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Religion-Justified Childhood Maltreatment And Adult Psychological Maladjustment

Hannah Doctor

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Religion-Justified Childhood Maltreatment and Adult Psychological Maladjustment

by

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Bachelor of Art, Purdue University Fort Wayne, May 2018

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Degree: Master of Science

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Name Hannah Doctor

Date 11/26/22

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Abstract

The perpetrator of religion justified child abuse relies on spiritual beliefs (religious texts, context, or authority) to justify acts of maltreatment. This form of abuse can be manifested in many different contexts including infamous scandals of sexual abuse committed by catholic priests and the physical/sexual/emotional maltreatment occurring at Native American or other boarding schools for troubled youth. Parents and caretakers often claim "to spare the rod is to spoil the child". Previous research has suggested that maladjustment outcomes after traumatic events are less severe among victims with strong religious beliefs. This study hypothesized that religious justified abuse would be associated with more negative outcomes than other acts of maltreatment. A total of 839 respondents were surveyed with indices measuring abuse history, religious justifications for the maltreatment, and maladjustment outcomes including symptoms of depression, anxiety, PTSD, and aggressiveness. Religion justified abuse in this national sample was associated with higher levels of internalized and externalized maladjustment than general abuse victims or normative respondents. These results suggested the religion justified abuse represents a unique form of maltreatment associated with even harsher maladjustment outcomes. More research is needed on this distinctive form of sexual, physical, and emotional child abuse.

Introduction

Childhood adversity and maltreatment has been widely studied in a variety of contexts with the landmark Kaiser Adverse Childhood Experiences study (Felitti et. al, 1998) linking those events to negative health outcomes. Other researchers have relied on the ACE questionnaire as well to establish links between adverse childhood experiences and negative mental health outcomes (Karatekin, 2017; Merrick et. al., 2017). While the ACE questionnaire assesses for a variety of experiences, there is some evidence that items associated with childhood physical abuse (CPA), childhood emotional abuse (CEA), and childhood sexual abuse (CSA) are better predictors of symptoms of depression, trauma, and anxiety than other adversities (Negriff, 2020). Childhood maltreatment effects have been extensively studied in the literature, and the Diagnostic and Statistical Manual (DSM-V) has found sufficient evidence to list child abuse as a risk factor for many disorders.

Even though there is a strong link between childhood maltreatment and negative mental health outcomes, not everyone who experience childhood abuse develops these mental health issues (Connor & Davidson, 2003; Nugent et. al., 2014). Some evidence suggests protective and resiliency factors modulate the relationship between childhood maltreatment and mental health outcomes. Evidence suggests some of the most useful resiliency factors are optimism, cognitive flexibility, active coping skills, social supports, attending to one's physical well-being, and having a moral compass (Iacoviello & Charney, 2014). Some of these factors can be provided for by religion (Connor & Davidson, 2003). Social support and optimism has been shown to be positively correlated with certain religious orientations (Salsman, et. al., 2005). The overlap in

resiliency factors and religion led some researchers to study a connection between religion and resiliency after trauma. There is evidence that religion and resilience have a moderate positive relationship based on a meta-analysis of 34 studies (Schwalm, Zandavalli, & Dias de Castro Philo, 2021). Individuals who experienced childhood abuse but were religiously affiliated as an adult were less likely to experience traumatic symptoms (Elliot, 1994). Survivors of childhood sexual abuse can benefit from religion by gaining meaning and support from the religion and community which can lead to post-traumatic growth (Bryant-Davis et. al., 2012; Gall 2006). Another study found a connection between higher levels of religiosity/spirituality and lower levels of anxiety in depression in participants (Walker, et. al., 2011)

While evidence supports religion as a protective factor after exposure to maltreatment and/or trauma, it has also become well established that a subset of child abuse perpetrators use religion to justify their acts (Bottoms et. al., 1995; Bottoms et. al., 2004; Parkinson, Oates, Jayakody, 2011; Saradjian & Nobus, 2003). This misuse of religion would presumably detract from the potential resiliency benefits of spirituality, and religion-justified acts of maltreatment have been largely ignored in the literature.

Childhood Physical Abuse

Childhood physical abuse (CPA) is term that has legal definitions that vary from state to state in the United States. CPA has been defined as nonaccidental physical injuries to a child with examples including acts such as beating, shoving, whipping, hitting, smacking, and burning (United States Department of Health & Human Services, 2021). CPA has been identified as a risk factor for a wide range of mental health outcomes including PTSD, mood disturbance, and lifetime aggression (Norman et. al., 2012; Lindert, 2014).

Religion-justified CPA is thought to occur with some regularity within the context of parental disciplinary actions. Corporal punishment is defined as physical punishment that causes a mild to moderate amount of pain without physical injury used to discipline a child (Miller-Perrin & Perrin, 2018). Spanking is the most practiced form of corporal punishment. Corporal punishment can also involve hitting, smacking, or putting soap or other foul-tasting substances in a child's mouth. Adult Canadians who reported being spanked as a child were almost 60 times more likely to also recall childhood physical abuse experiences (Fréchette, Zoratti, & Romano, 2015). One survey sample of United States citizens ($N = 34,402$) provided evidence that harsh physical punishment increased the risks of other forms of maltreatment such as CPA, CSA, and CEA (Afifi, Mota, Sareen, & MacMillan, 2017). Advocates of corporal punishment have attempted with mixed success to distinguish these disciplinary acts from CPA (Fréchette & Romano, 2017), and the acceptability of physical methods of parental discipline have been waned internationally (Durrant & Ensom, 2017; Trocmé & Durrant, 2003). Corporal punishment pervasive links to negative mental and behavioral health outcomes have been widely established (Gershoff, 2002; Gershoff & Grogan-Kaylor, 2016 King et. al. 2018).

The research on religion and corporal punishment is somewhat mixed. Not all religious individuals participate in corporal punishment, but there are certainly pockets of many religions that not only participate but promote the use of corporal punishment using religious texts and scriptures. Dr. James Dobson is a popular writer and speaker on the use of corporal punishment for children, with some of his descriptions of this "corporal punishment" toeing the line between punishment and abuse. Dobson has published books such as *The New Strong-Willed Child* (Dobson & Dobson, 2014) in which he tells a story of beating his dog with a belt until he submitted. He states that "the only way to make Siggie [the dog] obey is to threaten him with

destruction.” Dobson then goes on to suggest the same should be done with children. The religious group shown to be most likely to implement corporal punishment with their children is conservative Christian protestants (Wolf & Kepple, 2016; Gershoff, Miller, & Holden, 1999). Many parents also go to religious leaders to seek advice about how to discipline their children and those who do go to religious leaders for this advice are more likely to implement corporal punishments than those parents who went to someone else such as their pediatrician (Wolf & Kepple, 2016).

Parents are not the only adults in children’s lives that have been found to justify corporal punishment that becomes physically abusive. Religious residential schools were used by the Canadian and American governments to convert indigenous children to Christianity and assimilate them to non-indigenous culture (Castellano, Archibald, & DeGagne, 2011). These schools would cross many lines to force assimilation. Many survivors of these school recall rampant physical abuse and even mass graves on the property to bury children victims of abuse and neglect. While these schools began to close or move away from the residential model midway through the 20th century, many survivors of these institutions are alive today (Castellano et. al., 2011). Many religious boarding schools still exist in the United States today as interventions for “troubled teens”. Many of these schools in recent decades have been found to be sources of physical and psychological abuse perpetrated against their student residents. Survivors of the Agape Ranch in Missouri tell stories of being held down and hit by staff (Kingkade, Brown & Morrison, 2021). This state does not have any oversight or regulatory power over its religious schools which precludes intervention for abuse or neglect. Missouri is only one of 23 states that fails to regulate its religious schools and institutions (Kingkade,

Borwn, & Morrison, 2021). This leaves children vulnerable in those cases where administrators and teachers conspire to keep quiet about historic or ongoing abuse.

Childhood Sexual Abuse

Childhood sexual abuse (CSA) has been associated as well with a number of DSM-V disorders such as depression, anxiety, conduct disorder, substance use disorder, and suicidal behaviors (Fergusson, Horwood, and Michael, 1996; Devries et. al., 2014). Childhood sexual abuse (CSA) remains a pervasive public health concern affecting an estimated 5-10% and 11-25% of American boys and girls annually (Centers for Disease Control and Prevention, 2014; Finkelhor, Turner, Shattuck, Hamby, 2013; Pereda, Guilera, Forns, & Gomez-Benito, 2009). The adverse impacts of CSA on psychological maladjustment have been well-established (Chen et al., 2010; Lindert, 2014).

While the Catholic church has been recognized as a prominent source of CSA perpetration, it is not the only church alleged to abuse children. The Church of Ladder Day Saints has been sued by survivors of CSA perpetrated by church members or leaders or church elders (Collman, 2019). Lawyers for the church even established misleading victims hotlines that were in fact designed to discourage church lawsuits (Collman, 2019). Catholic priests appear to be some of the most notorious religion-justified CSA offenders, and the Vatican has acknowledged the abuse of hundreds of thousands of children across Europe, North America, and Australia. Studies have found that abuse by Catholic clergy was widespread and involved church leaders covering up CSA for offenders (Parkinson, Oates, Jayakody, 2011; Death, 2015). Studies have found a connection between childhood sexual abuse by a church leader and more severe impairment of spirituality as a result than those who had been sexually abused as an adult (McLaughlin, 1994).

Childhood Emotional Abuse

Childhood emotional abuse (CEA) is defined as the “injury to the psychological capacity or emotional stability of the child as evidenced by an observable or substantial change in behavior, emotional response, or cognition” (Vishwanathan et. al., 2018). While CPA and CSA are clearly defined criminal offenses in all 50 states, CEA has posed a greater challenge to identify and sanction. Some acts of CEA could be considered criminal if they included threats that made the victim fear for his or her safety. While other forms of CEA such as insults, spurning, and name calling may not constitute criminal acts, they still may have negative impacts on children. According to the U.S. department of Health and Human Services (2011), 8% of the reported child maltreatment cases were child emotional abuse. The prevalence of CEA has been estimated between 12% to 48% depending on the sample (Hamaran, Pop, & Czaja, 2002; Trickett et. al., 2009). CEA is studied alongside CPA and CSA in many studies, and it has been linked to similar negative health outcomes such as anxiety disorders, mood disturbance, stress reactions, and generalized maladjustment (Norman et. al., 2012; Teicher, Samson, Polcari & McGreenery, 2006). Abuse cooccurrence rates are high and polyvictimization is thought to pose a greater risk to victims (Norman et. al., 2012).

Religion-justified emotional abuse has been largely ignored in the literature as well. Some abusers use a religious text or scripture to make the child feel fear, guilt, and shame at not behaving in perfect accordance with the religion mandates (Simonič, Mandelj, & Novsak, 2013). Scripture often warns of dire consequences for disobedience to parental figures. Examples include: "*The eye that mocks a father and scorns to obey a mother will be picked out by the ravens of the valley and eaten by the vultures*" (Proverbs 30:17); and "*The wrath of God comes upon the sons of disobedience*" (Ephesians 5:6). Both passages discuss grave and dire

consequences for parental disobedience which could be used by perpetrators to justify psychological harm in response to child disobedience. This is just one example of the many ways in which an abusive person can use their religious beliefs to justify CEA.

Current Study

Religion has been shown to be a protective factor and helpful in the recovery of many individuals from adverse experiences and even trauma. The study proposes that religion-justified abuse may pose unique coping challenges for its victims. The present study will compare, and contrast childhood maltreatment maladjustment impacts between victims with versus without religion-justified perpetration sources. The following hypotheses will be tested: H1) Those who have experienced religiously justified abuse will also experience higher levels of internalized maladjustment outcomes such as anxiety, depression, and traumatic stress than those who have experienced no abuse or non-religiously justified abuse. H2) Those who have experienced religiously justified abuse will also experience higher levels of externalized maladjustment outcomes such as aggression and anger than those who have experienced no abuse or non-religiously justified abuse. H3) Gender differences are expected with men experiencing higher levels of externalized maladjustment and women experiencing higher levels of internalized maladjustment.

Methods

Sample Composition and Procedure

Respondents ($n = 1,000$) completed a survey for financial compensation (\$0.40) on Amazon's Mechanical Turk, a crowdsourcing platform shown to provide representative samples for studies (Buhrmester, Kwang, & Gosling, 2011; Kennedy, Clifford, Jewell, & Waggoner, 2018; Paolacci, Chandler, & Ipeirotis, 2010). Participants had to pass five criteria to be included in the final calculations. This criterion includes participating from a computer in the United

States or from other non-dubious locations. This will be determined using an online proxy/VPN detection software (<https://iphub.info>) as a best practice (Burleigh, Kennedy, & Clifford, 2018). Respondents must also correctly answer attention checks of being able to identify a palindrome in the middle of the survey. In order to be included they must answer the final question of the survey, “we should trust that your responses represented an honest reflection of your life history?” in a positive manner. We will exclude respondents who indicate “not really, my responses were semi-random” or “no, I didn’t read most of the items and my responses were almost entirely random”. Finally, participants were excluded if they answered religious related abuse questions in a positive manner, but abuse questions in a negative manner in order to exclude individuals who were not paying attention and answering randomly.

After exclusions 839 participants were included in the final sample. The participant sample included 556 females and 257 males. The average age of the sample was 40.42 with a range from 19-84. A majority of the sample was Caucasian (73.2%) with the next largest population being Latino or Hispanic (8.6%). African Americans made up 8.1% of the sample, Asian Americans 5% of the sample, and Native Americans 1.4% of the sample. The rest of the sample were mixed race, other, or preferred not to say. Majority of the sample identified as Catholic (23.1%). Protestants made up 19% of the sample and evangelicals made up 4.9%. 6.5% identified as non-denominational Christian. 14.7% identified themselves as agnostic, and 12% as atheist. Judaism, Islam, Buddhism, and Hinduism made up 8.6% of the sample.

Measures

Childhood Sexual Abuse & Sexual Assault Self-Report (CSA_{LONG}). The CSA_{LONG} is an 11-item index in which participants were asked about experiences of childhood sexual abuse on a four-point Likert scale of frequency from never to multiples times (Barnett et. al., 1993). This

index asks a number of questions pertaining to sexual victimization such as “Has anyone ever put their mouth on your genitalia or made you put your mouth on their genitalia?” and has been shown to be an indicator of high maladjustment in multiple studies (King, 2020; King et al., 2019; King and Russell, 2017; Mangold and King, 2020). Reliability for this scale was $\alpha=.93$.

Childhood Physical Abuse Self-Report (CPA_{LONG}). The CPA_{LONG} is a 12-item index in which participants respond to statements of childhood physical abuse experiences such as "Did a parent or step-parent try to choke, drown, or smother you?" on a four-point Likert scale of frequency from never to multiple times (Barnett et. al., 1993). Reliability for this scale was $\alpha=.90$.

Violent Experiences Questionnaire- Revised (VEQ-R). The VEQ-R assesses for different types of violent experiences that an individual could have been exposed to as a child (King & Russell, 2017). There is a subscale of family emotional abuse in the VEQ-R. This subscale focuses on exposures to acts of verbal violence perpetrated by a parent or sibling such as yelling, cursing, and threats of physical violence. The subscale typically measures abuse at different age ranges. For the purpose of this study we collapsed the age ranges and simply asked how frequently the item occurred for the participant between the ages of 5 and 16. This subscale was used in conjunction with our Religion-Justified Abuse Indices. Reliability for this scale was $\alpha=.91$.

Religion-Justified Abuse Indices. Each of the CSA (Table 1), CPA (Table 2), and CEA (Table 3) indices will be supplemented with a bottom panel that assesses the extent to which any of the abusive acts were justified using religion. The bottom panel for each maltreatment index was adapted from Bottoms et. al., (2004). Questions focused on if the abuse happened by a

religious leader, in a religious setting, or if the abuser used religion to justify their abuse.

Reliability for these scales ranged from $\alpha=.93-.96$

Depression Anxiety Stress Scales (DASS). This is a 42 item self-report instrument intended to measure negative emotional states of depression, anxiety, and tension or stress. Participants will be asked to read symptomology statements and rate the extent to which they experience them on a four-point scale of severity/frequency. Scores for anxiety, depression and stress are computed by simply adding together the client's scores on the relevant symptoms. Previously this scale has shown internal consistencies of Depression $\alpha= 0.91$; Anxiety $\alpha=0.84$; and Stress $\alpha=0.90$ (Lovibond & Lovibond, 1995). Reliability for this scale ranged from $\alpha=.95-.97$.

Mental Health Diagnostic Panel. This study used a self-report survey in order to evaluate respondents' prior mental health diagnoses. The question of "*Have you ever been diagnosed with any of these mental health disorders.*" Will be followed with the following options: Major Depression; Bipolar Disorder; Social Anxiety Disorder; Post-Traumatic Stress Disorder; Generalized Anxiety Disorder; and panic disorder. Epidemiological studies of mental health have used self-report surveys such as this one with structured interviews to increase accuracy (Kessler et al., 2007).

Buss Perry Aggression Questionnaire. This is a questionnaire for external maladjustment such as aggression, hostility, and anger. The questionnaire contains 29 questions that are rated on a 5-point Likert scale by the participant. This questionnaire contains four subscales which include physical aggression, verbal aggression, anger and hostility. Reliability for this scale was $\alpha=.94$.

ACE Questionnaire. This questionnaire is a 10-item self-report of adverse experiences in childhood (Table 4; Dong et al., 2004; Felitti et al., 1998) The items assessed in this questionnaire can be found on the internet (Stevens, 2012). The ACE Questionnaire has been shown to be stable when tested multiple times (Dube, Williamson, Thompson, Felitti, & Anda, 2004).

Duke University Religion Index. This questionnaire will be used in order to assess respondents' current engagement in religious activities associated with both organized and non-organized religious activities. This index was shown to be internally consistent ($\alpha = .87$).

Religious and Spiritual Struggles Scale: This scale is a 26 item self-report questionnaire used to assess for spiritual struggles in six major domains, the divine, demonic, interpersonal, moral, doubt, and ultimate meaning (Exline et. al., 2014). Reliability for this scale ranged from $\alpha=.91-.95$.

Analytic Strategy

Abuse and religiously justified abuse were dichotomized for the purpose of categorizing individuals in this study to a normative group, abuse only group, and religiously justified abuse group. If a participant answered more than 1 for any of the items of the sexual abuse questionnaire, they were dichotomized into the sexual abuse category. It was similarly dichotomized for all religiously justified abuse questions. For items of the religion justified abuse categories any item that was above never (score of 0) would be dichotomized into religion justified abuse and any that had never across the board was in the non-religion justified abuse category. Cutoff scores for physical and emotional abuse were established using a recommended cutoff of 1 (King & Russell, 2019). Anyone with scores of zero or one were categorized into non

abuse category, and any scores two or above were categorized into the physically or emotionally abused category.

A series of 3 (Religion-Justified Abuse, Abuse alone, no abuse) x 2 (Gender) Analyses of Variance was relied upon to test the group differences. Odds ratios were used to assess the effect sizes of religion-justified abuse. Regression models were used to identify factors that accounted for unshared variance in the criterion measures.

Results

A total of 392 (47%) respondents endorsed sexual abuse with 185 (22.2%) in that cohort describing religion-justified acts. A total of 581 (69.7%) respondents endorsed physical abuse with 209 (25.1%) in that cohort describing religion-justified acts. A total of 636 (69.7%) respondents reported emotional abuse with 245 (25.1%) in that cohort describing religion-justified acts.

Correlation matrices (Tables 3 & 4) were generated to show strengths of association between the abuse indicators and criterion measures. Gender differences were identified with men showing significantly stronger correlations than women between all forms of abuse and internal and external maladjustment.

ANOVA's were calculated using type of abuse as a predictor and maladjustment as outcome variables. ANOVA's were calculated separately for each type of abuse (CSA, CPA, CEA). There were three categories being compared, normative (no abuse), abuse, and religiously justified abuse. There were 3 internal maladjustment outcomes based on the DASS (Depression, Anxiety, and Stress) and 1 external maladjustment outcome based on the Buss Perry Aggression Questionnaire (aggression) with four subscales (Physical aggression, Verbal aggression, Anger, and hostility). In every form of abuse (sexual, physical, and emotional) there were significant

group differences between all maladjustment outcomes and type of abuse with normative abuse having the lowest means, abuse only having the next highest means, and religion justified abuse categories having the highest means (Tables 5-7). Most of the means of maladjustment were significantly different based on the post hoc Tukey Tests, except for differences between normative and abuse categories of the verbal and hostility scales for the CSA category.

ANOVA's were ran separately for men and women because gender was a significant covariant for Stress, $F(1, 830) = 10.19, p = .001$, and Aggression, $F(1, 830) = 4.22, p = .040$. For each of the types of abuse males had on average higher scores than females on the Buss Perry Aggression Questionnaire mean, $F(1, 832) = 6.67, p = .002$. No significant sex differences were found in Anxiety, $F(1, 832) = .23, p = .630$, Depression, $F(1, 832) = .092, p = .762$, or Stress, $F(1, 832) = 3.51, p = .062$.

Gender was found to significantly interact with the type of abuse on maladjustment outcomes for all forms of abuse. Women tended to score higher than men on indices of internalized maladjustment in the normative and abuse only categories, but in the religiously justified abuse category men tended to score higher than women. On externalized indices of maladjustment men scored higher than women in all categories but in the religious justified abuse category the mean differences were much further apart than they were in the normative and abuse only categories (Figures 1 & 2). These trends persisted in all three forms of abuse, physical, emotional, and sexual.

Odds ratios were calculated using cutoff scores for each maladjustment outcome. Scores more than one standard deviation from the mean were considered significantly elevated. For all types of abuse the odds of having significantly elevated maladjustment outcomes increased going from normative to abuse, and from abuse to religious justified abuse (Table 8).

Discussion

Little research has been done to understand the relationship between religion, abuse, and maladjustment. As it has not yet been extensively studied, the prevalence rates for religion justified abuse was an important part of this study. We found that more than twenty percent of our sample identified experiences of religious justified abuse. This would suggest a significant portion of the population may be struggling with maladjustment associated with religion and child abuse. The relationships between abuse and maladjustment factors were shown to be statistically significant. There was a strong positive correlation between all types of abuse (religious and nonreligious) and maladjustment.

Hypotheses 1 and 2 were supported by the present study. Religious justified abuse had strong relationships with higher levels of all forms of maladjustment measured when compared to those who had experienced abuse alone or those who had no abuse history. The odds of having significantly high maladjustment (one SD above the overall mean) increased from the normative group to the abuse group and again from the abuse group to the religious justified abuse group for each type of abuse (CSA, CPA, and CEA). Those who had experienced any form of religious justified abuse were three times more likely to experience significantly high rates of anxiety than those who were abused alone. The odds of having significantly high levels of maladjustment increased between 5-7 times between the normative and emotional religious justified abuse. Religion may play a unique role in maltreatment and abuse as it relates to maladjustment in adulthood. Schwalm and colleagues (2021) showed individuals had better maladjustment outcomes when the religion was involved in recovery from trauma. The current study suggests that when religion is involved in the trauma itself maladjustment outcomes may be more severe, and recovery may be more complex.

Hypothesis 3 was also supported. There were main effects of sex on maladjustment. Women experienced higher rates on internalized maladjustment than men. Men experienced higher rates on externalized maladjustment than women. The interaction effects of type of abuse and sex on maladjustment was unexpected. Men and women on average did not score significantly different on maladjustment scales in the normative and abuse categories. Men reporting religious-justified abuse showed higher levels of both internalized and externalized maladjustment. Men also had significantly stronger correlations between abuse and religious justified abuse and all forms of maladjustment.

This study supported previous research done by Bottoms et. al. 2004. Bottoms and colleagues found that religion related abuse was related to higher rates of depression and anxiety. This research also expanded upon Bottoms and colleagues. The current study used more participants and a nationwide sample. With more participants and a larger variety in our participants we were able to run more extensive statistics and see statistical significance where Bottoms and colleagues could not. We also contributed to the current research by adding external maladjustment factors and gender differences.

Limitations

This study relied heavily on self-reports of current symptoms and of retrospective reports of past experiences. The accuracy of participant reports could not be verified. The sample population was pulled from an online crowdsourcing website that may not be an accurate sample of the US population. The sample had a much higher prevalence rate of all types of abuse than what is typically found in the US population (Finkelhor, et. al., 2014; Brown, Yilanli, and Rabbitt, 2022; Taillieu et. al., 2016). There was no effort put into disguising the true nature of the study with participants seeing that the study was about maltreatment, religion, and

maladjustment. This may have caused a bias in the study sample. Those who have positive responses to religion may have been offput by the study's title and those who have especially negative reactions to religion may have been more likely to participate in this study. There were large differences in sex of participants, another example of how this sample was not representative of the US population. There were far more women in our sample than men. This may have had effects on the group and gender differences found in comparisons of abuse type and maladjustment outcomes.

Implications

The results from this study have both clinical and research implications. The idea of religious justified abuse has been studied little and needs to be expanded upon. There are many other areas that religion may be used to justify abuse or maltreatment. This study focused on childhood maltreatment, but intimate partner violence may be another abuse form that could be impacted by religion. Children who identify as part of the LGBTQ+ community and grow up in religious households could have unique maltreatment experiences that need to be researched and treated clinically. Research into the gender differences should also be considered for future study. Men had significantly higher levels of maladjustment. Men may have unique experiences of religious justified abuse that need special attention and different treatment than women would need.

Currently little is known about the implications of religious justified abuse and how treating maladjustment as a result of this type of abuse may be more complex than treating abuse alone. A meta-analysis suggested that 80% of therapists felt they had rarely discussed spiritual or religious issues in training (Walker et. al. 2004). This would suggest therapists early in their career or therapists who did not seek further training would have little knowledge or comfort

with integration of religious issues in treatment. This discomfort may be felt by client's struggling with maladjustment after religious justified abuse and interfere with treatment. Further research into the integration of religion into the treatment of maladjustment as a result of childhood abuse needs to be completed. Future research should focus on what this type of maltreatment may look like and what survivors of this form of abuse would find helpful to be discussed in therapy.

Conclusions

Religion played a unique role in the maltreatment and maladjustment of individuals in this study. Relationships between religion justified abuse and maladjustment outcomes were strong. Religion justified abuse uniquely predicted more frequent and a higher severity of maladjustment outcomes than abuse alone.

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Table 1

Frequency Distributions for Religion-Justified Abuse

Frequency	RCSA	RCPA	RCEA
0	653	629	592
1	20	17	14
2	12	7	15
3	14	20	24
4	8	6	9
5	5	2	11
6	11	17	28
7	7	12	10
8	3	3	7
9	7	19	13
10	18	7	13
11	6	10	11
12	15	17	16
13	11	13	7
14	10	9	10
15	2	10	15
16	5	9	7
17	11	8	9
18	7	9	7
19	5	1	1
20	1	2	4
21	2	3	7

Note. RCSA/RCPA/RCEA=customized indices for religion-justified childhood abuse.

Table 2

Descriptive Statistics for Predictors and Criterion Measures ($N = 839$)

Criterion & Criterion Variables	Label	α	M	SD	Range	Sex Effect	
						p	d
<i>Maltreatment Indicators</i>							
^a Childhood Sexual Abuse	CSA	.93	4.00	6.07	0-21	.004	.14
Religion-Justified CSA	RCSA	.95	1.96	4.59	0-21	<.001	.46
^b Childhood Physical Abuse	CPA	.90	7.15	8.29	0-31	<.001	.22
Religion-Justified CPA	RCPA	.94	2.29	4.89	0-21	<.001	.40
^c Childhood Emotional Abuse	CEA	.91	7.70	5.83	0-15	<.001	-.36
Religion-Justified CEA	RVEQ	.93	5.59	5.07	0-21	<.001	.35
<i>^dMood Indicators</i>							
Depression	DEP	.97	14.28	12.8	0-42	.730	NS
Anxiety	ANX	.95	10.92	10.9	0-42	<.001	.03
Post-Traumatic Stress	STRESS	.96	15.02	11.8	0-42	.065	NS
<i>Value Indicators</i>							
^e Religious/Spiritual Struggles	Doubt	.95	3.67	4.83	0-16	.010	.17
Demonic	Demo	.95	2.66	4.27	0-16	<.001	.34
Moral	Moral	.94	3.65	1.10	0-16	<.001	.30
Ultimate Meaning	Mean	.94	2.19	4.57	0-16	.557	NS
Divine	Dev	.95	4.18	5.66	0-20	.039	.10
Interpersonal	Inter	.91	4.59	5.52	0-20	<.001	.12
<i>Anger Indicators</i>							
^f Buss-Perry Aggression	BPAQ	.94	43.35	23.69	0-116	<.001	.20
Physical Aggression	B-PA	.78	14.00	7.03	0-36	.001	.27
Verbal Aggression	B-VA	.77	7.66	4.83	0-20	.080	NS
Anger	B-ANG	.79	11.59	6.38	0-28	.008	.012
Hostility	B-HOS	.88	10.016	7.886	0-32	<.001	.260
<i>Religiosity Indicator</i>							
^g Duke Religion Index	RO	.87	7.891	5.878	0-19	.571	NS

Note. CSA=unwelcome attempted or completed acts of sexual victimization prior to age 16 from any perpetration source (^a Barnett, Manly, & Cicchetti, 1993). CPA= acts of physical abuse perpetrated by a parent or step parent prior to age 16 (^bKing & Russell, 2017). CEA = acts of being targeted by a parent or sibling for emotional abuse (shouting, yelling, screaming, swearing, cursing, threats of violence) prior to age 16 (^cKing & Russell, 2017). RCSA/RCPA/RCEA= customized indices for religion-justified childhood abuse. DEP/ANX/STRESS=mood indicators derived from the Depression Anxiety Stress Scales (^dDASS; Lovibond & Lovibond, 1995). ^eReligious/Spiritual Struggles Scale (Exline et. al., 2014). ^fBPAQ=Buss-Perry Aggression Questionnaire (^fBuss & Perry, 1992). ^gDuke Religion Index (citation?).

Table 3

Predictor Associations with Mood Indicators by Sex

Criterion	STRESS	ANX	DEP
Men (n = 261)			
CSA	.63***	.75***	.59***
CPA	.65***	.76***	.62***
CEA	.52***	.45***	.56***
RCSA	.60***	.76***	.55***
RCPA	.58***	.71***	.56***
RCEA	.59***	.71***	.55***
Women (n = 573)			
CSA	.29***	.34***	.24***
CPA	.40***	.43***	.31***
CEA	.47***	.40***	.41***
RCSA	.23***	.38***	.23***
RCPA	.26***	.37***	.25***
RCEA	.29***	.40***	.270***
Total Sample (N = 834)			
CSA	.40***	.48***	.35***
CPA	.48***	.56***	.42***
CEA	.49***	.40***	.45***
RCSA	.36***	.57***	.35***
RCPA	.37***	.51***	.36***
RCEA	.39***	.52***	.37***

Note. Significant sex differences indicated in box shading. RCSA/RCPA/RCEA=customized indices for religion-justified childhood abuse. DEP/ANX/STRESS=mood indicators derived from the Depression Anxiety Stress Scales (DASS; Lovibond & Lovibond, 1995). *** $p < .001$.

Table 4

Predictor Associations with Anger Indicators by Sex

Criterion	B-PA	B-VA	B-ANG	B-HOS	BPAQ
Men (n = 261)					
CSA	.66***	.58***	.55***	.65***	.66***
CPA	.67***	.63***	.58***	.63***	.68***
CEA	.43***	.46***	.42***	.39***	.47***
RCSA	.64***	.61***	.62***	.68***	.69***
RCPA	.57***	.54***	.57***	.64***	.62***
RCEA	.57***	.53***	.57***	.60***	.61***
Women (n = 573)					
CSA	.27***	.22***	.24***	.24***	.27***
CPA	.34***	.32***	.31***	.33***	.35***
CEA	.28***	.28***	.33***	.23***	.31***
RCSA	.29***	.28***	.23***	.30***	.30***
RCPA	.32***	.32***	.25***	.31***	.33***
RCEA	.31***	.32***	.25***	.31***	.32***
Total Sample (N = 834)					
CSA	.42***	.35***	.35***	.40***	.42***
CPA	.48***	.44***	.41***	.46***	.49***
CEA	.29***	.31***	.35***	.25***	.33***
RCSA	.46***	.43***	.39***	.48***	.48***
RCPA	.44***	.41***	.38***	.46***	.46***
RCEA	.43***	.41***	.38***	.44***	.45***

Note. Significant sex differences indicated in

box shading. The BPAQ

RCSA, RCPA, RCEA coefficients were significantly stronger ($p < .05$) than that found for CEA among the men. BPAQ=Buss-Perry Aggression Questionnaire (Buss & Perry, 1992). Coefficient strengths did not differ for any of the other BPAQ subscales. *** $p < .001$.

Table 5

Maladjustment as a Function of Type of Childhood Sexual Abuse by Sex

Outcome Index	Normative			Abuse			Religious Abuse			Difference	
	<i>n</i>	<i>M</i>	<i>SE</i>	<i>n</i>	<i>M</i>	<i>SE</i>	<i>n</i>	<i>M</i>	<i>SE</i>	<i>F</i>	<i>p</i>
Men (<i>n</i> = 261)											
STRESS	130	^a .56	.06	53	^b .98	.10	71	^c 1.79	.08	60.75	< .001
ANX	130	^a .30	.05	53	^b .72	.08	71	^c 1.80	.07	154.78	< .001
DEP	130	^a .61	.07	53	^b 1.01	.11	71	^c 1.80	.09	53.34	< .001
BPAQ	130	^a 1.15	.06	53	^b 1.59	.10	71	^c 2.54	.08	90.23	< .001
B-PA	130	^a 1.27	.06	53	^b 1.71	.10	71	^c 2.54	.08	76.04	< .001
B-VA	130	^a 1.21	.07	53	^b 1.77	.12	71	^c 2.54	.10	58.01	< .001
B-ANG	130	^a 1.30	.07	53	^a 1.51	.11	71	^b 2.53	.10	51.80	< .001
B-HOS	130	^a .84	.07	53	^b 1.42	.11	71	^c 2.54	.10	96.34	< .001
Women (<i>n</i> = 573)											
STRESS	312	^a .93	.05	147	^b 1.15	.07	103	^c 1.56	.08	25.06	< .001
ANX	312	^a .57	.04	147	^b 0.75	.06	103	^c 1.39	.07	55.76	< .001
DEP	312	^a .86	.05	147	^b 1.07	.07	103	^c 1.51	.09	21.03	< .001
BPAQ	312	^a 1.31	.04	147	^a 1.36	.06	103	^b 1.90	.07	26.66	< .001
B-PA	312	^a 1.37	.04	147	^a 1.42	.06	103	^b 1.90	.07	22.61	< .001
B-VA	312	^a 1.32	.05	147	^a 1.41	.07	103	^b 1.97	.09	20.96	< .001
B-ANG	312	^a 1.53	.05	147	^a 1.62	.07	103	^b 2.04	.09	13.47	< .001
B-HOS	312	^a 1.04	.05	147	^a 1.02	.07	103	^b 1.75	.09	28.31	< .001
Total Sample (<i>N</i> = 834)											
STRESS	445	.82	.04	200	1.10	.06	175	1.66	.06	73.57	< .001
ANX	445	.49	.03	200	.74	.05	175	1.56	.05	163.78	< .001
DEP	445	.78	.06	200	1.05	.06	175	1.63	.07	60.97	< .001
BPAQ	445	1.26	.04	200	1.42	.05	175	2.16	.06	93.98	< .001
B-PA	445	1.34	.03	200	1.50	.05	175	2.16	.05	82.66	< .001
B-VA	445	1.28	.04	200	1.50	.06	175	2.20	.07	66.52	< .001
B-ANG	445	1.46	.04	200	1.59	.06	175	2.23	.07	50.92	< .001
B-HOS	445	.98	.04	200	1.13	.06	175	2.07	.07	97.71	< .001

Note: Significant Tukey post hoc cell contrasts indicated by subscript differences ($p < .05$). DEP/ANX/STRESS=mood indicators derived from the Depression Anxiety Stress Scales (DASS; Lovibond & Lovibond, 1995). BPAQ=Buss-Perry Aggression Questionnaire (Buss & Perry, 1992). Participant group was determined by scores of the Childhood Sexual Abuse & Sexual Assault Self-Report (CSA_{LONG}) and the Religion Justified Abuse Indices. Participants who scored 0 in both were placed in the normative group. Participants who scored 1 or higher on the CSA_{long} and 0 on the Religion Justified Abuse Indices were in the Abuse category. Participants who scored above 1 on both the CSA_{long} and Religion Justified Abuse Indices were grouped into the Religious Abuse category.

Table 6

Maladjustment as a Function of Type of Childhood Physical Abuse by Sex

Outcome Index	Normative			Abuse			Religious Abuse			Difference	
	<i>n</i>	<i>M</i>	<i>SE</i>	<i>n</i>	<i>M</i>	<i>SE</i>	<i>n</i>	<i>M</i>	<i>SE</i>	<i>F</i>	<i>p</i>
Men (<i>n</i> = 261)											
STRESS	78	.40	.08	93	.91	.07	71	1.74	.08	68.29	< .001
ANX	78	.26	.07	93	.54	.06	71	1.71	.607	116.65	< .001
DEP	78	.39	.09	93	.93	.08	71	1.79	.09	65.77	< .001
BPAQ	78	1.06	.08	93	1.50	.08	71	2.41	.09	64.64	< .001
B-PA	78	1.18	.08	93	1.62	.08	71	2.40	.09	52.18	< .001
B-VA	78	1.13	.10	93	1.63	.09	71	2.39	.10	39.48	< .001
B-ANG	78	1.13	.09	93	1.55	.09	71	2.46	.10	48.92	< .001
B-HOS	78	.83	.10	93	1.22	.09	71	2.40	.10	60.94	< .001
Women (<i>n</i> = 573)											
STRESS	175	.74	.06	250	1.17	.05	119	1.51	.07	36.23	< .001
ANX	175	.45	.05	250	0.78	.04	119	1.22	.06	43.70	< .001
DEP	175	.70	.07	250	1.08	.06	119	1.44	.08	25.48	< .001
BPAQ	175	1.13	.05	250	1.45	.05	119	1.82	.06	32.88	< .001
B-PA	175	1.20	.05	250	1.50	.04	119	1.84	.06	30.78	< .001
B-VA	175	1.09	.07	250	1.52	.06	119	1.91	.08	31.28	< .001
B-ANG	175	1.38	.06	250	1.66	.05	119	2.01	.08	19.52	< .001
B-HOS	175	.86	.07	250	1.16	.06	119	1.59	.08	25.07	< .001
Total Sample (<i>N</i> = 834)											
STRESS	255	.63	.05	345	1.10	.04	191	1.60	.06	87.32	< .001
ANX	255	.39	.04	345	0.71	.04	191	1.41	.05	123.58	< .001
DEP	255	.60	.05	345	1.04	.05	191	1.57	.06	71.46	< .001
BPAQ	255	1.11	.05	345	1.46	.04	191	2.04	.05	86.81	< .001
B-PA	255	1.19	.05	345	1.53	.04	191	2.04	.05	77.53	< .001
B-VA	255	1.10	.06	345	1.55	.05	191	2.09	.06	67.22	< .001
B-ANG	255	1.30	.05	345	1.63	.05	191	2.17	.06	57.10	< .001
B-HOS	255	.85	.06	345	1.17	.05	191	1.89	.06	74.45	< .001

Note: Tukey post hoc cell contrasts were all significant ($p < .05$). DEP/ANX/STRESS=mood indicators derived from the Depression Anxiety Stress Scales (DASS; Lovibond & Lovibond, 1995). BPAQ=Buss-Perry Aggression Questionnaire (Buss & Perry, 1992). Grouping was determined by the Childhood Physical Abuse Self-Report (CPA_{LONG}). and the Religion Justified Abuse Indices. Participants who had scores of 0 or 1 on the CPA_{LONG} were placed into the normative group. Those who had scores higher on the CPA_{LONG} were placed into either the Abuse group if they had scores of 0 on the Religion Justified Abuse Indices or the Religious Abuse if the Religious justified abuse indices score was 1 or higher.

Table 7

Maladjustment as a Function of Type of Childhood Emotional Abuse by Sex

Outcome Index	Normative			Abuse			Religious Abuse			Difference	
	<i>n</i>	<i>M</i>	<i>SE</i>	<i>n</i>	<i>M</i>	<i>SE</i>	<i>n</i>	<i>M</i>	<i>SE</i>	<i>F</i>	<i>p</i>
Men (<i>n</i> = 261)											
STRESS	81	.35	.08	85	.89	.08	86	1.64	.07	73.48	<.001
ANX	81	.24	.07	85	.48	.07	86	1.60	.07	115.78	<.001
DEP	81	.32	.08	85	.90	.08	86	1.71	.07	78.48	<.001
BPAQ	81	1.05	.08	85	1.47	.08	86	2.29	.08	58.71	<.001
B-PA	81	1.16	.08	85	1.64	.08	86	2.26	.08	46.16	<.001
B-VA	81	1.07	.10	85	1.67	.10	86	2.27	.10	39.04	<.001
B-ANG	81	1.13	.09	85	1.52	.09	86	2.35	.09	45.55	<.001
B-HOS	81	.85	.10	85	1.13	.10	86	2.28	.10	58.88	<.001
Women (<i>n</i> = 573)											
STRESS	127	.50	.07	293	1.15	.04	153	1.53	.06	65.46	<.001
ANX	127	.30	.06	293	0.74	.04	153	1.23	.06	63.90	<.001
DEP	127	.43	.08	293	1.11	.05	153	1.41	.07	47.03	<.001
BPAQ	127	.97	.06	293	1.43	.04	153	1.83	.06	49.68	<.001
B-PA	127	1.09	.06	293	1.48	.04	153	1.84	.06	40.94	<.001
B-VA	127	.98	.08	293	1.47	.05	153	1.90	.07	36.52	<.001
B-ANG	127	1.10	.07	293	1.68	.05	153	2.03	.07	45.01	<.001
B-HOS	127	.73	.08	293	1.13	.05	153	1.60	.07	34.26	<.001
Total Sample (<i>N</i> = 834)											
STRESS	210	.44	.05	377	1.09	.04	234	1.57	.05	131.72	<.001
ANX	210	.28	.05	377	.68	.03	234	1.36	.04	151.71	<.001
DEP	210	.38	.06	377	1.07	.04	234	1.52	.05	106.52	<.001
BPAQ	210	1.00	.05	377	1.44	.04	234	1.99	.05	101.38	<.001
B-PA	210	1.12	.05	377	1.52	.04	234	1.98	.05	82.95	<.001
B-VA	210	1.01	.06	377	1.52	.05	234	2.03	.06	71.42	<.001
B-ANG	210	1.11	.06	377	1.64	.04	234	2.14	.05	84.88	<.001
B-HOS	210	.78	.06	377	1.13	.05	234	1.84	.06	86.58	<.001

Note: With one exception among the men (Normative versus Abuse), all other Tukey post hoc cell contrasts were significant ($p < .05$). DEP/ANX/STRESS=mood indicators derived from the Depression Anxiety Stress Scales (DASS; Lovibond & Lovibond, 1995). BPAQ=Buss-Perry Aggression Questionnaire (Buss & Perry, 1992). Grouping was determined by the Violent Experiences Questionnaire- Revised (VEQ-R) and the Religion Justified Abuse Indices. Participants who had scores of 0 or 1 on the VEQ-R were placed into the normative group. Those who had scores higher were placed into either the Abuse group if they had scores of 0 on the Religion Justified Abuse Indices or the Religious Abuse if the Religious justified abuse indices score was 1 or higher.

Table 8

Odds Ratios for Anger and Mood Elevations ($> 1 SD$) by Abuse Group

	Norm vs CSA	Norm vs RCSA	CSA vs RCSA
DEP	1.38	2.74	1.98
ANX	2.15	10.08	4.68
STRESS	1.95	3.05	1.57
BPAQ	1.55	5.16	3.32
	Norm vs CPA	Norm vs RCPA	CPA vs RCPA
DEP	1.93	3.17	1.64
ANX	1.86	7.38	3.97
STRESS	2.25	3.99	1.77
BPAQ	1.65	5.21	3.16
	Norm vs CEA	Norm vs RCEA	CEA vs RCEA
DEP	4.32	6.38	1.48
ANX	2.15	8.62	4.01
STRESS	3.61	6.50	1.80
BPAQ	1.95	5.95	3.05

Note: CSA=childhood sexual abuse; RCSA=Religion-Justified CSA; CPA=childhood physical abuse; RCPA=religion-justified CPA; CEA=childhood emotional abuse; RCEA=religion-justified CEA. All odds ratios were statistically significant ($p < .05$)

Table 9

Odds Ratios for Anger and Mood Elevations ($> 1 SD$) by Abuse Group Among Men

	Norm vs CSA	Norm vs RCSA	CSA vs RCSA
DEP	1.86	3.80	2.45
ANX	2.62	19.80	9.20
STRESS	2.38	4.53	2.32
BPAQ	2.39	11.45	7.37
	Norm vs CPA	Norm vs RCPA	CPA vs RCPA
DEP	3.11	5.11	1.96
ANX	1.55	6.15	6.66
STRESS	2.13	3.77	2.05
BPAQ	2.31	7.31	2.47
	Norm vs CEA	Norm vs RCEA	CEA vs RCEA
DEP	5.05	9.36	2.17
ANX	1.51	16.54	7.70
STRESS	2.94	8.10	2.24
BPAQ	1.82	11.32	5.81

Note: CSA=childhood sexual abuse; RCSA=Religion-Justified CSA; CPA=childhood physical abuse; RCPA=religion-justified CPA; CEA=childhood emotional abuse; RCEA=religion-justified CEA. All odds ratios were statistically significant ($p < .05$)

Table 10

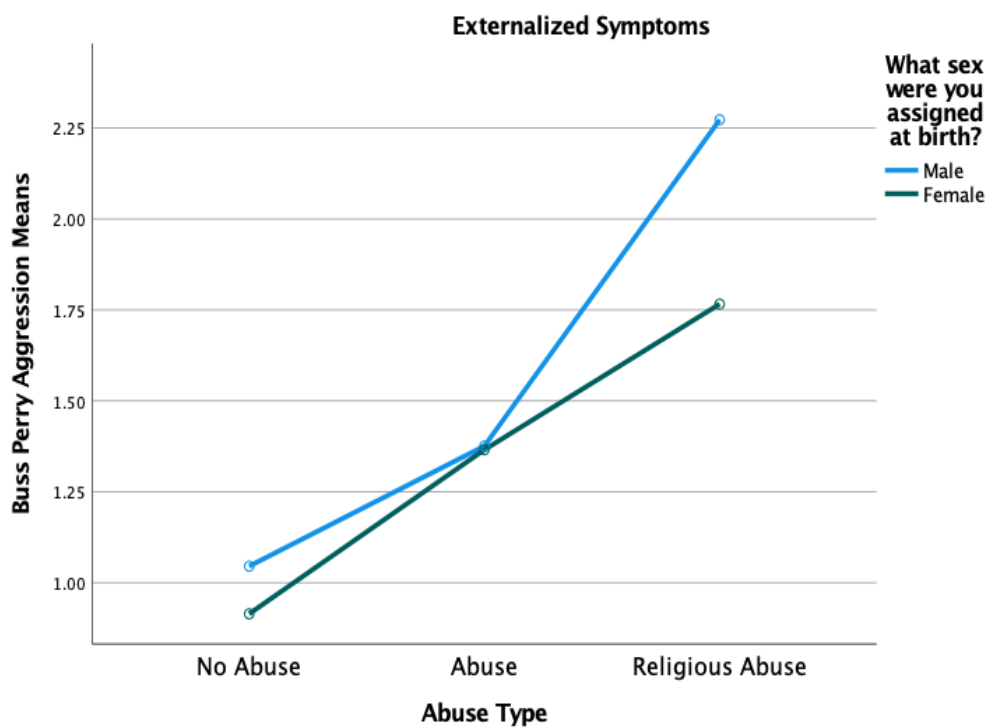
Odds Ratios for Anger and Mood Elevations ($> 1 SD$) by Abuse Group Among Women

	Norm vs CSA	Norm vs RCSA	CSA vs RCSA
DEP	1.23	2.43	1.96
ANX	1.98	9.27	4.42
STRESS	1.79	2.80	1.50
BPAQ	1.33	4.41	3.92
	Norm vs CPA	Norm vs RCPA	CPA vs RCPA
DEP	1.62	2.41	1.25
ANX	1.98	4.49	2.41
STRESS	2.27	3.38	1.25
BPAQ	1.50	3.26	1.98
	Norm vs CEA	Norm vs RCEA	CEA vs RCEA
DEP	2.39	5.08	1.70
ANX	2.19	5.74	3.49
STRESS	4.68	5.79	1.71
BPAQ	1.90	3.93	3.12

Note: CSA=childhood sexual abuse; RCSA=Religion-Justified CSA; CPA=childhood physical abuse; RCPA=religion-justified CPA; CEA=childhood emotional abuse; RCEA=religion-justified CEA. All odds ratios were statistically significant ($p < .05$)

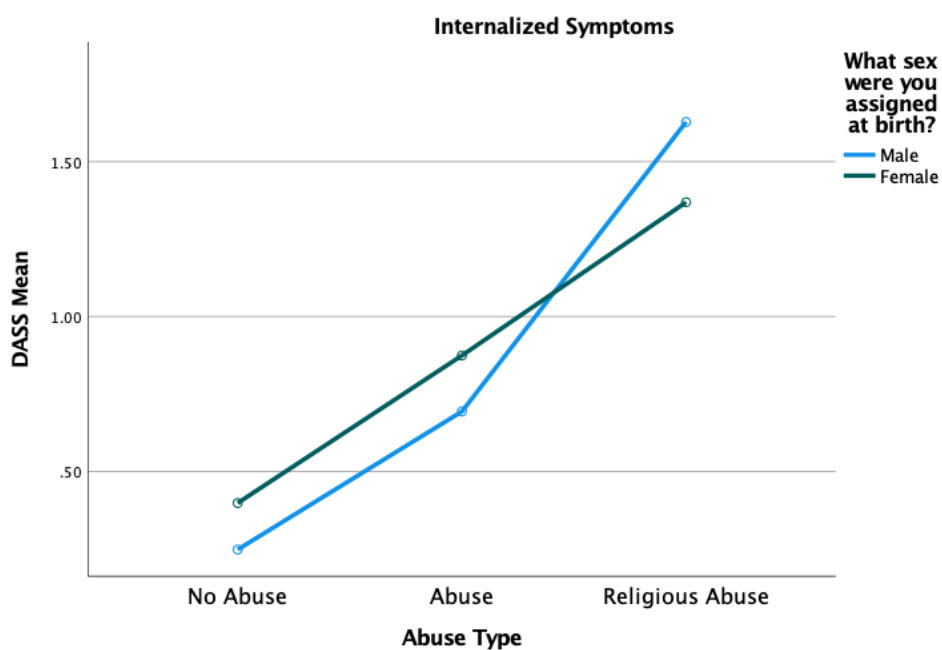
Figure 1

Comparison of Buss Perry Aggression Means by Abuse Type by Sex



Note. Externalized symptoms derived from the aggregated Hostility, Anger, Verbal Aggression, and Physical Aggression subscales of the BPAQ (Buss & Perry, 1992).

Figure 2
Comparison of Scores of the DASS Means by Abuse Type by Sex



Note. Internalized symptoms derived from the aggregated Depression, Anxiety, and Stress Scales of the DASS (Lovibond & Lovibond, 1995).

Appendix A

Childhood Sexual Abuse (Did a parent or step-parent abuse you in any of these ways between the ages of 5 and 16?)

Abusive Act	Never	Once	Twice	Multiple
Has anyone ever made you look at something sexual like pictures of a movie against your will?				
Has anyone ever forced you to look at their genitals?				
Has anyone ever spied on you or looked at you without your clothes on when you didn't want them to?				
Has anyone ever touched your genitals in some way?				
Has anyone ever got you to touch their genitals?				
Has anyone ever put their mouth on your genitalia or made you put your mouth on their genitalia?				
Has anyone ever put some part of their body or anything else inside your genitalia (vagina, buttocks, penis)?				

To what extent did *any* of the acts described above happen in the following contexts?

Act Context	Never	Once	Twice	Multiple
A religious setting (e.g., church, temple, synagogue, mosque, or other religious institution)				
The perpetrator had religious authority or was in a religious leadership position (e.g., pastor, preacher, rabbi, imam, etc.)				
The perpetrator told you not to disclose the act to anyone or God would punish you				
The perpetrator justified the act using a religious text				
The perpetrator justified the act by saying God, Allah, Yahweh, or another deity told them to do it				
The perpetrator told you that God would love you more because of the experience				
The act was clearly driven by the religion of the perpetrator				

Appendix B

Childhood Physical Abuse (Did a parent or step-parent abuse you in any of these ways between the ages of 5 and 16?)

Abusive Act	Never	Once	Twice	Multiple
Hit you with something dangerous like a baseball bat, shovel, or something else that could hurt you badly?				
Hit you with something less dangerous, like a paddle, a hairbrush, or a belt?				
Hit or punched you with their hand or fist, or kicked you?				
Pushed you, or threw you down, like against a wall or down the stairs?				
Tried to choke, drown, or smother you?				
Burned you on purpose, with a cigarette, a curling iron or maybe some very hot water, or something else?				
Cut or stabbed you with a knife, a razor, a fork, or something sharp like that?				
Shot at you with a gun?				
Punished you by not letting you sleep, or eat, or drink, for a whole day or more?				
Punished you by tying you up, or locking you in a small place, like a closet?				
Made you eat or drink something that wasn't food that might hurt you, or make you sick?				
Did something else on purpose to you, that wasn't indicated above, that physically hurt you or put you in danger of being hurt?				

To what extent did *any* of the acts described above happen in the following contexts?

Act Context	Never	Once	Twice	Multiple
A religious setting (e.g., church, temple, synagogue, mosque, or other religious institution)				
The perpetrator had religious authority or was in a religious leadership position (e.g., pastor, preacher, rabbi, imam, etc.)				
The perpetrator told you not to disclose the act to anyone or God would punish you				
The perpetrator justified the act using a religious text				
The perpetrator justified the act by saying God, Allah, Yahweh, or another deity told them to do it				
The perpetrator told you that God would love you more because of the experience				
The act was clearly driven by the religion of the perpetrator				

Appendix C

Childhood Emotional Abuse (Did a parent or step-parent abuse you in any of these ways between the ages of 5 and 16?)

Abusive Act	Never	Once	Twice	Multiple
Verbally abuse you by yelling, cursing, damaging property, or other expressions of anger without inflicting physical injury?				
Emotionally abuse you through statements or gestures expressing a threat to inflict physical injury?				
Tease, taunt, or belittle you with the purpose of devaluing your opinion and well being?				
Purposely humiliate you in public?				
Harshly invalidate or dismiss your opinions or ideas for the purpose of putting you in your place				

To what extent did *any* of the acts described above happen in the following contexts?

Act Context	Never	Once	Twice	Multiple
A religious setting (e.g., church, temple, synagogue, mosque, or other religious institution)				
The perpetrator had religious authority or was in a religious leadership position (e.g., pastor, preacher, rabbi, imam, etc.)				
The perpetrator told you not to disclose the act to anyone or God would punish you				
The perpetrator justified the act using a religious text				
The perpetrator justified the act by saying God, Allah, Yahweh, or another deity told them to do it				
The perpetrator told you that God would love you more because of the experience				
The act was clearly driven by the religion of the perpetrator				

Appendix D

ACE (Adverse Childhood Experiences) Scale (These questions pertain to experiences occurring during upbringing from ages 5 to 16)?

Item	Dichotmous Survey Item Wording
1	Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
2	Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
3	Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
4	Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
5	Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6	Were your parents ever separated or divorced?
7	Was your mother or stepmother often pushed, grabbed, slapped, thrown at, kicked, bitten, hit with a fist or something hard, threatened with a knife or gun, or repeatedly hit over at least a few minutes?
8	Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
9	Was a household member depressed or mentally ill?
10	Did a household member ever go to prison before you turned 17?

Note. Respondents were required to complete all of the ACE items at the start of the survey so there was no missing data. Respondents were allowed a "rather not say" option which was used infrequently (< 1%) and scored in the negative. An affirmed response was required to signify exposure to the respective adversity.