and seeking out and participating in R/S practices (Ai & Park, 2005; Prati & Pietrantoni, 2009; Shaw et al., 2005).

Vis and Marie Boynton (2008) noted that PTG research indicates the immediate outcome following a traumatic experience is a shattering of one's worldview. In essence, these unexpected traumatic events go beyond one's ability to process successfully and cope within the lens of the typical human experience (Janoff-Bulman, 1993; Tedeschi et al., 1998; Vis & Boynton, 2008). The inability to sort through this negative experience naturally creates an

internal worldview crisis (Janoff-Bulman, 1993; McCann & Pearlman, 1990; Vis & Boynton, 2008). Therefore, one must attempt to incorporate a new perspective, which requires purposeful rumination in order to have the opportunity to integrate this powerful new-found trauma-related knowledge about the world and the self (Janoff-Bulman, 1993; McCann & Pearlman, 1990; Vis & Boynton, 2008). While attempting to comprehend the reality of the trauma, several researchers agree that individuals who report PTG often undergo processes such as reevaluation, reappraisal, revising, reorientation, and reframing to provide them an opportunity to adapt a new-found view of the self and the world (Janoff-Bulman, 1993; Park & Ai, 2006; Tedeschi et al., 1998; Vis & Boynton, 2008).

Another area of R/S coping affecting PTG outcomes is in the area of forgiveness. Several authors have positively associated R/S beliefs with forgiveness following a traumatic event (J-y. Lee & Kim, 2021; McCullough & Worthington, 1999; Meichenbaum, 2012; H. Oh, 2005). Thus, providing a direct path from R/S beliefs to PTG (J-y. Lee & Kim, 2021). These pathways include forgiveness being an aspect of many R/S beliefs, and that forgiveness enables spiritual growth (J-y. Lee & Kim, 2021; McCullough & Worthington, 1999; H. Oh, 2005). In J-y. Lee and Kim's (2021) study, their results confirmed that R/S beliefs affect PTG "through forgiveness and gratitude" (p. 3967). Furthermore, Meichenbaum (2012) claims the act of forgiveness following a traumatic experience is a form of enlightenment that improves physical health and enables the gift of positive self-interest. Nevertheless, it is essential to note that Shaw et al. (2005) reported that forgiveness was not a relevant R/S source facilitating PTG outcomes.

Lastly, R/S beliefs can affect outcomes related to PTG through the reliance on R/S practices. Research has found that R/S practices such as praying, meditation, or reading R/S text provide sources for emotional support and comfort (Gall, 2006; Shaw et al., 2005; Vis &

Boynton, 2008). These coping strategies assist by managing anxiety, trauma-related stress, and

negative rumination (Cobb, 2017; Vis & Boynton, 2008). In addition to these R/S sources,

attending or participating in R/S services facilitates PTG (Calhoun et al., 2000; Mattis, 2002;

Shaw et al., 2005). Actively seeking R/S participation or involvement has also been identified as

a pathway to PTG (Calhoun et al., 2000; Mattis, 2002). Finally, even though most studies have

provided evidence regarding a link between R/S beliefs and PTG, none address causal linkages

between the two (Shaw et al., 2005).

The R/S Impact of CSA

Literature regarding the R/S effects of CSA among adults remains limited and unclear,

especially among non-clergy perpetrated CSA victims (Ganzevoort, 2000; Hall, 1995; Kerlin &

Sosin, 2016; Tailor et al., 2014). The heterogeneous results are typical since a general assertion

among these studies is that the R/S journey for survivors of CSA is intricate. CSA constructs a

spectrum of reactions from bolstering one's R/S beliefs to a complete rebuke of R/S beliefs

(Bowland et al., 2011; Bryant-Davis & Wong, 2013; Fallot, 2007; Fallot & Heckman, 2005;

Gall, 2006; Shaw et al., 2005; Walker et al., 2010). Starnino and Sullivan (2016) noted that when

R/S beliefs are at the foundation of one's pre-trauma, assumptive world, CSA can cause a

significant disorienting of such beliefs. Therefore, one can rely on R/S beliefs or forsake these

beliefs when forming a revised worldview that incorporates the sexual abuse.

An often overlooked but significant aspect in R/S beliefs among adult survivors of CSA

is that of the idea that early traumatic experiences can initiate considerable obstructions to belief

structures (Starnino & Sullivan, 2016). Ganje-Fling and McCarthy (1996) proposed that R/S

conflicts are affected by the same factors that affect a child's psychosocial functioning following

abuse or a traumatic event. Comparatively, Gall (2006) asserted that children who experience

CSA at a younger age are more likely to experience a cataclysmic disturbance while developing

a solid foundation related to R/S beliefs and/or a higher power. She expounded on this aspect by

explaining that these individuals are unlikely to experience typical progress in R/S development,

thus causing a lack of R/S supports and resources as an adult (Gall, 2006). Similarly, there is

evidence that the older child who has already formed a solid R/S belief system or a child with no

R/S beliefs prior to the CSA is more likely to turn to R/S resources for solace and recovery (Gall,

2006; Grossman et al., 2006; Rudolfsson, 2019).

CSA can cause a profound dilemma within CSA survivors with firm or rigid R/S beliefs.

Multiple studies have indicated that previously held R/S beliefs may damage the CSA victim's

faith. Studies have revealed that adults with a history of CSA report a significant decrease in

participation in both individual and corporate forms of religion and often describe feelings of

spiritual bareness (Elliott, 1994; Farrell, 2009; Walker et al., 2010). The negative impact of the

CSA causes these individuals to either experience a substantial decline of R/S beliefs or a

complete abandonment of R/S beliefs. These changes in R/S functioning are related to negative

perceptions of their higher power and/or of the church itself. Tailor et al. (2014) completed a

review of literature comprised of data related to connections between non-clergy perpetrated

CSA and religiosity in adults. The authors found that most studies reported diminished R/S

beliefs among CSA survivors (Tailor et al., 2014). Numerous other scholarly articles report

similar findings indicating individuals with a CSA history express lower spiritual or existential

wellbeing levels (Feinauer, 2003; Gall, 2006; Ganje-Fling & McCarthy, 1996; Hall, 1995; Pritt,

1998).

Research has also shown that many individuals with a history of CSA report a defection

from their R/S beliefs following sexual abuse (Breines & Russell, 1987; Tailor et al., 2014).

Studies regarding religious affiliation after CSA have revealed that many individuals leave their

faith communities and do not return (Finkelhor, 1988; Grossman et al., 2006; Kane et al., 1993;

Ryan, 1998). Moreover, in Ben-Ezra et al.'s (2010) study of 111 Jewish sexual abuse survivors,

almost half adopted a secular worldview, moving away from their conservative, religious origins.

These results validate Imbens and Jonker's (1992) findings that individuals with a history of

CSA view the church as intolerant, rigid, and duplicitous. In fact, results have demonstrated that

many adult survivors of CSA abandon their R/S beliefs due to factors such as attribution and

anger towards their higher power and feelings of shame, guilt, and isolation among organized

R/S communities (Murray-Swank & Pargament, 2005; Ryan, 1998; Walker et al., 2009).

CSA survivors described significantly more bitterness toward their higher power and

perceived them as more callous, uncaring, and penalizing than non-CSA counterparts (Imbens &

Jonker, 1992; Tailor et al., 2014). The experience of CSA may lead some to refuse or deny belief

in a higher power or consider their higher power as malevolent or personally chastising (Fallot &

Heckman, 2005; Harris et al., 2012; Walker et al., 2010). In other words, individuals with a

history of CSA may perceive their higher power as a maleficent deity by permitting the CSA to

occur. Another study reported beliefs of feeling unworthy and unloved by their higher power

among male and female adults with a history of CSA (McLaughlin, 1994). Another possible

theory regarding the diminished or abandoned R/S beliefs among adult CSA survivors is the

entanglement of perceptions of their higher power as a father-like figure (Elliott, 1994; Pritt,

1998). In these cases, individuals may ascribe their higher power to the perpetrator, especially if

the CSA was committed by a male caregiver (Kushner, 1990; Paloutzian & Park, 2013; Rizzuto,

1981).

On the other hand, many adult survivors of CSA experience R/S growth. Jung (2018)

argued that the detrimental consequences of CSA can be buffered by R/S wellbeing. The

utilization of R/S beliefs in the aftermath of CSA has been shown to aid in the recovery process,

leading to R/S growth (Ahrens et al., 2009; Gall, 2006; Kane et al., 1993; Kerlin & Sosin, 2016).

The literature review completed by Walker et al. (2010) revealed eight empirical studies

reporting their subjects experienced R/S growth due to CSA. Furthermore, Ryan's (1998)

findings indicated that 65% of the subjects claimed an increase in R/S growth while learning to

cope with CSA. Research has indicated that R/S sources can serve as a means of positive coping,

comfort, and support following CSA (Ahrens et al., 2009; Gall, 2006; Kane et al., 1993; Kerlin

& Sosin, 2016).

Literature suggests R/S development and growth are critical components of CSA

recovery (Etherington, 1995; Grossman et al., 2006; Kerlin & Sosin, 2016; Reinert & Smith,

1997). Essentially, R/S beliefs aid survivors of sexual abuse with several coping strategies in the

aftermath of trauma (Marriott et al., 2013). Gall (2006) suggested a secure foundation of R/S

beliefs can assist CSA survivors through the means of comforting, whereas other authors claim

R/S growth following CSA is experienced through meaning-making and support from their R/S

communities (Ahrens et al., 2009; Etherington, 1995; Valentine & Feinauer, 1993). In addition,

R/S beliefs also serve as a vehicle for promoting resilience, rebuilding one's identity, and

fostering hope for the future among adults with a history of CSA (Kerlin & Sosin, 2016;

L. Smith et al., 2017; Valentine & Feinauer, 1993).

Another noteworthy finding was that while many adults with a history of CSA are more

likely to become religious nonpractitioners (Elliott, 1994), they may find comfort in non-

traditional spirituality. Ryan (1998) suggested that adult survivors of CSA who can utilize R/S

resources in a supportive role can do so outside of the specific context of organized religion. As

an illustration, she mentioned that R/S beliefs can manifest in "awareness of realities, states of

consciousness, or dimensions outside of those experienced in everyday life" (Ryan, 1998, p. 87).

Furthermore, Grossman et al. (2006) claimed that CSA survivors often find spiritual comfort

through ecumenical programs (e.g., Alcoholics Anonymous).

   As alluded to above, R/S growth among survivors of CSA proves to be a complex topic

of discussion. Interestingly, some studies have provided mixed results regarding R/S growth

following CSA. In one study, several conflicting themes emerged in a case study of one man

with a history of CSA (Ganzevoort, 2000). He reported R/S quandaries such as perceiving God

as forgiving, judgmental, and harsh. Similarly, the subject in the study also conveyed rejection of

God the Father but acceptance of God the Son (Ganzevoort, 2000). Another case study by

Ganzevoort (2002) included narratives of 12 men with a history of CSA. The narratives provided

assorted themes relating to R/S beliefs. For example, three men described their higher power as

"distant" whereas five men described their higher power as "close" (Ganzevoort, 2002, p. 316).

In addition to these results, Finkelhor et al. (1989) reported that the experience of CSA promoted

R/S growth in women but not in men. Therefore, it appears clear that this population responds in

various distinctive ways concerning their R/S beliefs, and it behooves clinicians to be mindful of

this complex interaction between R/S beliefs and the experience of CSA.

PTG Among Adult Survivors of CSA

   According to Tedeschi and Calhoun (1996), the three constructs that make up PTG are

(a) improved interpersonal relationships, (b) enhanced beliefs relating to the self, and (c) an

optimistic worldview relating to life. Some studies regarding PTG among CSA survivors have

unearthed resources or mechanisms that have been shown to be effective in delineating these

broad outcomes (Easton et al., 2013; Hartley et al., 2016; Kaye-Tzadok & Davidson-Arad, 2016;

Lev-Wiesel et al., 2004; Shakespeare-Finch & de Dassel, 2009; Walker-Williams & Fouché,

2018). Most of the research regarding PTG among adult survivors of CSA has used female

subjects. The following is summary of several studies investigating PTG among adult female

survivors of CSA. Walker-Williams and Fouché (2018) reported individual mechanisms leading

to PTG included (a) intentional cognitive processing of the CSA (reframing), (b) the use of

healthy coping strategies to accommodate new beliefs, (c) finding meaning through religious or

spiritual activities, and (d) access to a homogeneous group to gain safe, social support. Hartley et

al. (2016) reported that PTG occurred through elements of (a) finding meaning of the abuse,

(b) learning to relate to the self in a positive way, and (c) developing healthy interpersonal

relationships. Furthermore, Kaye-Tzadok and Davidson-Arad (2016) found resiliency as the

most significant contributing factor of PTG among adult women survivors of CSA. In

Shakespeare-Finch and de Dassel's (2009) study, three main themes emerged: (a) recognizing

that positive meaning had emerged because of CSA experience, (b) a recognition of the presence

of support, and (c) a realization that there was no need for self-blame. Finally, another study

conducted by Reinert and Smith (1997) revealed that a survivor of sexual abuse found that

helping others is a way to reinforce intrinsic purpose in the belief they are influencing their

surrounding environment to affect change. The authors concluded, "Once powerless to help

oneself, the sexual abuse victim can now help others who still struggle" (Reinert & Smith, (1997,

p. 9).

Two additional studies examining PTG among adult survivors of CSA showed intriguing

results regarding individual mechanisms leading to PTG. First, Easton et al. (2013) examined

PTG among adult male CSA survivors abused by clergy. The results of this study found factors

delineating PTG were (a) finding meaning of the abuse through understandings of attribution of blame, (b) processing through how the CSA has affected their emotions and behaviors, (c) experiencing a turning point in their life, and (d) ridding themselves of traditional, stoic masculine norms (Easton et al., 2013). While this study was informative, clearly, there is gap in the literature regarding adult male survivors of CSA and PTG. Apart from this, Lev-Wiesel et al. (2004) speculated that elevated levels of dissociation in childhood lead to higher levels of PTG among adult female survivors of CSA. This supposition was supported by the theory of escaping into a world of fantasy which allowed the child to function in other areas of life. Lev-Wiesel et al. (2004) also noted this speculation "requires further examination" (p. 15).

All things considered, the mechanisms leading to PTG among adult survivors of CSA are mixed. Granted, there are some similarities within the study results (e.g., making/finding meaning of the abuse, interpersonal relationship growth); these results demonstrate an assorted variety of possible factors that lead to PTG among adult survivors of CSA. For this study, the components that define PTG include (a) ascertaining meaning in life, (b) life satisfaction, (c) positive interpersonal relationships, (d) gratitude, and (e) religious commitment (Boals & Schuler, 2018). Thus, further research is needed to increase and generalize knowledge regarding PTG among adult survivors of CSA.

R/S Beliefs, PTG, and CSA Survivors

Research suggests that R/S beliefs can provide positive coping tools that can be utilized in the aftermath of CSA, and those who use R/S coping are more likely to experience PTG (Ahrens et al., 2009; Bryant-Davis & Wong, 2013; Gall, 2006; George & Bance, 2020). Proof of this is illustrated in Walker-Williams et al.'s (2012) study that found 60% of their participants reported their R/S beliefs were related to PTG outcomes. Moreover, other studies have revealed

that the application of R/S resources by CSA survivors enhances the predictive power of PTG

(George & Bance, 2020; Hartley et al., 2016; Walker-Williams et al., 2012). The R/S aspects that

have contributed to distinctive avenues leading to PTG include religious coping, a relationship

with a higher power, and the creation of positive life adjustments using existential or spiritual

components (Calhoun & Tedeschi, 1999; George & Bance, 2020; P. Wong, 2003).

      R/S coping appears throughout the literature as a path to PTG among CSA survivors

(George & Bance, 2020; Hartley et al., 2016; Walker-Williams et al., 2012). Authors have

contended that R/S coping helps to abate the adverse effects of CSA (George & Bance, 2020;

Hartley et al., 2016; Walker-Williams et al., 2012). For example, positive R/S coping facilitates

improved well-being and creates a deepened spiritual development by providing a secure source

of strength and comfort (George & Bance, 2020; Walker-Williams & Fouché, 2018).

Furthermore, R/S strategies can serve as a form of emotion-focused coping for adult survivors of

CSA by mobilizing R/S behaviors such as prayer or meditation (Pargament et al., 2000; Walker-

Williams et al., 2012).

      Another R/S predictor of PTG among survivors of CSA is that of a renewed personal

relationship with God or a higher power (Gall, 2006; Hartley et al., 2016; Walker-Williams &

Fouché, 2018; Walker-Williams et al., 2012). According to the literature, a greater sense of

attachment and reliance on a higher power provides the grounds for developing unique paths of

coping for the individual that promotes PTG (Baumgardner & Crothers, 2009; Pargament et al.,

1998). Gall (2006) argued a direct link between a secure relationship with a higher power and

PTG. Similarly, Hartley et al. (2016) noted that adult CSA survivors could experience PTG

through a relationship with God or a higher power by providing a secure place to find security

and comfort, express their suffering, and provide fortitude to face their trepidations related to the

CSA. Additionally, the reliance on a higher power provides a foundation to construct or rebuild a R/S schema that ultimately generates spiritual growth. Spiritual growth is considered a positive transformational change that is among the criterion in theoretical models for PTG (Tedeschi & Calhoun, 2004; Walker-Williams et al., 2012).

PTG research of individuals with a history of CSA also indicates that the engagement of R/S resources leads to strategies such as cognitive restructuring and offering a source of empowerment, self-acceptance, and social support (Gall, 2006; George & Bance, 2020; Walker-Williams et al., 2012). Existential or spiritual components can play a significant role in the survivor's adapted philosophy of life following CSA. In other words, these R/S coping strategies can serve to develop a new form of existential or spiritual wisdom. Thus, they help pave a path to PTG.

The deliberate processing of the CSA is a vital task leading to PTG, and it includes the intentional, cognitive processing of the traumatic event(s) (Dagan & Yager, 2019; Janoff-Bulman, 2004; Park, 2010; Tedeschi & Calhoun, 2004, 2006). The PTG domains of spiritual change, a new appreciation for life, and new possibilities occur through the rumination process (Shakespeare-Finch & de Dassel, 2009; Tedeschi & Calhoun, 2006). Research has asserted that cognitive processing through an R/S lens is an efficient framework to provide mechanisms that help process trauma-related memories, emotions, fears, and anxieties (Shakespeare-Finch & de Dassel, 2009; Tedeschi & Calhoun, 2006; Walker-Williams et al., 2012). Furthermore, it is often through the context of R/S beliefs that cognitive processing can provide CSA survivors the shift beyond their old belief system to a revised one by creating a sense of meaning about the traumatic event (George & Bance, 2020; Tedeschi et al., 1998; Walker-Williams et al., 2012). The intentional ruminations are initially often characterized by inherent conflicts with the self,

others, and God or a higher power; however, those who use R/S in this manner tend to have the best outcomes in terms of PTG (Gall, 2006; George & Bance, 2020; Pargament et al., 2011).

According to Tedeschi and Calhoun (1996), PTG is experienced through three processes: (a) positive change in self-perception, (b) growth in interpersonal relationships, and (c) a positive reevaluation and change within one's life philosophy (e.g., meaning, priorities). Adult survivors have reported PTG in these three areas through the use of R/S beliefs (George & Bance, 2020). Gall (2006) suggested that R/S beliefs and a relationship with a higher power led to PTG among CSA survivors by aiding in the process of self-acceptance. This shift in beliefs related to the self enables the survivors to foster grace, self-compassion, and self-worth (Gall, 2006; Hartley et al., 2016; Tedeschi & Calhoun, 2004; Walker-Williams & Fouché, 2018). Furthermore, a benevolent and provident higher power relationship is associated with a greater sense of hope and forgiveness (Gall, 2006; George & Bance, 2020; Tedeschi & Calhoun, 2004). As a result, this adapted positive perspective often indicates PTG among CSA survivors.

R/S beliefs have been theorized to support individuals following trauma by providing supportive social networks (Gall & Cornblat, 2002; Gerber et al., 2011; Shaw et al., 2005). In the realm of interpersonal growth, it has been posited that social and spiritual attachments often occur in tandem (Gall et al., 2008; Kirkpatrick, 1997). Shaw et al. (2005) noted that R/S beliefs often positively influence supportive interpersonal experiences among their social and R/S communities. This access to a supportive network can often provide constructive new appraisals of the self and the traumatic event, which are vital in the journey to PTG (Janoff-Bulman & Calhoun, 2006; Tedeschi & Calhoun, 2006). Furthermore, evidence suggests that R/S communities can provide a unique network to promote beneficial aspects leading to PTG among

survivors of CSA and create a sense of belongingness and connectedness (Bryant-Davis & Wong, 2013; George & Bance, 2020; Van Dyke et al., 2009).

George and Bance (2020) reported that most of their subjects (adult CSA survivors) experienced intense distress once they grasped what had happened to them in childhood. The authors noted that these "feelings of insecurity, fear, and unworthiness overshadowed their lives which promoted self-defeating thoughts" (George & Bance, 2020, p. 19). R/S beliefs can help counteract these thoughts by instilling hope, becoming a source of empowerment, and creating meaning and a new purpose in life following CSA (Allender & Lee-Thorp, 2018; George & Bance, 2020; Valentine & Feinauer, 1993). According to Knapik et al. (2014), the connection to a higher power helps to instill an altruistic attitude among CSA survivors. Additionally, R/S beliefs have led CSA survivors to gain a sense of empowerment by offering them faith and a new sense of meaning and purpose for their lives (Allender, 1995; George & Bance, 2020; Hancock & Mains, 1997; Valentine & Feinauer, 1993). George and Bance (2020) reported that through R/S coping resources, their participants gained a tenacity to persevere, a restored sense of worth, and optimism for the future. As a result, these subjects experienced PTG (George & Bance, 2020).

Despite the above-mentioned positive aspects of R/S beliefs, literature also suggests the potential limitations or barriers regarding these resources influencing PTG. Amundson's (2014) study sought to conceptualize how R/S impacts PTG after a sexual assault. Her results indicated that individuals can experience significant PTG without using R/S resources and that R/S beliefs can be a harmful component in the path to attaining PTG (Amundson, 2014). Other authors have contributed additional considerations concerning R/S beliefs and growth following trauma (Ano & Vasconcelles, 2005; Chan & Rhodes, 2013; Pargament, 2010). For example, higher levels of

psychological distress (e.g., depression, anxiety) have been noted among some individuals when R/S resources are utilized maladaptively **(**Ano & Vasconcelles, 2005; Pargament et al., 2011; Trevino et al., 2011). These adverse symptoms can manifest through spiritual disillusionment and bitterness toward a higher power and/or R/S communities (Gerber et al., 2011; Pargament et al., 2011). When R/S resources fail to provide meaning and support, one's level of distress is exacerbated instead of reduced (Amundson, 2014; Ano & Vasconcelles, 2005; Chan & Rhodes, 2013; Pargament et al., 2011).

Equally important is the potential complication that R/S beliefs can play in the interpersonal context. Burke et al. (2011) remarked that in the case of interpersonal trauma, a predisposition to feeling abandoned by a higher power will affect social relationships. If one develops beliefs associated with neglect or rejection from their higher power, an attribution to interpersonal attachments may ensue, causing withdrawal or isolation (Burke et al., 2011; Gall, 2006; Shaw et al., 2005). Moreover, some individuals have reported anticipatory shame due to the stigma(s) surrounding sexual behaviors among R/S communities. These attitudes can play an essential role in shaping a CSA survivor's ability to disclose and seek support from one's R/S community (Kennedy & Prock, 2016).

Accordingly, it is crucial to recognize that the complexity of the PTG process among CSA survivors implies there is no direct path in which their subjects were able to attain PTG outcomes without the use of R/S resources (Amundson, 2014; Walker-Williams et al., 2013). Broadly speaking, research has shown that the cognitive processing of the CSA (with or without an R/S framework) is the vital component necessary to the attainment of PTG (Gall et al., 2011; Gerber et al., 2011; Park, 2005). Needless to say, the relationship between PTG and R/S beliefs among survivors of CSA is a complex conceptualization due to mixed evidence indicating that

R/S beliefs can catalyze growth or trigger a psychological decline among adult survivors of

CSA. However, a robust amount of research has claimed R/S beliefs have a positive impact on

PTG.

Christian View of Suffering

The Christian perspective of suffering may be markedly different from the secular

viewpoint. The immense suffering, trials, and challenging times faced by God's people are found

throughout the Bible (e.g., Joseph, Job, Daniel, Jesus). Spiritual disciplines such as patience,

hardship, oppression, victimization, sorrow, and sacrifice flow out of biblical teaching (Tan,

2011; G. Thomas, 2002). In fact, within the Christian faith, suffering is necessary for people to

divert from their sinful practices and genuinely grasp their depravity to seek refuge in God. The

hardships endured drive people to develop a more profound understanding of what Christ

suffered, thus helping form character traits that are more Christ-like (Tan, 2019). God teaches

humility, character, and obedience through suffering by revealing that self-reliance is futile (Tan,

2013). That is to say, difficult experiences lead believers to pursue comfort in Him in order to

understand that worldly things will not soothe. The ultimate purpose of anguish is the attainment

of a more profound understanding of Jesus's suffering on behalf of man, leading to meaningful

fellowship and union with Him. Thus, God's grace through the death and resurrection of His

only Son transforms hearts and ultimately gives glory to God Almighty (Piper & Taylor, 2006;

Tan, 2019).

A Christian perspective on suffering enables believers to experience value in that Christ-

centered PTG and resilience can be attained (Tan, 2013). A Christian can benefit from

difficulties and heartaches by regarding these adverse events as a part of the sanctification

process. A biblical lens presents suffering as a requisite experience luring people closer to God

(MacArthur, 1995; Tan, 2019). God utilizes periods of weakness to refine and perfect areas in life such as spiritual growth, wisdom, and character (MacArthur, 1995; *New International Bible* [NIV], 1978/2011, James 1:2–4, Romans 5:3–6; Tada & Estes, 1997; Tan, 2019).

Spiritual growth can be achieved through suffering via drawing people closer to Him. In times of suffering, believers seek comfort in the Holy Spirit (Tan, 2013; see *NIV*, 1978/2011, John 14:16–17). Christians depend on the roles of the Holy Spirit and God to offer grace through the exposure of a unique comfort that only God (through the Holy Spirit) can provide (MacArthur, 1995; Tan, 2013). Through the trials and tribulations in life, the emphasis becomes reliance upon God and sharing in the fellowship of Christ's sufferings (Tan, 2013; see *NIV*, 1978/2011, Philippians 3:10). The sufferer becomes radically dependent on God, turning away from comfort based upon passing emotions and worldly offerings (MacArthur, 1995; Tan, 2019; G. Thomas, 2002). This level of brokenness is precious to God and essential in embracing the reality that in this insecure, broken world, hope and security can only be found in Jesus (MacArthur, 1995; Tan, 2013). Ultimately, this affirms that without Christ, we can do nothing (*NIV*, 1978/2011, John 15:5), and believers are formed for the glory of God (*NIV*, 1978/2011, Isaiah 43:7). Thus, suffering and weakness are vital components for Christian spiritual growth (Tan, 2019).

Biblical character attributes are also revealed through the suffering Christians experience. Values such as obedience, self-control, and humility are learned from suffering (Tan, 2011; G. Thomas, 2002). MacArthur (1995) noted that the most significant character trait of a Christian is humility, while the most detrimental is pride (*NIV*, 1978/2011, Proverbs 11:2, Matthew 23:6–12). Prideful behaviors such as self-reliance and self-sufficiency (leading to personal gain) are revealed to be obsolete in times of immense suffering (Tan & Elshof, 2019). Therefore, the

experience of trials and adversity suspends pride and self-righteousness in a manner that can only sober and humble (MacArthur, 1995; *NIV*, 1978/2011, 2 Corinthians 12:7; G. Thomas, 2002). Moreover, since suffering does not discriminate, EPs also gain compassion and empathy for others through the humility learned (MacArthur, 1995).

Webster's dictionary defines wisdom as "the natural ability to understand things that most other people cannot understand" (Merriam-Webster, n.d.). However, biblical wisdom is an invaluable virtue alien to the natural man and granted only by God (Milton, 2019). In other words, biblical wisdom allows man to have practical understanding and application of living life in obedience to God and for His glory (MacArthur, 1995; *NIV*, 1978/2011, Proverbs 3:5–7, Proverbs 4:11, Psalms 66:8–9, Hebrews 2:10; NIVbible.com, 2017). Like humility, wisdom is one of the most treasured characteristics a believer can possess, and proof of this can be uncovered in the book of Ecclesiastes and portions of Proverbs (MacArthur, 1995). The wisdom granted during times of suffering permits EPs to persevere and gives them the ability to respond submissively to His sovereignty and His will for their lives (MacArthur, 1995).

Furthermore, biblical wisdom brings about faith leading to a joyful attitude throughout trials and tribulations (*NIV*, 1978/2011, James 3:17). Spiritual joy is not temporal or automatic but developed by the understanding that God is working in and through our circumstance(s) with the overall purpose of complete reliance upon Him, leading to all glory unto Him (*NIV*, 1978/2011, Galatians 5:22–23). Believers come to recognize that God does not will them to have an easy life, but that they will have serenity in heaven, eventually detaching from earth's trifles (MacArthur, 1995; *NIV*, 1978/2011, 1 Peter 5:10; Tozer, 2008). This type of empowerment enables believers to not only draw nearer to God but to endure this fleeting life (Tan, 2019; Tozer, 2008).

The experience of discomfort and suffering also enables Christians to conquer the fear of death (Tozer, 2008). God empowers believers with the ordained mission of extending the hope to others that joy, love, and invaluable blessings will survive adversity and trauma (MacArthur, 1995; *NIV*, 1978/2011, Mark 5:19; Piper & Taylor, 2006; Tan, 2019). Because suffering does not occur in a vacuum, Christian believers are called to extend the application of solace that God graciously bestowed upon them to others experiencing similar circumstances (*NIV*, 1978/2011, 1 Corinthians 12:26, 2 Corinthians 1:6–7). Christian believers help others recognize and value God's ultimate purpose amid and following tremendous amounts of anguish. Thus, those who have endured have the authority to say that God will not forsake because they, too, have survived the fiery trials with the ability to exclaim, "Hope in God!" (Piper & Taylor, 2006).

Finally, it should be emphasized that a biblical perspective of suffering goes beyond potential individual advantages or blessings (MacArthur, 1995; Tan, 2019). For many Christian believers, the concrete, positive outcomes are seldom transparent or clear, sometimes even during this earthly life (Piper & Taylor, 2006; Tan & Elshof, 2019). In the book of John in the *NIV* (1978/2011, John 16:20–22), Jesus communicates to the disciples that there would be tremendous rejoicing following a period of immense despair and sorrow. While the disciples did not truly comprehend this promise, they undoubtedly came to acknowledge what Jesus meant when they grasped the significance of His death and, more notably, His resurrection (MacArthur, 1995). Christians consider brokenness, woe, suffering, and humility as becoming more Christ-like (MacArthur, 1995; Tan & Elshof, 2019). Thus, suffering becomes redemptive and sanctified by understanding that Christian life is not without pain and that God's power is made perfect through our weakest moments.

Christian Beliefs and CSA: A Source of Suffering or Strength

Suffering

CSA can cause profound distortions when considering the exegetical-theological perspective of the survivors. The virtues held within Evangelical teachings can bring about a spectrum of confusion and doubt (Redmond, 1989; Schmutzer, 2008). For example, despite Scripture's balanced presentation of God as merciful and reproving, loving and full of wrath, some CSA survivors may be apt to merely acknowledge the wrathful or judgmental characteristics of God (Buri & Mueller, 1993). This experience can be even more prominent among CSA survivors, since a lack of self-worth and loss of belief in a benevolent world is a common reaction following CSA. Furthermore, EP CSA survivors can develop twisted beliefs surrounding authority, themselves, intrapersonal and interpersonal trust, sex, spirituality, and God (Motiño et al., 2021; Schmutzer, 2008; Welwood, 1984).

Authority. Survivors of CSA often report feelings of insecurity with authority figures (Kane et al., 1993). Christian children are raised to respect adults and to adhere to authority through obedience (Redmond, 1989). This is especially true regarding elders, church authority, and parents/caregivers. Generally, children are taught that saying no to strangers is permittable, but not to "trusted" authority figures. The importance of this concept is that since most reported CSA is committed by a trusted adult (Snyder, 2000), children are instructed to not question "trusted" adults. Furthermore, in the patriarchal authority of the Christian ethos, a child may feel powerless in objecting to the sexual abuse, especially in the case of a "trusted" adult as the perpetrator (Redmond, 1989). For these reasons, CSA survivors may develop distorted realities regarding authority and trust (Redmond, 1989; Schmutzer, 2008).

Beliefs Regarding Sex. A prolific and profound concept throughout the Bible is that

sexual immorality is unholy and wrong (Schmutzer, 2008). This is especially seen through the

Apostle Paul's epistles, as he discusses the immorality of sexual sin numerous times (e.g., 1

Corinthians 5: 1–5). This concept of sexuality immorality versus sexual "pureness" could be very

confusing for an individual survivor of CSA raised in a Christian home. The child may

internalize the sexual abuse in ways that create shame and guilt based on their perceived role in

this sinful, evil sexual act (Redmond, 1989; Schmutzer, 2008). In other words, children

internalizes the CSA as a sexually immoral act in which they had a role and even blame

themselves (Redmond, 1989; Schmutzer, 2008). Thus, through the sexual acts of the abuse, the

child may develop the beliefs they are "spoiled goods" or no longer "pure" in relation to their

sexuality and faith (Redmond, 1989). Proof of this concept can be seen with the Christian "true

love waits" campaign of the 1990s. This was an interdenominational EP Christian abstinence

program, eventually picked up by the National Federation for Catholic Youth Ministry in which

adolescents and teens were urged to make a commitment to sexual purity until marriage

(Contemporary American Religion, 2021). According to Schmutzer (2008), this campaign could

have been especially damaging among CSA survivors. They may generate the belief that their

sexual purity is already ruined because of the sexual abuse, causing them to create a framework

that basically separates them from God (Schmutzer, 2008).

Another relevant point in this discussion is that of the Christian faith's teaching(s)

concerning the purpose of sex. Genesis 1:28 and 9:11 (*NIV*, 1978/2011) speak to God's intention

of sex, which is reproduction and bonding. Thus, when sexual abuse occurs, sex is transformed

into a perverted and "skewed symbol of exploitation" (Schmutzer, 2008, p. 795). Through the

sexual abuse, God's intentions for sex become defaced, thus disorienting the victim's reality and

strong held beliefs (Schmutzer, 2008). In addition to this, the sexual abuse also shatters and confounds the child's sexual expression (Schmutzer, 2008). Consequently, many of these sexually abused children become hyper-sexualized (Schmutzer, 2008).

Personal Relationships. The next way in which traditional Christian beliefs can negatively impact CSA survivors is that of disfiguring the reality of personal relationships with others (Schmutzer, 2008). In the early book of Genesis, God explains his original purpose in creating man and woman is the experience of "oneness with another" (Parr, 2016, para. 2). Within creation, God makes known that this purpose is in the belief that the one belongs to an "other" (Schmutzer, 2008). Therefore, a fundamental tenet within the EP Christian faith is that God intends humans to be in relationship or community with others (Parr, 2016; Schmutzer, 2008).

The most intimate relationship one can experience involves man and woman uniting as "one flesh" (*NIV,* 1978/2011, Genesis 2:24). Sexual abuse, however, distorts the person's view of not just the intimacy and bond that God intended for sex, but also the beliefs regarding community with all others. In other words, CSA poisons the perspective of God's purpose and intention for relationships by means of the perpetrator's robbing from the child the fidelity of a gift God created for marriage. The individual may, then, perceive their powerlessness and lack of protection and the transgressor's act of exploitation as a generalization to any and all persons. Schmutzer (2008) stated the disorientation of CSA forces one into a "crushing alienation" that starves the individual of the "affirmation they desperately need but can no longer risk" (p. 800).

Value and Worth. CSA fractures the individual's reality of personhood in the context of worth and value. God's vision of *man* (human beings) and the value He gives man is made clear by the explicit language He delineates when describing His creation of man: "So God

created mankind in his own image, in the image of God he created them" (*NIV*, 1978/2011,

Genesis 1:27), "fearfully and wonderfully made" (*King James Bible,* 1769/2017, Psalm 139:14),

"children of God" (*NIV*, 1978/2011, 1 John 3:1), and "He made us accepted in the Beloved"

(*New King James Bible,* 1982, Ephesians 1:6). While this concept could be seen as a source of

strength, some may view it as condemning. An individual that experiences CSA often develops a

devastating spectrum of internal brokenness relating to what it means to be person that has value

(Schmutzer, 2008).

Through the act and domination of sexual abuse, the person's intimate constitution is

plundered and dismembered (Schmutzer, 2008). Such abuse flays the individual's sense of worth

by the complete sense of powerlessness, humiliation, guilt, and shame (Redmond, 1989;

Schmutzer, 2008). The transgressor's violation depersonalizes the individual and deadens the

value of self by looting, dismantling, and tearing down what it means to be human (Schmutzer,

2008). The resulting effect is humiliation, shame, and a morass of other skewed emotional

beliefs regarding self-shame (Collins et al., 2014; Redmond, 1989; Schmutzer, 2008). Victims of

sexual abuse often begin to see themselves as an "object of convenience" and "their own skin as

a shell" (Schmutzer, 2008, p. 795), destroying any sense of worth or value (Schmutzer, 2008).

With this is mind, individuals with Christian beliefs may find it difficult to believe in the value

that God has given them. The perception of the individual having value and worth in God's eyes

could be shattered, thus leading to further self-alienation and devaluation of the self.

Spiritual Bypass. Lastly, using R/S beliefs improperly to cope with trauma may include

the practice of *spiritual bypass*. Spiritual bypass refers to repressing or avoiding problems or

trauma instead of healing and learning from them (Motiño et al., 2021; Welwood, 1984).

Individuals use spiritual bypass to avoid dealing with uncomfortable emotions and circumstances

(Picciotto et al., 2017). In simpler terms, trauma survivors tell themselves "everything is going to be okay" or "God is in control" but do not address the personal and emotional pain. This is a form of avoidance, which is a common path to and symptom of PTSD. To demonstrate, spiritual bypass is often utilized because of a predisposition towards expressing and experiencing negative emotions (e.g., anger, shame, guilt, fear; Pressley & Spinazzola, 2015). Individuals may view such emotional expression(s) as sinful or make them appear ungrateful for the blessings they have received (Pressley & Spinazzola, 2015). Motiño et al. (2021) stated, "Spiritual bypass is a process that may damage the psychological well-being of an individual since it involves the utilization of spiritual life in a dysfunctional manner, generating a blockage in development, which may increase dysfunctional psychological symptoms" (p. 3). Thus, spiritual bypass keeps individuals from experiencing PTG because the cognitive processing of the event is key in the pursuit of meaning. Moreover, this type of avoidance behavior is extremely detrimental because the individual believes this is a positive form of R/S coping.

Strength

The non-biblical path to healing from CSA often involves building self-worth, making sense of the abuse, growth in interpersonal relationships, and a change in overall life philosophy (Hartley et al., 2016; Orbke & Smith, 2012; Walker-Williams & Fouché, 2018). The resolutions offered by the secular route invariably result in self-seeking, humanistic adjustments (e.g., setting personal boundaries, choosing to live a life based on personal values, improved self-esteem; Hartley et al., 2016; Orbke & Smith, 2012; Walker-Williams & Fouché, 2018). However, while these solutions may offer some relief, this more humanist approach to healing often results in benefits that reflect advantages and benefits for the self and less about the exultation that can be found by loving and being loved by others (Allender & Lee-Thorp, 2018). Moreover, attempts to

self-soothe often intensify the tormenting effects of CSA, further compounding the deep-seated,

intricate wounds that sexual abuse inscribes into the souls, minds, and hearts of the abuse victims

(Sutherland, 2016).

On the other hand, the biblical route to healing from CSA requires a conversion from

self-reliance and self-justifying means of survival (Allender & Lee-Thorp, 2018). The

transformative biblical path offers faith in the triune God, who offers unbounded love, infinite

wisdom, and limitless mercy and grace (Allender & Lee-Thorp, 2018; Sutherland, 2016). The

Christian can rightly acknowledge that most healing and hope can only be provided through a

complete relationship with and submission to God (Sutherland, 2016). It requires surrendering

the strict, self-protective, self-righteous approach to existence in order to embrace life with a

humble reliance upon God and a zealous passion for loving others (Allender & Lee-Thorp,

2018). For non-believers, the biblical path to healing from CSA will appear absurd and

impossible to embrace; however, for the believer, healing can only occur through hope in Christ

(Allender & Lee-Thorp, 2018; Sutherland, 2016). Believers trust that only God has the power

and authority to mend the crippling brokenness that CSA leaves within the heart and soul of the

survivor (Sutherland, 2016).

Understanding the Truth About the Abuse. Herman (2015) stated, "Far too often,

secrecy prevails and the story of (CSA) surfaces not as a verbal narrative but as a symptom" (p.

1). Facing the victimization of CSA enables the individual to expose and confront the wounds,

resentment, and isolation that has festered since the abuse occurred (Hartley et al., 2016; Orbke

& Smith, 2012; Walker-Williams & Fouché, 2018). The biblical perspective incorporates the

understanding that the abuse was the exploitation of another, and Satan used this experience to

manipulate the truth (Allender & Lee-Thorp, 2018; Sutherland, 2016). The survivor is left with

devastating feelings of guilt, shame, and worthlessness due to Satan twisting the reality of the

abuse (Sutherland, 2016). The believer comes to acknowledge that these distorted deceptions

have planted deep-rooted, disgraceful beliefs that have crippled them, tearing them away from

God and enabling attempts of hollow, self-serving comforts (Allender & Lee-Thorp, 2018;

Sutherland, 2016). However, the biblical perspective allows the individual to realize a different

truth: a truth of value, grace, love, and purpose.

Scripture paints an enormous picture of the believer's value and worth with verses that

provide evidence of the significance and uniqueness with which God designed each human

being. God's descriptions of man include "fearfully and wonderfully made" (*NIV*, 1978/2011,

Psalm 139:14), "we are his workmanship" (*King James Bible,* 1769/2017, Ephesians 2:10),

"because you are precious in my eyes, and honored, and I love you" (*English Standard Bible*,

2001/2016, Isaiah 43:4), and "He will rejoice over you with gladness" (*King James Bible,*

1769/2017, Zephaniah 3:17). Furthermore, Scripture allows the truth to emerge concerning

individual worth by teaching circumstances (such as CSA) do not diminish one's value. This

message is clearly expressed in the *Message Bible* (2002): "Nothing living or dead, angelic or

demonic, today or tomorrow, high or low, thinkable or unthinkable—absolutely nothing can get

between us and God's love" (Romans 8:38–39). Moreover, believers are affirmed in their value

by God asserting and validating they were worth the ultimate sacrifice (death) of Jesus Christ,

God's holy and perfect son (Hancock & Mains, 1997; *NIV*, 1978/2011, John 3:16).

Another aspect that arises when the truth about the sexual abuse is confronted through a

biblical lens is the vanishment of self-hatred, shame, and disconnection the survivor may bear

due to the abuse (Allender & Lee-Thorp, 2018; Sutherland, 2016; Yan, 2001). God teaches

through Scripture that believers are embodied in His righteousness, in which all shame is

covered because of the refuge found in Jesus Christ (*NIV*, 1978/2011, Hebrews 6:18–20). The

terms by which the survivors have previously defined themselves are no longer present because a

new identity is found in Christ (Sutherland, 2016). In other words, the negative beliefs

previously held about the self (i.e., shame, self-hatred, guilt, disgrace) assert that the survivor is

inadequate and defective, whereas Christ's death proclaims the believer lives in "true

righteousness and holiness" (*NIV*, 1978/2011, Ephesians 4:24). The survivor is a new creation

through faith in Christ, enabling God's love to conquer any condemnation that the abuse may

have created (e.g., *NIV*, 1978/2011, Isaiah 54:17, John 1:12).

It should be noted that the believer breaks the bonds with the former self and "passions

and desires of their sinful nature" (*New Living Bible*, 1996/2015, Galatians 5:24), forming a new

identity defined by being "in Christ." That is to say, the believer has Jesus living in them,

defining them, and is the foundation of their identity. Through Jesus' sacrifice, God achieves

what they could not: emancipation from a former identity defined by sexual abuse. His Spirit

indwells the believer and God intimately and directly reveals what He accomplished in Jesus

(Nagasawa, 2015).

Development of Healthy Relationships with Others. The damage of CSA will

inevitably present through relational patterns with others (Allender & Lee-Thorp, 2018; Marriott

et al., 2013; Walker-Williams & Fouché, 2018). This common outcome is primarily due to a

self-protective tactic that commits to avoid the hurt and betrayal suffered within the experience

of the CSA (Allender & Lee-Thorp, 2018; Hartley et al., 2016; Walker-Williams & Fouché,

2018; Yan, 2001). The inherent desire for self-preservation through subtle autonomy leads to

relying on one's resources and detaching from a world that could revictimize the individual

(Allender & Lee-Thorp, 2018; Yan, 2001). However, self-dependence results in stealing the

survivor's humanity. Through the individual's justification of self-protection, their capacity to empathize, show compassion, love deeply, and relate authentically to others eventually deteriorates. The inner world of the survivor consists of loneliness, apathy, and alienation (Allender & Lee-Thorp, 2018).

This type of defense mechanism displays an internal framework of the self as undeserving of love and support and others as an unreliable source of love and support (Bowlby, 1998). Thus, their skewed perception of reality diminishes any chance to experience a healthy sense of self or a loving, empathetic relationship. The CSA survivor asserts this deep commitment (possibly unconsciously) to have some control in an uncertain world (Allender & Lee-Thorp, 2018; Malone et al., 2013). However, if CSA survivors approach this concept through a biblical lens, they can discover restoration regarding interpersonal relationship struggles through the transference of their relationship with God to others (Allender & Lee-Thorp, 2018; Yan, 2001).

Disposing of the negative, profound beliefs regarding trust and intimacy will, most likely, be a daunting task for CSA survivors; however, comfort and resolution can be found by honoring God and the redemptive work of Jesus Christ (Allender & Lee-Thorp, 2018). Through a relationship with God and faith in His ability to do the seemingly impossible, the maladaptive cognitions regarding others and the world can be repaired. When the believer surrenders all aspects of the "self" to God, a new freedom is found in trusting God's omnipotence. The believer is reborn into a radically new sense of humility and comfort by releasing all futile attempts to self-protect, thus finding absolution in complete dependence upon God (MacArthur, 1995; Tan, 2013). Hence, there is always hope with God (*NIV*, 1978/2011, Romans 8:25, 12:12; Sutherland, 2016).

This renewed sense of trust and faith in God can serve as a vehicle in assisting the CSA survivor to repair shattered assumptions regarding the benevolence of the world and value in the self (Jones, 1991; Yan, 2001). The restored capacity to trust God can be mirrored to the larger interpersonal context within the psyche of CSA survivors (Jones, 1991; Yan, 2001). That is to say, the relationship with God facilitates a "secure base," thus promoting the capacity to rebuild one's internal working model of relationships into one that includes authenticity and trust (Black, 2019; Flores & Porges, 2017; Yan, 2001).

Meaning-Making and Purpose. Literature has shown "making-meaning" as a common superordinate theme regarding the path to healing among adult survivors of CSA (Hartley et al., 2016; Walker-Williams & Fouché, 2018). The Christian route to redemption and healing also incorporates this concept. The believer is committed to believing that God will turn the suffering experienced into the fulfillment of His purpose and glory. Scripture provides numerous pieces of evidence to help the suffering find peace through God's precious grace and trust in His plan and purpose (MacArthur, 1995). One example is found in *Bible version?*: "For I know the plans For I know the plans I have for you,' declares the Lord, 'plans to prosper you and not to harm you, plans to give you hope and a future (Jeremiah 29:11) and "we know that in everything God works for the good of those who love him" (Romans 8:28).

God also speaks to ways in which He uses suffering specifically, such as gaining the capacity to support others who are suffering. He calls believers to serve as His messengers by sharing the comfort God displayed to them during their time(s) of tribulation (MacArthur, 1995; *NIV*, 1978/2011, 2 Corinthians 1:4; Tan & Elshof, 2019). For example, CSA survivors can encourage those still struggling from the sequelae of sexual abuse toward a life of healing and freedom. God entrusts His adopted children to become partners in extending the application of

comfort which He provided to them (MacArthur, 1995; *NIV,* 1978/2011, 1 Corinthians 12:26,

Galatians 6:2). In the same token, Walker-Williams and Fouché (2018) reported: "transforming

wounded to healer" (p. 7) as a significant source of strength among women with a history of

CSA.

Comfort. In the Christian ideology, God is omnipotent and a figure of strength, wisdom,

and comfort (*NIV,* 1978/2011, Romans 15:13; Yan, 2001). The believer's relationship with God

cannot be forsaken, thereby serving as an anchor marked by a relationship of security (Allender

& Lee-Thorp , 2018; *NIV,* 1978/2011, Deuteronomy 31:6; Sutherland, 2016; Yan, 2001). The

immense cynicism and desolation set in motion following CSA offer a pathway for God to heal,

comfort, and provide in which no other means are equivalent or efficient (Allender & Lee-Thorp,

2018; *NIV,* 1978/2011, Psalm 147:3). Walker-Williams and Fouché (2018) reported that the CSA

survivors in their study found solace in their relationship with God and that He gave them the

courage to face their fears and a place to express their torments. The book of Matthew

documents Jesus addressing this very concept as He said, "Come to me, all of you who are weary

and burdened, and I will give you rest" (*NIV,* 1978/2011, Matthew 11:28).

Another comforting aspect among believers who are CSA survivors is knowing all the

pain, agony, shame, and hardship suffered in seeming seclusion was also suffered by Jesus (*NIV,*

1978/2011, Isaiah 53:3, Hebrews 4:15; Sutherland, 2016). God is aware of our sorrows and

grieves the pain His children suffer (*NIV,* 1978/2011, Psalm 56:8). Comfort is found because

every cry and every tear is seen and felt by God (*NIV,* 1978/2011, Psalm 56:8). Sutherland

(2016) noted that because CSA survivors undergo uniquely devastating internal battles, only God

truly comprehends and understands the personal suffering (*NIV,* 1978/2011, Psalm 145:19). The

CSA survivor recognizes that because of God's ultimate understanding of the struggles felt in

isolation, He is the only one that can conquer the enduring darkness and obscurity (*NIV,* 1978/2011, Joshua 1:5-6, Isiah 43:1-2; Sutherland, 2016). God, alone, has the authority to restore even the gravest wounds and establish a new life, fulfilling His purpose (*NIV,* 1978/2011, Ephesians 1:8).

Forgiveness. The theology of biblical forgiveness serves as a core eschatological foundation within the Christian faith. Secular views of forgiveness are based primarily upon the idea that forgiveness displays self-renunciation due to a worldview asserting self-realization, individual happiness, and self-maximization (T. Keller, 2021). In contrast, the Christian perspective on forgiveness is a concept that serves as the basis for eternal salvation. Understanding atonement through Jesus' death exposes a sobering humility upon the believer, enabling a willingness to forgive others, just as God has forgiven them. Therefore, while the current social context of forgiveness is now viewed as "radically unjust and impractical" (T. Keller, 2021, para. 20), God clearly commands the believer to forgive others when sinned against. Illustrations of this can be found in the books of Matthew and Colossians: "For if you forgive other people when they sin against you, your heavenly Father will also forgive you" (*NIV,* 1978/2011, Matthew 6:14) and "Forgive as the Lord forgave you" (*NIV,* 1978/2011, Colossians 3:13).

Survivors of CSA often carry unresolved feelings of anger and resentment, leading to a hostile identity like that of cynics seeking revenge (Sutherland, 2016). Consequently, Christian survivors often neglect to address that anger which could be viewed as a "positive healing force" (Kane et al., 1993, p. 229). Moreover, this failure impedes their healing process as "acknowledgment of anger is necessary to reach true healing and forgiveness" (Kane et al., 1993, p. 229). The bitterness and anger can take control of an individual, leading them to sin against

God and others (e.g., *NIV,* 1978/2011, Genesis 4:1–8). Therefore, God provides instruction

throughout the Bible. Paul wrote about this notion in his letter to the church in Ephesus in the

Contemporary English Bible (2006): "Don't get so angry that you sin. Don't go to bed angry and

don't give the devil a chance" (Ephesians 4:26–27) and "stop being bitter and angry and mad at

others" (Ephesians 4:31). Resentment and anger can create bondage, preventing individuals from

obedience to one of the most vital components of EP Christianity: love one another as you have

been loved in Christ (MacArthur, 1995, e.g., *NIV,* 1978/2011, Matthew 22:36–40).

Forgiveness of a perpetrator who inflicted CSA may seem outrageous and absurd;

however, God does not specify what actions can be forgiven and not forgiven (Sutherland,

2016). It is important to note that Scripture does not suggest the believer agrees or condones the

action(s) committed against them; however, biblical forgiveness is not granted because a person

deserves it (Sutherland, 2016). The believer acknowledges that a pardon is an act of grace,

mercy, and love. This type of forgiveness will include a cost, just as Christ endured a cost for all

God's adopted children through His death on the cross. For the CSA survivor, authentic, biblical

forgiveness means accepting the sexual abuse experience and the fallout of that experience

without desiring revenge (Sutherland, 2016). In the same fashion, forgiveness commences as an

act of will and is accomplished by God's grace (Yan, 2001). God's grace is provided due to the

immense struggle and difficulty the CSA survivor may experience throughout this process,

ultimately leading to "freedom and healing to a person's being" (Yan, 2001, p. 11).

One final area to address in the topic of forgiveness is the desire for vengeance or justice

for the perpetrator. This topic may have more significance when the CSA or perpetrator goes

unreported. As mentioned above, biblical forgiveness includes disposing of the desire to avenge

oneself; therefore, a quick explanation of theological doctrines regarding justice for the

perpetrator will be presented. The first is understanding God's sovereignty in the context of justice belonging to God. Scripture reveals God is a God of justice by requiring justice from the people He created (e.g., *NIV,* 1978/2011, Exodus 34:7; 2 Corinthians 5). Fortune (1983) indicated that CSA is a transgression against God because the violation has occurred against His most sacred creation, his image-bearer. The triune God both shares in the suffering experienced by the CSA survivor and promises to enact justice upon the transgressor (Kauffmann, 1996). Paul speaks to this concept in his letter to the Corinthian church: "If one member suffers, all suffer together" (*English Standard Bible,* 2001/2016, 1 Corinthians 12:26). Furthermore, Jesus makes this point by stating, "Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me" (*NIV,* 1978/2011, Matthew 25:40). Therefore, the victims and survivors are not abandoned, for God has suffered the anguish and sorrow with them (Kauffmann, 1996; *NIV,* 1978/2011, Hebrews 4:15).

Finally, the biblical notions of forgiveness and punishing CSA malefactors can be reconciled through the survivor's understanding of their own depravity. In other words, believers comprehend the undeserved, divine mercy and grace given to them by God, enabling them to be engulfed in immense humility (Sutherland, 2016). Crab (2018) beautifully encapsulated this concept with the following statement:

> If the effort is to be biblical, it must insist that the image of God is central; that our sinfulness, how we have been sinned against, is our biggest problem; that forgiveness, not wholeness, is our greatest need; that repentance, not insight, is dynamic in all real change. (p. 8)

Through this understanding, the believer can forgive the transgressor because of the knowledge that God has forgiven them (MacArthur, 1995). In layperson terminology, CSA survivors that

view forgiveness from a biblical perspective do not emphasize the questioning of whether the

perpetrator should be forgiven but are awestricken and humbled that a holy and perfect God has

forgiven them. Through this acquiescent perspective, exculpation of others becomes an act of

ease.

<div align="center">**Differences Across Christianity**</div>

Main Branches of Christianity

Broadly speaking, Christianity is categorized into three main branches: Catholic,

Orthodox, and Evangelical Protestant. Although there are distinct differences among the three

branches of Christianity, the common concepts which serve as the foundation of Christianity are

as follows: (a) the monotheistic, divine triune Godhead consisting of God (the Father), Jesus

Christ (the Son), and the Holy Spirit, (b) that God sent Jesus as the Messiah, (c) Jesus will return

to earth, and (d) the Holy Bible or Scripture as the holy book (Knox, 2016). Despite these

commonalities, the dividing factors are based primarily upon opposing interpretations of

theological doctrine regarding authority and traditions.

Brief Overview of Differences Among the Three Branches of Christianity

Although this topic of discussion has been debated throughout several centuries (even up

to present day), this overview will provide a brief synopsis of theological differences within

"mainline" branch beliefs. Ecclesiastical ideas only associated with concepts and topics related

to the present study will be reviewed. The reason for my approach to this overview is to offer the

reader an understanding of why this study is unique in contrast to other studies that present a

general "Christian" context within CSA and PTG. Therefore, a brief clarification will be

presented regarding differences between the Orthodox and Catholic church, followed by a more

detailed discussion concerning Evangelical and Catholic dogmas in relation to the current study.

The Orthodox church severed from the Roman Catholic church in 1054 in what is known as the Great Schism (Elwell, 1984). The *Great Schism* occurred because of two main fundamental contrasting principles of the *Petrine Doctrine*[4] and the *filioque* controversy[5] (Encyclopedia Britannica, 2010, 2019; Elwell, 1984). While the differences were significant enough to split the Church, I have found no significant variances in doctrine relevant to the current study.

The Catholic and Protestant church split as a result of the Protestant Reformation in the 16th century (Elwell, 1984). Differences between traditional Evangelicalism and Catholicism are based primarily upon two profoundly opposing beliefs. First, EPs believe all authority belongs to Scripture alone, whereas Catholic (and Orthodox) theology rely on the Bible plus church tradition plus the church leadership (i.e., pope, patriarch, church hierarchy; Elwell, 1984; Plante & McChesney, 2011). According to the *Encyclopedia of Religion* (Marty, 2021), EPs believe that the Bible alone is above all other sources of authority, including "church authority, creeds, confessions, and forms of polity" ("The Authority of the Church," para. 1). The second major difference between traditional EP and Catholic dogma is that EPs believe that salvation can only be achieved by grace from God alone (*sola gratia*) through faith in God alone (*sola fide*), as opposed to the Catholic belief of salvation achieved through grace from God and good works/deeds (Elwell, 1984).

Nuances: Evangelical Protestant and Roman Catholic

This section supports my claim that nuances between the EP faith and the Roman Catholic faith are significant enough to impact the extent of PTG. The discussion presented in

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[4] The doctrine on papal primacy.
[5] The Latin term *filioque* means "and [from] the son," referring to whether the Holy Spirit "proceeds" from the Father alone (Orthodox position) or both from the Father *and* the Son (Catholic position).

this section includes information regarding (a) intrinsic and extrinsic orientations, (b) how

religious orientations can impact cognitions and behaviors following traumatic events, and (c)

research regarding religious orientation among EPs and Roman Catholics. Furthermore, although

the Eastern Orthodox Church is a sect of Christianity, it was not presented here due to this sect's

population located primarily in Eastern Europe, and this study took place in the United States.

Finally, I assumed that faith and unbelief are closely tied with the formation and restructuring of

personal identity, and theological creed is echoed by one's R/S affiliation, beliefs, and

practices.

Religious Orientation

The first discussion in this section will describe religious orientations (intrinsic/extrinsic

and individualistic/collectivistic). This presentation aims to provide proof that EP theology tends

to use an intrinsic/individualist approach, whereas Catholicism leans more towards an

extrinsic/collectivist path. These differing approaches to Christianity could perhaps influence

cognitions and behaviors following trauma, which will be addressed in the following sections.

Thus, literature and research reinforcing the assertion that CSA survivors with Evangelical

beliefs may result in differing PTG outcomes than those with Catholic beliefs are presented.

Allport and Ross (1967) asserted a grand paradox regarding religiosity and ideas of

prejudice. This enigma referred to the juxtaposition between "religious" people with ideas of

prejudice and the teachings of many world religions regarding "equality and brotherhood" and

"of compassion and human heartedness" (Allport & Ross, 1967, p. 433). Through this great

quandary, they found subsets among "religious" people. They investigated the differences

between self-identified religious people with prejudiced beliefs and those without. They found

that the prejudiced subset could be attributed to those who claim to be religious but whose beliefs toward religion were not internally integrated within their lives (Allport & Ross, 1967).

Allport and Ross (1967) introduced the concept of religious orientation in terms of *intrinsic* versus *extrinsic*. They asserted that "the extrinsically motivated person uses his religion, whereas the intrinsically motivated person lives his religion" (p. 434). In other words, an intrinsic religious orientation is born from emotions and subjective experiences related to reverence, worship, and a sense of personal relationship to the higher power (James, 1985). On the other hand, an extrinsic religious orientation is held by those who selectively use their R/S beliefs to fit their ego-centered needs (e.g., social status, inclusion, security, self-justification; Allport & Ross, 1967). Therefore, intrinsic beliefs can be summarized as surrendering the self/ego to R/S beliefs, whereas extrinsic R/S beliefs are used without surrendering the self/ego.

Research has addressed how these religious orientations and the cultures surrounding them shape understandings regarding cognition and behavior following life experiences (A. B. Cohen, 2009; Park, 2005). A widely researched topic centered around this issue is that of determining whether R/S beliefs are genuinely altruistic or simply appear altruistic (A. B. Cohen et al., 2005). One theory guiding this issue refers to ascertaining the motivation behind R/S commitment (A. B. Cohen et al., 2005). A. B. Cohen et al. (2005) asserted the following: "Motivations that stem from emotions such as empathy, compassion, or sympathy have been seen as subserving true altruism, whereas egoistic motivations are seen as the mark of a selfish, though behaviorally prosocial, act" (p. 57). Hence, researchers have studied R/S beliefs to the extent that they drive the adherent to act from an internal or external motivation.

Intrinsic Religiosity

From a Christian perspective, intrinsic beliefs are held from a personal, emotivistically-focused belief in God's glory as the primary motivating source of life (James, 1985). Intrinsic beliefs could manifest through what Christians call a *conversion* experience. The conversion experience can be defined as a "spiritual rebirth" that involves transforming the mind, body, and spirit (James, 1985; Wilcox, 1997; *NIV,* 1978/2011, John 3:1–21). John Calvin (1536, as cited in Wilcox, 1997) described the conversion experience as one "that arises from a pure and earnest fear of [God], and which consists of the mortification of [our] flesh and the old man, and in the vivification of the [Holy] Spirit" (p. 597).

The experience of conversion by the Holy Spirit allows man to have new affections towards sin and obedience to God not because of a fear of punishment but because of the gratitude, awe, and love for God (e.g., *NIV,* 1978/2011, Romans 8). Thus, intrinsic religiosity is founded in personal faith and a deep, loving relationship with God (A. B. Cohen & Hill, 2007). Consequently, Lehmann and Steele (2020) found that the conversion experience positively correlates with PTG.

The literature has shown that intrinsic religiosity is linked to positive psychological characteristics (Batson et al., 1993; Koenig et al., 2001; Tix & Frazier, 2005; You & Lim, 2018). Szcześniak et al.'s (2020) results indicated that intrinsic religiosity and attachment to God were the most significant predictors of mental health. The mechanisms leading to positive outcomes related to intrinsic beliefs include (a) finding meaning and purpose in life, (b) positive emotions, and (c) healthy schemas related to the self and others (Allport & Ross, 1967; Emmons et al., 1998; Sanders et al., 2015; Wilt et al., 2019). Furthermore, multiple studies have shown that

intrinsic R/S beliefs are strongly predictive of fewer psychiatric symptoms (Batson et al., 1993; Sanders et al., 2015; Szcześniak et al., 2020; Tix & Frazier, 2005).

Research related to psychopathology and intrinsic beliefs has shown these beliefs to be negatively correlated with anxiety and depression (Batson et al., 1993; Szcześniak et al., 2020; Tix & Frazier, 2005; You & Lim, 2018). The intrinsic belief orientation has demonstrated an inverse relationship with tendencies to act negatively (e.g., vengeance, resentment) following interpersonal transgressions (Poloma & Gallup, 1991). In addition, other studies have indicated that intrinsic R/S beliefs are linked to low levels of hostility, less prejudice, and a willingness to forgive (Allport & Ross, 1967; Gorsuch & Hao, 1993, as cited in Sanders et al., 2015; Szcześniak et al., 2020; Tix & Frazier, 2005).

Extrinsic Religiosity

Intrinsic religion could be considered to be the type that encompasses thoughts and behaviors in daily life, whereas extrinsic religiousness is quite different (A. B. Cohen et al., 2005). Individuals with an extrinsic religious orientation are disposed to use their R/S beliefs as a means for self-justification (Allport & Ross, 1967). Specifically, extrinsic religiosity is a self-serving R/S belief system shaped by ego-centered motives, such as status and comfort (Allport & Ross, 1967; A. B. Cohen et al., 2005; Donahue, 1985). Thus, extrinsic religiousness could be considered to be lacking in salience and "given to compartmentalization and fragmentation" (Gordon et al., 1994, as cited in A. B. Cohen et al., 2005, p. 49).

An assertation regarding the incongruency between living one's beliefs (intrinsic) and using one's beliefs (extrinsic) is that it causes one to experience immense R/S struggles and strains (Szcześniak et al., 2020). Sanders et al. (2015) asserted that the link between extrinsic religious beliefs and negative psychiatric symptoms could be due to the incongruence between

attempting to adhere to religious constructs without a sense of ingrained, personal beliefs. The intrapsychic confusion often manifests as (a) a lack of purpose and meaning, (b) doubts regarding God and other R/S beliefs, and (c) a constant need to act moralistic (Exline et al., 2000; Wilt et al., 2019).

An illustration of this is found in a study by K. A. Johnson et al. (2015) in which they revealed that participants with higher extrinsic religiosity reported more negative God beliefs and lower levels of loving God beliefs (K. A. Johnson et al., 2015). R/S struggles in this context are associated with anxiety, depression, substance use disorders, and PTSD (Abu-Raiya et al., 2018; Ellison et al., 2013; A. L. Evans et al., 2018; Stauner et al., 2019). Moreover, an extrinsic religious orientation has also been shown to be positively linked to adverse mental health effects such as negative affect, anxiety, depression, shame, and guilt (Cho, 2012; Choi & Lee, 2015; I. G. Oh, 2014; Sanders et al., 2015).

Another finding related to extrinsic religiosity is that of a possible link between forgiveness and religiosity. Forgiveness tendencies among people with similar belief systems can co-vary to the extent of their religiosity (Silberman & Frieze, 2006; Tsang et al., 2005). Christian doctrine is clear on the significance of forgiveness. God's choice to forgive believers through Jesus represents a new epoch among believers regarding forgiveness (*NIV,* 1978/2011, Matthew 6:14–15, Matthew 18:21–22, 1 John 1:9, Hebrews 8:12, Ephesians 1:7–8, Colossians 1:13–14, Luke 6:37). Literature focusing on a correlation between religiosity and forgiveness among Christians has found that religiosity does, in fact, correlate with one's ability to truly forgive (Fox & Thomas, 2008; McCullough & Worthington, 1999). Where people with intrinsic R/S beliefs tend to highly value forgiveness, individuals with more extrinsic beliefs tend to have a more challenging time with forgiveness (Fox & Thomas, 2008; McCullough & Worthington,

1999). People with more extrinsic R/S beliefs are more likely to recognize forgiveness as being

primarily influenced by factors such as (a) maintaining social coherence, (b) the need to forgive

out of obedience to legal agencies or religious authorities, or (c) pressure from family and friends

(Fox & Thomas, 2008; McCullough & Worthington, 1999).

Individualistic Versus Collectivistic

This section will seek to demonstrate that EP practices and theology are generally aligned

with individualistic doctrine and Catholicism is generally aligned with a collectivistic approach.

Therefore, another lens to view intrinsic versus extrinsic religiosity is categorizing the

orientation based upon individualistic and collectivistic religious leanings. According to A. B.

Cohen and Hill (2007), individualistic forms of R/S belief focus on internal or personal

motivations, whereas collectivistic R/S forms may be firmly structured around ritual and

tradition. To simplify, individualistic religions are privately and personally driven, and

collectivistic religions can be seen as more obligation-based (A. B. Cohen et al., 2005; A. B.

Cohen & Hill, 2007). Therefore, parallels among (a) individualistic religions and intrinsic beliefs

and (b) collectivistic religions and extrinsic orientation can be asserted.

According to Allport and Ross (1967) and Batson et al. (1993), extrinsic beliefs most

often reflect a collectivistic approach because religious practices and behaviors tend to result

from social influences and can be seen as hypocritical. When religious worship and acts are

based upon ritual and obligation (extrinsic), they "are viewed as stale, hollow, and lacking in

substantive consequence" (A. B. Cohen et al., 2005, p. 49). These ritualistic religious behaviors

can also detract from intrinsic religiosity because they are more or less forced on the individual

by the collectivistic religious culture (Batson et al., 1993; A. B. Cohen et al., 2005; A. B. Cohen

& Hill, 2007). The ritual-based R/S obligations within the religious community go hand-in-hand

with extrinsic and collectivistic religions (Cohen & Hill, 2007). On the other hand, when

personal and emotional motivations drive religious efforts and practices, the acts are considered

more valuable because the approach reflects an intimate desire from the individual (A. B. Cohen

et al., 2005; A. B. Cohen & Hill, 2007).

However, this is not to say that intrinsic belief communities do not value communion

with others with shared beliefs. While community and social influence have been associated with

extrinsic orientations (as mentioned above), people in intrinsic-based religions typically desire

religious communion with others. To elaborate on this, Morris (1997, as cited in A. B. Cohen et

al., 2005) differentiated between religions of *assent* and religions of *descent*. Religious assenting

can be summarized as the deliberate, personal choice of faith and religious beliefs (A. B. Cohen

et al., 2005), whereas religious descent is belonging to a faith group because of social or cultural

influences (e.g., family, geographic location; A. B. Cohen et al., 2005). Thus, the motivation

behind the desire to fellowship with others that have a shared belief system becomes the central

focus in religions of assent (A. B. Cohen et al., 2005). In intrinsic-based religions, people are

drawn together not by an obligation but by their mutual assent to an intrinsic, shared R/S belief

structure (A. B. Cohen et al., 2005). Therefore, the religious community within assent religions is

not inherently social or collectivistic but is viewed as linked to coreligionists (A. B. Cohen et al.,

2005).

PTG and Intrinsic Religiosity Versus Extrinsic Religiosity

Research has contributed to the relationship between PTG and intrinsic and extrinsic R/S

orientations. Several studies have revealed that intrinsic R/S coping strategies are associated with

PTG (Lehmann & Steele, 2020; Park et al., 1990; Seidmahmoodi et al., 2011; Szcześniak et al.,

2020; You & Lim, 2018; Zeligman et al., 2019). Conversely, researchers have uncovered

negative correlations between extrinsically religious orientations and PTG (J-y. Lee & Kim, 2021; Y. M. Lee et al., 2014; Park et al., 1990; You & Lim, 2018). Important to note is that these results do not necessarily indicate causality, but they do reveal positive and negative relationships.

Studies revealing a positive relationship between intrinsic R/S beliefs and PTG include mechanisms such as (a) the ability to create meaning of the adverse experience(s), (b) hope for the future, (c) a deepening of the relationship with God or a higher power, and (d) a path to disconfirm the just-world belief (Lehmann & Steele, 2020; Park et al., 1990; Seidmahmoodi et al., 2011; Szcześniak et al., 2020; You & Lim, 2018; Zeligman et al., 2019). Allport and Ross (1967) asserted that among individuals with an intrinsic R/S orientation, an internal framework exists that has a solid foundation based upon their R/S beliefs. Moreover, Park et al. (1990) suggested that an intrinsic orientation serves as a buffer to adverse life experiences by providing guidance, comfort, and wisdom leading to searching for purpose and meaning. Szcześniak et al. (2020) were also in accordance with Park et al. (1990), claiming that positive reframing due to intrinsic R/S beliefs provides a path to PTG. Accordingly, in a study conducted by Seidmahmoodi et al. (2011), an intrinsic R/S religious orientation "had the greatest significance in predicting posttraumatic growth" (p. 148).

Research indicating that extrinsic R/S beliefs are negatively related to PTG suggests that feelings of guilt and/or shame, lower levels of overall well-being, and an inability to find meaning in the experience result from R/S struggles and confusion within the religious belief structure (J-y. Lee & Kim, 2021; Y. M. Lee et al., 2014; Park et al., 1990; You & Lim, 2018). Y. M. Lee et al. (2014) contended that individuals who hold extrinsic R/S beliefs may have lower levels of subjective well-being because of guilt or shame, which hinder the ability to find

meaning and purpose from an R/S perspective (Y. M. Lee et al., 2014). The lack of finding

meaning following a negative life experience can lead to a hopeless outlook on the present and

future (You & Lim, 2018).

Evangelical Protestantism and Religious Orientation

In 1517, Martin Luther ignited the Protestant Reformation by asserting the Bible as the

sole authority among Christians and that the only way for individuals to gain salvation was

through their faith (versus a more legalistic perspective of gaining salvation through works[6]).

Hence, EP theology is founded upon the belief that personal faith is the fundamental component

of salvation. Campbell (1996) noted that according to Luther, "God justifies sinners (accepts

them as forgiven) based on faith only, not based on any human works or human merit or human

righteousness" (p. 120).

A. B. Cohen et al. (2005) reported that the EP emphasis on a personal and pietistic

connection to God reveals the clear intrinsic motivations versus extrinsic motivation. The EP

faith is rooted in and revolves around one's faith in Jesus and the cross (R. Keller, 2000). The

focus is placed upon the pietistic internal drive and motivation to live in obedience to God

because of the grace He granted through Christ's death on the cross (A. B. Cohen et al., 2005; A.

B. Cohen & Hill, 2007; Jagodzinski & Dobbelaere, 2003; K. A. Johnson et al., 2015; R. Keller,

2000). Furthermore, repentance and salvation can only be granted by God through an act of faith

on behalf of the believer, with no need for a human mediator (priest) or the Church (such as in

Roman Catholicism; A. B. Cohen & Hill, 2007; R. Keller, 2000). Although the Evangelical faith

has sacraments (e.g., baptism, the Eucharist) and communion/fellowship with others, those are

considered secondary components and are not compulsory for salvation. To summarize, the

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[6] Acts of righteousness.

Evangelical faith is rooted in a personal conversion though the Holy Spirit that can only occur through true repentance and the complete surrender of the ego to God. Thus, religious identity and motivation within the Evangelical believer are intrinsically motivated and are only possible through the work of illumination by the Holy Spirit (A. B. Cohen & Hill, 2007; K. A. Johnson et al., 2015).

Roman Catholicism and Religious Orientation

Even though Catholics are Christian with considerable overlap in beliefs with Evangelicalism, the differences reflected in the Catholic belief structure tend to emphasize more extrinsic religiosity than EP theology (Alferi et al., 1999; Allport & Ross, 1967; A. B. Cohen et al., 2005; A. B. Cohen & Hill, 2007; Flere & Lavrič, 2008; Park et al., 1990; Pierce et al., 2007; Tix & Frazier, 2005; van Elk et al., 2016). According to A. B. Cohen and Hill (2007), Catholic beliefs place greater importance on "religious symbols, corporate worship, and communal religious identity" (p. 715) than Evangelicals. Furthermore, studies have indicated that religion is considered fundamental for social cohesion among Catholics, and church attendance is much more important than intrinsic behaviors such as prayer (Bohman & Hjerm, 2013; Mockabee et al., 2001). Thus, the R/S experiences of Catholics may be considered to be more extrinsically centered than those of EPs (A. B. Cohen, et al., 2005; A. B. Cohen & Hill, 2007; Lynch, 2001; Milbank, 2006).

Evidence promoting an extrinsic orientation among Catholic believers may be interpreted through the R/S practices of the Church. For example, the doctrine of Catholicism teaches that one must seek God through the Church and the seven sacraments.[7] Flere and Lavrič

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[7] These include the Sacraments of Initiation (Baptism, Confirmation, the Eucharist), the Sacraments of Healing (Penance and the Anointing of the Sick), and the Sacraments at the Service of Communion (Marriage and Holy Orders; United States Conference of Catholic Bishops, 2022).

(2008) noted that Catholicism may be perceived as an institutional[8] religion because sacraments, grace, and salvation are exclusively mediated through the Church. In other words, a great emphasis is given to the importance of good works, approaching God indirectly through church mediators or intercessors (e.g., priest, bishop), and the sacraments (Tix & Frazier, 2005).

A. B. Cohen et al. (2003) asserted that the Catholic process of confession and repentance exhibits an institutionalized approach to forgiveness. Milbank (2006) made the claim that Catholics cannot conceive salvation as personal because of the need for a mediator (the Church) between God and themselves. Moreover, an emphasis on extrinsic religiosity could be seen through the power relationship of church authority. The Catholic faith is structured so that the strict adherence to church authority is required of members, and the church set the norms for obedience (A. B. Cohen, 2015; Quiamzade et al., 2017). Consequently, this concept of strict adherence to Church authority was one of the main tenets Martin Luther disagreed with, sparking the Protestant Reformation.

Religious Orientation: Evangelical Protestantism and Roman Catholicism

A robust number of studies have suggested that Evangelicals tend to possess more intrinsic motivations than Catholics regarding R/S beliefs (Alferi et al., 1999; Allport & Ross, 1967; A. B. Cohen et al., 2005; A. B. Cohen & Hill, 2007; Flere & Lavrič, 2008; Park et al., 1990; Pierce et al., 2007; Tix & Frazier, 2005; van Elk et al., 2016). Park et al. (1990) identified that this difference might rest on the distinct emphases within each religious ideology. For example, Evangelicals often place relatively higher importance on having a personal relationship with Jesus and God's grace than Roman Catholics (Tix & Frazier, 2005). In addition, A. B. Cohen and Hill (2007) revealed that the intrinsic components in the study's religiosity scale

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[8] Institutional religious sects deem the Church as having all authority over R/S matters (Hoffman, 2019).

resonated much more with Evangelicals than Catholics. In fact, that study also resulted in

Catholic participants endorsing items in the extrinsic religiosity scale at a much higher rate than

Evangelicals (A. B. Cohen & Hill, 2007).

Studies have examined the R/S practices or behaviors among Evangelicals and Catholics

that may serve as evidence to support their orientation. A. B. Cohen (2015) claimed the general

worldview of an Evangelical believer is driven by the central significance of personal faith

(intrinsic) versus the desire to be included in a religious community or to maintain traditional

rituals (extrinsic), which many Catholics tend to hold as important and meaningful. This concept

can also be recognized through the perceived importance of various religious activities across the

Evangelical and Catholic faith.

Mockabee et al. (2001) used survey data to study religious commitment practices across

Evangelicals and Catholics. The concepts measured included (a) prayer, (b) church attendance,

(c) Scripture reading, (d) volunteering, and (e) guidance (e.g., salience, commitment in life;

Mockabee et al., 2001). One could assert prayer, Scripture reading, and specifically, guidance as

indicators of intrinsic religiosity and church attendance as extrinsic religiosity. The basis for my

claim is supported by Allport and Ross's (1967) religiosity scale. Table 1 displays the equivalent

statements paralleled between Allport and Ross's (1967) scale and Mockabee et al.'s (2001)

study measurements.

Table 1

Comparison of Allport and Ross's Religiosity Scale and Mockabee et al.'s Study Measurements

Religious Orientation Measured	Allport and Ross's (1967) Religiosity Scale	Mockabee et al.'s (2001) Measurements
Intrinsic	I try hard to carry my religion over into all my other dealings in life	guidance (e.g., salience, commitment in life)
Intrinsic	I read literature about my faith	Scripture reading
Intrinsic	My religious beliefs are what really lie behind my whole approach to life	guidance (e.g., salience, commitment in life)
Extrinsic	A primary reason for my interest in religion is that my house of worship is a congenial social activity.	church attendance

Christian Religious Orientation and Mental Health

Research has also examined how religiosity impacts mental health among Catholics and Evangelicals. Some authors propose that differences across Evangelical and Catholic theology, practices, and overall religiosity may impact one's thought process and emotional responses to certain situations (Alferi et al., 1999; Park et al., 1990), thus affecting overall mental health. Tix and Frazier (2005) suggested that Evangelicals with an intrinsic religious orientation may be more apt to experience psychological benefits because of their faith's emphasis on the personal relationship with Christ through faith alone and grace alone. Evangelical theology appears to highlight positive, personal religious practices (e.g., worship, private prayer, and Bible study; R. Keller, 2000) that may promote mental health benefits by (a) cultivating positive experiences, (b) a motivation focused on eternal salvation in heaven, and (c) secure attachments to the Triune God (Tix & Frazier, 2005). On the other hand, the Catholic doctrine emphases on faith and works for salvation may lead to more attention to (a) one's sinfulness, (b) the constant need for atonement, and (c) God's judgment. Through this more punitive lens, one may experience

adverse mental health outcomes because such practices may foster emotions such as (a) fear and

guilt, (b) a motivation toward avoiding eternal damnation, and (c) insecure attachments to God

(Hutchinson et al., 1998; Park et al., 1990; Tix & Frazier, 2005).

Alferi et al. (1999) found that self-identified EPs appeared to have the ability to buffer

stress at a higher rate than Catholics. Accordingly, intrinsic religiosity was a predictor of lower

distress among Evangelicals; however, the opposite was true for the Catholic participants (Alferi

et al., 1999). Their findings also revealed that Catholics reported significantly more denial and

avoidance regarding stressful situations than Evangelicals (Alferi et al., 1999). The authors

attributed this difference to participants' religiosity (Alferi et al., 1999).

Park et al. (1990) demonstrated comparable results with Alferi et al. (1999). This study

found that the Evangelical participants displayed less distress over time than their Catholic

cohorts (Park et al., 1990). The authors asserted Catholicism's emphasis on confession, penance,

and judgment may function as a source of anxiety or fear (Park et al., 1990). Moreover, Park et

al. (1990) posited that Evangelicals might possess a unique advantage during distress because of

their intrinsic beliefs. The salience of their R/S beliefs creates a solid framework that enables

them to find strength and meaning, which in turn helps them to integrate the negative or

traumatic experience (Park et al., 1990). Therefore, the difference among religious orientations

may account for the results indicating Catholics experienced a higher level of distress (Park et

al., 1990). Consequently, this matches the notion of Błażek and Besta (2010) in their assertion

that an intrinsic religious framework allows a path where one "can take guidance from their faith

on how to act and organize their lives" (p. 957). Other studies indicating Evangelicals tend to

have lower levels of distress than Catholics also contend that the Evangelical intrinsic versus

Catholic extrinsic belief framework is the determining factor for these results (Ross, 1990; Tix & Frazier, 1998; Zeligman et al., 2019).

Another area of mental health that has been studied in association with religious orientation among Evangelicals and Catholics is the experience of guilt. Studies have indicated that Catholic believers tend to have higher levels of guilt than do Evangelicals (Albertsen et al., 2006; Braam et al., 2000). Authors have suggested that the Catholic extrinsic practices focusing on guilt, atonement, and confession cultivate the use of guilt and shame in order to be redeemed (A. B. Cohen et al., 2005; E. Kim et al., 2013; Tix & Frazier, 1998). E. Kim et al. (2013) addressed this issue further by suggesting that this guilt-ridden motivation parallels the Catholic significance placed on rituals, virtuous deeds, and community.

In addition to the abovementioned areas of mental health regarding religiosity across Catholicism and Evangelicalism, other adverse behaviors have been identified. Research has distinguished that Catholic believers and individuals with an extrinsic religious orientation are more prone to obsessive-compulsive and maladaptive perfectionist cognitions and behaviors than Evangelicals (Geovani & Aditya, 2021; Hutchinson et al., 1998). Furthermore, Evangelicals holding intrinsic beliefs have indicated lower levels of depression than their Catholic counterparts (Park et al., 1990; Seidmahmoodi et al., 2011). Obsessive-compulsions, maladaptive perfectionism, and depression are "consistent with the with the more doctrinally rigid and guilt-driven nature of Catholicism, as compared with Evangelical Protestantism" (Hutchinson et al., 1998, p. 148). Thus, believers prescribing to an Evangelical religious framework that focuses on a personal, deep relationship with God may experience reduced levels of guilt and shame and report higher levels of life satisfaction (Szcześniak et al., 2020).

EP Beliefs and CSA

Before this discussion is presented, I wish to note that a rigorous search of literature regarding the impact of Catholic and Evangelical beliefs in relation to the experience and sequelae of CSA survivors concluded with little to no results. In fact, the search resulted in no literature regarding "Protestant" or "Evangelical Protestant" studies in relation to cognitions and outcomes related to CSA. There was research found related to the effects of clergy-perpetrated or incest perpetrated CSA; however, while clergy-perpetrated and familial CSA may be prolific and devastating in multiple realms of the survivor's life, this study is not designating differences between clergy-perpetrated and non-clergy perpetrated CSA. Therefore, the information presented in the following paragraphs of this section will be the scant literature found regarding CSA (in general terms) from the lens of Catholic CSA survivors. With this in mind, an attempt will be made to demonstrate that the distinct teaching and doctrine differences among Evangelical and Catholic CSA survivors can affect outcomes for the individual survivor, thus making the case for the current study as an Evangelical study instead of generalizing the study to include Christians as a whole.

Relevance of the Catholic Versus Evangelical Protestant View on Church Authority

Collins et al. (2014) completed a qualitative study exploring the experiences of Catholic women survivors of CSA through the impact the Catholic Church's teachings, doctrine, and culture has had on their recovery and healing. Three major themes were identified in the study with one being relevant for this discussion. Collins et al. (2014) reported the following:

Although Catholic teachings hold that men and women are created equally in the image

and likeness of God and that one sex complements the other, participants offered a

gloomier perspective on gender relations in the church, especially regarding the role of

Catholicism in their abuse. (p. 527)

The participants went on to explain this further by describing that a Catholic female's childhood

is typically characterized by discipline, punishment, patriarchal machismo, and authority (Collins

et al., 2014). Participants also said that because of these teachings and strict adherence to

authority, these women did not believe they could or even should report any sexual abuse (all

abuse was perpetrated by a male adult). This key teaching and belief may be significant

regarding the separate way Evangelical women survivors view authority. This is not to say that

the Evangelical faith does not adhere to patriarchal authority; however, Scripture holds all

spiritual power and authority above men. Therefore, CSA survivors with Evangelical beliefs

might hold authority in a distinct perspective. Since no literature could be found that paralleled

Collins et al. (2014), a comparison could not be made at this time. Clearly, there is a significant

gap for understanding the recovery of CSA survivors across differentiated unique Christian

contexts.

Although I have only made one major claim in differentiating between the embedded

Catholic and Evangelical perspective of a CSA survivor, there could be further potential claims

made regarding numerous opposing views. These issues include differences about morality, the

Catholic priesthood (for male survivors of CSA), the importance of silence, the role of

confession and penance, and many others. The problem is that the research comparing Catholic

and Evangelical understandings in the context of the survivor of CSA has not been located at this

time. Nevertheless, it is my opinion that the distinction presented does warrant research from an

Evangelical perceptive versus a Christian-only perspective. As was demonstrated earlier, there

are clear and specific differences among the major branches of Christian doctrines that could

impact the CSA survivor's experience in attaining PTG.

Additional Variables to Consider

Attachment

Bowlby (1969) posited that the bonds created with primary caregivers early in life affect

one's perspective of others and the self across the lifespan. From birth, individuals are entirely

dependent upon their caregivers, and these first experiences create the internal, life-long schemas

associated with all aspects of well-being and relationships (Bowlby, 1969; Rees, 2007).

Therefore, attachment theory is rooted in understanding the long-term sequelae of abnormal

disconnection between child and caregiver during the early, significant developmental years of

the child's life (Holmes, 2014).

Perhaps the most profound aspect of attachment theory is that an individual's earliest

relationships impact the chemical processes in the developing brain, creating life-lasting beliefs

about the self, others, and the world (Clinton & Sibcy, 2002; Perry & Szalavitz, 2017). If an

individual's first experiences with their primary attachment figure are negative, neural pathways

are developed in the brain which become their foundation with which to relate all other

relationships (Reese, 2018). Furthermore, if these occurrences are replicated over an extended

period, such as years, the beliefs and subsequent behaviors regarding attachment and

relationships will become deeply embedded in the brain's neural pathways, creating their

attachment style (Reese, 2018). Consequently, individuals develop defense mechanisms based on

their internal attachment schemes (Clinton & Sibcy, 2002). These defense mechanisms become

the insecure attachment styles (ambivalent, avoidant, disorganized), leading to an increased

vulnerability to adverse psychopathology (Ainsworth & Bell, 1970; Main & Solomon, 1986; Mikulincer & Shaver, 2012).

Attachment is considered an influential variable when considering posttraumatic outcomes (Bartholomew & Horowitz, 1991). Some theories of PTG insist that the greater the distress, the more potential for PTG (Tedeschi & Calhoun, 1996). If attachment plays a role in posttraumatic outcomes, the insecure attachment could be a link to higher levels of distress, leading to higher levels of PTG. Solomon and Dekel's (2007) study revealed a positive relationship between insecure attachment and PTG. In fact, this study discovered that individuals with insecure attachments reported higher distress, which led to higher levels of PTG. Thus, a secure attachment style could mean that the adverse event did not "shatter" their foundational beliefs because of healthy mentalization and coping mechanisms, thus, not causing posttraumatic stress (Solomon & Dekel, 2007). This theory is reasonable since individuals with secure attachments often report lower symptoms of PTSD than individuals with insecure attachments (O'Connor & Elklit, 2008).

Posttraumatic Stress

Tedeschi and Calhoun (2004) assert that PTG emerges from cognitive processes that occur after traumatic events. In other words, PTG is the outcome resulting from post-trauma psychological struggles and confusion (Schubert et al., 2016). When a traumatic event occurs, one's physical and/or psychological equilibrium is challenged, causing a disruption (sometimes shattering) of their assumptive worldview (Dekel et al., 2012; Janoff-Bulman, 1993). Thus, for PTG to manifest, some degree of posttraumatic stress is essential (Tedeschi & Calhoun, 1995).

Several studies have indicated that trauma severity and the subsequent distress significantly predict PTG (Dekel et al., 2012; Mesidor & Sly, 2019; Morris et al., 2005; Schubert

et al., 2016). Interestingly, literature has suggested that highly resilient people are typically less likely to experience PTG (Levine et al., 2009; Mesidor & Sly, 2019). This concept is feasible since individuals with elevated levels of resiliency can cope and adapt effectively following a traumatic event (Levine et al., 2009; Mesidor & Sly, 2019). Therefore, for this study, the variable of posttraumatic stress will be added to address possible confounding factors leading to PTG.

Social Support

Social support and an increase in interpersonal relationships have been considered predictors and outcomes related to PTG (Dagan & Yager, 2019; Greenberg et al., 2018; Hartley et al., 2016; Tedeschi & Calhoun, 2004; Wright et al., 2007). Social support is the dependability and availability of others (e.g., family, friends, community, therapists; Mesidor & Sly, 2019). Several studies that have solicited trauma survivors' perspectives regarding factors fostering PTG have indicated domains such as (a) warmer, close relationships with others and (b) an increase in empathy toward others (Draucker et al., 1992; Greenberg et al., 2018). Thus, trauma survivors that receive validation and nurturing from others could facilitate PTG.

Social supports can affect PTG among trauma survivors by assisting the individual in several ways. These include (a) the liberation of guilt, shame, and alienation and (b) the belief in hope for the future (Hartley et al., 2016; Stein & Tuval-Mashiach, 2015; Woodward & Joseph, 2003). Woodward and Joseph (2003) asserted that when individuals feel validated and supported through non-judgmental and nurturing relationships, they often experience positive changes in self-esteem and believe they can achieve and maintain a meaningful and significant life. Similarly, other studies have indicated that the presence of social support and networks appear to buffer distress and provide pathways to adopt new viewpoints related to PTG, especially with interpersonal traumas such as CSA (Hartley et al., 2016; Schumm et al., 2006; Stein & Tuval-

Mashiach, 2015; Tedeschi & Calhoun, 2004). Moreover, social support and PTG are positively

related (Hartley et al., 2016; Stein & Tuval-Mashiach, 2015; Woodward & Joseph, 2003).

Another aspect of social support includes that of mental health professionals. Help-

seeking trauma survivors have reported social support through their counselor or therapist. The

conceptualization surrounding the association between PTG and social support is also consistent

among trauma survivors in the therapeutic relationship that occurs during psychotherapy (Dagan

& Yager, 2019). To simplify, the therapeutic relationship promotes the development of a secure

attachment through the therapists' non-judgmental and warm posture. Courtois (1988) reported

that through the context of the therapeutic relationship, trauma survivors might facilitate the

ability to ultimately develop authentic relationships with others, thus leading to PTG.

Summary

Chapter Two presented a thorough review of the current state of research and literature

regarding the primary constructs of this study: PTG, EP beliefs, and CSA. The theoretical

framework for each variable in the study was provided, along with literature examining the

relationships between the variables to provide context for support of the current study.

Furthermore, possible confounding variables were described that are examined in the study.

CHAPTER THREE: METHODS

Overview

In this chapter, the methodology utilized in this study is presented. The methodology serves to determine whether Evangelical Protestant beliefs have an effect on the extent of posttraumatic growth among adults with a history of child sexual abuse. First, the study design, variables, research questions, and hypotheses that guide this study are discussed. Next, the quantitative interview process is presented, followed by the quantitative survey methods. Finally, threats to validity associated with the study are examined.

Research Design

This study utilized a non-experimental, quantitative design with the incorporation of data from two sources. The motivation for utilizing two data sources was to capture the context of the complex issue of the variables more accurately. According to R. Johnson et al. (2007), a researcher combines elements of different research approaches "for the general purposes of breadth and depth of understanding and corroboration" (p. 123). Thus, the rationale for utilizing two sources of quantitative data research is to expand and reinforce a study's results and further add to the literature (Schoonenboom & Johnson, 2017).

This approach involved the collection of data from two sources, which was conducted concurrently. A concurrent, two-source quantitative design uses two types of data to identify relationships more precisely among variables (Castro et al., 2010). The data collected are used to validate the findings generated by each method through evidence produced by the other. Ward (2010) noted:

> Much of the research in social studies is quantitatively constructed; but by including a qualitative component in survey research, for example, one can generate data that may

provide insight into what the numbers actually mean and broaden theoretical

conceptualizations around many of the issues that concern institutional researchers. (p. 1)

Hence, by combining data from two independent sources, the goal was to strengthen the validity

of the results and conclusions in order to contribute to the literature.

Variables

For this study, posttraumatic growth (PTG) was the dependent variable. The independent

variable was Evangelical Protestant (EP) beliefs. Mediator variables included attachment,

posttraumatic stress, and social support.

Research Questions

Four research questions will guide this research. These questions are presented below.

RQ1: Do Evangelical Protestant beliefs affect the extent of posttraumatic growth among

adult survivors of child sexual abuse?

RQ2: How do Evangelical Protestant beliefs impact the extent of posttraumatic growth

among adult survivors of child sexual abuse?

RQ3: What is the relationship between the extent of posttraumatic growth and

Evangelical Protestant beliefs among adult survivors of child sexual abuse?

RQ4: Do the variables of attachment, posttraumatic stress, and/or social support

significantly affect the relationship between Evangelical Protestant beliefs and the extent of

posttraumatic growth among adult survivors of child sexual abuse?

Hypotheses

H1: The data will reveal a statically significant relationship between Evangelical

Protestant beliefs and posttraumatic growth among adult survivors of child sexual abuse.

H2: The data will reveal a positive linear correlation between increased levels of Evangelical Protestant beliefs and posttraumatic growth among adult survivors of child sexual abuse.

H3: The data will indicate a statistically significant positive link between the extent of Evangelical Protestant beliefs and posttraumatic growth.

H4: The data will not indicate a statistically significant mediation relationship between the variables of attachment, posttraumatic stress, and/or social support on the relationship between Evangelical Protestant beliefs and the extent of posttraumatic growth.

Quantitative Interview Study Participants and Setting

The participants for the interview research were recruited via purposeful and convenience sampling (see Appendices A and B). I recruited participants via known cohorts and a Google search for local trauma-therapists. Criteria for participation included the following: (a) at least 5 years of experience and (b) full (i.e., cannot be an intern or associate) and active licensure for professional counseling or a related field (verified by the researcher), and (c) experience with adult survivors of child sexual abuse (CSA). The participants were not compensated for the interview. According to Malterud et al. (2021), when conducting a study that includes interviews, the researcher "will need the least number of participants when the study aim is narrow" (p. 1756). Since this data collection sought to explore the expert opinions of trauma therapists concerning EP beliefs and the attainment of PTG among adult CSA survivors, I utilized a small number of participants. Hence, the aim was to interview and collect data from five to 10 trauma counselors or therapists by attaining their expert opinion regarding the variables in the study.

Procedures

Quantitative Interview Data Collection

The participants for the interview data were recruited through my contacts and a Google search for local trauma-therapists, following approval from the Institutional Review Board (see Appendix S). The first 10 respondents that fulfilled the criteria were chosen for the study. It is also important to note, the majority of participants for the interview were those with EP beliefs. Informed consent regarding the study and detailed instructions were provided (see Appendix C). I verified licensure and years of experience by using a state licensee search in the state in which the participants claimed to practice. I then interviewed the participants via Zoom. The Zoom meeting was recorded with the written and verbal consent of the participant. Archibald et al. (2019) asserted that Zoom is an effective means for the "collection of qualitative data because of its relative ease of use, cost-effectiveness, data management features, and security options" (p. 1). The qualified participants obtained full disclosure of the intent of this research study and were assured of confidentiality. The responses were collected and gathered into a single, secure database.

In a quantitative interview, consistency among questions and answer options is a vital piece of the research (Schmitz, 2012). According to Green (2001), a quantitative interview must have structure and consistency. Accordingly, I utilized an interview schedule as a guide for the question-and-answer options that were offered to subjects (Green, 2001; Schmitz, 2012). An interview schedule is a document containing the questions for the researcher to read and is typically more structured or rigid than a qualitative interview guide (Green, 2001; Sauro, 2012; Schmitz, 2012). Quantitative interviews aim to pose every question-and-answer option identically to every participant; however, the interviewer may ask for elaboration or explanations

regarding unclear answers (Green, 2001; Houston, 2021). Thus, using an interview schedule is a critical component of a quantitative interview. Furthermore, the interviews were recorded (with permission) in order to take fewer notes during the interview and to identify any instances of interviewer effect[9] (Green, 2001; Houston, 2021; Schmitz, 2012).

Quantitative Interview Data Analysis

The analysis process of quantitative interview data differs from both survey and qualitative data analysis (Schmitz, 2012). For example, the analysis of quantitative interview data entails assigning a numerical value to close-ended response selections to quantify the data (Green, 2001; Saylor Foundation, 2015; Schmitz, 2012). Another method of quantifying interview data involves identifying themes among the open-ended responses. In other words, the coding of open-ended responses within a quantitative interview design involves a deductive process similar to that of qualitative theme coding (Schmitz, 2012). Once the major themes are identified, frequency counts and effect sizes can be calculated (Green, 2001; Houston, 2021). As a result, the interview data involves turning interview data from words into quantified data. The steps taken for the current study included (a) organizing the data, (b) reading and coding, and (c) interpreting and presenting data (Green, 2001).

Organizing the data consisted of grouping the data into organized groups that relate to particular areas of interest. First, the current study grouped themed data based on the answer to the first part of the question (close-ended question). Next, the process of reading and coding the data took place. According to Green (2001) and Ward (2010), organizing the data includes a holistic reading of the interviews and carefully constructing a category or code system that allows all of the data to be grouped methodically. These categories should be internally

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[9] This occurs when answers from a respondent are influenced by how or when the questions and answer options are presented by the interviewer (Houston, 2021).

homogeneous and externally heterogeneous (Ward, 2010). Clandinin and Connelly (1999) suggested that the coding process begins with reading and rereading the text while searching for "patterns, narrative threads, tensions, and themes that shape qualitative texts into research texts" (p. 133). Once a structure is created for organizing the data, each category will be designated a number, and then transcriptions of interviews or survey results can be coded (Ward, 2010). Through this system, the open-ended responses are quantified based on the emerging themes. Finally, the interpretation and presentation of the data are made via quantitative strategies (O'Connell & Skevington, 2005). Data analysis software SPSS (version 28) was used to calculate the quantified data such as frequency and effect sizes of answers and themes. A tabular presentation was used to display the findings.

Interview Questions with Clinician-Participants

At any point, the researcher may ask the respondent to clarify or elaborate.

1. Please state the number of years of experience you have as a clinician?

2. Have you noticed a potential correlation between secure vs. insecure attachment and posttraumatic growth? If so, in what ways?

3. Have you noticed a potential correlation between social support and posttraumatic growth? If so, in what ways?

4. Have you noticed a potential correlation between posttraumatic stress and posttraumatic growth? If so, in what ways?

5. Have you noticed a potential correlation between religious beliefs, specifically Evangelical beliefs, and posttraumatic growth? If so, in what ways?

6. In your opinion, which variable discussed today seems to be the most important regarding how adults with a history of CSA attain PTG?

Role of the Researcher

As the researcher, I acknowledge that interpretivism does not necessitate strict adherence to objectivity (K. Clark & Vealé, 2018). I also understand that subjectivity is both unavoidable and fundamental. According to Scheurich (1994), the researcher's points of view will influence and limit their research findings. To simplify, I present assumptions, beliefs, and reasonings. Thus, my role is to be cognizant of my responsibility concerning these personal biases and viewpoints to protect the integrity of the research (Stake, 1995).

Similarly, Yin (2014) asserted that researchers must incorporate periods of reflection to ascertain their openness to other individuals' perspectives, attitudes, ideologies, and beliefs. In quantitative interview research, the researcher's part is multifaceted, and each role will alter throughout the research process (e.g., interviewer, interpreter, analyst, inquirer; Creswell & Plano Clark., 2006). Furthermore, as the study unfolds, the researcher must remain conscious of bias and take measures to reduce the threats to the integrity and validity of the study (Creswell & Plano Clark, 2006).

Trustworthiness

Several methods were used to maintain the trustworthiness of the quantitative interview data. These methods were designed to achieve and present a transparent rendering of the therapists' clinical experiences in treating adult survivors of CSA and their attitudes and opinions regarding how EP beliefs play a role in PTG in that population. The techniques were used to interpret the therapists' intentions through their responses while maintaining trustworthiness to achieve the integrity and validity of the results (Williams & Morrow, 2009). The procedures used reflected the components of trustworthiness in research: credibility, dependability,

transferability, and confirmability (Creswell & Plano Clark, 2006; Rolfe, 2006; Williams & Morrow, 2009).

Credibility

According to T. Koch (1994), self-awareness of the researcher is an essential component of credibility. Verifying the study's credibility enhances the likelihood of the participants reporting their lived experiences in a manner that correlates with the reality of their actual experiences (Rolfe, 2006). Pilot or pre-interviews help determine the suitability of the interview questions in that they obtain the information-rich data needed for the study (Elo et al., 2014). Furthermore, quality control methods such as member checks and epochē (i.e., bracketing or suspension) are utilized to strengthen the internal validity of the qualitative data.

Members checks are used to validate transcripts of interviews and the analysis. Participants are able to assist in correcting any errors in transcription and verifying their content (Shenton, 2004). Moreover, a common concern to most readers of qualitative research is the interpretations made by the researcher. Therefore, I utilized the methodical practice referred to as the epochē in order to "disclose *a priori* structures of consciousness" (Englander, 2016. p. 3). The bracketing process enables the researcher to reflect and isolate thoughts and emotions during data collection and analysis. Bracketing provides a path for the researcher to obtain new information without assumptions affecting the outcomes (Moustakas, 1994). I applied a conscious and meticulous approach concerning beliefs and experiences as a trauma therapist and as an EP to help ensure that separation was maintained.

Dependability and Transferability

A study's dependability depends on the researcher's decision trail that another researcher can readily follow (E. Thomas & Magilvy, 2011). In other words, the presentation of the data

and the analysis process should be articulated clearly, regardless of the methods used to present the findings (Moretti et al., 2011). Strategies to ensure this process included (a) peer/expert reviews and (b) providing a detailed description of the methods (E. Thomas & Magilvy, 2011).

Another measure of trustworthiness is the applicability of a study in other contexts as a measure of external validity (Hadi & Closs, 2015; Williams & Morrow, 2009). According to Mubita (2018):

> Transferability in qualitative research is synonymous with generalizability, or external validity, in quantitative research. Transferability is established by providing readers with evidence that the research study's findings could apply to other contexts, situations, times, and populations. (p. 84)

Transferability of qualitative data assures the study findings apply to similar settings or individuals. Transferability can be demonstrated by explicit assumptions and contextual inferences of the research setting and participant. "It is important to note that the researcher cannot prove that the research study's findings will be applicable" (Moran, 2017, para. 1). Lincoln and Guba (1985) said it best in the following statement: "It is, in summary, not the naturalist's task to provide an index of transferability; it is his or her responsibility to provide the database that makes transferability judgments possible on the part of potential appliers" (p. 316).

This study focused on the participants' expertise and experiences to allow for the transferability of the results to other settings. According to Connelly (2016), the researcher's focus should be on the participants and their responses and not on trying to make them generalizable. Thus, the study relied on clear, transparent descriptions of methods analysis so that future researchers may be able to replicate the findings (Williams & Morrow, 2009).

Confirmability

Confirmability occurs due to the procedures taken to maintain credibility, transferability, and dependability. Interview research requires consistent and disciplined reflection to maintain a self-critical stance on personal attitudes and preconceptions (Polit, 2011). Strategies in confirmability include reflection directly following an interview and allowing a peer or expert to review the analysis to provide feedback on the interpretation of the data (Schreier, 2012).

Ethical Considerations

The ethical considerations of this study consisted of confidentiality, security of the recorded interviews and text transcriptions, and the potential of emotional or psychological discomfort experienced by the participants. Pseudonyms for all participants were used to conceal identities. In addition, I utilized limited demographic data for the study's qualifications (fully licensed mental health counseling professional and experience treating adults with a history of CSA) and employed data encryption and multi-factor logins to provide security for both the audio and written transcripts. Participants were informed of the right to opt out of the interview and study at any time. Furthermore, I requested that the participants confirm their understanding both in the informed consent in writing and verbally during the interviews.

Quantitative Survey Inquiry

A popular approach in psychological research focuses on conditions under which X can be considered a possible cause of Y or what is known as mediation analysis (MacKinnon et al., 2007). Mediation research is linked with "multiple perspectives that are often at odds, often implicitly" (Agler & De Boeck, 2017, para. 1). In this framework, additional variables can be included in analyzing an $X \rightarrow Y$ relationship to enhance insight into the relationship or determine if the connection is bogus (MacKinnon et al., 2007). Mediating variables expand the

understanding of the correlation, as it may become a part of the causal sequence of X → M → Y (MacKinnon et al., 2007). Therefore, three mediator variables were included to enhance the integrity and validity of the outcomes related to this study. However, the explicit purpose of the study was to determine how EP beliefs affect the extent of PTG among adult CSA survivors.

Participants and Setting

The participants for the data analysis were recruited via Amazon's Mechanical Turk (MTurk) platform. MTurk is a crowdsourcing internet marketplace run by Amazon. The benefits of using MTurk include the rapid gathering of data due to the substantial number of participants as well as the reasonably low-cost of data collection compared to other approaches (D. A. Johnson & Borden, 2012).

Inclusion criteria included adults over the age of 18 with EP beliefs and who reported a history of CSA. Exclusion criteria included individuals under the age of 18, individuals who did not meet the criteria for Evangelical Protestant beliefs, and individuals who reported no incidents or memory of CSA. Participants received monetary compensation ($1.00) if they met the criteria and completed and submitted the full survey.

According to the recent data on Evangelicalism and CSA prevalence, a sample size of 385 participants was needed to accurately represent this population. The sample size is based on the estimated number of Evangelicals living in the United States (83,000,000; Masci & Smith, 2018) and an estimated percentage rate of estimated CSA survivors in the United States (11%; Finkelhor et al., 2014; Townsend, 2013). The sample size was calculated with a 95% confidence level and a 5% margin of error using the Qualtrics (2020) sample size calculator. It is important to note that the sample size was based on estimates, therefore, the exact number of the population is somewhat ambiguous.

Instrumentation

Demographic Questionnaire with Evangelical and CSA Screening

In order to access a predominantly Christian population, participants were recruited from Amazon's MTurk under the restriction that they identify as an EP Christian (see Appendix B). This questionnaire was used to separate the inclusion criteria of over 18 years of age (see Appendix E). Evangelical beliefs were screened by a dichotomous survey of yes and no (Appendix G). These questions included the following:

1. I believe though faith alone and grace alone, I am saved.

2. I believe the Bible holds sole religious authority.

3. I pray to Mary, the mother of Christ and the Saints.

4. I believe baptism in infancy saves.

5. I believe in the sacrament of reconciliation (also called penance or confession to a priest).

If the participant answered "no" to Questions 1 and 2, or "yes" to Questions 3–5, the participant was excluded from the study.

This demographics questionnaire also included a screen for a history of childhood sexual abuse (see Appendix F). Katerndahl et al. (2005) and other studies (Kaye-Tzadok & Davidson-Arad, 2016) have utilized this screening tool ($\alpha = .932$). The CSA screening instrument consisted of three questions:

When you were a child or teenager:

1. Was there any kind of sexual touching that made you feel uncomfortable, bad, or regretful (that someone did to you or made you do to them)?

2. Was there any kind of sexual touching by someone much older than you, say 3 years older or more?

3. Were you ever sexually abused?

If the participants answered "yes" to any of the CSA screening questions, they continued to the

survey measurements.

Stress-Related Growth Scale-Revised (SRGS-R)

This assessment is a 12-item assessment used to measure PTG (see Appendices H and I).

The statements in the measurement are a revision to the original stress-related growth scale

(SRGS; Park et al., 1996), which is one of the most commonly used assessments to measure PTG

(Boals & Schuler, 2019). The SRGS-R presents modifications of neutral item wording and a

scale ranging from –3 (a very negative change) to +3 (a very positive change; Boals & Schuler,

2019). The neutral wording accurately captures the individual's experience without the addition

of biased language that could produce overreporting or underreporting of PTG (Baker et al.,

2008; Boals & Schuler, 2018). Furthermore, the bipolar scale is beneficial to obtain varying

levels of positive and negative changes. In conclusion, the SRGS-R can be considered the most

precise measurement of PTG (Bedford, 2018; Boals & Schuler, 2018, 2019).

Measurement of EP Christian Beliefs

Throughout the literature, there are significant gaps and overlaps with the existing

measurement tools for identifying EP beliefs (Smidt, 2019, 2022; G. A. Smith et al., 2018).

However, the National Association of Evangelicals (NAE) and LifeWay Research (2015) created

a four-part statement to define Evangelical beliefs that was the "culmination of a two-year,

multi-phase research project with input from numerous experts" (para. 4). Therefore, EP beliefs

in this study were based upon the NAE and LifeWay Research (2015) Evangelical beliefs

statements, which included the following (see Appendix J):

1. The Bible is the highest authority for what I believe.

2. It is very important for me personally to encourage non-Christians to trust Jesus Christ as their Savior.

3. Jesus Christ's death on the cross is the only sacrifice that could remove the penalty of my sin.

4. Only those who trust in Jesus Christ alone as their Savior receive God's free gift of eternal salvation (NAE & LifeWay Research, 2015).

I also chose to include two additional statements:

5. I strive to live a life of increasing holiness and a continual pursuit of personal piety because of the immense gratitude for the undeserved grace God granted through His Son, Jesus Christ (Monsma, 2017).

6. I believe in one eternal God eternal existing through three distinct persons: God the Father, God the Son and God the Holy Spirit, each of whom is fully God, yet there is one God (Perman, 2006).

Respondents recorded their level of agreement with each statement with a 10-point forced choice scale (e.g., extremely agree [10], neither agree nor disagree [5], strongly disagree [0]). The study obtained the extent of EP beliefs by this measurement.

Experiences in Close Relationships-Revised (ECR-S)

The Experiences in Close Relationships-Short-Form (ECR-S; Wei et al., 2007) is a 12-item questionnaire used to assess the extent to which individuals possess secure or insecure attachment schemas (see Appendices K and L). This scale is a short-form adaptation of the original ECR 36-item version created by Brennan et al. (1998). The ECR measures attachment based upon questions regarding the availability of and responsiveness to the people they are or were romantically involved with and the extent to which people feel uneasy being close to others

vs. feeling secure with depending on others (Brennan et al., 1998; Wei et al., 2007). This short

version of the scale is comparable to the ECR in terms of retaining psychometric properties

(reliability, validity, and factor structure; Wei et al., 2007). Thus, the ECR-S appears to

successfully reduce the number of items from 36 without losing the good psychometric

properties. The 12 items on the ECR-S are rated on a scale ranging from 1 (strongly disagree) to

7 (strongly agree). High overall results indicate high levels of attachment insecurity while lower

levels indicate individual attachment security.

Perceived Negative Impact Scale

Participants rate the perceived negative impact of the CSA on life using a 5-point Likert

scale of (1) No Impact; (2) Little Impact; (3) Not Sure; (4) Some Impact; (5) Significant Impact

(see Appendix O).

Multidimensional Scale of Perceived Social Support (MSPSS)

The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) is

a 12-item questionnaire of perceived social support from three sources(see Appendices M and

N). This scale identifies an individual's perception of social support adequacy from family,

friends, and a significant other (Canty-Mitchell & Zimet, 2000). The reliability, validity, and

factor structure of the MSPSS have been demonstrated across several different samples (Cecil et

al., 1995; Dahlem et al., 1991; Kazarian & McCabe, 1991; Zimet et al., 1988).

Procedures

Quantitative Survey Collection

After obtaining approval from the Institutional Review Board (see Appendix S), survey

participants were recruited via Amazon MTurk hosted by Qualtrics (see Appendix B). MTurk is

a crowdsourcing marketplace that permits "requesters" (e.g., researchers) to post tasks to be

completed by "workers" (i.e., MTurk users; see Paolacci & Chandler, 2014). Participants were asked to complete an online survey. They accessed a hyperlink, which led them to an anonymous survey hosted by Qualtrics. Informed consent regarding the study and detailed instructions were provided (see Appendix D).

Participants completed the screening instruments that included the Evangelical beliefs screen, demographics questionnaire, and the CSA screen. The screening instruments were designed to measure three crucial inclusion constructs. The EP beliefs screening was used to determine if the participant had religious or spiritual beliefs congruent to that of EP theology. The demographic survey assessed criteria regarding age, and the CSA screen assessed criteria regarding CSA. After the participant met the screening criteria, they completed an anonymous online survey measuring PTG, EP beliefs, attachment security, perceived distress of the CSA experience, and perceived social support.

Data Analysis for Online Survey

Data Screening for Survey Data. Data were analyzed using IBM SPSS Statistics (Version 28). Initial data screening was performed to identify concerns like missing data, extreme scores or outliers, and data entry errors. The data screening occurred before the analysis so as not to report misleading results in the study. The data were proofread to ensure there were no impossible answers and verified any missing values. The CSA screen, demographic data, and posttraumatic stress (PTS) data were screened using frequency tables and bar charts since they were categorical (Warner, 2013). EP beliefs and PTG levels were examined using frequency tables, histograms, boxplots, and scatterplots. Additionally, PTG and EP beliefs were analyzed for normal distribution.

Survey Data Analysis. Univariate statistics were used to describe the sample (mean with standard deviation and percentage). Additionally, descriptive statistics, correlations, and regression analyses were analyzed through SPSS. Since the primary aim of this study was to discern if and how EP beliefs impact PTG, this study included some mediation analysis to determine if additional factors potentially influenced results as well.

Data analysis also included assessing the mediating effects of EP beliefs on PTG through mediators (attachment and social support). The most commonly employed method for this type of analysis is structural equation modeling (SEM). SEM is a widely used method for testing latent variables (D. S. Teixeira et al., 2018). I implemented PROCESS macro for SPSS for multiple mediation effects (Preacher, 2013). Hayes' (2013) macro models four and six allow the use of the indirect effect of individual mediators while controlling for other variables. Bias-corrected bootstrapped point estimations for the indirect effects of the independent variable on the dependent were calculated, together with standard errors and 95% confidence intervals (Hayes & Scharkow, 2013; D. S. Teixeira et al., 2018). Analysis calculated the direct effect and indirect effect(s) among the independent variable, dependent variable, and the mediator variables.

Validity

Internal Threats to Validity

Threats to internal validity included the research based on non-probability sampling, subject variability, sample size, and the measurements. Since the subject population is difficult to assess because of the nature of the topic (CSA), the probability that the sample was representative of all CSA survivors is challenging to assess. Subject variability and sample size were also another threat to validity because of the nature of the topic (CSA) and people being

willing to answer the questions. Finally, identifying EP beliefs and levels of PTG has proven to

be a difficult concept to capture, hence there was a chance of making a Type I error (i.e., failing

to reject the null hypothesis) due to the inconsistent identification and incorrect categorizing of

these variables in research.

External Threats to Validity

External threats to validity included the accuracy of the data collected and the

generalizability of the results. While the current study utilized research-based measurements,

there was no way to determine the trustworthiness of the participants' responses. Furthermore,

because of the current study's dependence on an online survey, the diversity of the participant

pool was not guaranteed, thus, affecting the generalizability of the results.

Summary

This chapter presented an overview of the methodology and procedures used in this

study. The purpose of the study was to ascertain whether EP beliefs have an impact on the extent

of PTG among adults with a history of CSA. The overview included the research design,

questions, and hypotheses. Next, participant information, measurements, and data analysis were

explained. Lastly, internal and external threats to validity were described.

CHAPTER FOUR: FINDINGS

Overview

This chapter discusses the results of the survey and interview analyses in conjunction with the hypotheses listed in the previous chapters. First, a summary of the survey data is provided. Descriptive statistics provide a picture of the population studied and the variables involved in the study. Next, a summary of the survey data, correlation, and regression analyses and how the data correspond to the suggested hypothesis are presented. Next, the interview data results are discussed. These findings include demographic data of the interviewees and an analysis of the information collected. This chapter concludes with a summary of the interview results.

Survey Data Findings

Data Screening and Assumption Tests

A total sample of 3,841 participants was obtained during the initial data collection in August 2022. Several methods were used to screen the data. To participate in the current study, the participant had to be at least 18 years of age. The participants also had to self-identify as Evangelical Protestant (EP) and hold a basic understanding of EP theology. They also had to identify as a survivor of child sexual abuse (CSA). The screening began with attempts to remove individuals not meeting the survey criteria. Screening questions were used to identify these individuals and ruled out a considerable number of participants. Table 2 displays the results of the EP beliefs' screening questions. The final sample for analysis included 403 participants. There was no missing data.

Table 2

Evangelical Protestant Beliefs Screening Questions and Responses (N = 3,481)

Question	Yes	No
I believe through faith alone and grace alone, I am saved.	2368[a]	465
I believe the Bible holds sole religious authority.	2245[a]	588
I pray to Mary, the mother of Christ and the Saints.	1825	1008[a]
I believe baptism in infancy brings salvation.	1705	1128[a]
I believe in the sacrament of reconciliation (also called Penance or confession to a priest).	1739	1094[a]

[a]Indicates correct response.

Data analysis was calculated using IBM SPSS Statistics (Version 28). Outliers were identified using the Mahalanobis distance method. Mahalanobis distance is an effective multivariate distance metric that calculates the distance between a point and a distribution. The values are obtained by running a multiple linear regression analysis with a dummy variable as the dependent variable and variables that need to be examined for multivariate normality as the independent variables (Tabachnick & Fidell, 2019). Mahalanobis distance was calculated by using SPSS for this study. Ten outliers were identified and deleted ($N = 393$).

Next, tests for normality were completed. According to Statology (2020), "The null hypothesis for each test is that a given variable is normally distributed" (para. 10). If the *p*-value of the test is less than some significance level, then the null hypothesis is rejected, and the researcher can conclude that there is sufficient evidence to assume that the variable is not normally distributed (Statology, 2020). Tests for normality (Shapiro-Wilk Test and Kolmogorov-Smirnov Test) resulted in the rejection of the null hypothesis for all variables (SRGS – PTG, $p < .001$; EBS – EP beliefs, $p < .001$; ECRS – attachment insecurity, $p < .001$; MSPSS – perceived social support, $p < .001$; impact of CSA – posttraumatic stress, $p < .001$).

Finally, it is known that statistical multicollinearity problems occur when tolerance is less than .2 or .1 and variance inflation factors (VIF) are ≥ 2.5 (Daoud, 2017). Because the tolerance

of predictors in this study was 0.92~0.99 and VIFs were 1.01~1.09, the multicollinearity problem was addressed. Additionally, the value of the Durbin–Watson statistic was 1.92, which implies that there was no autocorrelation detected in the sample, as it was close to 2.

Descriptive Statistics

In the data set ($N = 393$), the gender of participants consisted of 244 females (62.1%) and 149 males (37.9%). The participants were asked to identify their age based on the following age categories: (a) 18–30 years old ($n = 166$, 42.2%), (b) 31–50 years old ($n = 168$, 42.7%), (c) 51–70 years old ($n = 58$, 14.8%) and (d) 71+ years old ($n = 1$, 0.3%). Most participants identified as Caucasian ($n = 326$; 83%). The other participants' ethnicities included African American ($n = 28$; 7.1%), Hispanic, Latino, or Spanish Origin ($n = 18$; 4.6%), Asian ($n = 9$; 2.3%), American Indian or Alaskan Native ($n = 7$; 1.8%), two or more ($n = 4$; 1%), and other/unknown ($n = 1$; 0.3%).

In addition to demographic statistics, the participants were asked to identify the CSA experience they endured. They were allowed to select more than one answer. The categories consisted of the following: (a) sexual abuse ($n = 266$, 67.7%), (b) invited or forced to watch pornographic films or images ($n = 164$, 41%), (c) coerced to observe sexual acts or abuse ($n = 147$, 37.4%), (d) any kind of sexual touching that made you feel uncomfortable, bad, or regretful that someone did to you or made you do to them ($n = 240$, 61.1%), and (e) filmed or photographed in a sexual manner ($n = 93$, 23.7%). Figure 1 displays the results of childhood sexual experiences.

Figure 1

Results of CSA Experiences
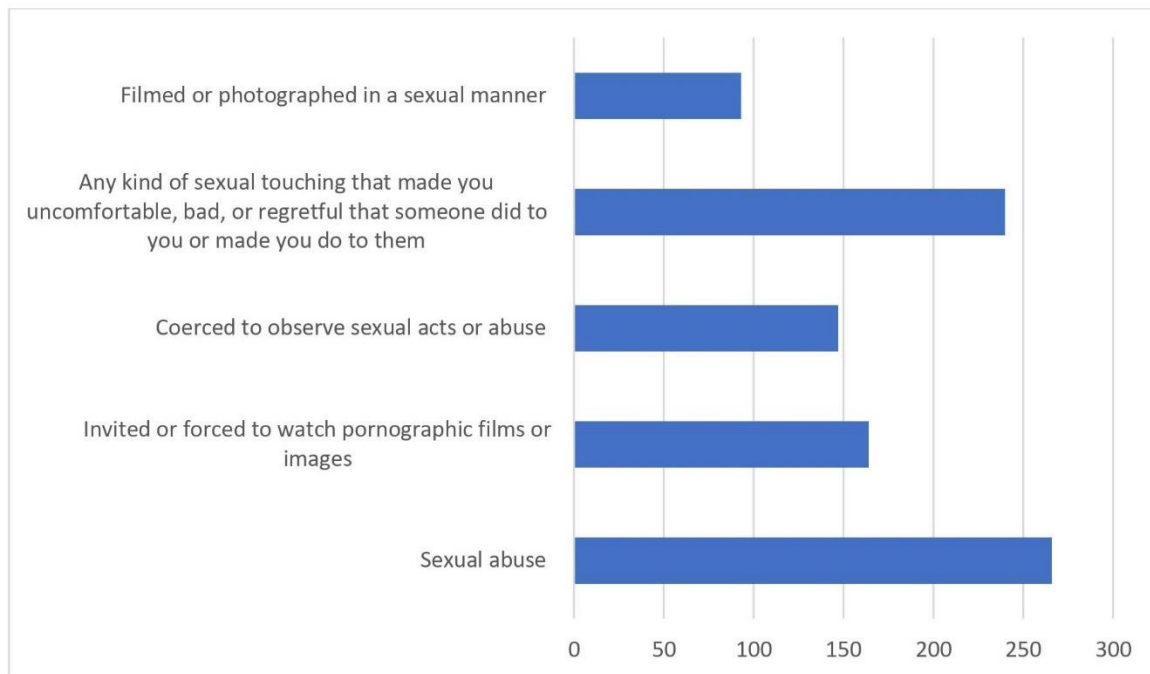
Results

Hypothesis One

RQ1: Do Evangelical Protestant beliefs affect the extent of posttraumatic growth among adult survivors of child sexual abuse?

$H_0 1$: The data will reveal no relationship between Evangelical Protestant beliefs and posttraumatic growth among adult survivors of child sexual abuse.

H1: The data will reveal a statically significant relationship between Evangelical Protestant beliefs and posttraumatic growth among adult survivors of child sexual abuse.

A bivariate correlation analysis was utilized with SPSS to address this research question and hypothesis. I analyzed the relationship between EP beliefs and PTG by looking at the significance value to make this determination. The results indicated a significant relationship (p < .001) at the .01 significance level (2-tailed) and a bootstrapping at a 95% confidence interval of

0.19~0.40 (based on bootstrapped 1,000 samples). Thus, based on the analysis results, H1 is

supported. Table 3 displays the results of this analysis.

Table 3

Correlation Significance Value of EP Beliefs and PTG

Hypothesis	p	95% CI		Hypothesis
		LL	UL	Supported
H1	< .001	0.19	0.40	Yes

Note. CI = confidence interval; LL = lower limit; UL = upper limit. Significance level at the .01

level (2-tailed).

Hypothesis Two

RQ2: How do Evangelical Protestant beliefs impact the extent of posttraumatic growth

among adult survivors of child sexual abuse?

H_o2: The data will reveal no linear correlation between increased levels of Evangelical

Protestant beliefs and posttraumatic growth among adult survivors of child sexual abuse.

H2: The data will reveal a positive linear correlation between increased levels of

Evangelical Protestant beliefs and posttraumatic growth among adult survivors of child sexual

abuse.

A scatterplot and bivariate correlation analysis were utilized with SPSS. First, I used a

scatterplot to get a preliminary understanding of the relationship between the two variables.

Based on a visual analysis of the scatterplot results (as displayed in Figure 2), a correlation was

identified although it appeared to be low. Next, a bivariate correlation analysis using Pearson's

product correlation revealed a moderate positive and statistically significant correlation (r = .301,

$p < .01$). Table 4 displays the Pearson product correlation results between EP beliefs and PTG.

The results indicate that increased EP beliefs would lead to higher PTG scores among adult

survivors of CSA. Hence, H2 was supported.

Figure 2

Scatterplot of PTG by EP Beliefs
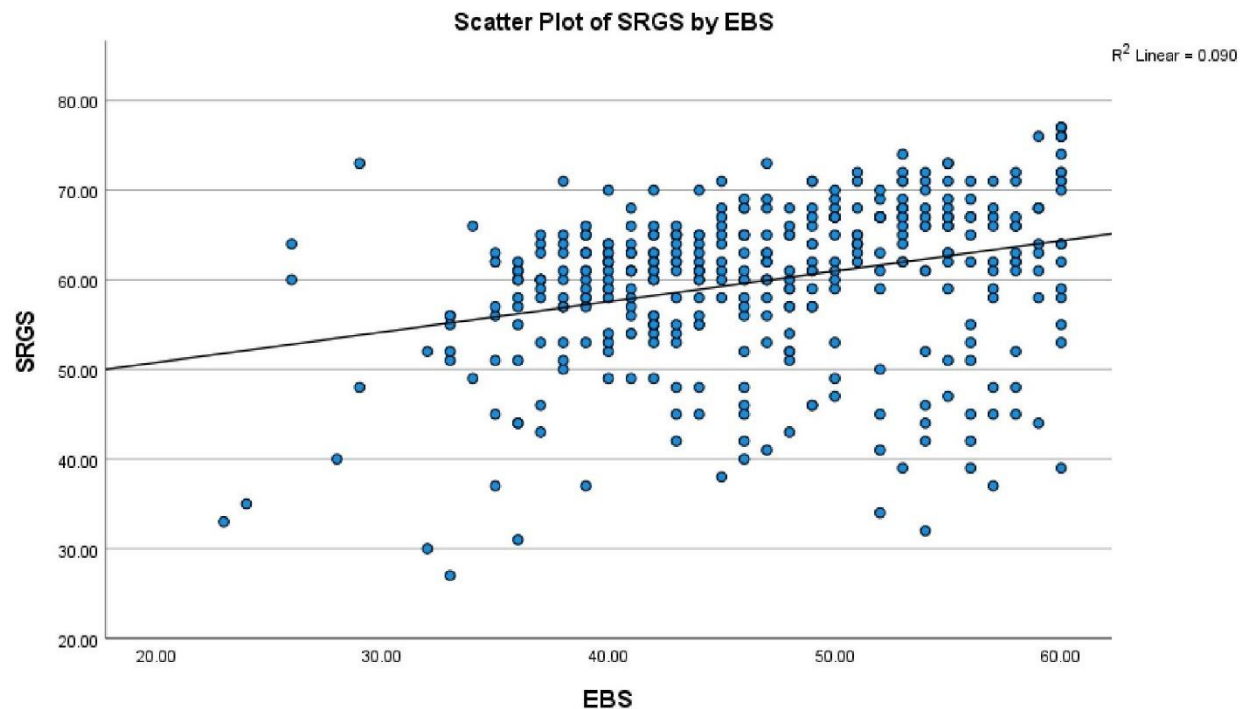
Note. Each dot represents an individual participant. The SRGS (measured PTG; *y*-axis) is the

dependent variable, and the EBS (measured EP beliefs; *x*-axis) is the predictor variable.

Table 4

Pearson's Correlation Analysis of EP Beliefs and PTG

Hypothesis	Pearson's Coefficient	*p*	Hypothesis Supported
H2	.301	< .01	Yes

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

In addition to the correlation analysis, I completed further statistical tests in order to test

the predictive power of EP beliefs on PTG in more detail. I divided the EP beliefs scores into

two groups: (1) highest EP belief scores (≥ 57 out of 60; $n = 51$) and (2) the remaining EP belief

scores (≤ 56; $n = 338$) in order to ascertain the difference in correlation between the two groups

with PTG outcomes. Interestingly, the results indicated that the higher EP belief scores had

significantly higher positive correlation with PTG ($r = .36$, $p < .008$) than the lower EP belief

scores ($r = .27$, $p < .001$), thus, providing support that higher levels of EP beliefs may enhance

the predictive power of PTG. Table 5 displays the results of this analysis.

Table 5

Pearson's Correlation Analysis of Higher and Lower EP Beliefs Scores and PTG

EP Belief Scores	Pearson's Coefficient	p
Higher EP Beliefs	.36	.008
Lower EP Beliefs	.27	.001

Note. The results for the higher EP belief scores (≥ 57, $n = 51$) and lower belief scores (≤ 56, $n = 338$). EP= Evangelical Protestant. Correlation is significant at the .01 level (2-tailed).

Hypothesis Three

RQ3: How much of the variance in posttraumatic growth levels can be explained by

levels of Evangelical Protestant beliefs among adult survivors of child sexual abuse?

H₀3: The data will not indicate a statistically significant link between the extent of

Evangelical Protestant beliefs and posttraumatic growth.

H3: The data will indicate a statistically significant positive link between the extent of

Evangelical Protestant beliefs and posttraumatic growth.

To address this research question and hypothesis, a simple linear regression analysis was

used in SPSS. A regression analysis is different from the correlation analysis because there is a

clear distinction between dependent and independent variables. Accordingly, a bivariate

regression analysis was used to assess whether EP beliefs could predict the values of PTG. The

dependent variable (PTG) was regressed by the predicting variable (EP beliefs). EP beliefs

significantly predicted PTG ($F = [1, 391]$ 38.91, $p < .01$). These findings imply that EP beliefs

can significantly determine PTG ($b = .34$, $p < .001$). Moreover, the R^2 coefficient (.09) indicates

that the variation in EP beliefs can explain 9% of PTG variation. Therefore, the level of EP

beliefs is a statistically significant predictor of the level of PTG. Table 6 displays the results of

the regression analysis.

Table 6

Regression Analysis of EP Beliefs (Predictor Variable) and PTG (Dependent Variable)

Hypothesis	Regression Weights	B	SE	t	p	Hypothesis Supported
H3	EP Beliefs → PTG	.34	8.57	6.24	< .001	Yes

Note. EP = Evangelical Protestant; PTG = posttraumatic growth.

To develop a more in-depth understanding of how EP beliefs positively impacted PTG

among the participants in this study, I completed further analyses to explore the results in more

detail. Additional regression analyses were performed between several variables. These analyses

included (a) high/lower EP belief scores and PTG and (b) EP beliefs and each PTG assessment

statement. The first analysis included two regression tests using the two individual categories of

higher EP belief scores (≥ 57; $n = 51$) and lower EP belief scores (≤ 56; $n = 338$) as the

independent variable and the PTG outcome as the dependent variable. Based on the regression

output, the higher EP belief scores revealed a regression coefficient of 3.06 ($p = .008$) with PTG.

This means that, on average, each additional point on the EP beliefs measurement (score ≥ 57) is

associated with an increase of 3.06 points on PTG. Regarding the lower EP beliefs scores, the

regression coefficient was much lower ($b = .35$, $p < .001$). Results of these analyses are

displayed in Table 7.

Table 7

Regression Analysis of Higher and Lower EP Belief Scores and PTG

Regression Weights	*B*	*SE*	*t*	*p*
Higher EP Beliefs → PTG	3.06	9.58	2.74	.008
Lower EP Beliefs → PTG	0.35	8.33	5.22	< .001

Note. Higher EP belief scores (≥ 57, $n = 51$); lower belief scores (≤ 56, $n = 338$). EP =

Evangelical Protestant (predictor variable); PTG = posttraumatic growth (dependent variable).

Finally, the researcher completed regression analyses using EP beliefs as the predictor

variable and each PTG statement as the dependent variable. The results of these statistical tests

revealed the most significant link between EP beliefs and the individual PTG measurements

were (a) I work through problems and not just give up ($b = .06$, $p < .001$), (b) My desire to have

some impact on the world ($b = .05$, $p < .001$), (c) I find meaning in life ($b = .04$, $p < .001$), and

(d) I reach out to help others ($b = .04$, $p < .001$). The full results are presented in Table 8.

Table 8

Regression Analysis of EP Beliefs and Each PTG Measurement Statement

PTG Measurement Statement	*B*	*SE*	*t*	*p*
I work through problems and not just give up	.06	1.40	6.47	< .001
My desire to have some impact on the world	.05	1.08	6.53	< .001
I find meaning in life	.04	1.22	4.53	< .001
I reach out and help others	.04	1.27	4.28	< .001
I feel free to make my own decisions	.04	1.36	4.40	< .001
I have something of value to teach others	.03	1.17	3.74	< .001
I can be myself and not try to be what others want me to be	.03	1.39	3.17	.002
I listen when others talk to me	.03	1.17	4.51	< .001
I am open to new information and new ideas	.03	1.12	4.32	< .001

PTG Measurement Statement	B	SE	t	p
I experienced a change in how I treat others	.02	1.48	1.92	.06
I am a confident person	–.01	1.47	–0.85	.40

Note. PTG = posttraumatic growth. $p < .001$.

Hypothesis Four

RQ4: Do attachment, posttraumatic stress, and/or social support variables significantly affect the relationship between Evangelical Protestant beliefs and the extent of posttraumatic growth among adult survivors of child sexual abuse?

H$_0$4: The data will indicate a statistically significant mediation relationship between the variables of attachment, posttraumatic stress, and/or social support on the relationship between Evangelical Protestant beliefs and the extent of posttraumatic growth.

H4: The data will not indicate a statistically significant mediation relationship between the variables of attachment, posttraumatic stress, and/or social support on the relationship between Evangelical Protestant beliefs and the extent of posttraumatic growth.

Hypothesis 4 was tested using correlation analyses and single and double mediation analyses in SPSS.

Correlation Analysis of EP Beliefs, Attachment Security, Perceived Social Support, and PTG

A Pearson product correlation of EP beliefs, attachment insecurity (AI), perceived social support (PSS), and posttraumatic growth (PTG) was completed in SPSS. The correlation between EP beliefs and AI was found to be a significant negative correlation ($r = –.23, p < .001$). The correlation between EP beliefs and PSS ($r = .29, p < .001$) and EP beliefs and PTG ($r = .30, p < .001$) both resulted in a moderate positive correlation and statistically significant at the .001 significance level. The Pearson product correlation between EP beliefs and PSS ($r = .23, p < .001$) resulted in a low positive correlation. Additionally, the correlation results revealed that

AI did not have a significant correlation with either PSS ($r = .005$, $p = .93$) or PTG ($r = .09$, $p = .07$).

Finally, the most considerable correlation (moderately high positive) was found to be between PSS and PTG ($r = .46$, $p < .001$). Table 9 presents the correlation analysis of EP beliefs, AI, PSS, and PTG. Table 10 summarizes the correlation results between the dependent variable, the independent variable, and two mediating variables.

Table 9

The Pearson Product Correlation of EP Beliefs, AI, PSS, and PTG (N= 393)

Variable	1	2	3	4
1. EP Beliefs	–			
2. AI	$-.23^{***}$	–		
3. PSS	$.29^{***}$	$.0005^{*}$	–	
4. PTG	$.30^{***}$	$.09^{*}$	$.46^{***}$	–

Note. EP = Evangelical Protestant, AI = attachment insecurity, PSS = perceived social support, PTG = posttraumatic growth.

$^{*}p > .05.$ $^{***}p \leq .001.$

Table 10

Correlation Analysis Summary of the Independent and Two Mediating Variables with PTG

Variable	Pearson's Coefficient	p	Correlation Supported
EP Beliefs	.30	.001	Yes
AI	.09	.07	No
PSS	.46	.001	Yes

Note. EP = Evangelical Protestant, AI = attachment insecurity, PSS = perceived social support

Correlational Analysis of Posttraumatic Stress and PTG

A correlational analysis was also used to determine the relationship between perceived negative impact and PTG to assess the possible relationship between posttraumatic stress (PTS)

and PTG. The participant was asked the following question: "Has your experience of CSA

negatively impacted your life?" They were then asked to rate their response as (a) no impact ($n =$

17, 4.3%), (b) little impact ($n = 116$, 29.5%), (c) not sure ($n = 18$, 4.6%), (d) some impact

($n = 169$, 43%), (e) moderate impact ($n = 73$, 18.6%), or (f) significant impact ($n = 73$, 18.6%).

Figure 3 displays the survey results of this variable. A nonparametric test was utilized in SPSS to

analyze the correlation between the perceived negative impact scale (ordinal) and PTG (scale).

Spearman's rank correlation was computed to assess the relationship between PTG and PTS.

There was a non-significant negative correlation between the two variables, $r(4) = -.018$,

$p = .716$. Table 11 displays these findings.

Figure 3

Perceived Negative Impact Scale
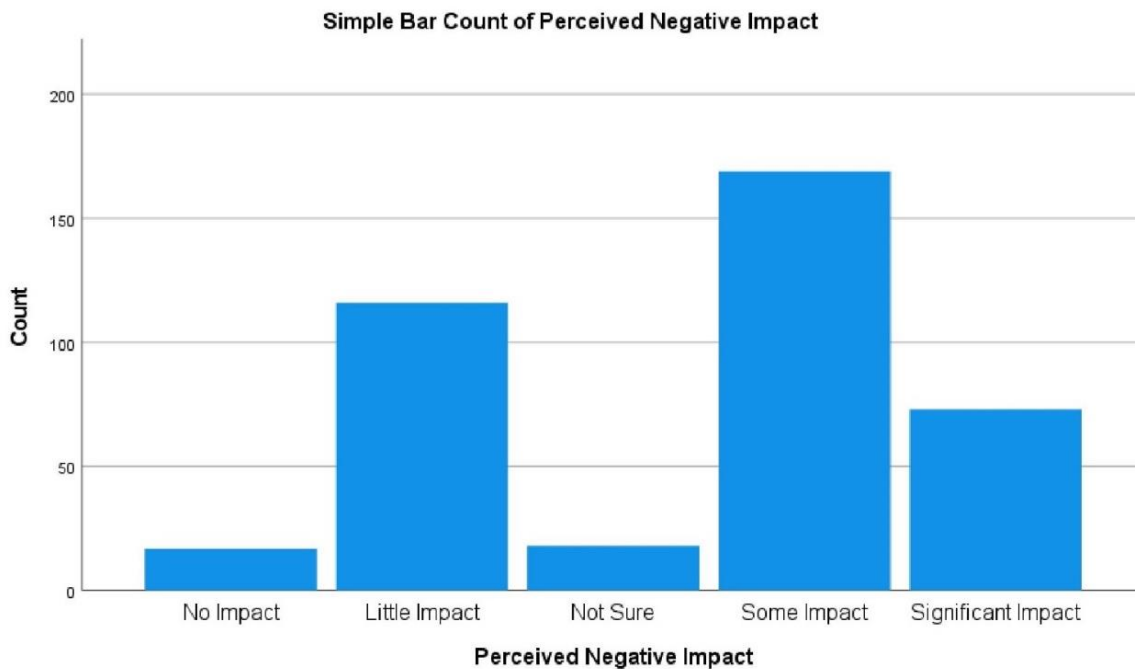
Table 11

Spearman's Correlation Test Results for PTS and PTG

Variables Correlated	R	df	p	Correlation Supported
PTS and PTG	−.018	4	.716	No

Note. PTS = posttraumatic stress; PTG = posttraumatic growth.

Single Mediation of EP Beliefs and PTG through AI

In order to verify the relationship between EP beliefs and PTG, a regression and

mediation model were utilized to determine if AI had an impact on that relationship. First, a

regression analysis was utilized to determine the relationship between PTG and AI. This analysis

did not reveal a statically significant relationship between AI and PTG ($b =.10$, $p = .07$). The

results are display in Table 12.

Table 12

Regression Analysis of AI (Predictor Variable) and PTG (Dependent Variable)

Regression Weights	B	R^2	F	p
AI → PTG	.10	. 008	3.31	.07

Note. AI = attachment insecurity; PTG = posttraumatic growth.

Next, Hayes PROCESS Macro Model 4 (Hayes, 2013) was used for a single mediation

analysis in SPSS. Table 13 displays the mediation results, where AI was the mediating variable

between EP beliefs and PTG. EP beliefs had a significant negative impact on AI ($b = -.25$,

$t = -4.71$, $p = .000$, 95% CI [−.34, −.14]). Next, the impact of the mediating variable (AI) and

independent variable (EP beliefs) on the dependent variable (PTG) was analyzed. EP beliefs

($b = .38$, $t = 7.0$, $p < .000$, 95% CI [.28, 0.49]) and attachment insecurity ($b = 0.19$, $t = 3.49$,

$p = .0005$, 95% CI [.08, .30]) significantly impacted PTG. Furthermore, the results revealed a

significant negative indirect effect of EP beliefs and PTG through AI ($b = -.05$, $t = -2.0$,

$p < .001$, 95% CI [$-.09$, $-.01$]).

Table 13

Single Mediation Summary of EP Beliefs and PTG through AI

Regression Weights	Total Effect	Direct Effect	Indirect Effect	95% CI		t-statistic	Conclusion
				LL	UL		
EP → AI → PTG	.34	.38	−.05	−.09	−.01	−2.0	Partial Mediation

Note. EP = Evangelical Protestant beliefs; AI = attachment insecurity; PTG = posttraumatic

growth; CI = confidence interval; LL= lower limit; UL= upper limit.

Single Mediation of EP Beliefs and PTG through Social Support

A regression analysis was conducted between perceived social support (PSS; independent

variable) and PTG (dependent variable) to examine the relationship between the two variables,

independent of the others. Table 14 displays this analysis which indicated that perceived social

support had a high, positive impact on PTG scores ($b = .45$, $p = < .001$).

Table 14

Regression Analysis of PSS (Predictor Variable) and PTG (Dependent Variable)

Regression Weights	*B*	*R²*	*df*	*p*
PSS → PTG	.45	.21	36.48	< .001

Note. PSS = perceived social support; PTG = posttraumatic growth.

Table 15 displays the mediation analysis results with PSS as the mediating variable

between EP beliefs and PTG. The results revealed a significant indirect effect of impact ($b = .13$,

$t = 4.33$, $p = < .001$, 95% CI [.07, .21]). EP beliefs had a significant impact on PSS ($b = .34$,

$t = 6.04$, $p < .001$, 95% CI [.23, .45]). Next, the impact of the mediating variable (PSS) and

independent variable (EP beliefs) on the dependent variable (PTG) was analyzed. EP beliefs

($b = .21$, $t = 3.97$, $p < .001$, 95% CI [.10, .31]) and PSS ($b = .39$, $t = 8.70$, $p < .001$, 95% CI [.30,

.48]) significantly impacted PTG. Furthermore, the direct effect of EP beliefs on PTG in the presence of the mediator was also significant ($b = .22$, $p < .001$). For this reason, PSS partially mediated the relationship between EP beliefs and PTG.

Table 15

Single Mediation Summary of EP Beliefs and PTG Through PSS

Regression Weights	Total Effect	Direct Effect	Indirect Effect	95% CI		*t*-statistic	Conclusion
				LL	UL		
EP beliefs → PSS→ PTG	.34	.21	.13	.07	.21	4.33	Partial Mediation

Note. EP = Evangelical Protestant; PSS = perceived social support; PTG = posttraumatic growth; CI = confidence interval; LL = lower limit; UL = upper limit.

Double Mediation of EP Beliefs and PTG through AI and PSS

This study also examined the relationship between the independent variable (EP beliefs) on the dependent variable (PTG) with the two mediating variables (AI and PSS). Hayes PROCESS Macro Model 6 (Hayes, 2013) was used for the mediation analysis in SPSS. Figure 4 displays the model of the results of the double mediation analysis. EP beliefs had a significant impact on AI ($b = –.24$, $t = –4.71$, $p = .000$, 95% CI [–.34, –.14]; path a1) and PSS ($b = .36$, $t = 6.24$, $p < .000$, 95% CI [.25, .47]; path a2). Additionally, AI did not significantly impact PSS ($b = .09$, $t = 1.54$, $p < .12$, 95% CI [–02, .20]; path d).

Next, I analyzed the impact of mediating and independent variables on the dependent variable. EP beliefs ($b = .25$, $t = 4.65$, $p = .000$, 95% CI [.14, .35]; path c'), AI ($b = .16$, $t = 3.12$, $p < .002$, 95% CI [.06, .25]; path b1), and perceived social support ($b = .38$, $t = 8.53$, $p < .001$, 95% CI [0.24, 0.42]; path b2) significantly impacted PTG. Moreover, the total effect was found to be significant ($b = .34$, $t = 6.24$, $p = .000$, 95% CI [.23, .45]; path c).

Figure 4

Double Mediation Model of AI and PSS on EP Beliefs and PTG
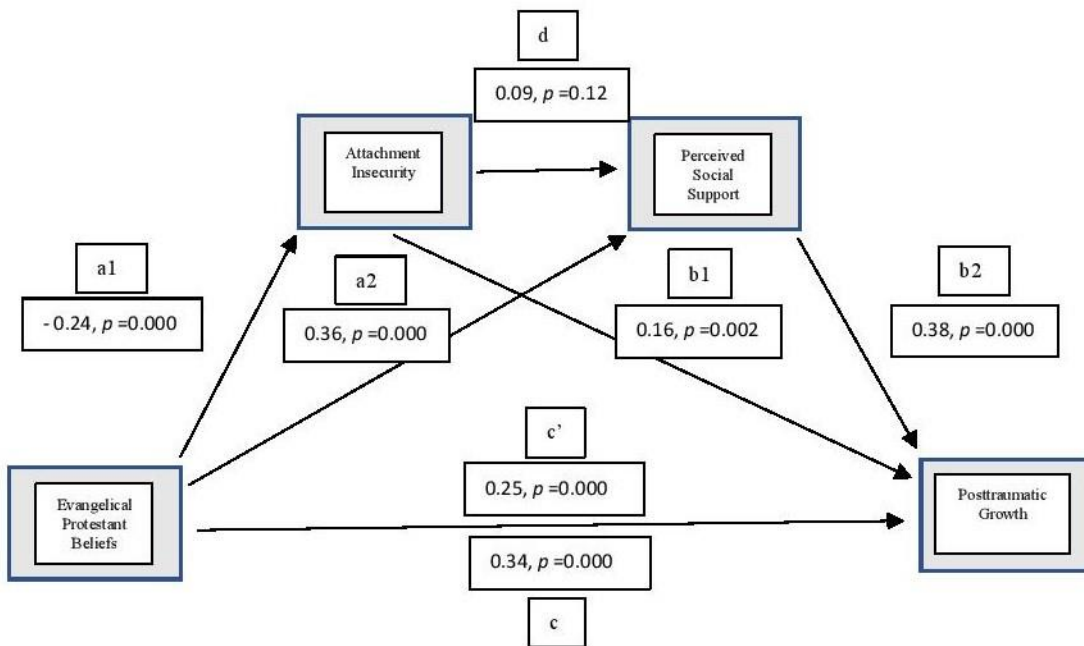
Note. The path analysis shows an association between EP beliefs and PTG, controlling for AI and PSS. The coefficients presented are standardized linear regression coefficients.

The researcher assessed the double mediation with serially mediating the relationship between EP beliefs and PTG. The results did not reveal a significant indirect effect of EP beliefs and PTG through AI and PSS ($b = -.01$, t $= -1.67$, $p < .001$, CI [$-.02$, .0004]). The double mediation summary is presented in Table 16.

Table 16

Double Mediation Summary of EP Beliefs and PTG Through AI and PSS

| Regression Weights	Total Effect	Direct Effect	Indirect Effect	95% CI		*t*-statistic	Conclusion
				LL	UL		
EP→AI→ PSS→PTG	.34	.25	–.01	–.02	.0004	–1.67	Mediation Not Supported

Note. EP = Evangelical Protestant beliefs; AI = attachment insecurity; PSS = perceived social support; PTG = posttraumatic growth; CI = confidence interval; LL = lower limit; UL = upper limit.

Summary of Results Related to Research Question Four and Hypothesis Four

RQ4: Do attachment, posttraumatic stress, and/or social support variables significantly affect the relationship between Evangelical Protestant beliefs and the extent of posttraumatic growth among adult survivors of child sexual abuse?

H4: The data will not indicate a statistically significant mediation relationship between the variables of attachment, posttraumatic stress, and/or social support on the relationship between Evangelical Protestant beliefs and the extent of posttraumatic growth.

H4 was introduced to identify any possible confounding variables that may affect the relationship between EP beliefs and PTG. According to Boruch (1997), adding stricter assumptions (the confounding variables) will increase the predictive inference between the two primary study variables. H4 was tested using correlation analyses and single and double mediation analyses in SPSS. First, the Pearson product correlation between AI and PSS with PTG resulted in a significant correlation. However, there was no significant correlation found between PTS and PTG. Therefore, among the three additional variables presented in RQ4, PTS was eliminated as a potential statistically significant mediating variable between EP beliefs and PTG.

Next, a single mediation model was utilized to explore the relationship that the remaining variables had between EP beliefs and PTG. The mediation analyses resulted in a statistically significant relationship with AI and PSS as a mediating variable. Finally, a double mediating analysis of EP beliefs and PTG through AI and PSS did not reveal a significant indirect effect. Nevertheless, AI and PSS were found to partially mediate EP beliefs and PTG through single variable mediation analysis; thus, H4 is not supported. A summary of this data is presented in Table 17.

Table 17

Summary of Research Question Four Data Analysis

Hypothesis	Variable(s)	Correlation with PTG	Mediation Results (w/ EP Beliefs and PTG)		Mediation Supported	Hypothesis Supported
			Indirect Effect	95% CI [LL, UL]		
	PTS → PTG	$-.18^*$	–	–	–	
	AI → PTG	$.09^*$	$-.05$	[–.09, –.01]	Yes Partial	
4	PSS → PTG	$.46^{***}$	.13	[.07, .21]	Yes Partial	No
	EP → AI → PSS → PTG	–	$-.01$	[–.02, .0004]	No	

Note. PTS = posttraumatic stress; AI = attachment insecurity; PSS = perceived social support; EP = Evangelical Protestant beliefs; PTG = posttraumatic growth; CI = confidence interval; LL = lower limit; UL = upper limit.

$^*p > .05.$ $^{***}p \leq .001.$

Summary of Survey Findings

Online survey responses were collected from MTurk, and relationships among levels of EP beliefs, AI, PSS, PTS, and PTG through IBM SPSS Statistics (Version 28) were analyzed. I utilized Pearson's product correlations to examine the correlations among scale variables, and a nonparametric test was used to evaluate the correlation between PTS (ordinal) and PTG (scale). Next, a mediation model (Model 4) was employed to evaluate the relationship between EP

beliefs and PTG, with the addition of each of the two mediator variables (AI and PSS). In

addition, a double mediation model (Model 6) was used to evaluate the correlation between EP

beliefs and PTG as mediated by the role of both AI and PSS. Effect sizes with bootstrap

confidence intervals were discussed.

<div align="center">**Interview Data Findings**</div>

I interviewed six licensed clinical mental health counseling professionals in August and

September 2022. Questions based on the research variables were presented to the participants.

This line of data collection compiled information about the variables based on the clinician's

experience counseling adult survivors of CSA. This second line of data aimed to strengthen the

study's results by establishing a possible correlation between clinical counselor experiences and

the survey data collected from the population in question.

Description of Participants and Demographics

There was a total of six clinical mental health counseling professionals involved in this

portion of the study. Individuals were recruited by two methods: known cohorts of the researcher

and a Google search of local clinical mental health counseling professionals. Three participants

are my known cohorts, and three are the result of my Google search (thus, no prior relationship

with me). Prior to the interviews, I verified licensure using a state licensee search as well as

verbal confirmation from the participant regarding experience in counseling adult survivors of

CSA. Five participants hold the title of a licensed professional counselor (LPC), with one having

the title of LPC supervisor. Another LPC participant is an adjunct professor at a large university

in Texas. A sixth participant has the master social worker (MSW) title and is currently pursuing

a doctorate in counseling. The participants have a variety of work experiences, including

community mental health, addiction rehabilitation, and private practice. At the time of the study,

the range in years of experience was 5–15 years, and all participants lived and worked in North

Texas. Table 18 provides demographic information.

Table 18

Demographics of Interview Participants

Pseudonym	Title	Years of Experience
Alice	Licensed Professional Counselor	7 years
Suzy	Licensed Professional Counselor	5 years
Jack	Licensed Professional Counselor	12 years
Eve	Licensed Professional Counselor Supervisor	5 years
Brian	Licensed Professional Counselor and Adjunct Professor	5 years
Kathy	Master Social Worker	10 years

Results

Individualized interviews were conducted via Zoom. The researcher utilized an interview

schedule as a guide (see Appendix P). Participants were allowed to present their opinions

regarding six close-ended questions with supplemental elaboration regarding their answers. The

qualified participants obtained full disclosure of the intent of this research study and were

assured of confidentiality, and the responses were collected and gathered into a single, secure

database. Following the interviews, the researcher completed a verbatim transcription of each

interview (see Appendices Q and R for sample interview transcripts).

Next, steps were taken to organize the data, read and code the information, and interpret

and present the findings. Organization of the data consisted of grouping the data into organized

groups. The data was analyzed in the following order: (a) organized the data based on each

question, (b) grouped data based on the answer to the first part of the question (close-ended

question), (c) read and coded the elaboration of each response, and (d) determined (by

interpretation) the information most relevant to the present study. Member checks were

employed to ensure the data accurately represented the participant's opinion. I utilized SPSS to

create frequency tables regarding the responses to the closed-ended portion of each question. The

researcher assigned a numerical value to close-ended response selections to quantify the data

(no = 0, unsure = 1, yes and no = 2, yes = 3).

Summary of Clinical Mental Health Counseling Professionals' Responses

Research Questions 1–3

RQ1: Do Evangelical Protestant beliefs affect the extent of posttraumatic growth among

adult survivors of child sexual abuse?

RQ2: How do Evangelical Protestant beliefs impact the extent of posttraumatic growth

among adult survivors of child sexual abuse?

RQ3: What is the relationship between the extent of posttraumatic growth and

Evangelical Protestant beliefs among adult survivors of child sexual abuse?

Corresponding Interview Question: Regarding your experience counseling adults with a

history of child sexual abuse, have you noticed a potential correlation between religious beliefs,

specifically Evangelical Protestant beliefs, and posttraumatic growth? If so, in what ways?

The mental health clinicians' response to this question resulted in mixed results. No

answers applied to the specificity of EP beliefs' role in attaining PTG among adult survivors of

CSA. This topic will be discussed more thoroughly in the following chapter. Table 19 displays

the cumulative responses to the yes/no portion of the question.

Table 19

Frequency Table of Yes/No Responses Given regarding EP Beliefs and PTG

Answers	Frequency	Percent	Valid Percent	Cumulative Percent
No	0	0	0	0
Unsure	2	33.3	33.3	33.3
Yes and No	2	33.3	33.3	66.7
Yes	2	33.3	33.3	100
Total	6	100	100	

Table 20 provides the responses and comments from each participant. This question appeared to challenge the participants more than the others. The evidence for this assumption is found in their answer to the first half of the question (yes/no response). Suzy reported, "That one is harder for me to identify," and Eve responded, "I don't know that I have a really clear response on this one." Participant elaboration provided insight into why they struggled with providing a clear yes/no answer. For example, regarding his experience counseling adults with a history of CSA who identify as having EP beliefs, Jack stated that while it can "give some comfort, sometimes [they] fall back into clichés."

Table 20

Responses and Comments for Potential Correlation Between EP Beliefs and PTG

Pseudonym	Response	Comments
Alice	Yes	"Gives hope."
Suzy	Unsure	"That one that would be hard for me to identify."
		"Yes, it makes a huge difference, but I don't think it's a requirement to make that growth."
Jack	Yes and No	"Can be used for comfort."
		"Sometimes can be a barrier/hindrance."
		"Stigma related to therapy."
		"The use of clichés* instead of dealing with the abuse."
Eve	Unsure	"I don't know that I have a really clear response on this one."
		"So those that have, you know, some kind of Christian background seem to do better or make better progress because they have, they have something to cling to, some, some hope for the future."
Brian	Yes and no	"Spirituality is a pathway to growth but can also provide barriers to growth."
		"God can be used as a manipulation tool."
		"Ritualistic religious abuse."
		"Clichés[a] used instead of dealing with the abuse."
Kathy	Yes	"Those who are supported by a pastor and support in their church attain growth much quicker, and their growth is much more solid."

[a]Examples of clichés: just pray about it, give it to God.

Interestingly, while none of the participants corroborated the explicit role of EP beliefs in attaining PTG, all the participants reported that spirituality is a pathway to PTG among adult survivors of sexual abuse. Table 21 exhibits the affirmative responses regarding EP beliefs and PTG. Only one of the participants (Eve) referred directly to Christian beliefs but could not differentiate between Catholic and EP beliefs. The following is a record of our discussion:

Eve: "And so those that have, you know, some kind of Christian background seem to do better or make better progress because they have something to cling to, some, some hope for the future."

Researcher: "Have you had any experience working with Catholics versus Protestants in that regard?"

Eve: "I don't know that, maybe because I haven't asked like those questions that deep down you know specifically, what is their religious background."

Table 21

Affirmative Responses for the Role of EP Beliefs in the Attainment of PTG

Pseudonym	Affirmative Responses
Alice	"When someone subscribes to a religious belief, a faith an Evangelical religious group, you know, there's still an aspect of 'I believe in a higher power. I believe in this, and this give me hope.' That's the big thing: hope."
Suzy	"Yes, it makes a huge difference, but I don't think it's a requirement to make that growth."
Jack	"I do find that many of the people I have with faith, have the faith to fall back on, and that gives them comfort."
Eve	"I think that those who have a belief system make much more progress than those who do not; our core beliefs are usually related to a belief system that we have."
	"So those that have, you know, some kind of Christian background seem to do better or make better progress because they have, they have something to cling to, some, some hope for the future."
Brian	"Spirituality is a pathway to growth."
Kathy	"Those who are supported by a pastor and support in their church attain growth much quicker, and their growth is much more solid."

Research Question Four

RQ4: Do attachment, posttraumatic stress, and/or social support variables significantly

affect the relationship between Evangelical Protestant beliefs and the extent of posttraumatic

growth among adult survivors of child sexual abuse?

This research question was addressed by asking the mental health counseling

professionals three different questions:

1. Have you noticed a potential correlation between secure vs. insecure attachment and

    posttraumatic growth? If so, in what ways?

2. Have you noticed a potential correlation between social support and posttraumatic

    growth? If so, in what ways?

3. Have you noticed a potential correlation between posttraumatic stress and

    posttraumatic growth? If so, in what ways?

Table 22 displays a frequency table regarding the responses to the yes/no portion of the

questions.

Table 22

Frequency Table of Answers Regarding Correlation Between Additional Variables and PTG

Variables	No	Unsure	Yes and No	Yes
Attachment Security	–	–	–	6
Social Support	–	–	–	6
Posttraumatic Stress	–	2	2	2

Attachment security and social support received unanimous affirmative responses from

all participants. All agreed that an insecure attachment style affects PTG negatively. For

example, Suzy reported, "Those struggling in the insecure realm do not make as much progress;

the growth is much slower, a much harder process." By the same token, Alice stated, "Insecure

attachment can prevent someone from attaining PTG." Table 23 presents the responses and

comments regarding attachment security and PTG.

Table 23

Responses/Comments for the Potential Correlation Between AI and PTG

Pseudonym	Response	Comments
Alice	Yes	"Insecure attachment can prevent someone from attaining posttraumatic growth."
Suzy	Yes	"Those that still are struggling in that insecure realm don't make as much growth, it's much slower, definitely much harder."
Jack	Yes	"Those with insecure attachments have a harder time in therapy."
Eve	Yes	"Those with a history of child sexual abuse tend to have a more insecure attachment and have a more difficult time showing growth."
Brian	Yes	"Those with a history of child sexual abuse overwhelmingly have an insecure attachment style."
		"Insecure attachment leads to a harder time attaining posttraumatic growth."
Kathy	Yes	"Attachment plays a huge role because of the secure support system."
		"Those who don't have a support system usually go on and overcome, and they grow, they attain growth."

When it comes to social support, all of the mental health counseling clinicians also

answered in the affirmative. The evidence for this answer included statements such as "those

who have social support are definitely more likely to have PTG" and "social support is a huge

factor in healing." Table 24 provides the participants' details concerning social support and PTG.

Table 24

Responses/Comments Regarding the Potential Correlation Between Social Support and PTG

Pseudonym	Response	Comments
Alice	Yes	"They can't move forward into posttraumatic growth if they're isolated."
Suzy	Yes	"I think that's huge and the more support they have and more stable environment they have and those connections definitely a better chance for growth."
Jack	Yes	"Those in isolation seem to show more resistance, take longer in therapy, more willing to give up."
Eve	Yes	"Those with more social support usually make better progress."
Brian	Yes	"Social support is a huge factor in healing."
Kathy	Yes	"Those who have social support are definitely more likely to have posttraumatic growth."

The final variable the participants were asked to consider was posttraumatic stress. This question was met with mixed responses. Suzy reported she was "unsure." She reported that this concept was "harder to validate." However, she mentioned, "Those with high levels of posttraumatic stress . . . growth will take longer." Eve responded in terms of yes and no by stating, "Seen it go both ways." She went on to explain that she has counseled patients presenting with low levels of posttraumatic stress that experience an equivalent level of PTG as those with high levels. Another intriguing factor Eve discussed in her response to this question was that of complex posttraumatic stress disorder (CPTSD). She stated that patients who present with CPTSD experience "more difficulty because the negative core beliefs are so profound." Kathy also referred to this notion by saying, "It depends on the severity of the abuse, how long the abuse lasted, and who it was [perpetrator]; those factors will affect growth; growth takes longer

based on those factors." Table 25 provides additional details regarding the results of this

question.

Table 25

Responses/Comments Regarding the Potential Correlation between PTS and PTG

Pseudonym	Response	Comments
Alice	Yes	"A high level of posttraumatic stress tends to negatively affect movements into posttraumatic growth."
Suzy	Unsure	"Harder to validate" "If they still have a really high level of posttraumatic stress and it's gonna take longer and the growth is gonna be slower."
Jack	Yes	"Those with more posttraumatic stress tend to have a harder time with growth; as posttraumatic stress goes down, posttraumatic growth tends to go up."
Eve	Yes and No	"I've seen this kind of go both ways. I've had clients who have scored really high initially with posttraumatic stress, um, who have made huge progress. Um, but I've also had clients with, you know, lower levels of trauma symptoms in the beginning that have also made huge progress." "I would say that the one thing that makes it more difficult is having complex PTSD."
Brian	Yes	"Higher levels of posttraumatic stress affect the ability to obtain posttraumatic growth because of the process . . . [it] becomes more difficult and takes longer to achieve."
Kathy	Yes	"It depends on the severity of the abuse, how long the abuse lasted, and who it was [perpetrator]; those factors will affect growth; growth takes longer based on those factors."

Lastly, the final question asked the following: In your opinion, which variable discussed

today seems to be the most important regarding how adults with a history of CSA attain PTG?

This question was asked to ascertain their opinion of the most crucial variable (attachment, social

support, PTS, and EP beliefs) leading to PTG among the population of adult survivors of CSA.

Table 26 displays a frequency table regarding the clinicians' responses, and Table 27 presents a

summary of the participants' responses.

Table 26

Frequency Table of Answers Regarding the Most Important Variable for the Attainment of PTG

Variable	Frequency	Percent
Attachment	–	–
Social Support	5	83.3%
PTS	1	16.7%
EP Beliefs	–	–

Note. PTS = posttraumatic stress; EP = Evangelical Protestant.

Five clinicians identified social support as the most significant variable one needs to

attain PTG. In contrast, Eve reported that PTS was the most critical variable, suggesting that

patients presenting with high levels of PTS, specifically those with CPTSD, have a significantly

more difficult time attaining PTG due to the level and intensity of dysfunctional core beliefs.

Table 27 shows the elaboration of answers from each participant regarding this question.

Table 27

Elaboration of Answers Concerning the Most Important Variable Regarding PTG

Pseudonym	Variable	Comments
Alice	Social Support	"Without a doubt, we need connection with other human beings, especially to grow."
Suzy	Social Support	"Definitely the social support just having that support and in, in a variety of situations I think is probably, from what I have seen, the most important."
Jack	Social Support	"Social support is the variable they need the most."
Eve	PTS	"I think I'm gonna go with the, like, the complex trauma. The more trauma they have or the more symptoms they have. Sometimes that makes it much more difficult to really get down to the core beliefs and work on."
Brian	Social Support	"Consistent social support can be a game changer." "We can't recover alone."
Kathy	Social Support	"I think the most important factor is the support system."

Summary of Interview Data

Individual interviews of mental health counseling professionals were conducted via Zoom. The purpose of these interviews was to assess the participants' opinions regarding the variables in the study. I utilized an interview schedule to provide the participants with an identical experience. Following the interviews, I completed a verbatim transcription of each interview. Next, I read and reread the data multiple times to code and categorize the data. I utilized SPSS to generate frequency tables to quantify the interview data. Elaboration was also identified and presented based upon its relevance to the question posed as well as the purpose of the current study. In the next chapter, the results of the analyses of both data sets will be

discussed, including a discussion, implications and limitations of this study, and suggestions for

future research.

CHAPTER FIVE: CONCLUSION

Overview

This study sought to analyze the association between Evangelical Protestant (EP) Christian beliefs (predictor variable) and posttraumatic growth (PTG; criterion variable) among adult survivors of child sexual abuse (CSA). Notably, since no studies regarding EP beliefs in relation to PTG have been located at this time, all comparisons to previous literature will be based on studies reporting on religious/spiritual (R/S) beliefs rather than EP beliefs. Findings show an alignment with previous research that R/S beliefs have a positive association with PTG among adults with a history of CSA (George & Bance, 2020; Hartley et al., 2016; Linley & Joseph, 2004; Prati & Pietrantoni, 2009; Shaw et al., 2005; Walker-Williams et al., 2012). The current study revealed that EP beliefs reflect PTG themes such as (a) instilling hope (George & Bance, 2020), (b) providing a more optimistic outlook on future distressing circumstances (George & Bance, 2020; Tedeschi & Calhoun, 2004), (c) discovering meaning and purpose (Dekel et al., 2011; Hartley et al., 2016; Seol et al., 2021), and (d) providing a source of social support (Gall, 2006; George & Bance, 2020; Walker-Williams et al., 2012).

Discussion

This quantitative research study aimed to examine the connection between PTG and EP Christian spiritual beliefs among adult survivors of CSA. The current study is the first study (to my knowledge) to explore the variables of EP beliefs and PTG among adult survivors of CSA. This section discusses the results from the current study as guided by the research questions presented in the previous chapters. It is important to note that the interview data collected in the current study did not clearly reflect the role of EP beliefs in attaining PTG; therefore, those

results will not be included in the discussion for the first three research questions. The interview

data will be included in the analyses for only Research Question Four.

EP Beliefs and PTG

Research Question One

        This study's first research question examined the relationship between the variables of EP

beliefs and PTG among adult survivors of CSA. My hypothesis claimed that there would be a

significant relationship between EP beliefs and PTG among adult survivors of CSA. Consistent

with the hypothesis, the statistical analysis of the data indicated a significant relationship

between EP beliefs and PTG ($p < .001$). These findings support the notion that EP beliefs can

impact PTG among adult CSA survivors. The current study's result of a significant relationship

between EP beliefs and PTG reinforces previous authors' assertion that R/S beliefs do affect

PTG (G. D. Clark, 2006; Emblen & Pesut, 2001; Sheridan, 2004; Tedeschi & Calhoun, 2004;

Vis & Boynton, 2008).

Research Question Two

        The second research question explored how EP beliefs predicted levels of PTG among

adult male and female survivors of CSA. This study hypothesized that EP beliefs would

positively impact PTG among adult survivors of CSA. Research Question Two was based on

literature that argues R/S beliefs can enhance the ability of one to attain PTG (George & Bance,

2020; Hartley et al., 2016; Linley & Joseph, 2004; Prati & Pietrantoni, 2009; Shaw et al., 2005;

Walker-Williams et al., 2012). The findings of the current study demonstrate clear support for

this hypothesis. The Pearson correlation findings revealed EP beliefs have a moderate positive

linear correlation with PTG ($r = .301, p < .01$). These results suggest that higher levels of EP

beliefs correspond with higher levels of PTG among adult survivors of CSA. In addition to the

correlation findings, further results indicated higher EP belief scores had a significantly higher

positive correlation with PTG ($r = .36$, $p < .0008$) than the lower EP belief scores ($r = .27$,

$p < .001$).

Grof and Grof (1989) also agreed with this notion by reporting a natural connection

between R/S beliefs and PTG. A copious amount of research links R/S beliefs to PTG with

themes such as (a) meaning formation, (b) rebuilding of shattered assumptions, (c) R/S coping,

(d) forgiveness, (e) social support, (f) a source of empowerment, (g) self-acceptance, and (h) a

general optimistic worldview (Calhoun et al., 2000; Gall, 2006; George & Bance, 2020; J-y. Lee

& Kim, 2021; Mattis, 2002; Park et al., 1996; Shaw et al., 2005; Vis & Boynton, 2008; Walker-

Williams et al., 2012; Zeligman et al., 2019). Moreover, studies have also revealed that the R/S

beliefs of CSA survivors enhance the predictive power of PTG (George & Bance, 2020; Hartley

et al., 2016; Walker-Williams et al., 2012).

Research Question Three

This study's third research question examined the interaction between levels of EP beliefs

and PTG. In simpler terms, I assessed whether EP beliefs could predict the values of PTG. This

study hypothesized that EP beliefs would have a statistically significant positive effect on the

level of PTG among adult survivors of CSA. This hypothesis was based on previous data

indicating that R/S beliefs can be a facilitator of PTG (George & Bance, 2020; Vis & Boynton,

2008). The current study found evidence to support this hypothesis. Findings indicate that EP

beliefs can significantly determine PTG ($b = .34$, $p < .001$). These findings are consistent with

findings reported throughout previous research regarding the positive link between R/S beliefs

and PTG (Ai et al., 2006; George & Bance, 2020; Grof & Grof, 1989; Hartley et al., 2016;

Kotarba, 1983; J. A. Lee et al., 2010; Tedeschi & Calhoun, 2004; Vis & Boynton, 2008). Hence, based on the study's regression analysis, the level of EP beliefs predicts the level of PTG.

The researcher also completed two additional statistical analyses to explore this relationship further. These tests included regression analyses of (a) high/lower EP belief scores and PTG and (b) EP beliefs with each PTG assessment statement. The analysis that regressed higher versus lower EP belief scores with PTG indicated that the higher EP score group had a significantly higher regression coefficient ($b = 3.06$, $p < .001$) with PTG than the lower EP beliefs category ($b = 0.35$, $p < 0.001$). These outcomes validate that higher levels of EP beliefs predict higher levels of PTG.

The next set of regression analyses utilized EP beliefs as the predictor variable and each PTG measurement statement as the dependent variable. Based on past research, the positive influence of R/S beliefs includes themes such as (a) instilling hope (George & Bance, 2020), (b) providing a more optimistic outlook on future distressing circumstances (George & Bance, 2020; Tedeschi & Calhoun, 2004), (c) discovering meaning and purpose (Dekel et al., 2011; Hartley et al., 2016; Seol et al., 2021), and (d) providing a source of social support (Gall, 2006; George & Bance, 2020; Walker-Williams et al., 2012). The regression analyses support previous literature regarding how R/S beliefs impact PTG in a positive relationship. Each one of the abovementioned themes will be discussed below.

The current study strengthens the claim made by previous studies that R/S beliefs positively affect PTG by instilling hope (George & Bance, 2020; Prati & Pietrantoni, 2009). Documentation to support this assertion can be found in the current study's regression of EP beliefs with the individual PTG measurement statements such as the following: (a) I work through problems and not just give up ($b = .06$, $p < .001$), (b) my desire to have some impact on

the world ($b = .05$, $p < .001$), and (c) I find meaning in life ($b = .04$, $p < .001$). Therefore, the

current study affirms previous research findings that suggest R/S beliefs assist individuals in

attaining PTG by providing optimism for the future and a general optimistic worldview (George

& Bance, 2020; Prati & Pietrantoni, 2009).

The next theme the literature suggests is "providing a more optimistic outlook on future

distressing circumstances" (George & Bance, 2020; Meichenbaum, 2012). George and Bance

(2020) claimed that individuals gain the tenacity to persevere by using R/S resources. The

regression analysis of EP beliefs with the PTG statement, "I work through problems and not just

give up," resulted in a positive, significant regression coefficient ($b = .06$, $p < .001$). Therefore,

the results of the current study reinforce support for authors such as Meichenbaum (2012) and

George and Bance (2020). They suggested that R/S beliefs supply a framework for a sense of

security regarding future adverse events.

Additionally, the current study confirmed the link between PTG and R/S beliefs through

discovering meaning and purpose (Dekel et al., 2011; Hartley et al., 2016; Seol et al., 2021). The

capacity to make meaning of the traumatic experience is a predictor of PTG that has been

reported throughout the literature (Dekel et al., 2011; Seol et al., 2021), especially among the

population of adult CSA survivors (George & Bance, 2020; Hartley et al., 2016; Walker-

Williams et al., 2012). The PTG measurement statement, "I find meaning in life," can represent

this construct. The regression analysis of EP beliefs and this statement resulted in a significant,

positive link ($b = .04$, $p < .001$). Moreover, this statement received the highest mean score of the

current study's PTG measurement statements ($M = 5.67$).

EP beliefs may play this role due to the intrinsic aspects of the faith. For example, Shaw

et al. (2005) and Park et al. (1996) alleged that the intrinsic aspects of R/S beliefs are generally

associated with PTG due to the meaning-making and purpose aspects they can provide. While the current study did not measure intrinsic beliefs per se, I do contend EP beliefs are typically related to a high level of intrinsic beliefs (Alferi et al., 1999; Allport & Ross, 1967; A. B. Cohen et al., 2005; A. B. Cohen & Hill, 2007; Flere & Lavrič, 2008; Park et al., 1990; Pierce et al., 2007; Tix & Frazier, 2005; van Elk et al., 2016). Accordingly, EP beliefs may serve as a powerful means to develop PTG through the meaning formation aspect.

A final topic worth mentioning is that of an unexpected discovery. The PTG measurement statement "I am a confident person" resulted in no significant correlation. This outcome was unanticipated based on past research arguing that R/S beliefs often positively affect individual self-worth following trauma (Gall, 2006; George & Bance, 2020; Hartley et al., 2016; Tedeschi & Calhoun, 2004; Walker-Williams & Fouché, 2018). A possible explanation for this anomaly could be a claim by Kennedy and Prock (2016), who suggested that individuals with R/S beliefs may experience shame due to the stigmas in the church community relating to sexual behaviors.

In summary, the abovementioned discussion provides evidence relating to the current study's finding that EP beliefs can significantly positively predict PTG among adults with a history of CSA. The results of Research Questions One, Two, and Three support a vast amount of research suggesting R/S beliefs aid in the attainment of PTG (Ai et al., 2006; Dekel et al., 2011; George & Bance, 2020; Hartley et al., 2016; Kotarba, 1983; J-y. Lee & Kim, 2021; Seol et al., 2021; Shaw et al., 2005; Walker-Williams et al., 2012; Yalom & Lieberman, 1991) among adult CSA survivors (George & Bance, 2020; Hartley et al., 2016; Reinert & Smith, 1997; Walker-Williams et al., 2012). While no literature has been uncovered at this time concerning this correlation with the application of EP-specific beliefs in cultivating PTG, the current study's

findings add to the literature reinforcing these claims. Furthermore, the results of this study conflict with the findings of Amundson (2014), who asserted that R/S beliefs could be a harmful component on the path to PTG. On the contrary, this study has found that EP beliefs can provide a path that has the potential to extend infinite love, significant wisdom, and immeasurable mercy and grace through the personal relationship with the Triune God (Allender & Lee-Thorp, 2018; Sutherland, 2016). Thus, EP beliefs can provide a solid foundation on the journey to PTG. Further detail regarding the implications of this research will be discussed in a later section.

Confounding Variables

Research Question Four

This study's fourth research question examined possible confounding variables affecting the relationship between EP beliefs and PTG. In order to assess the relationship that attachment, social support, and posttraumatic stress could have between EP beliefs and PTG, the study analyzed survey data from adult survivors of CSA and interview data collected from clinical mental health counseling professionals. The survey and interview results for Research Question Four are discussed below.

Posttraumatic Stress. Posttraumatic stress (PTS) was a variable considered to be a possible mediating factor in the relationship between EP beliefs and PTG. The literature has revealed that trauma severity and subsequent distress significantly predict PTG (Dekel et al., 2012; Mesidor & Sly, 2019; Morris et al., 2005; Schubert et al., 2016). My hypothesis was consistent with the survey results of the current study; however, the interview findings revealed mixed results. These findings are in accordance with literature demonstrating mixed findings regarding the link between PTS and PTG (e.g., Kleim & Ehlers, 2009; Lowe et al., 2013; Taku et al., 2008; J. L. Thomas et al., 2021).

The interview data supported mixed results regarding the link between PTS and PTG by the varied clinician responses regarding the link between PTS and PTG. The evidence for the mixed results can be found in the clinicians' responses of unsure (two clinicians), both yes and no (two clinicians), and yes (two clinicians). Notably, one of the therapist participants reported PTS as the most important variable when considering PTG outcomes. This response falls in line with Solomon and Dekel (2007), who asserted that distress levels have a correlation with PTG. However, the current study's survey analysis revealed a different result. The survey analysis appears to replicate previous studies where no significant link was identified between the level of PTS and PTG (Cordova et al., 2001; Grubaugh & Resick, 2007; Lehman et al., 1993). A non-parametric test (Spearman's rank correlation) was applied in SPSS to calculate the correlation between the perceived negative impact scale (ordinal) and PTG (scale). There was a not a significant correlation between the two variables ($r[4] = -.018$, $p = .716$). The current study's survey findings coincide with Grubaugh and Resick (2007), which found that levels of PTS were not significantly associated with growth scores. Another study that examined factors contributing to reported benefits of traumatic experiences or PTG found similar results by reporting that symptom distress was independent of growth levels (Wild & Paivio, 2004). Accordingly, the survey data of the present study support a small but growing body of literature suggesting that growth and distress severity may be independent of one another.

Attachment Insecurity. Attachment has been thought to be an influential variable when considering posttraumatic outcomes (Bartholomew & Horowitz, 1991; Solomon & Dekel, 2007), which is why this variable was added as a possible mediating factor. I hypothesized that attachment security would not have a statistically significant indirect effect on the relationship between PTG and EP beliefs. However, the current study's findings demonstrate that attachment

insecurity significantly mediated the relationship between the extent of EP beliefs and PTG ($b =$ $-.05$, $t = -2.0$, $p < .001$, 95% CI [$-.09$, $-.01$]). In other words, the attachment variable partially mediated the relationship between EP beliefs and PTG.

The findings of this study did not reveal a statically significant link regarding the relationship between attachment and PTG ($b = .10$, $p = .07$). On the other hand, the interview findings indicated that attachment was a significant predictor of PTG. All interview participants reported that an insecure attachment negatively affects PTG, which supports the findings of authors such as Bartholomew and Horowitz (1991) and Solomon and Dekel (2007). These authors asserted that attachment is a significant variable when considering posttraumatic outcomes. Therefore, while the interview results confirmed the significance of one's attachment schema regarding PTG outcomes, the survey results did not support those findings. This quandary will lead into the next section, which concerns how EP beliefs impact attachment.

The regression analysis between attachment insecurity (dependent variable) and EP beliefs (independent variable) revealed a direct, statistically significant inverse relationship between EP beliefs and attachment insecurity ($b = -.25$, $t = -1.98$, $p = 0.05$, 95% CI [$-.05$, $.0004$]). These results correspond to previous literature that maintains R/S beliefs can be connected to the attribution of attachment among adult survivors of CSA (Burke et al., 2011; Gall, 2006; Shaw et al., 2005). Based on the regression outcome between EP beliefs (independent variable) and attachment insecurity (dependent variable), as the score of EP beliefs increases, attachment insecurity decreases. In other words, a lower EP beliefs score will, on average, predict a higher level of insecure attachment. A brief explanation for this outcome is discussed below.

Kirkpatrick (1997) and Kirkpatrick and Shaver (1990) employed Bowlby's theory and proposed that God may serve in a compensatory role for individuals with a history of insecure attachment. In other words, an attribution of secure interpersonal attachments could develop due to the personal relationship with a benevolent God. This idea could be especially true among individuals with EP beliefs because of the intrinsic, personal belief system and connection to the Triune God. Several authors support this theory by suggesting that a personal relationship with a benevolent God provides individuals with a secure foundation that can be mirrored in the larger interpersonal context within the psyche of CSA survivors (Jones, 1991; Yan, 2001). This restored capacity to trust in the Triune God facilitates the ability to rebuild one's internal working model of attachment into one that includes authenticity and trust (Black, 2019; Flores & Porges, 2017; Yan, 2001). Thus, a conceptualization of the process of attachment to the development of a personal relationship with God could have a significant positive impact on the attachment of adult survivors of CSA.

Finally, the mediation of EP beliefs and PTG through attachment insecurity revealed a statically significant indirect effect ($b = -0.05$, $t = -2.0$, $p < 0.001$, 95% CI [–.09, –.01]). Based on these results, the significant inverse relationship between EP beliefs and attachment was significant enough to affect the outcome related to the PTG scores. The current results correspond with a study by Zeligman et al. (2020), who asserted that having a secure attachment to God can contribute to PTG, while having an insecure God attachment may detract from PTG.

Equally important is how this study contrasted with previous literature concerning the potential complication that R/S beliefs can play in the relationship between the role of attachment and PTG outcomes. Authors have suggested that in the case of interpersonal traumas (such as CSA), R/S beliefs can cause susceptibility to feeling neglected or rejected by one's

higher power and, in turn, affect attachment (Burke et al., 2011; Gall, 2006; Shaw et al., 2005). In other words, R/S beliefs associated with feeling abandoned by their higher power may promote insecure attachments across all interpersonal relationships. The current study sheds new light on this area by inferring EP beliefs significantly impact secure attachment, leading to PTG among adult survivors of CSA.

      Social Support. The findings in the current study determined that social support was a confounding variable that impacted the relationship between EP beliefs and PTG. Therefore, as with the attachment variable, the analyses and interview data findings did not support my hypothesis regarding social support. This conclusion was based on the results of several statistical analyses and the interview data. The most compelling evidence was derived from a single mediation analysis, which revealed that social support had a significant indirect effect between EP beliefs and PTG ($b = 0.13$, $t = 4.33$, $p = < 0.001$, 95% CI [.07, .21]). Accordingly, social support partially mediated the relationship between EP beliefs and PTG. From these results, it is clear that social support can play a significant role between EP beliefs and the attainment of PTG.

      The current study's findings align with the literature claiming a link between social support and PTG (Dagan & Yager, 2019; Greenberg et al., 2018; Tedeschi & Calhoun, 2004; Wright et al., 2007). This study obtained corroborating evidence from the two forms of data collected (survey and interviews). Woodward and Joseph (2003) suggested that this link is due to the positive effects of feeling validated and supported by interpersonal relationships, thus leading to the belief that they can achieve a meaningful and significant life. In fact, this study's interview data revealed unanimous support regarding social support as an integral factor in attaining PTG among adults with a history of CSA. Furthermore, five of the six participating clinicians

confirmed that social support is the most significant variable linked to PTG. Hartley et al. (2016)

and Shakespeare-Finch and de Dassel (2009) reported that the presence of healthy, supportive

interpersonal relationships was crucial in attaining PTG among adult survivors of CSA.

Consistent with those studies, the survey and interview findings demonstrated that social support

positively impacts PTG among adults with a history of CSA.

The current study also confirmed the findings of research linking R/S beliefs to social

support (e.g., S. Cohen et al., 2000; Kanu et al., 2008; Koenig et al., 2004; Krause & Hayward,

2013; A. Robins & Fiske, 2009). The regression analysis between EP beliefs and social support

indicated a statistically significant positive regression coefficient ($b = .34$, $p = < .001$). These

results tie nicely in with previous research wherein R/S beliefs aid social support. For example,

Kanu et al. (2008) suggested that persons with R/S beliefs have access to a network that includes

clergy and members of the faith organization. Koenig et al. (2004) also echoed this idea by

suggesting that R/S community fellowship was associated with higher social networks and

emotional support. Furthermore, the most significant research showing a positive link between

R/S beliefs and social support was a meta-analysis that reported that 19 of 20 studies found

significant connections between the two (Koenig et al., 2001). Noteworthy to mention, the result

of the current study now provides new evidence concerning the link between EP beliefs and

social support versus R/S beliefs (in general).

A final topic to discuss regarding social support is its impact on the relationship between

EP beliefs and PTG. The single mediation analysis revealed social support had a statically

significant indirect effect ($b = 0.13$, $t = 4.33$, $p < 0.001$, 95% CI [.07, .21]) between EP beliefs

and PTG. Likewise, some data from the interviews also indicated EP beliefs could promote PTG

through the use of the social network it can provide. One of the interview participants spoke

about this relationship and how it relates to growth: "Those who are supported by a pastor and support in their church attain growth much quicker, and their growth is much more solid." R/S beliefs have been found to provide a supportive interpersonal network through one's faith community (Bryant-Davis & Wong, 2013; George & Bance, 2020; Harris et al., 2012; Shaw et al., 2005; Van Dyke et al., 2009). Therefore, the current study demonstrates that EP beliefs may supply a tangible social support resource, thus promoting PTG among CSA survivors.

The author utilized additional regression analyses to investigate the relationship to shed more light on how social support and EP beliefs relate. Statistical analyses were completed between EP beliefs and each Multidimensional Scale of Perceived Social Support (MSPSS) measurement statement, yielding a fascinating result. Each statement relating to family had a low regression coefficient or did not have a statistically significant relationship to EP beliefs. On the other hand, the questions regarding friends had a statistically significant relationship. These findings are displayed in Table 28. One possible explanation is that the adults in the study find that access to their faith communities provides the support they need to attain PTG, the support they may not receive from their families. More research would have to be done to prove this possibility, however.

Table 28

Regression Analyses of Social Support Measurement Statements Regarding Friends and Family

(Dependent Variable) and EP Beliefs Scores (Predictor Variable)

Social Support Measurement Statements	EP Belief Regression Results	
	B	*p*
My friends really try to help me.	.03	< .001
I can count on my friends when things go wrong.	.04	< .001
I have friends with whom I can share my joys and sorrows.	.03	< .001
I can talk about my problems with my friends.	.03	< .001
I can talk about my problems with my family.	.003	.73
My family really tries to help me.	.02	.03
I get the emotional help and support I need from my family.	.01	.13
My family is willing to help me make decisions.	.02	.01

Implications

This study has clearly shown that EP beliefs can aid in attaining PTG among adult survivors of CSA; therefore, it should be considered in the conceptualization and treatment of psychological problems and mental health disorders. The positive impact EP beliefs can have on the healing and growth processes among those struggling with a history of child sexual trauma carries considerable weight; thus, mental health counseling professionals must explore this topic with patients. The EP Christian faith and its focus on hope, salvation, and renewal is a resource that can be incorporated as a vital part of the treatment and intervention approach. Thus, the uniqueness of each patient's faith story and spiritual issues alongside their clinical presentation is of immense value when considering the scope of one's mental health.

Moreover, many mental health counseling professionals are uncomfortable addressing faith matters (Cashwell et al., 2013; Frazier & Hansen, 2009; Hathaway, 2008; Shaler, 2019). According to Paul (2016), almost three fourths of Americans report their life approach is based

on their religious beliefs; however, "only 32% of psychiatrists, 33% of clinical psychologists and 46% of clinical social workers feel the same" (para. 10). Thus, if counseling students are not being educated to consider and provide treatment from a faith-based perspective, how can they best meet the needs of patients who are pursuing this (Shaler, 2019)? The problem is that many clinicians either do not address this topic or have minimal knowledge regarding the integration of these beliefs in the intervention/treatment processes (Cashwell et al., 2013; Pearce et al., 2018; Scott & Wolfe, 2015). For example, the interview data collected in this study were virtually unusable for examining how EP beliefs affect PTG. None of the clinicians identified how EP beliefs explicitly affect PTG. This result was either due to a misunderstanding of the question or a lack of understanding of EP beliefs. If the latter was the reason, the clinician must attain more education regarding these beliefs since there are approximately 800 million Protestants worldwide, comprising 37% of the global Christian population (Fairchild, 2020).

The final conclusion or implication I wish to present relates to the number of survey respondents rejected due to the initial screening questions. Only 1% of potential participants answered the screening questions correctly. The statements regarding EP beliefs were "I believe through faith alone and grace alone, I am saved" (465 answered no) and "I believe the Bible holds sole religious authority" (588 answered no). A study by the Cultural Research Center at Arizona Christian University (2021) resulted in noteworthy findings that may relate to why many people claiming to be EP answered no to these belief statements. This research found that only 58% of self-identifying EPs believe the Bible is God's accurate, reliable word. Moreover, 61% of self-identified EPs who participated in the nationwide survey reported that a person who is generally good or does enough good things for others will earn a place in heaven (Cultural Research Center at Arizona Christian University, 2021).

Limitations

The potential limitations for applying any findings to all adult EP Christian CSA survivors, in general, must be acknowledged. Also, a disparity between gender representation, 37.9% male and 62.1% female, likely skewed results based on gender. However, an effort was made to avoid sampling error and to curtail any potential limits to the design and results by utilizing an online survey from a large and diverse population, including participants who varied in age, gender, and ethnic background. Similarly, my potential bias as a Christian researcher regarding any discussion describing concepts, theories, or conclusions is a potential limitation.

Furthermore, due to the complexity of obtaining the level of one's spiritual beliefs and growth following trauma, the validity of the measurements and reported outcomes is a concern. It must also be noted that this study did not assess whether EP beliefs were held prior to the CSA. In other words, this research did not delineate whether EP beliefs were held before or after the abuse occurred.

Another limitation of the present study is that correlation does not necessarily denote causation. The study attempted to remedy this issue of causal interpretations of the regression coefficients by adding stricter assumptions needed for predictive inference (Boruch, 1997). Adding three possible confounding variables to the study was utilized to address this concern and add to the validity of the results; however, there may be unaddressed confounds. Therefore, while the significance of study results is valuable, prudence must be considered when interpreting the findings.

Future Research

The first clear recommendation for future research would be to duplicate this study with a wider EP population in the United States and abroad. Similarly, a study that compares and

contrasts differing Christian sects (e.g., Catholic, Greek Orthodox) or EP denominations (e.g., Baptist, Methodist, non-denominational) would be beneficial. Any variance in the results could then be considered concerning alternate outcomes based on beliefs, culture, and demographic factors. Additionally, comparing the Stress-Related Growth Scale (SRGS) measures with other measures of PTG (e.g., posttraumatic growth inventory, benefit finding) in the framework of EP beliefs' predictive relationship could result in interesting findings. Furthermore, incorporating measures at the start and completion of counseling could help determine intervention success.

Another area of research should include how maturity in the faith affects growth outcomes. A longitudinal study incorporating a baseline PTG measurement and subsequent PTG measurements over time spent cultivating faith maturity and wisdom through the sanctification process could also prove valuable to expound upon the theory of PTG in relation to EP beliefs. For instance, longitudinally measuring PTG and EP beliefs could reveal how the sanctification process aids growth. Another suggestion in this area could be to measure time since conversion or justification. The potential that PTG increases from the time a profession of faith is made is a unique area for future study.

Another area of future research may include exploring methods in which to train mental health clinicians to be cognizant of specific spiritual belief systems outside their own. Mental health professionals' willingness to understand the individual patient's R/S belief system could be tremendously helpful in counseling practice. Thus, future research on techniques and skills that could be utilized to assist in the training and implementation of treatment that includes various spiritual belief systems could be beneficial.

Finally, investigating the predictive characteristics of EP beliefs is another consideration for future research to ascertain how and why EP beliefs can impact PTG. Understanding how and

why EP beliefs lead to better PTG outcomes would be a significant area of study to explore. For

instance, future research could investigate how EP beliefs explicitly influence growth areas such

as meaning-making and instilling hope. Perhaps a study endeavoring to interpret qualitative

outputs of PTG-related measures may offer considerable insight into PTG, EP beliefs, and other

related constructs.

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Appendices

Appendix A: Interview Recruitment Email

From: ███████████████████████████████

Sent: Tuesday, August 23, 2022 3:40 PM

To: ██████████████████████████

Subject: Dissertation interview request

Hello! My name is Sandy McMillan, and I am an LPC pursuing my doctorate at Liberty University. I am wondering if you could help me with the following:
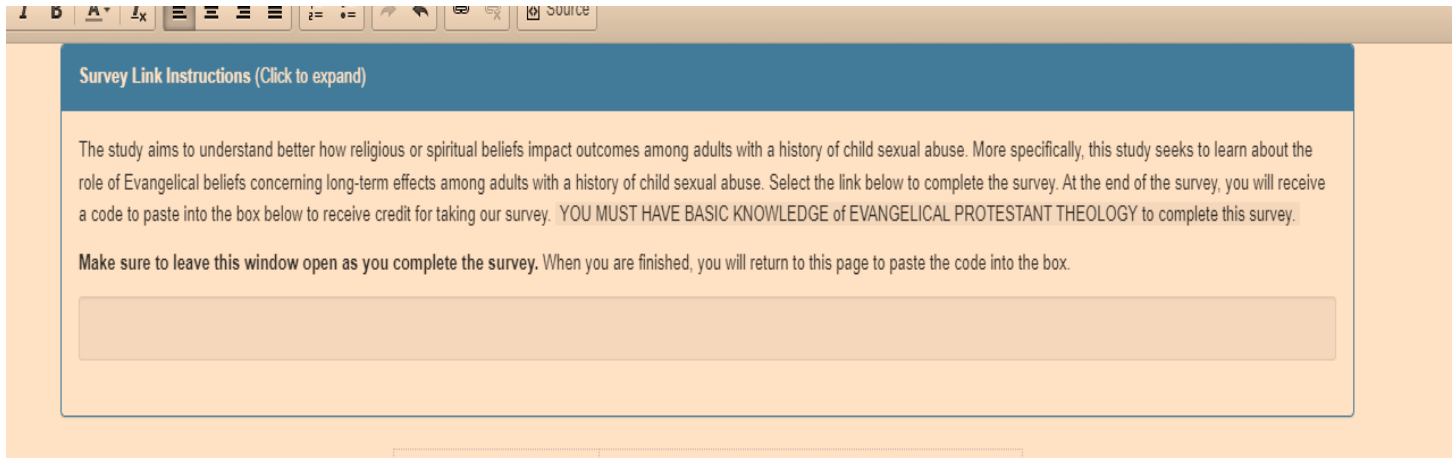
As a graduate student in the Community Care and Counseling department/School of Education at Liberty University, I am conducting research as part of the requirements for a Doctor of Traumatology degree. The title of my research project is Evangelical Protestant Beliefs and Post-traumatic Growth among Adult Survivors of Child Sexual Abuse. My research aims to add to the existing literature regarding how religious or spiritual beliefs impact outcomes among adults with a history of child sexual abuse. More specifically, this study aims to fill the research gap regarding the role of Evangelical beliefs in relation to post-traumatic growth outcomes among adults with a history of child sexual abuse. I am writing to invite eligible participants to join my study.

To participate, you must be (a) a fully licensed mental health counseling professional, (b) have at least five years' experience, and (c) experience counseling adult survivors of child sexual abuse.

Participants, if willing, will be asked to complete an interview via zoom, which should take about 15 minutes. Participants will be asked six questions regarding the variables in the study. Names and other identifying informration will be requested for this study, but the information will remain confidential. If you would like to participate, please contact me at ███████████████ or ██████████████████████ to schedule an interview. You can also just respond to this email.

A consent document will be emailed one week before the scheduled interview. The consent document contains additional information about my research. If you choose to participate, you must sign the consent document and return it to me before the interview.

I hope to hear from you!!

Appendix B: Survey Recruitment Post on MTurk

Survey Link Instructions (Click to expand)

The study aims to understand better how religious or spiritual beliefs impact outcomes among adults with a history of child sexual abuse. More specifically, this study seeks to learn about the role of Evangelical beliefs concerning long-term effects among adults with a history of child sexual abuse. Select the link below to complete the survey. At the end of the survey, you will receive a code to paste into the box below to receive credit for taking our survey. YOU MUST HAVE BASIC KNOWLEDGE of EVANGELICAL PROTESTANT THEOLOGY to complete this survey.

Make sure to leave this window open as you complete the survey. When you are finished, you will return to this page to paste the code into the box.

Appendix C: Informed Consent - Interview

Title of the Project: The Role of Evangelical Beliefs in the Attainment of Posttraumatic Growth among Adult Survivors of Child Sexual Abuse
Principal Investigator: Sandra McMillan, Doctoral Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must meet the following criteria:
- Full and active licensure as a mental health counseling clinician
- At least five years' experience as a mental health counseling clinician
- Experience in counseling adults who have a history of child sexual abuse

Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to participate in this research.

What is the study about, and why is it being done?

The study aims to understand better how religious or spiritual beliefs impact outcomes among adults with a history of child sexual abuse. More specifically, this study seeks to learn about the role of Evangelical beliefs concerning long-term effects among adults with a history of child sexual abuse.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following thing:
1. Complete an interview with the researcher via a Zoom meeting. Participants will be asked six questions regarding the variables in the study. The interview will take approximately 15-30 minutes to complete.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from this study.

Benefits to society include the following:
- Provide mental health professionals working with abuse survivors' data on the impact of religious faith on outcomes related to healing and growth
- Provide mental health professionals with more knowledge regarding how better to address the religious or spiritual needs of abuse survivors
- Provide more effective support for survivors in a therapeutic setting
- Provide survivors a more effective pathway to achieve healing and growth following abuse

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher and her faculty chair will have access to the records. **Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared.**

- Participant responses will be kept confidential through the use of pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer. After three years, all electronic records will be deleted.
- Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher and her faculty chair will have access to these recordings.

How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision on whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free not to answer any questions or withdraw at any time before submitting the survey without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Sandra McMillan. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at ██████████████████. You may also contact the researcher's faculty sponsor, Dr. Kristin Kellen, at ████████████████

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations.

The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

Before agreeing to be part of the research, please be sure that you understand what the study is about. You will be given a copy of this document for your records/you can print a copy of the document for your records. If you have any questions about the study later, you can contact the researcher using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to video-record me as part of my participation in this study.

_____
Printed Subject Name

_____
Signature & Date

Appendix D: Informed Consent - Survey

Title of the Project: The Role of Evangelical Beliefs in the Attainment of Post-traumatic Growth Among Adult Survivors of Child Sexual Abuse
Principal Investigator: Sandra McMillan, Doctoral Candidate, Liberty University

Invitation to be part of a Research Study

You are invited to participate in a research study. To participate, you must meet the following criteria:
- Aged 18+
- Adult that self-identifies as an Evangelical Protestant Christian
- Adult with a self-reported history of child sexual abuse

Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to participate in this research.

What is the study about, and why is it being done?

The study aims to understand better how religious or spiritual beliefs impact outcomes among adults with a history of child sexual abuse. More specifically, this study seeks to learn about the role of Evangelical beliefs concerning long-term effects among adults with a history of child sexual abuse.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following thing:
1. Complete an online survey. This survey will take approximately 15 minutes to complete.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include the following:
- Provide mental health professionals working with abuse survivors' data on the impact of religious faith on outcomes related to healing and growth
- Provide mental health professionals with more knowledge regarding how better to address the religious or spiritual needs of abuse survivors
- Provide more effective support for survivors in a therapeutic setting
- Provide survivors a more effective pathway to achieve healing and growth following abuse

What risks might you experience from being in this study?

This study is considered minimal risk, but the survey questions may cause discomfort or emotional risks related to the memories and long-term consequences of child sexual abuse.

How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher and her faculty chair will have access to the records.

- Participant responses will be kept anonymous to the extent possible under the terms of Amazon Mechanical Turk. Your worker ID will be associated with the survey for compensation purposes. The researcher will make no attempt to deduce your identity from your worker ID.
- Data will be stored on a password-locked computer. After three years, all electronic records will be deleted.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study. Participants will be offered monetary compensation ($1.00) via MTurk to complete all survey materials.

The research team can withdraw data (and compensation) if the research team determines that the participant is not eligible to participate.

Is study participation voluntary?

Participation in this study is voluntary. Your decision on whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free not to answer any questions or to withdraw at any time before submitting the survey without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please exit the survey and close your internet browser. Your responses will not be recorded or included in the study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Sandra McMillan. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at ███████████████ . You may also contact the researcher's faculty sponsor, Dr. Kristin Kellen, at ███████████████

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers

are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

Before agreeing to be part of the research, please be sure that you understand what the study is about. You can print a copy of this document for your records. If you have any questions about the study later, you can contact the researcher using the information provided above.

By clicking "I agree" below, you indicate that you are at least 18 years old, have read this consent form, and agree to participate in this research study.

I Agree   I Disagree

Appendix E: Demographic Questionnaire - Survey

Age:

A. Under 18 years old

B. 18–30 years old

C. 31–45 years old

D. 46–60 years old

E. 60+ years old

Gender:

A. Male

B. Female

C. Other

D. Prefer not to answer

Ethnic group:

A. Caucasian

B. African American

C. Latino or Hispanic

D. Asian

E. Native American

F. Native Hawaiian or Pacific Islander

G. Two or More

H. Other/Unknown

I. Prefer not to say

Appendix F: History of Childhood Sexual Abuse Screen

When you were a child or teenager:

(1) Was there any kind of sexual touching that made you feel uncomfortable, bad, or regretful (that someone did to you or made you do to them)?

Yes
No

(2) Was there any kind of sexual touching by someone older than you, say three years older or more?

Yes
No

(3) Were you ever sexually abused?

Yes
No

(4) Were you invited or forced to view pornographic films or images?

Yes
No

(5) Were you coerced to observe sexual acts or abuse?

Yes
No

(6) Were you filmed or photographed in a sexual manner?

Yes
No

Appendix G: Evangelical Beliefs Screen

(1) I believe through faith alone and grace alone, I am saved.

Yes
No

(2) I believe the Bible holds sole religious authority.

Yes
No

(3) I pray to Mary, the mother of Christ and the Saints.

Yes
No

(4) I believe baptism in infancy brings salvation.

Yes
No

(5) I believe in the sacrament of reconciliation (also called Penance or confession to a

priest).

Yes
No

Appendix H: Stress-Related Growth Scale-Revised (SRGS-R)

[REMOVED FOR COPYRIGHT]

Appendix I: Permission to Use SRGS-R

Re: [External] RE: [EXT] Request permission to use the SRGS-R

McMillan, Sandra Jean
Fri 3/25/2022 1:34 PM
To: Boals, Adriel

Thank you so much! I really appreciate it!

From: Boals, Adriel
Sent: Friday, March 25, 2022 1:33 PM
To: McMillan, Sandra Jean
Subject: [External] RE: [EXT] Request permission to use the SRGS-R

You don't often get email from   Learn why this is important

[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content.]

Sandy-

No problem. People can use the measure without permission. Good luck with your project.

Adriel

From: McMillan, Sandra Jean
Sent: Friday, March 25, 2022 1:31 PM
To: Boals, Adriel
Subject: [EXT] Request permission to use the SRGS-R

Dr. Boals,

My name is Sandy McMillan and I am a doctoral student at Liberty University, Lynchburg, VA. I am writing to request permission to use the Stress-Related Growth Scale-Revised as a survey instrument in my dissertation research titled Evangelical Protestant beliefs and Post-traumatic Growth among Adult Child Sexual Abuse Survivors. I am under the direction of my chair, Dr. Kristin Kellen, who can be reached at

Thank you so much!!

Sandy McMillan
Doctoral Candidate, Department of Community Care and Counseling
Liberty University

Appendix J: Measurement for Evangelical Beliefs

Respondents will record their level of agreement with each statement with a 10-point forced choice scale (e.g., extremely agree = 10, neither agree nor disagree = 5, strongly disagree = 0).

(1) The Bible is the highest authority for what I believe

1	2	3	4	5	6	7	8	9	10
Strongly disagree									Strongly agree
○	○	○	○	○	○	○	○	○	○

(2) It is very important for me personally to encourage non-Christians to trust Jesus Christ as their Savior

1	2	3	4	5	6	7	8	9	10
Strongly disagree									Strongly agree
○	○	○	○	○	○	○	○	○	○

(3) Jesus Christ's death on the cross is the only sacrifice that could remove the penalty of my sin.

1	2	3	4	5	6	7	8	9	10
Strongly disagree									Strongly agree
○	○	○	○	○	○	○	○	○	○

(4) Only those who trust in Jesus Christ alone as their Savior receive God's free gift of eternal life

1	2	3	4	5	6	7	8	9	10
Strongly disagree									Strongly agree
○	○	○	○	○	○	○	○	○	○

(5) I strive to live a life of increasing holiness and a continual pursuit of personal piety because of the immense gratitude for the undeserved grace God granted through His Son, Jesus Christ

1	2	3	4	5	6	7	8	9	10
Strongly disagree									Strongly agree
○	○	○	○	○	○	○	○	○	○

(6) I believe in one eternal God eternal existing through three distinct persons: God the Father, God the Son and God the Holy Spirit, each of whom is fully God, yet there is one God

1	2	3	4	5	6	7	8	9	10
Strongly disagree									Strongly agree
○	○	○	○	○	○	○	○	○	○

Appendix K: The Experiences in Close Relationship Scale-Short Form (ECR-S)

[REMOVED FOR COPYRIGHT]

Appendix L: Permission to Use ECR-S

[External] Re: Permission request: Experiences in Close Relationships Scale- Short Form

Wei, Meifen [PSYCH]

Fri 5/20/2022 9:57 AM

To: McMillan, Sandra Jean

[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content.]

Here you are! Please feel free to use it.

From: McMillan, Sandra Jean
Sent: Friday, May 20, 2022 9:52 AM
To: Wei, Meifen [PSYCH]
Subject: Permission request: Experiences in Close Relationships Scale- Short Form

Dr. Wei,

My name is Sandy McMillan and I am a doctoral student at Liberty University, Lynchburg, VA. I am writing to request permission to use the Experiences in Close Relationships Scale- Short Form as a survey instrument in my dissertation research titled The Role of Evangelical Beliefs in the Attainment of Post-traumatic Growth among Adult Child Sexual Abuse Survivors. I am under the direction of my chair, Dr. Kristin Kellen, who can be reached at

Thank you so much!!

Sandy McMillan
Doctoral Candidate, Department of Community Care and Counseling
Liberty University

Appendix M: Multidimensional Scale of Perceived Social Support

[REMOVED FOR COPYRIGHT]

Appendix N: Permission to Use MSPSS

[External] RE: permission request

Zimet, Gregory D ▬▬▬▬▬
Thu 5/19/2022 3:44 PM

To: McMillan, Sandra Jean ▬▬▬▬▬

📎 3 attachments (718 KB)
0732 Zimet - MSPSS - Chapter 1998.pdf; MSPSS References.pdf; MSPSS.pdf;

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Dear Ms. McMillan,

You have my permission to use the Multidimensional Scale of Perceived Social Support (MSPSS) in your research. I have attached a copy of the scale (with scoring information on the 2nd page), a document listing several of the articles that have reported on the reliability and validity of the MSPSS, and a chapter that I wrote about the scale.

I hope your research goes well.

Best regards,
Greg Zimet

_____

Gregory D. Zimet, PhD, FSAHM
Professor of Pediatrics & Clinical Psychology
Co-Director, IUPUI Center for HPV Research
Division of Adolescent Medicine | Department of Pediatrics
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From: McMillan, Sandra Jean ▬▬▬▬▬
Sent: Thursday, May 19, 2022 2:18 PM
To: Zimet, Gregory D ▬▬▬▬▬
Subject: [External] permission request

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Appendix O: Perceived Negative Impact Scale

Has your experience of child sexual abuse negatively impacted your life?

Please rate on the following scale:

No Impact
Little Impact
Not Sure
Some Impact
Significant Impact

Appendix P: Interview Questions for Trauma Therapists

1. Please state the number of years of experience you have as a counselling clinician and validate that you have experience in counseling adults with a history of child sexual abuse.

2. Regarding your experience counseling adults with a history of child sexual abuse, have you noticed a potential correlation between secure vs. insecure attachment and posttraumatic growth? If so, in what ways?

3. Regarding your experience counseling adults with a history of child sexual abuse, have you noticed a potential correlation between social support and posttraumatic growth? If so, in what ways?

4. Regarding your experience counseling adults with a history of child sexual abuse, have you noticed a potential correlation between posttraumatic stress and post-traumatic growth? If so, in what ways?

5. Regarding your experience counseling adults with a history of child sexual abuse, have you noticed a potential correlation between religious beliefs, specifically Evangelical beliefs, and posttraumatic growth? If so, in what ways?

6. In your opinion, which variable discussed today seems to be the most important regarding how adults with a history of CSA attain PTG?

Appendix Q: Sample Interview Script #1

Researcher: Okay, please state the number of years of experience you have as a counseling clinician and validate that you have experience in counseling adults with the history of child sexual abuse.

Participant: I have 5 years with counseling experience, and I do have experience with counseling adults with childhood sexual abuse.

Researcher: Thank you. Okay. So, the first question regarding your experience counseling adults with the history of child sexual abuse, have you noticed a potential correlation between secure and insecure attachment and posttraumatic growth? If so, in what ways?

Participant: Um, yes, I would say that um those with childhood sexual abuse um, who have more um insecure attachments um have a more difficult time showing growth within the trauma therapy experience.

Researcher: Okay, thank you. Alright. So, the next one . . . regarding your experience, counseling adults with the history of child sexual abuse, have you noticed a potential correlation between social support and posttraumatic growth? If so, in what ways?

Participant: I think, with most areas of treatment those with more social support usually make better progress or more progress. Just because we're social beings and social support is super helpful.

Researcher: Okay, thank you. Regarding your experience, counseling adults for the history of child sexual abuse, have you noticed a potential correlation between posttraumatic stress and posttraumatic growth? If so, in what ways?

Participant: So, I think I've seen this kind of go both ways. Um, I've had clients who have scored really high initially with posttraumatic stress, um, who have made huge progress. Um, but I've also had clients with you know lower levels of trauma symptoms in the beginning that have also made huge progress. I would say that the one thing that makes it more difficult is having complex PTSD, so if they have um, multiple encounters. Um, whether it be childhood sexual abuse but then also other um histories of abuse. So, whether it's physical, sexual, um you know, or weather related or whatnot it just, it seems to make their core beliefs more profound.

Researcher: Yes, it makes absolute sense.

Participant: So, so the more trauma they have, the harder it is to recover.

 Researcher: So, so um, just to clarify like as far as levels of posttraumatic stress that can go either way? You've seen it go either way?

Participant: Yes.

Researcher: But you have seen a clear difference um, um with people that present with complex PTSD versus those that just have like single event?

Participant: Yes.

Researcher: Um, Okay, alright. Here's the next one regarding your experience counseling adults with the history of child sexual abuse. Have you noticed a potential correlation between religious beliefs, specifically evangelical beliefs, and posttraumatic growth?

Participant: Okay, and I don't know that I have a really clear response on this one. I think that those who have a belief system, and something make much more progress than those who have no belief system. Just because our core beliefs are usually related to a belief system that we have. And so those that have, you know, some kind of Christian background seem to do better or make better progress because they have, they have something to cling to, some, some hope for the future.

Researcher: Have you had any experience working with Catholics versus Protestants in that regard?

Participant: I don't know that I, I have like, and maybe because I haven't asked like those questions that deep down you know specifically, what is their religious background.

Researcher: Okay, okay, alright. So, in your opinion, which variable discussed today seems to be the most important regarding how adults attain posttraumatic growth that are victims of CSA

Participant: So, I also struggle with this question. Because I do believe that our belief system has the biggest impact. Having something to ground ourselves in, or have it hope for the future. So, I would say that having an Evangelical background could help someone have more progress. But I don't have specific data to kind of back that one up. So, I would say that um, (pause) I'm trying to look at all of them in my mind. I don't know I, I just feel like there's, there's so many factors that make a difference.

Researcher: And that's the okay that's perfect I mean that's fine.

Participant: If that's, well, I mean 'cause the social support is huge. But I think that can go either way too. I've had people that don't have social support make good progress. So, I think I'm gonna go with the like the complex trauma. The more trauma they have or the more symptoms they have. Sometimes that makes it much more difficult to really get down to the core beliefs and work on them, because they're focusing on it in more than one trauma. if that makes sense.

Researcher: Yeah, it does. Well, thank you so much.

Appendix R: Sample Interview Script #2

Researcher: Okay, please state the number of years' experience you have as a counseling professional and validate that you have experience in counseling adults with a history of child sexual abuse.

Participant: I have five years that I've been doing outside private practice counseling and then yes, I have seen several adults with a child sex abuse history.

Researcher: Okay, thank you. Now, regarding your experience counseling adults with a history of child sexual abuse have you noticed a potential correlation between secure versus insecure attachment and the attainment of posttraumatic growth? If so, in what ways?

Participant: I would definitely say yes those that still are struggling in that insecure realm don't make as much growth; it's much slower, definitely much harder so the quicker we can help them build on that secure attachment then definitely can see more growth there.

Researcher: Perfect, thank you. Regarding your experience counseling adults with a history of child sexual abuse have you noticed a potential correlation between social support and posttraumatic growth? If so, in what ways?

Participant: Yes, I think that's huge and the more support they have and more stable environment they have and those connections definitely a better chance for growth.

Researcher: Regarding your experience with counseling adults with a history of childhood sexual abuse, have you noticed a potential correlation between posttraumatic stress disorder and post traumatic growth? If so, in what ways?

Participant: That was probably harder to validate the correlation. I'm sure it's there and just with my experience 'cause I don't know posttraumatic stress to me it's not a disorder you had trauma you probably have posttraumatic stress but working through that of course is gonna help you on the growth side so there is a correlation it's probably just harder to define.

Researcher: Regarding that . . . so, so let's say they have like a really high level of posttraumatic stress you know posttraumatic stress in general you know like complex do you see a, a I don't know, a difference in attaining posttraumatic growth if they have let's say a lower level of posttraumatic stress versus a higher level of posttraumatic stress?

Participant: Oh, definitely yeah like if they still have a really high level of posttraumatic stress and it's gonna take longer and the growth is gonna be slower, right.

Researcher: Okay, and regarding your experience counseling adults with a history of child sexual abuse have you noticed a correlation between religious beliefs, specifically Evangelical beliefs, and posttraumatic growth? If so, in what ways?

Participant: That one that would be hard for me to identify because I think it goes more back to the social support sometimes that is their social support so yes it makes a huge difference but I don't think it's a requirement to make that growth. I think if they have the support and strength from enough people it doesn't have to be from that specific area tends to be, but it doesn't have to be.

Researcher: Okay, thank you. The final question is in your opinion which variable discussed today seems to be the most important regarding how adults with a history of child sexual abuse attained posttraumatic growth.

Participant: Definitely the social support just having that support and in in a variety of situations I think is probably from what I have seen the most important and then that attachment second.

Appendix S: IRB Approval Letter

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INSTITUTIONAL REVIEW BOARD

July 14, 2022

Sandra McMillan
Kristin Kellen

Re: IRB Exemption - IRB-FY21-22-1117 The Role of Evangelical Beliefs in the Attainment of Post-traumatic Growth among Adult Survivors of Child Sexual Abuse

Dear Sandra McMillan, Kristin Kellen,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office