

**Religion-related Child Physical Abuse:
Characteristics and Psychological Outcomes**

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Abstract

Religious beliefs can foster, encourage, and justify child abuse, yet religious motivations for child abuse and neglect have been virtually ignored in social science research. In this paper, we compare victims' retrospective reports of religion-related child physical abuse to other reported cases of child physical abuse. We describe in statistical detail the nature and circumstances of the abuse, characteristics of victims and perpetrators, and the spiritual and psychological impact of the abuse. Results indicate that although the basic characteristics of religion-related physical abuse are similar to non-religion-related physical abuse, religion-related abuse has significantly more negative implications for its victims' long-term psychological well-being.

Religion-related Child Physical Abuse: Characteristics and Psychological Outcomes

Religion provides specific directives for positive moral action and the promotion of human welfare. It may be difficult to realize, then, that religious beliefs can also foster, encourage, and justify abusive behavior. The myriad connections between religion and child abuse led Donald Capps, a past president of the Society for the Scientific Study of Religion, to entitle his presidential address, "Religion and Child Abuse, Perfect Together." Although religious himself, Capps (1992) sorrowfully traced the indisputable connection between traditional religion and violence against children. Similar points have been made by Capps (1995), Straus (1994), Pagelow and Johnson (1988), and by Greven (1991) in his sobering book, *Spare the Child: The Religious Roots of Punishment and the Psychological Impact of Physical Abuse*.

In this paper, we explore the complex role of religion in child abuse cases reported retrospectively by young adults in a survey. We sought to understand the nature, circumstances, and emotional, psychological, and spiritual outcomes of religion-related physical abuse as compared to other physical abuses. We are among the first researchers to conduct a systematic examination from the victims' perspective of religion-related child physical abuse as compared to other forms of physical abuse. Herein, we review the limited literature on the ways in which religious beliefs can be involved in child physical abuse and the impact of this abuse on psychological well-being and spirituality. Then, we delineate our hypotheses regarding the impact of religion-related abuse, then present the methods and findings of our study.

Religion and Child Physical Abuse

Religious groups often play an active, positive role in prevention of child abuse and treatment of abuse victims. Yet, as Greven (1991) points out, encouragement for violent, physically abusive child-rearing techniques can be traced to Biblical passages such as, "He

that spareth his rod hateth his son: but he that loveth him chasteneth him betimes" and "Withhold no correction from the child: for if thou beatest him with the rod, he shall not die. Thou shalt beat him with the rod, and shalt deliver his soul from hell" (Proverbs 13:24 and 23:13-14, respectively). Directives such as these and belief in a vengeful God who would punish earthly pleasure with the ultimate torture of hell drive some parents to use corporal punishment to enforce parental authority and to prohibit supposed sinful behavior (Bottoms, Shaver, Goodman, & Qin, 1995; Ellison & Sherkat, 1993). Sin (e.g., disobedience) is considered the vehicle to hell, and parents may believe that it is better to inflict temporary pain than allow their children to burn in eternal hell. Some believers (and even mental health professionals; Friesen, 1992) even equate children's misbehavior with the actual activity of Satan or other evil spirits who literally possess the children and who must be exorcized by beatings. Thus, physical abuse is sometimes perpetrated by parents or by religious leaders or teachers who believe they are helping to deliver children from sin.

Because of media attention, the public is generally aware of cases in which fringe religious groups and isolationist cults practice beatings in the name of Godly discipline (e.g., Malcarne & Burchard, 1992). When discovered, such cults' abusive practices and even their particular religious beliefs are immediately highlighted in the news media, and criticized and rejected by society with much self-righteousness. Yet "cult" beliefs and practices may differ only in degree from those of mainstream religious groups such as Methodists, Baptists, and Catholics, who believe the physical punishment of children is religiously sanctioned, especially those who are Biblical literalists (Ellison, Barthkowsky, & Segal, 1996a, 1996b; Wiehe, 1990).

Social scientists have contributed to a growing, but still conceptually and empirically thin, literature that identifies ways in which religiosity and belief systems promote and justify abuse, especially by increasing parents' risk for perpetrating and rationalizing child abuse. Capps (1992, 1995) articulates clearly how the values of fundamental Christianity can be

seen as supportive of the physical and emotional abuse of children. In studies of parenting practices, Jackson, Law, Thompson, Christiansen, Colman, and Wyatt (1999) found that religious ideology was a critical factor in predicting proneness to abuse, and Neufeld (1979) found similarities in parental attitudes between abusive parents and parents who hold fundamentalist Christian values. Shor (1998) determined that religious values may be related to child maltreatment in ultra-orthodox Jewish families. Others have drawn similar conclusions about the connection between religion and beliefs in corporal punishment (e.g., Ellison et al., 1996a, 1996b; Ellison & Sherkat, 1993; Flynn, 1996; Maurer, 1982; Nelsen & Kroliczak, 1984). Although there has been little research on this topic, the relation between religion and abuse does not go unnoticed, even among the devout: A church-funded survey of nearly 650 members of the Christian Reformed Church revealed that while church attendance was inversely related to reported perpetration of child abuse, a majority of members believed “the church does little to prevent abuse,” that “Christians too often use the Bible to justify abuse,” and that “Church leaders are not prepared to help members of their churches who are victims of abuse” (Rice & Annis, 1992).

Thus, child abuse is indeed occurring within the context of religion. But what are its particular circumstances and what are its effects on child victims? Bottoms et al. (1995) conducted one of the largest studies to date of religion-related child abuse, a survey of mental health professionals (psychologists, psychiatrists, and social workers) who had encountered the following types of cases in their clinical practices: child abuse perpetrated by persons with religious authority, religiously motivated medical neglect, and severe forms of abuse and even murder perpetrated by parents and religious groups who believed they were ridding children of evil (see also Bottoms, Shaver, & Goodman, 1996; Goodman, Bottoms, Redlich, Shaver, & Diviak, 1998). Sixty-six percent of their cases in the latter category included physical abuse, but almost half of the cases were characterized by sexual abuse and nearly a third involved neglect, either in addition to or instead of physical abuse.

Also, many of their cases of physical abuse were quite extreme; for example, they reported one case in which an "eyeball was plucked out of a youth's head during an exorcism ceremony," and another in which a "father performed an exorcism on his children by dismembering and then boiling them." Thus, their category of physical abuse is not precisely like the cases we focus on in the present paper; nonetheless, given the overlap and the lack of other information in the literature, it is informative to consider a profile of their cases. In particular, 43% of the cases involved fundamentalist or fringe Christian religions, 38% involved other protestants, and 16% involved Catholics. The abuse was usually perpetrated by parents (85% of cases). On average, victims were abused between the ages of 5 and 11 years of age. Psychological sequelae included depression in half the cases, with a third of the victims having suicidal ideation. Other symptoms included phobias, social withdrawal, inappropriate aggression, and dissociative disorders. Even though the abuses were often quite violent, corroborative evidence was present only about half of the time, and trials (12%) and convictions (9%) were rare. Social service agencies performed investigations in 56% of the cases, but less than a fifth of the cases involved police and 6% involved prosecutors.

There are few other studies of the circumstances or psychological impact of religion-related physical abuse, but some studies provide insights regarding the effects of abuse on children's spirituality. In a study of children in grades 4 through 8, Nelsen and Krociczak (1984), revealed that when parents use the threat, "God will punish you" as a disciplinary tool, children tend to engage in more self-blame and are more obedient. Studies of children sexually abused by priests have revealed that the trauma can have a negative impact upon the victim's religion and spirituality (e.g., Rossetti, 1995). Also, child abuse generally (not necessarily abuse related to religion) influences victims' religious and spiritual practices. For example, Johnson and Eastburg (1992) found that although physically and sexually abused children saw their parents as more wrathful, this malevolent perception did not extend to

God. Even so, other research suggests that by the time victims reach adulthood, their relationship with and perception of God is conflicted at best. For example, Ryan (1998) concluded that the effect of child abuse on adult spirituality is complex, with some survivors reporting that retaining their religious beliefs helped them to heal from abuse, while others feel angry at God, abandoned by God, and view God as punitive. In a study of over 1000 veterans, Lawson, Drebing, Berg, Vincelle, and Penk (1998) found that men with a history of sexual or other child abuse were more likely than nonabused men to engage in prayer and spiritual activities, yet they also reported feeling greater spiritual injury and instability in spiritual behaviors and experiences. Doxey, Jensen, and Jensen (1997) concluded that sexual abuse was associated with a decrease in religiosity. Kane, Cheston, and Greer (1993) found that female sexual abuse survivors feel that God is disapproving and ashamed of them.

The results of these studies provide evidence that spiritual damage is linked to abuse. Few studies, however, distinguish religion-related abuse from abuse without religious connotations, so our understanding of the impact of religion-related abuse on spirituality is incomplete. As Durkheim (1915/1965) speculated, one of the major functions of religion is to provide us with meaning, the sense of which offers us comfort when we are vulnerable. If abuse is perpetrated in the name of God, its victim may be robbed of the meaning and comfort that spirituality can provide, which might intensify the trauma of the abuse, and compromise coping efforts. Thus, any negative impact on spirituality or religiosity might itself add to the psychological impact of the abuse. In our study, we measured both current psychological functioning as well as spirituality.

A Profile of Non-religion-related Child Physical Abuse

Although little is known specifically about the circumstances and outcomes of religion-related child physical abuse, much is known about child physical abuse in other contexts. It is important to consider a profile of physical abuse as a basis for understanding

the additive or exacerbating effects of abuse-linked religious ideology or context.

Physical abuse affects hundreds of thousands of children each year, and accounts for about a quarter of all child abuse reports (U.S. Department of Health and Human Services, 2000). A comprehensive review by Kolko (2002) indicates that rates of reported abuse do not generally differ by age or gender, though younger children may sustain the most severe injuries (Lung & Daro, 1996). Nearly all child physical abuse is perpetrated by parents and other loved ones. Ecological models proposed to explain physically abusive parenting (e.g., Belsky, 1993; Lynch & Cicchetti, 1998) stress the importance of family interactional and contextual variables, such as cultural and community factors. Other models focus on parent factors such as perceptions of and attributions for children's behaviors; expectations, developmental knowledge, and problem solving skills; beliefs about the appropriateness of using physical discipline; and tolerance for stress and ability to inhibit aggression, etc. (Azar & Gehl, 1999; Milner, 2000; Simons, Whitbeck, Conger, & Chyi-In, 1991; Wolfe, 1999; see Kolko, 2002, for review). Researchers such as Kolko (2002) have noted the need for a better understanding of the host of factors that contribute to excessive parental negativity toward children's misbehavior. We propose religious beliefs as one important factor. Religion can contribute to the likelihood of abuse by providing knowledge and attitudes that directly support abusive behaviors. This likelihood of abuse is probably greatest when other risk factors are also present.

The detrimental effects of physical abuse on psychological health in childhood and adulthood are well documented. Of course, how any one individual adjusts psychologically after having been abused as a child depends on numerous factors (e.g., Winton & Mara, 2001), but generally, children who are battered can develop an assortment of physiological, intellectual, psychological, and behavioral problems in response to the stress of their abuse (for review, see Kolko, 2002). For example, abused children often have lower self-esteem than their peers (Allen & Tarnowski, 1989; Oats, Forrest, & Peacock, 1985), although Kolko

notes that the long-term impact on self-esteem needs further investigation. Externalizing problems such as increased aggression are commonly associated with physical abuse, but so too are some internalizing problems such as depression and hopelessness (e.g., Pelcovitz, Kaplan, Goldenberg, & Mandel, 1994). The limited longitudinal and retrospective cross-sectional data that are available reveal that adult survivors of child abuse also differ from non-abused adults. For example, childhood abuse leads to later life aggression, violence, and criminal behavior (Dodge, Pettit, & Bates, 1997; Quas, Bottoms, & Nunez, 2002; Maxfield & Widom, 1996); antisocial personality disorder (Luntz & Widom, 1994); anxiety and emotional behavioral problems (Silverman, Reinherz, & Giaconia, 1996); depression (Brown, Cohen, Johnson, & Smailes, 1999; Levitan et al., 1998; Silverman et al., 1996), and suicidal ideation (Brown et al., 1999; Bryant & Range, 1997; Levitan et al., 1998; Silverman et al., 1996).

Thus, the factors that lead parents to abuse their children and the psychological effects of physical abuse are many and varied. We propose that parents' religious attitudes and beliefs (e.g., spare the rod, spoil the child) are among the attitudinal factors that can contribute to the likelihood of familial abuse. Further, we believe that for reasons outlined next, the long-term emotional toll of religion-related child physical abuse will be similar in type to that of non-religion-related physical abuse, but compounded, because of the added stress and guilt associated with religious justifications for maltreatment.

Overview and Predictions

Given the fact that religion-related justifications for abuse abound and sometimes manifest in cases of physical abuse, and that abuse related to religion may be particularly detrimental to children's well-being, it is surprising that little research has been conducted to explore its characteristics or consequences. Many questions about religion-related abuse exist. What are the circumstances of this form of abuse – who are its victims, its perpetrators? What is its impact on religiosity and spiritual beliefs? Does this type of abuse

have distinct psychological consequences? To address these important questions, we undertook a retrospective survey study of three groups of young adults: (a) adult survivors of religion-related child physical abuse, (b) adult survivors of non-religion-related child abuse, and (c) a control group of individuals who had not suffered any form of childhood abuse. We queried all individuals about their current psychological and emotional well-being, including self-esteem, and we asked the two victim groups about the nature and circumstances of their abuse experiences.

In keeping with the literatures reviewed above, we theorize that religious overtones add an additional layer of complexity and harm to child abuse experiences. Victims of religion-related abuse must deal with the trauma associated not only with parental betrayal but also perhaps the additional despair related to perceived betrayal by God. This may inhibit a child's ability to cope with maltreatment. Therefore, we hypothesized that individuals in our study who experienced religion-related abuse would experience more emotional and psychological distress and have lower self-esteem than victims of other forms of physical abuse. We expected both groups of victims to exhibit more emotional and psychological difficulties than the control group. Further, we predicted that religion-related abuse victims would report greater spiritual injury and be less religious than individuals who had suffered non-religion-related childhood abuse. We did not expect to find differences in the basic circumstantial characteristics of the two types of physical abuse in terms of form or frequency of abuse, its likelihood of being disclosed or otherwise discovered, characteristics of victims and perpetrators, etc. Instead, we expected both forms of physical abuse to fit the profile of physical abuses found in many other studies (for review, see Kolko, 2002), with the exception that, as found in the Bottoms et al. (1995) work, we expected more religion-related abuse to be perpetrated by religious leaders.

Method

Participants

Fifty-four men and 72 women from the University of Illinois at Chicago (a large, racially and ethnically diverse, urban university) volunteered to serve as participants in exchange for Introductory Psychology course credit. Twenty-six (54% women) had experienced childhood physical abuse that was in some way related to religion as defined below; 46 (61% women) experienced non-religion-related physical abuse, and 54 (57% women) experienced no abuse of any kind and served as the control group. The groups were statistically similar in terms of all demographic variables we measured (all $ps > .20$), including age ($M = 19.4$ years), year in college (51% freshmen, 35% sophomores, 14% juniors or seniors), marital status (99% single), race/ethnicity (16% African American, 26% Asian American, 43% Caucasian, 13% Hispanic/Latino/Latina, 2% other), mother's education (Mdn = at least one year of college), father's education (Mdn = college degree), and estimated parental income (Mdn = \$60,000 - \$69,000, on an 8-point scale ranging from \$0 to \$80,000+ in increments of \$10,000).

Materials

Demographic questionnaire. A demographic questionnaire requested the information reported in the "participants" section above.

Religiosity measures. Several items measured participants' involvement in religion and their religious attitudes. First, participants indicated their religious affiliation, then rated the importance of their religious beliefs on a scale ranging from 1 (*Not at all important*) to 5 (*Extremely important*). (Participants who considered themselves "spiritual" without believing in a specific deity were asked to frame this and the other religious items in terms of spirituality rather than religion.) Another item asked participants to rate the importance of religion to their self-concept using a 1 (*Not at all*) to 5 (*Extremely*) scale. The frequency with which participants attended religious services, and the frequency of their prayers, were rated on separate scales ranging from 1 (*Less than once a year*) to 8 (*Once a day*). Finally, Christian orthodoxy was assessed using the short version of the Christian Orthodoxy Scale

(Hunsberger, 1989), which consists of three items that address core Christian doctrines described in the Apostles Creed and Nicene Creed such as “Jesus Christ is the divine Son of God,” and three that describe the rejection of those doctrines such as “Despite what many people believe, there is no such thing as a God who is aware of our actions.” Responses were given on a seven-point scale, ranging from -3 (*Strongly disagree*) to $+3$ (*Strongly agree*). Appropriate items were reverse-coded so that higher scale scores reflect greater orthodoxy. Responses were recoded from 1 to 7, and item scores were summed, producing a theoretical range from 6 to 42 (higher scores indicating greater orthodoxy).

Abuse Experiences Survey. As part of a larger survey study, experiences of physical abuse were assessed with our Abuse Experience Survey.¹ The question used to determine whether participants had suffered childhood physical abuse was based on definitions used by Straus and Gelles (1988), and was similar to a question used previously to assess physical abuse with a similar university sample (Epstein & Bottoms, 2002): “When you were a child or teenager (age 17 years or younger), did any person who was at least 5 years older than you ever do any of the following types of things to you for any reason: (a) hit, slapped, spanked, lashed, grabbed, shoved, choked, punched, kicked, bit, burned, beat, stabbed, or whipped you and it left you with welts, bruises, bleeding, or other marks or injuries; (b) punished or disciplined you with a belt, cord, or other hard object; or (c) threatened you with a weapon?” Participants were also asked, “Do you consider your experience “abuse?” We labeled respondents to be physical abuse victims even if they failed to consider the experience to have been “abuse” themselves. This method helps to avoid underestimating the true number of abuse victims, because some individuals who have had abusive experiences fail to self-label as victims (e.g., Silvern, Waelde, Baughan, Karel, Kaersvang, 2000).

The participant then moved on to a series of specific questions about the experience. As evident in our description of the results below and therefore not detailed

here, a variety of survey questions tapped information about the nature and circumstances of the abuse, characteristics of the victims and the perpetrator(s), etc. To classify cases as religion-related, the survey included this question: "Do you think this experience had anything at all to do with religion?" We considered their abuse to have been religion-related if they chose any one or more of the following possible answers: "(a) it happened in a religious setting; (b) person(s) who did it to you had some religious authority or was in any religious leadership position; (c) the person(s) told you God would punish you if you told about it; (d) it was done to punish or discipline you in a way that was suggested by a religious text or spiritual being; (e) person(s) who did it thought you were possessed by devils or evil spirits; (f) person(s) who did it thought God or another spiritual figure or religious text told him/her to do it for reasons other than discipline or possession; (g) you were told God or another spiritual being would love you more because of the experience; (h) other religious reason." (In a few cases, cases were classified as religion related when respondents failed to choose "a" but later on the survey indicated a religious setting for the abuse, or failed to choose "b" but later indicated that the perpetrator had religious authority.)

Brief Symptom Inventory (BSI). The BSI is a well-validated 53-item inventory used to assess psychological symptom patterns among patient and non-patient populations (Derogatis & Spencer, 1982). It is a brief form of the SCL-90-R. Participants use a 5-point Likert scale to rate the extent to which the BSI items (describing various emotional states, feelings, and behavior) apply to themselves. The BSI provides a Global Severity Index (average response per item), a Positive Symptom Total (the number of positive or symptomatic responses overall), and a Positive Symptom Distress Index (ratio of the BSI Global Severity Index score and the BSI Positive Symptom Total, which is intended to indicate the severity of symptoms indicated). Component subscales measure 9 primary symptom dimensions: hostility, depression, somatization, obsessive-compulsive tendencies, phobic anxiety, interpersonal sensitivity, anxiety, paranoid ideation, and psychoticism.

Center for Epidemiological Studies Depression Scale (CESD). The CESD consists of 20 items designed to assess recent experience of depression (Radloff, 1977). Participants respond to items in Likert-scale fashion, indicating the extent to which each statement describes their experience during the past week. The test yields an overall score, with a score of 16 indicating the possibility of depression and a score of 23 used to indicate clinically significant levels of depression.

Rosenberg Self-Esteem Scale (Rosenberg, 1965). The Rosenberg Self-Esteem Scale is one of the most popular and well-validated measures of self-esteem, with excellent internal consistency and test-retest reliability. Respondents use a 4-point scale ranging from 1 (*strongly agree*) to 4 (*strongly disagree*) to answer items such as "I feel that I am a person of worth, at least on an equal basis with others." Items are coded such that higher numbers indicate higher levels of self-esteem, and summed.

Procedure

All measures were randomly ordered within one stapled packet, except that the demographic form was always placed first. Participants completed the packet in small groups during an experimental session in a large room where at least two chairs separated them from each other. Signed informed consent forms were returned separately from surveys to ensure complete anonymity.

Results

We begin by presenting data regarding the nature of the abuses suffered by the two groups of victims (religion-related physical abuse victims and non-religion-related physical abuse victims), including the form of the physical maltreatment, the number of times the abuse allegedly occurred, and whether the abuse was disclosed or otherwise discovered. Then we examine characteristics of the alleged victims and perpetrators, such as the relationship between them, their religious affiliation, the victim's age, and the perpetrator's gender. Finally, we test our main hypotheses regarding the long-term impact of physical

abuse: We examine the spiritual, emotional, and psychological impact of the abuse as perceived by the victims, then the current psychological well-being as measured by our standardized psychological tests. All analyses, except those of current psychological well-being, were oneway analyses of variance (ANOVAs) or chi square analyses (as appropriate) comparing the two abuse groups. (Controls were not included in those analyses because they did not suffer abuse and therefore could not describe abuse experiences.) Analyses of well-being compared the three groups of participants (victims of religion-related physical abuse, victims of non-religion-related physical abuse, and non-abused controls). Main effects of abuse type in these latter analyses were followed by Tukey tests of pairwise comparisons of means or tests with Scheffe corrections, as appropriate (Keppel, 1982).

Characteristics of the Alleged Abuses

Form of physical abuse. The specific forms of the physical maltreatment suffered was statistically similar in both victim groups (see Table 1). That is, the two groups did not differ with regard to their likelihood of having been: (a) "hit, slapped, spanked, lashed, grabbed, shoved, choked, punched, kicked, bit, burned, beat, stabbed, or whipped you and it left you with welts, bruises, bleeding, or other marks or injuries," $\chi^2(1, N = 72) = .05, p = .82$; (b) "punished or disciplined with a belt, cord, or other hard object," $\chi^2(1, N = 72) = 3.00, p = .08$; or (c) "threatened with a weapon," $\chi^2(1, N = 72) = 2.78, p = .10$.

Reflecting the degree to which our society accepts the physical abuse of children, only about a quarter of the participants whom we labeled victims believed that their experiences were abusive. Among those who experienced non-religion-related abuse, 22% considered the actions to be abusive, compared to 35% of those in the religion-related abuse group, a difference that was not statistically significant, $\chi^2(1, N = 72) = 1.42, p = .23$.

Involvement of religion in the abuse. How was religion involved in the cases? According to victims' responses to the non-mutually exclusive items used to identify cases

as religion-related, in 31% of cases, the perpetrator was a religious leader. (In light of recent scandal and publicity, it is important to note that sexual abuse is not the only form of abuse perpetrated on children by religious authorities.) In 31% of the religion-related abuse cases, the abuse was punishment or discipline that the perpetrator justified with religious texts, and in 12% of the cases, it was done for reasons other than punishment or discipline (but still believed by perpetrators to be ordered by God or a religious text). In 20% of cases, the perpetrator told the victim that God would punish her/him if the abuse was disclosed. Eight per cent of the cases involved physical abuse done to rid the child of supposed devils or evil spirits, a form of religion-related physical abuse specifically studied by Bottoms et al. (1995; Bottoms et al., 1996). In 35% of the cases, the abuse occurred in a non-secular setting. When asked in a separate question to identify the setting of abuse, 12% of victims specified church, 23% indicated a parochial or church-affiliated school, and 8% named some other religious meeting place. Like all forms of child abuse, however, it was still most likely to happen in the home (73% of cases; more than one setting could have been indicated.)

Frequency of abuse. The physical abuse reported was not typically a one-time occurrence (see Table 1). In fact, 40% of the religion-related abuse occurred over 20 times. To gain clarity about the nature of differences in frequency that might exist between the two types of abuse, we converted these data to a scale ranging from 1 (*once*) to 6 (*21 or more times*). We acknowledge the imperfect nature of this conversion, which collapses across many numbers at the higher end of the scale, but results from an analysis of this scale are actually conservative in this regard. An ANOVA revealed that the religion-related cases occurred, on average, with statistically similar frequency ($M = 4.20$, $SD = 1.94$) as other abuse cases, ($M = 3.76$, $SD = 1.27$), $F(1, 69) = 1.33$, n.s.

Disclosure and case outcome. Not surprisingly, most abuse victims told no one about their experiences, perhaps out of fear or simply because they did not believe that the actions were abusive. There was no significant difference in the percentage of religion-

related abuse victims (42%) and other victims (61%) who failed to disclose the abuse, $\chi^2(1, N = 71) = 2.39, p = .12$. Disclosures that were made by victims of religion-related or other physical abuse, were made to parents (31% and 18%), another relative (15% and 11%), a friend (27% and 21%), or a teacher (4% and 7%), respectively, all $\chi^2(1, N = 71) \leq 1.47, ps \geq .23$.

In addition, most respondents (69% of religion-related abuse victims and 75% of others) indicated that no one discovered the abuse (apart from disclosure), $\chi^2(1, N = 71) < 1, n.s.$ In only 27% of religion-related cases and 25% of other cases did someone try to stop the abuse, $\chi^2(1, N = 70) < 1, n.s.$

A formal investigation by the police, social services, or district attorney's office was rare, occurring in only 4 of the religion-related cases and 3 of the other cases. In two of the former, there was a formal determination that the abuse occurred. In one of the latter, a conviction was obtained.

Characteristics of Victims and Perpetrators

Victim age. There was no significant difference in the age at which the abuse began for victims of religion-related abuse ($M = 6.46$ years, $SD = 3.43$) and non-religion-related abuse ($M = 6.39$ years, $SD = 2.86$), $t(63) < 1, n.s.$ The abuse lasted around 6 years, on average, ending by the age of 12.5 years ($SD = 3.91$) for victims of religion-related abuse and by 12 years ($SD = 3.43$) for other victims, $t(63) < 1, n.s.$, as in the study by Bottoms et al. (1995).

Victims' religious affiliation and religiosity. The victims from the two abuse groups did not differ significantly in terms of denominational affiliation. As shown on Table 2, over a third of the sample was Roman Catholic (whereas Catholics comprise around 25% of the general population). The next most popular category was mainstream Protestant (20% or less), then "Christian." The two groups also failed to differ with regard to perceived importance of religious beliefs, importance of religion to self-concept, frequency of attending

religious services, frequency of prayer, and scores on the Christian Orthodoxy Scale, all $t_{(≥66)} ≤ 1.31$, n.s. (see Table 2). In short, the participants were much more similar than dissimilar in terms of their religious beliefs and practices.

Relationship of perpetrator to victim. As true in most cases of child physical abuse, parents were the most common perpetrators. This was more likely to be true, however, in cases of non-religion-related abuse than in religion-related abuse, $\chi^2(1, N = 71) = 4.09, p = .04$ (see Table 2). In no cases was the abuse perpetrated by a stranger or mere acquaintance. The two abuse groups did not differ significantly in the likelihood that the abuser was another family member such as a grandparent, $\chi^2(1, N = 71) = 0.51, p = .48$, or other relative, $\chi^2(1, N = 71) = 2.55, p = .11$. A teacher was more likely to have been the abuser in religion-related abuse cases than in non-religion-related abuse cases, $\chi^2(1, N = 71) = 6.16, p = .01$, probably reflecting the involvement of teachers at religious schools. We were particularly interested in instances of abuse perpetrated by religious authorities. In one religion-related abuse case the abuser was a Sunday School teacher, and in three cases (12%) the abuser was a priest. No cases were specified as having been perpetrated by a nun, minister, rabbi, or religious healer.

We were also interested in the perceived emotional relationship between the victim and perpetrator, and so we asked the victims to rate the degree to which they felt emotionally close to the abuser both before and after the abuse, on a scale ranging from 1 (*Not at all close*) to 5 (*Extremely close*). We performed a 2 (abuse type) x 2 (time: before vs. after the abuse) ANOVA on these scale scores, with time as a within-subjects variable. There was no significant difference in perceived closeness reported overall by victims of religion-related ($M = 3.67, SD = 0.26$) and non-religion-related abuse ($M = 3.97, SD = 0.20$), $F(1, 69) < 1$, n.s. As would be expected, however, there was a significant main effect for time, with respondents feeling closer to the abuser before the abuse ($M = 4.07, SD = 1.26$) than they did following the abuse ($M = 3.65, SD = 1.58$), $F(1, 69) = 9.26, p = .003$. There

was no statistically significant interaction between these two factors, $F(1, 69) < 1$, n.s.

Perpetrator gender. There was no statistically greater likelihood of a man (77%) or woman (62%) being a perpetrator in religion-related cases, as compared to the other cases (61% and 64%, respectively), $\chi^2(1, N = 70) \leq 1.79$, $ps \geq .18$. These results are consistent with our finding that parents were most likely to be the abusers, and suggests that the parents worked together in performing the abuse.

Perpetrator religion. Abusers' religious affiliations did not differ significantly between the two abuse categories, $\chi^2(7, N = 64) = 6.29$, $p = .51$ (see Table 2). Unsurprising for this particular midwest sample, the abuser was most likely to be Catholic – in over half of both kinds of cases. In light of previous writings (e.g., Capps, 1992, 1995), it is surprising that no perpetrators were reported to have been “fundamentalist.” This might be a function of inaccurate reporting tendencies. That is, fundamentalist might be a category unlikely to be used by our young victims, who may have chosen to leave this item blank or use identifiers like “Christian.”

Spiritual, Emotional, and Psychological Effects of the Abuse

Perceived effects on religiosity. Respondents indicated whether the abuse caused them to change their religious beliefs. Victims of religion-related abuse (69%) were significantly less likely than other victims (94%) to report that the abuse had no effect, $\chi^2(1, N = 72) = 7.55$, $p < .01$. Twelve per cent of the religion-related victims indicated that the abuse made them more religious, 16% less religious or atheistic, and 4% indicated that it made them switch religions. It is interesting that fully 28% of the religion-related abuse victims told us that they felt that the physical abuse was “acceptable or justified for religious reasons.” Perhaps this is a necessary coping mechanism for reducing the cognitive dissonance that would otherwise result from identifying one’s parents or trusted religious leaders or teachers as abusers, or from believing that religious teachings are not helpful or comforting. This finding warrants further examination in future research.

Perceived emotional effects. We asked respondents to tell us how emotionally upset they were by the abuse on a scale ranging from 1 (*not at all upset*) to 5 (*highly upset*). There was no difference in the average ratings given by non-religion-related ($M = 3.33$, $SD = 1.49$) and religion-related abuse victims ($M = 3.04$, $SD = 1.45$), $t(70) < 1$, n.s. Separately, we asked respondents whether they experienced any “lasting effects” of the experience. Most respondents (76% of non-religion-related and 54% of religion-related abuse victims) reported none, a difference that only approached statistical significance $\chi^2(1, N = 71) = 3.55$, $p = .06$. The most common type of lasting effect noted was “emotional or psychological harm,” which was indicated by 17% of non_religious and 23% of religion-related abuse victims, $\chi^2(1, N = 71) < 1$, n.s. Only 2% of victims from the non-religion-related group reported “positive spiritual effects,” as compared to 19% of religion-related abuse victims, $\chi^2(1, N = 71) = 6.16$, $p = .01$. None of those who reported positive spiritual effects changed their religious affiliation; whatever positive effects that might have occurred took place within their faith tradition, not as a result of changing their affiliation. The rate at which victims reported “negative spiritual effects” did not differ between the non-religion-related (4%) and religion-related (8%) abuse groups, $\chi^2(1, N = 71) < 1$, n.s. No participants reported lasting physical impairment.

Current self-esteem and psychological well-being. We analyzed scores on the Rosenberg Self-Esteem scale, the Center for Epidemiological Studies Depression Scale, and the Brief Symptom Inventory scales in separate ANOVAs comparing all three groups (religion-related abuse victims, non-religion-related abuse victims, and the non-abused control group).²

First, with regard to participants' general self-esteem, there was only a non-significant trend in the expected direction. Victims of religion-related abuse reported slightly lower levels of self-esteem ($M = 30.50$, $SD = 6.16$) as compared to victims of non_religion-related abuse ($M = 33.13$, $SD = 5.65$) and the control participants ($M = 33.37$, $SD = 5.70$),

$F(2, 123) = 2.37, p = .10$.

Next, we examined participants' current level of depression. CES-D scores revealed the effects we hypothesized: 42% of religion-related abuse victims, but only 15% of other victims and 20% of the control group could be classified as clinically depressed using the recommended criterion score of 23, $\chi^2(2, N = 126) = 7.25, p = .03$. Follow-up chi square analyses with Scheffe corrections (as recommended by Sheshkin, 2000) revealed that the differences between the religion-related abuse group and each of the other two groups were both statistically significant, $\chi^2s \geq 4.24, ps \leq .02$. A similar but non-significant trend emerged in level of depression as measured by the BSI-Depression subscale (see Table 3). The religion-related abuse group reported slightly higher levels of depression ($M = 1.15, SD = 0.85$) than did the other abuse group ($M = 0.80, SD = 0.88$) and the control group ($M = 0.85, SD = 0.76$), $F(2, 123) = 1.72, p = .18$.

Table 3 illustrates all means from the BSI measures. In terms of the component subscales, as predicted, victims of religion-related abuse fared more poorly than other victims and than control participants in terms of anxiety, $F(2, 123) = 4.33, p = .02$; phobic anxiety, $F(2, 123) = 3.87, p = .02$; hostility $F(2, 123) = 4.04, p = .02$; psychoticism, $F(2, 123) = 3.79, p = .02$; and paranoid ideation, $F(2, 123) = 3.46, p = .04$. A similar trend approached significance for obsessive-compulsive tendencies, $F(2, 123) = 2.34, p = .10$. In fact, the religion-related victims' mean score for obsessive-compulsiveness approached the mean score of psychiatric outpatients (1.57; Derogatis & Spencer, 1982). For somatization, there was also an overall group effect, $F(2, 123) = 3.15, p = .05$, with the religion-related group mean for somatization approaching the mean score for psychiatric outpatients (.83; Derogatis & Spencer, 1982). However, Tukey comparisons revealed that their score differed significantly only from the non-religion-related group, not from the control group. Mean differences for interpersonal sensitivity failed to reach statistical significance, $F(2, 123) = 1.53, p = .22$.

Not surprisingly, given these component results, general symptomology, as measured by the BSI Global Severity Index was, overall, greatest among people who had suffered religion-related abuse than among the other two groups of people, $F(2, 123) = 4.40, p = .01$. There was a similar, but only marginally significant effect, on the Positive Symptom Distress Index scores, $F(2, 123) = 2.83, p = .06$. Nevertheless, the analysis of individual subscales on the BSI demonstrates that, above and beyond possible effects of abuse frequency, religion-related abuse is associated with more negative effects in many areas of mental health than is abuse that has no religious component.

Discussion

In a 1988 review article, Gorsuch asked, "Is religion an important psychological variable?" When considering the abuse of children, our data indicate that it is, and that religion-related abuse should be considered distinct from other forms of child abuse. The religion-related cases in our sample were defined as such because the perpetrator of the physical abuse was a religious leader or religious teacher, believed he or she was directed by God or a religious text, and/or perpetrated the abuse in a religious context, all of which are circumstances that could lead victims to feel as though the abuse was sanctioned by a church or even God.

Our hypotheses were largely supported by our data. In particular, as expected, we found that abuse related in some way to religious beliefs or practices was quite similar to non-religion-related abuse in terms of its basic form, frequency of occurrence, likelihood of having been disclosed or otherwise discovered by anyone or acted upon by legal or social service authorities (which rarely occurred), victim characteristics (age, religious affiliation, and religiosity), and perpetrator characteristics (religious affiliation, gender). The only reliable difference in the nature of the cases involved the relationship of victim to perpetrator: Although all cases were more likely to be perpetrated by a parent than by anyone else, this was somewhat more likely in non-religion-related cases, and teachers

were more likely to be perpetrators in religion-related cases than in other cases.

We expected to find more spiritual injury and decreased religiosity among religion-related abuse victims. These hypotheses were not supported: There were no significant group differences in terms of perceived importance of religion generally and to the self-concept, frequency of attending religious services and of praying, and religious beliefs as measured by the Christian Orthodoxy Scale. Thus, findings of decreased spirituality or religiosity noted in victims of child sexual abuse (e.g., Doxey et al., 1997; Lawson et al., 1998) may not generalize to victims of child physical abuse.

Of most importance were our hypotheses regarding long-term psychological impact. We found that victims from the two abuse groups did not differ in the extent to which they reported having been emotionally upset by the abuse. In fact, victims of religion-related abuse were more likely than victims of other physical abuse to say that their experience had lasting positive spiritual effects. The two groups also failed to differ in terms of general self-esteem, contrary to our expectations. However, other standard measures of psychological well-being revealed significant differences such that victims of religion-related abuse had greater psychological symptomology than did victims of other physical abuse or non-abused controls. In particular, victims of religion-related abuse displayed more depression, anxiety, hostility, psychoticism, phobic anxiety, and paranoid ideation (although the latter two effects weakened after covarying for proxy measures of abuse severity). Those victims were also higher in somatization than victims of non-religion-related abuse, but did not differ from the control group in that regard. As noted in our introduction, several of these sequelae were also found in the Bottoms et al. (1995) study of religion-related child abuse. Although prior research has shown that many of these emotional difficulties, including hostility, anxiety, depression, and suicidal ideation, result from child physical abuse without religious components, the victims of non-religion-related abuse in our study did not differ significantly from the control group on any dimension of well-being. (This is cause for some caution in

interpreting our results, because it is possible that our non-religion-related abuse comparison group was more highly functioning than such victims in the general population. But, if so, then one would expect religion-related abuse group to also be proportionally higher functioning.)

What could explain the poorer psychological outcomes for the religion-related victims compared to the other two groups? As we theorized in the introduction, religious contexts and justifications may add an additional layer of complexity and harm to the experience of child physical abuse. Additional research is necessary to determine the specific nature of this additional complexity, but like others (Bottoms et al., 1995; Goodman et al., 1998), we speculate that there is an additional sense of betrayal involved, and much internal cognitive dissonance and perhaps guilt as victims deal not only with the physically abusive actions, but also with the confusing relation of the actions to religion, which they are taught to believe and follow. This may interfere with normal coping mechanisms. Young victims may come to believe (or are told to believe) that the abuse is parentally and/or supernaturally sanctioned or required, or is a punishment for their own sins. Fully 28% of our victims had, in fact, come to believe that the abusive experiences were justified for religious reasons. Only 35% of them considered their experiences to have been abusive.

To understand the differential psychological effect of religion-related abuse, it is also worthwhile to consider theories proposed by researchers such as Pargament and Kirkpatrick. First, Pargament (1997) has demonstrated that, for some people, religion is a source of meaning that helps them cope with daily and existential concerns. We suggest that victims of religion-related abuse, whose relationship to or views of God could be disturbed by the abuse experience, might be deprived of the benefits of viewing God as a coping resource. Victims abused by a person with religious authority have also lost that spiritual leader as a source of social support. Second, according to Kirkpatrick (1997, 1998) God serves as an attachment figure for some individuals, especially those who are not

securely attached to parents. In the typical religion-related abuse case in our sample, one or both parents were the perpetrator, the perpetrators invoked religion or God to legitimize their actions, and the victims felt more distant emotionally from the perpetrators after the abuse. Thus, our victims might have felt deprived of secure attachments with parents and with God, and might have had fewer social psychological resources for effective coping. Although we failed to find decreased religiosity or religious practices among victims of religion-related abuse, we did not directly measure the use of religion as a coping mechanism or source of social support, nor did we measure feelings of attachment to parents or God. Of interest, Kennedy and Drebing (2002) similarly found no relation between current religious behaviors and past experiences of abuse (non-religion-related abuse), but they did find that self-reported frequency of abuse was related to feelings of alienation from God.

Strengths and Limitations

Our study is one of very few studies, if any, to use data reported directly by victims (as opposed to data reported by their therapists or by the authorities, for example, as in Bottoms et al., 1995 and Bottoms et al., 1996) to compare child physical abuse that is religion-related with abuse that is not. Our methodology is solid in many ways: We used appropriate comparison and control groups, well-conceived and validated measures, and a sample that was diverse and therefore representative in terms of socioeconomic status and race/ethnicity. Even so, there are many questions we were unable to address and our findings should be considered in light of our study's limitations. For example, we investigated only one form of religion-related abuse, ignoring other forms that are also of importance such as religion-related medical neglect and sexual abuse perpetrated by persons with religious authority (but these have been covered in some depth in other articles, e.g., Bottoms et al., 1995). Further, even though our sample was diverse in some ways, it was also small in size, young, and included only victims from a non-clinical, urban,

midwest setting. Our findings might not represent the experiences of individuals who suffered extremely severe abuse or emotional sequelae and who therefore are less likely to appear in a sample of highly functioning college students (e.g., Duncan, 1999). Nor might they be generalizable to other locales. We also have no way of moving from our data to base rates in the general population, so we cannot provide any insight into the incidence or prevalence of this form of abuse. Further, as is true for any study using retrospective self-report methodology, people are not always accurate in reflecting upon their past experiences, their motivations, or their cognitive processes (Azar, 1997). We have necessarily accepted the accuracy of information provided by respondents, but victims' perceptions and recollections might not all be accurate. It is also worth noting that we measured victims' perceptions and psychological well-being at only one point in time, when the victims are relatively young; we do not know what longer term effects might be. Finally, no one study can measure all important variables. Although we included several measures of abuse severity, including one (frequency) which did differ between the two abuse groups, we do not know if there are additional unmeasured variables which might help explain the differences we observed in mental health status of the victims from the two abuse groups. Obviously, random assignment to abused and nonabused groups is not, and never will be, feasible.

For all these reasons, our study is an important start in documenting that differences exist in the mental health outcomes of religion-related and other forms of physical abuse, but it is only a start. Future research must be conducted to determine if the differences we observed can be replicated, and if so, additional research should use a theoretically oriented approach to understand the specific reasons for those differences. Even so, we believe our study makes an important contribution to a controversial field by providing scientific findings that can lead to a better understanding of religion-related abuse. Understanding necessarily precedes and informs identification, treatment, and prevention

efforts, especially efforts to work with parents or others who need to learn non-abusive methods for disciplining children. We are pleased that some churches are already engaging in such intervention efforts.

Conclusion

A regrettable picture has been developed by our study: Physically abusive actions taken against a child for religious reasons are generally not severe enough to attract the attention of authorities (as indicated by our data on disclosure and discovery), and not often considered by its victims to be abusive, but nonetheless might have long-lasting negative consequences for psychological well-being.

As Greven (1991) notes, abusive parenting styles have been driven by mainstream religious beliefs for centuries. They are part of our Euro-American heritage, and if religion-related child abuse is not acknowledged now as a problem by our society, it will be our legacy to the future. The freedom to choose religions and to practice them will, and should, always be protected by our constitution. The freedom to abuse children in the course of those practices ought to be curtailed.

Footnotes

¹The larger parent survey consisted of four parts, each addressing a different form of child maltreatment (physical, sexual, emotional, and neglect). For the present paper, we analyzed data from participants who suffered only child physical abuse (or, for the control group, no abuse). Thus, we were able to examine the nature and effects of child physical abuse specifically rather than in combination with other forms of abuse. That is, religious beliefs can contribute to single or multiple forms of child abuse (Bottoms et al., 1995), and the presence or absence of various combinations of abuse has differential effects on victims (Goodman, Bottoms, Redlich, Shaver, & Diviak, 1998). Even so, we acknowledge different and uncontrolled levels of emotional abuse among our cases, consistent with arguments that all forms of child abuse involve some level of psychological maltreatment (Brassard, Germain, & Hart, 1987; Claussen & Crittenden, 1991; Garbarino, 1980; Garbarino & Vondra, 1987). It is also important to note that the distribution of respondents across our three groups is not at all indicative of incidence or prevalence; it results from purposeful sampling from among a much larger number of students who participated in the parent study.

²We also performed analyses of covariance (ANCOVA) comparing only the two abused groups while statistically controlling for two variables that might reflect abuse severity: (a) frequency of abuse, as measured by the 6-point frequency scale described in the results section (and which did not differ significantly between the two groups), and (b) whether or not a parent or parents were the perpetrators of the abuse (which did differ significantly between the groups, with parents more likely to be the perpetrators in cases of non-religion-related abuse). These ANCOVAs revealed few differences in the results presented herein: After covarying for the two factors simultaneously, (a) the significant effects of abuse type on phobic anxiety and on somatization weakened to marginal levels of significance, $F(1, 66) = 3.04, p = .09$ and $F(1, 66) = 3.07, p = .08$, respectively; and (b) the significant effect on

paranoid ideation became non-significant, $F(1, 66) = 1.95, p = .17$.

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Table 1.**Characteristics of the Abuse as a Function of Condition (Percentage of Cases)**

	Condition	
	Religion-related abuse	Non-religion-related abuse
<i>Specific form of the physical abuse</i>		
Hit, slapped, spanked, etc.	69%	72%
Punished with objects	77%	57%
Threatened with a weapon	12%	2%
Other	0%	2%
<i>Frequency of abuse</i>		
Once	16%	4%
Twice	8%	4%
3 - 5 times	12%	39%
6 - 10 times	8%	30%
11 - 20 times	16%	7%
21 or more times	40%	15%

Table 2.

Victim and Perpetrator Characteristics as a Function of Condition

	Condition	
	Religion-related abuse	Non-religion-related abuse
<i>Victims' religious affiliation (percentage of victims)¹</i>		
Fundamental protestant	4%	2%
Protestant	17%	20%
Catholic	38%	35%
Christian	17%	13%
<i>Measures of religiosity (mean ratings)</i>		
Importance of religious beliefs	3.80 (1.12)	3.42 (1.18)
Importance of religion to self-concept	3.04 (1.17)	2.77 (1.16)
Frequency of attending religious services	4.20 (1.83)	3.58 (2.10)
Frequency of prayer	5.96 (2.57)	5.42 (2.80)
Christian Orthodoxy Scale	33.31 (10.09)	31.80 (10.56)
<i>Relationship of perpetrators to victims (percentage of cases)²</i>		
Parent or step-parent	73%	91%
Grandparent	12%	7%
Other relative	15%	4%
Teacher	19%	2%
<i>Perpetrators' religious affiliation (percentage of cases)³</i>		
Fundamental protestant	0%	0%
Protestant	23%	7%
Catholic	59%	52%
Christian	9%	17%

Note. Standard deviations are noted parenthetically. For religiosity measures, higher values indicate more religiousness.

¹ The two victim samples also included Hindu (N = 2), Islam (N = 1), Judaism (N = 1), atheist (N = 4), and other (N = 6).

² In addition, a sibling and some other person were each the abuser in 2.2% of the non-religion-related abuse cases.

³ The two perpetrator samples also included Hindu (N = 2), Islam (N = 2), and atheist (N = 6).

Table 3.**Mean Scores on the Brief Symptom Inventory as a Function of Condition**

	Condition		
	Religion-related abuse	Non-religion-related abuse	Control
Global Severity Index	1.16 _a (.84)	.71 _b (.62)	.78 _b (.55)
Positive Symptom Total	28.88 _a (16.6)	20.65 _b (13.07)	23.26 _{ab} (12.25)
Positive Symptom Distress Index	1.96 _a (.51)	1.73 _a (.65)	1.64 _a (.48)
Primary Symptom Dimension Subscales			
Depression	1.15 _a (.85)	.80 _a (.88)	.85 _a (.76)
Anxiety	1.13 _a (1.11)	.59 _b (.68)	.73 _b (.60)
Phobic anxiety	.72 _a (.96)	.29 _b (.54)	.37 _b (.52)
Obsessive compulsiveness	1.54 _a (.96)	1.06 _a (.85)	1.26 _a (.93)
Somatization	.81 _a (1.04)	.41 _b (.51)	.52 _{ab} (.53)
Hostility	1.39 _a (1.21)	.82 _b (.75)	.95 _b (.68)
Paranoid ideation	1.41 _a (1.06)	.93 _b (.94)	.89 _b (.67)
Psychoticism	1.06 _a (.88)	.59 _b (.74)	.64 _b (.67)
Interpersonal sensitivity	1.31 _a (1.08)	.95 _a (.95)	.95 _a (.86)

Note. Standard deviations are noted parenthetically. Means within a row that share letters in their subscripts do not differ from each other at $p < .05$. Higher values indicate greater distress.