

A NATIONAL SURVEY OF THE SEXUAL TRAUMA EXPERIENCES OF CATHOLIC NUNS*

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Much of the research on sexual trauma and religion has focused on male clergy perpetrators and child sexual abuse. In response to this limitation, we conducted a national survey of sexual trauma among Catholic nuns. Sexual trauma was not uncommon, both across the lifespan and during religious life. Childhood sexual abuse was most prevalent (although lower than in the general population), followed by sexual exploitation (primarily by priests and nuns), sexual harassment within the religious community (exclusively by nuns), and sexual harassment at work (primarily by men, both clergy and lay). Past and current sequelae of the trauma included psychological and spiritual dysfunction. Childhood sexual abuse consistently predicted sexual re-victimization in adulthood. The severity of the abuse, age of the victim, and gender and religious status of the abuser modified victims' reactions to and willingness to discuss the trauma. These findings have implications for education, intervention, and policy in religious communities with respect to sexual trauma, and may prove useful to health professionals who treat abused women.

The clinical and epidemiological study of sexual abuse and its consequences has flourished in recent years. This trend has kept pace with the increasing awareness of and concern over sexual abuse issues in society in general, most notably sexual violence against women (Koss et al., 1994). Although the majority of the research and clinical focus has been on child sexual abuse, sexual exploitation or coercion (such as occurs between therapists and clients) and work sexual harassment have also been studied. We include these and all forms of sexual behavior involving violence, coercion, or mental or physical stress/injury (either immediate or delayed) under the term "sexual trauma."

A proliferation of scholarly commentary and research has occurred in recent years on the subject of sexual abuse in a religious context (see Wolf, 1994a, for an extensive bibliography). Concomitant with this scholarly awareness has been the emergence of advocacy groups for sexual abuse victims, including Victims of Clergy Abuse LINKUP, Survivor's Network for those Sexually Abused by Priests (SNAP), Support for Women Abused by Nuns (SWAN), and others (Wolf, 1994b, lists more than 20 of these organizations). Without question, however, the primary focus in this area has been on *male perpetrators* (most commonly, priests or clergymen) and *child sexual abuse* (cf., Berry, 1994; Burkett and Bruni, 1993; Jenkins, 1996; Rossetti, 1990, 1996; Winter et al., 1990). For example, Sipe (1995) recently provided extraordinarily rich data on the historical, motivational, and systemic influences on Catholic priests who abuse others sexually or otherwise break the vow of celibacy. Yet, comparatively little empirical research has been directed at *female religious professionals* (nuns, clergywomen, women rabbis), in particular those who are the *victims* of

sexual trauma. In her foreword to Sipe's (1995) book *Sex, Priests and Power: Anatomy of A Crisis*, Margaret Miles of Harvard University notes that a study of women members of religious orders with respect to sexual abuse remains to be done. Thus, the purpose of the present study was to present data on the prevalence and consequences of sexual trauma among Catholic nuns (hereafter referred to as Sisters) in the United States.

Several questions guided this research. With respect to child sexual abuse, there was reason to believe that its prevalence among Sisters would be higher than in the general population. This hypothesis was based on the idea that the celibate religious life is an appealing haven to sexually traumatized women experiencing guilt, confusion, and anger in relation to sexual feelings. Estimates of the prevalence of child sexual abuse among women in general vary widely, although a number of studies have reported values in the roughly 30% to 40% range (Anderson et al., 1993; Elliott, 1994; Finkelhor, Hotaling, Lewis, and Smith, 1990; Mullen, Romans-Clarkson, Walton, and Herbison, 1988; Russell, 1983; Walch and Broadhead, 1992). Others have reported figures of 15% to 20% for educated, Caucasian, middle class samples of women seen in medical practice (Greenwood, Tangalos, and Maruta, 1990; Moeller, Bachman, and Moeller, 1993). A primary goal of the present study was to compare the child sexual abuse experiences of Sisters with these figures for lay women.

With respect to sequelae of child sexual abuse, numerous reviews and studies have catalogued widespread, non-specific elevations in psychological, behavioral, and physical symptoms in survivors, both during childhood and into adulthood. These symptoms include depression, eating disorders, anxiety disorders, somatization, sexual maladjustment, substance abuse, post-traumatic stress disorder, suicidal ideation, disturbances of the self, poor health status, chronic pain, anger, and interpersonal relationship disturbances (cf. Beitchman et al., 1991; Beitchman et al., 1992; Browne and Finkelhor, 1986; Bushnell, Wells, and Oakley-Browne, 1992; Cahill, Llewellyn, and Pearson, 1991; Cole and Putnam, 1992; Hall, Sachs, Rayens, and Lutenbacher, 1993; Kendall-Tackett, Williams, and Finkelhor, 1993; Kessler et al., 1995; Leserman et al., 1996; McCauley et al., 1997; Moeller et al., 1993; Nash et al., 1993; Polusny and Follette, 1995; Saunders et al., 1992; Scott, 1992; Tharinger, 1990; Toomey, Hernandez, Gittelman, and Hulka, 1993; Yellowlees and Kaushik, 1994). In addition, the literature has consistently shown an increased risk of sexual re-victimization in survivors of child sexual abuse (Wyatt, Guthrie, and Notgrass, 1992). With respect to the present study, it was hypothesized that the same types of sequelae would occur at significant levels among women religious. It was reasoned that the unique (and historically repressive) nature of celibate religious life with respect to sexuality may serve to exacerbate the psychological and behavioral repercussions of sexual trauma (Sipe, 1990, 1995).

In addition to the psychological and behavioral symptoms of sexual trauma, the spiritual effects were considered of particular importance in this population. Sipe (1995) indicated that sexual abuse in a religious context can have a profound and long-lasting effect on the faith life of the victim (see also Ganje-Fling and McCarthy, 1996). Rossetti (1995) reported that victims of child sexual abuse by a priest had significantly less trust in the Church and the priesthood and less confidence that God was acting to their benefit in their daily lives, relative to those abused by laypersons. Similarly, Hall (1995) showed significant

negative effects of child sexual abuse on trust in God, a sense of spiritual community with others, and a sense of love and acceptance by God. In a study by Kane, Cheston, and Greer (1993), survivors of child sexual abuse by a father-figure experienced more anger toward God, felt God to be more distant from them, and perceived God as more rigid and disapproving than non-victims. Based on these studies, it was hypothesized that child sexual abuse would carry significant spiritual consequences among women who had devoted their lives to the service of the faith.

A second area of concentration in this study was sexual exploitation. Also called "sexual coercion," sexual exploitation is best defined in the context of a violation of professional ethics. It occurs when a person in power takes advantage of the dependence and vulnerability of a "client" who is placed in or voluntarily adopts a position where personal control and power are limited in order that the "client" may benefit from the expertise of the person in power. It is always the responsibility of the person in power to avoid sexual behavior in these relationships because: (a) it is a violation of role expectations; (b) it is a misuse of authority and power; (c) it takes advantage of vulnerability and dependence; and (d) meaningful consent is impossible, since consent to sexual activity can only occur in an atmosphere of mutuality and equality (Fortune, 1994). Sipe (1990, 1995) and others (e.g., Benson, 1994; Brock and Lukens Jr., 1989; Fortune, 1994; Francis and Turner, 1995; Giallanza, 1994) have discussed the nature of sexual exploitation within a pastoral context and, in one empirical study, Seat, Trent, and Kim (1993) reported a prevalence of sexual exploitation of 6% among Southern Baptist pastors. However, Sipe (1995) and Fortune (1994) have noted that much more research attention has been paid to sexual exploitation by lay therapists than by clergy.

For this study, we expected the prevalence of sexual exploitation to be noteworthy for several reasons. First, Sipe (1995) has estimated that at any one time 20% of Catholic priests are involved in a sexual relationship with a woman. Given the intimate (and unequal) circumstances in which priests and Sisters regularly find themselves (e.g., spiritual direction, retreats, teaching, work), it was reasonable to expect that a certain number of the sexual experiences that priests have with women involve Sisters. Secondly, studies have estimated that the prevalence of sexual exploitation by male therapists of female clients may be as high as 12% (Gartrell et al., 1986; Pope, Keith-Spiegel, and Tabachnik, 1986; Seto, 1995). To the extent that Sisters seek mental health care (in particular, those sexually abused as children), this figure would be expected to contribute to the prevalence of sexual exploitation in this group. Thirdly, the literature suggests that sexual advances by educators and mentors toward female students and trainees is common (Fortune, 1994; Rutter, 1991), perhaps as high as 30% (Glaser and Thorpe, 1986). In the case of Catholic Sisters, preparation for their vocation requires a period of formation that lasts from 5 to 10 years. Thus, we were concerned with comparing the prevalence of sexual exploitation in the preparation phase for Sisters with that suggested for lay women in professional training.

With respect to the consequences of sexual exploitation, a number of studies of lay women in a therapeutic or education context have documented a variety of effects, including guilt and shame, anger, depression, confusion, distrust of therapeutic relationships, sexual maladjustment, feelings of abandonment, suicidal ideation, exacerbation of the problem for which therapy was sought, and

progressively more negative evaluations of the experience over time (cf. Benowitz, 1994; Bouhoutsos et al., 1983; Feldman-Summers and Jones, 1984; Glaser and Thorpe, 1986; Pope, 1988; Schoener, Milgrom, and Gonsiorek, 1984; Seto, 1995; Shackelford, 1989; Solursh, Solursh, and Williams, 1993; Wincze, Richards, Parsons, and Bailey, 1996). Based on this literature, we predicted that the psychological and behavioral consequences of exploitation among Sisters would be similar to or more extreme than those experienced by women in general (again, due to the unique position occupied by sex in a celibate religious community).

The final area we investigated was sexual harassment, at work and within the community of Sisters. As defined by the U.S. Equal Employment Opportunity Commission (EEOC), work sexual harassment includes extortion of sexual favors with job-related consequences for failure to comply and/or generalized behavior that creates a hostile or offensive work environment (U.S. EEOC, 1980). Estimates of the prevalence of work sexual harassment vary from about 40% to 70% in studies of lay women (Fitzgerald, 1993; Komaromy, Bindman, Haber, and Sande, 1993; Lenhart et al., 1991; Libbus and Bowman, 1994; United States Merit Systems Protection Board, 1987). Although social science attention to sexual harassment among religious professionals is scanty, relevant data are available from other sources. For example, in a study commissioned by the United Methodist Church, 77% of Methodist clergywomen, 54% of women attending Methodist colleges or seminaries, 36% of women employees of the Methodist Church, and 23% of female Methodist laity reported an experience of sexual harassment in the Church (United Methodist Church, 1990). Common effects of the experience on these women included a deterioration in "emotional condition," "feelings about (themselves)," "feelings toward the Methodist Church," and "quality of worship." A similar study by the Commission for Women's Equality of the American Jewish Congress (1993) surveyed women rabbis in the United States. Nearly 75% of the respondents reported at least one experience of sexual harassment in their role as rabbis, 29% of whom were harassed by a fellow rabbi. Only 14% of the women said that their synagogue had an explicit policy on sexual harassment. These studies suggest that the prevalence of sexual harassment in religious organizations is not insignificant.

On the other hand, we also had reason to suspect that the frequency of sexual harassment at work might be lower for Catholic Sisters. The "contact hypothesis" of sexual harassment (Gutek, Cohen, and Konrad, 1990) predicts that the likelihood of harassment is a direct function of the degree of contact a woman has with men at work and the recency of introduction of women into the role. Unlike their Methodist and Jewish counterparts, Sisters have occupied their role within their denomination for centuries and have historically held jobs where contact with men may be relatively less likely (e.g., elementary and secondary school teaching).

As with child sexual abuse and sexual exploitation, the sequelae of sexual harassment were also of concern. Research with lay populations has documented significant negative consequences of harassment, including depression, anxiety, dysphoria, sleep disturbance, sexual difficulties, psychosomatic symptoms, interpersonal relationship difficulties, and anger (cf. Charney and Russell, 1994;

Gutek and Koss, 1993; Hamilton, Alagna, King, and Lloyd, 1987; Pryor, 1995; Samoluk and Pretty, 1994). The extent to which these effects generalize to Sisters was an additional research question.

Across all types of sexual trauma, we were concerned with identifying characteristics of the victims that might predict their reactions to the trauma. Of particular concern was the impact of the type of abuser. We predicted that abuse at the hands of a fellow religious (a priest or another Sister) would carry greater psychological weight than abuse at the hands of a layperson. In particular, we expected the spiritual consequences of abuse to be exacerbated in the case of religious abusers. We were also interested in discovering the characteristics of the abuse experience that predicted whether or not a victim would discuss the abuse and/or seek treatment for its aftermath. The extent of the abuse, the type of abuser, and the age of the victim were all considered as potentially relevant.

In addition to these specific hypotheses about sexual trauma among Sisters, a general rationale for the study was to provide data that might prove useful to therapists and other professionals who treat or work with religious groups, a growing enterprise in mental health (Wolf, 1994b). For example, Duckro, Busch, McLaughlin, and Schroeder (1992) discussed the unique needs and characteristics of religious professionals seeking mental health therapy, where sexuality is not infrequently an important issue in the therapy process. The therapist who has no appreciation for the religious tradition, the important interplay between psychological and spiritual health, or the unique place that sexuality occupies in celibate, communal religious life may be less than effective or even counterproductive. A description of sexual trauma in a large population of women religious professionals would add to this understanding. In addition, we expected that other health professionals, educators, and consultants who work with religious communities or religious clientele would benefit from information regarding the prevalence, nature, and results of sexual trauma among Sisters.

METHODS

Pilot Study

A preliminary version of our sexual trauma survey was tested with a large sample of Sisters in the year preceding the current study. The definitions of the various forms of sexual trauma and the questions for the survey were adapted from previous sexual abuse surveys. Additional questions were generated that were specifically relevant to Catholic Sisters. The survey was mailed to all 856 members of three Midwest religious communities (chosen for convenience). A total of 578 Sisters returned completed surveys (a response rate of 68%). Following the collection and analysis of the pilot data, feedback sessions were held with the leadership teams of the three participating communities. The results of the pilot study (Duckro, Chibnall, and Wolf, 1995) and the information from the feedback sessions were used to improve, modify, and expand the survey. The three communities that participated in the pilot study were excluded from the sampling frame for the national study.

National Study

Participants and sampling design. At the time of the survey, there were approximately 89,000 Catholic Sisters in the United States. Approximately 85,000 of these (about 95% of the total) were members of active religious institutes or communities. "Active" refers to communities or institutes that have an apostolic mission to provide service through their work in the world at large. These communities may be contrasted with "contemplative" orders whose mission is to pray and meditate within a closed community. The majority of the active religious institutes are represented in a national organization called the Leadership Conference of Women Religious (LCWR). The LCWR represents approximately 92% of U.S. Sisters in active communities (or about 78,000 women at the time of the survey), and our sample was drawn from this group. Since no national database of individual Sisters existed, it was necessary to create a sampling frame. First, a mailing list of the 538 communities represented in the LCWR was obtained (excluding the three pilot study communities). A letter was mailed to the community leadership that described the purpose of the study and requested a mailing list of all Sisters in the community who were capable of completing a survey. We requested that Sisters who were demented or too ill to do so without assistance be excluded from the mailing list. After approximately eight weeks, a total of 123 positive responses had been received (a response rate of about 23%). The mailing lists submitted by these communities comprised 28,653 individual names and addresses. This number is approximately 37% of the *total* number of Sisters in the 538 communities we contacted (approximately 77,100 Sisters, including those who did not meet our inclusion criterion). Thus, those that did respond were the larger communities, having on average 233 members. The communities that did not participate had on average 117 members.

A systematic random sample of 2,500 names was selected from the nearly 29,000 names submitted. A sample size of 2,500 was chosen in order to obtain prevalence estimates for sexual trauma within a margin of error of 2%. Surveys were mailed to 2,444 women within the United States (all 50 states and the District of Columbia were represented) and to 56 women working outside the U.S. (in South America, Central America, Asia, Africa, Europe, Australia, and the U.S. territories).

Procedure

Each Sister in the sample was mailed a 15-page survey, a cover letter, and a postage-paid, addressed return envelope. The cover letter described the purpose and anonymity/confidentiality issues of the study. All surveys were coded with a numeric identification number that corresponded to the Sister's name and address in an electronic database. The purpose of the identification number was to create a subject pool for follow-up studies on sexual trauma. It was clearly explained to the recipients that the survey could be rendered completely anonymous by removing the identification number from the survey prior to returning it. Sisters were informed that, if they left the number intact, they were granting the investigators permission to recontact them and that their responses would be

kept in strictest confidence. Sisters wishing a copy of the results of the study were told to submit a request under separate cover. After three weeks, a reminder post card was mailed to all 2,500 Sisters. Data collection was terminated ten weeks after the first mailing.

Materials

The survey consisted of five sections. The first section dealt with the respondent's experiences of child sexual abuse. Child sexual abuse was defined as:

Any sexually-oriented contact with a person of the same or opposite sex, including hugging and kissing (with clear sexual intent), genital fondling, disrobing, genital contact, and/or sexual intercourse, where the target of the sexual behavior is less than 18 years of age.

Experiences of mutual sex play between pre-pubescent children and mutually chosen sexual contact between unrelated adolescents of about the same age were explicitly excluded from the definition. Questions concerning abusers, age when abused, past and current effects of the abuse, and discussion of the abuse were included. In this and all subsequent sections, most questions were in a yes-no format.

Section two dealt with experiences of sexual exploitation since entering religious life. Sexual exploitation was defined as:

Any sexual advance, request for sexual favors, or other verbal, nonverbal, or physical conduct of a sexual nature that occurs in the context of a relationship wherein a woman entrusts her property, body, mind, or spirit to another person acting in a professional role. This voluntary relinquishing of power is made under the assumption that the relationship will serve solely to advance her interests (and not the personal interests of the professional).

Exploitation was explicitly differentiated from work sexual harassment. Respondents who had more than one experience of exploitation answered with reference to the experience that had the most profound impact on their lives. Questions concerning exploiters, types of behavior, past and current effects of exploitation, and discussion of the exploitation were included. With reference to six positive and six negative adjectives, respondents were asked how they would have described the experience at the time it occurred and how they would describe it currently. Sisters were also asked whether the exploitation occurred during formation.¹

The third section dealt with experiences of work sexual harassment since entering religious life. Work sexual harassment was defined as:

Any unwelcome sexual advance, request for sexual favors, or other verbal, nonverbal, or physical conduct of a sexual nature which: a) is made a condition of employment; b) affects employment decisions; c) interferes with one's work; or d) creates an intimidating, hostile, or offensive work environment.

Questions in this section were identical in type and format to those asked in the exploitation section, with the exception of the adjective ratings.

The fourth section dealt with intra-community sexual harassment and other adult sexual abuse. Intra-community sexual harassment was defined as harassment from another Sister that occurred within the context of community life (and that could not be classified as work sexual harassment or sexual exploitation). The category of "other adult sexual abuse" was a catch-all category designed to document all unwanted sexual experiences that did not meet the definitions of the previous four types of trauma (e.g., rape or sexual assault). Questions in section four were limited to whether the experience occurred and, if so, when it occurred.

A demographic section was presented as optional. Questions regarding age, ethnicity, educational status, years in religious life, and primary occupations were included.

RESULTS

A total of 1,210 surveys (48.4%) were returned within a ten-week period. Of this number, 46 were blank, yielding a sample of 1,164 (46.6%). Only two surveys were received following termination of data collection. Although presented as optional, the vast majority of respondents chose to complete the demographic section of the survey (between 96.8% and 97.6%, depending on the question). The respondents had a mean age of 62.3 years ($SD = 11.4$); the mean years in religious life was 42.4 ($SD = 12.3$). Ninety-four percent of the sample was Caucasian. The highest level of education attained included high school diploma (1.4%), bachelors degree (18.1%), masters degree (34.2%), post-masters education (36.0%); doctorate (6.2%), and post doctoral education (1.6%) (missing = 2.5%). The most common occupations during religious life included teaching (86.1%), education administration (35.7%), congregation administration (18.9%), pastoral associate (17.7%), adult faith education (15.4%), non-nursing health care (14.6%), social work (11.7%), missionary (9.9%), and nursing (9.1%) (missing = 2.4%).

Child Sexual Abuse

The prevalence of child sexual abuse was 18.6% ($N = 216$), a figure very close to the prevalence of 19.2% found in the pilot study (Duckro et al., 1995). The mean age at onset was 8.7 years ($SD = 3.8$) and the mean age at which abuse stopped was 12.6 years ($SD = 3.6$). Nearly all abusers were male, with brothers (25.0%), uncles (19.9%), male strangers (16.7%), male family friends (15.7%), fathers (12.5%), and male cousins (10.2%) the most common. Clergymen (6.0%) and nuns (3.2%) accounted for nearly 10% of the abusers (prevalence of 1.6%). Nearly one-third of those abused (31.9%) had more than one abuser.

Table 1
Past and Current Sequelae of Child Sexual Abuse

Child sexual abuse sequelae	In the past	Currently	Wilcoxon Z
Anger	49.8	38.6	-2.3*
Shame or embarrassment	76.7	32.1	-8.2***
Anxiety	59.5	20.5	-7.7***
Confusion	68.8	19.5	-8.6***
Depression	39.1	18.1	-5.1***
Difficulty imagining God as Father	17.2	14.0	-1.4
Difficulty praying	22.8	13.0	-2.9**
Difficulty sleeping	29.3	9.3	-5.2***
Relationship with God disrupted	28.4	8.8	-5.4***
Self-blame for the abuse	41.9	8.4	-7.3***
Considered leaving religious life	14.9	7.4	-2.5*
Difficulty working or concentrating	26.0	7.4	-4.9***
Felt as if you wanted to die	21.9	6.0	-4.8***
Suicidal thoughts	16.7	6.0	-3.6***
Considered leaving the Church	6.0	4.7	-0.8
Felt that God was punishing you	10.2	3.2	-3.0**
Attempted suicide	3.7	0.9	-1.7

Note: Values are percentages based on $N = 215$ (missing = 1).

* $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$.

Table 1 summarizes the past and current sequelae of the abuse. Confusion, shame/embarrassment, anxiety, anger, and depression were common past and current sequelae. Self-blame for the abuse was a common past consequence. As the table shows, the prevalence of nearly all of the effects declined significantly over time (Wilcoxon Signed-Rank Test).

Of those who were abused, 23.6% ($N = 51$) had never discussed the abuse with another person. These women had kept their experience of sexual abuse a secret for a mean of 54.3 years ($SD = 11.0$). For those who had discussed the abuse ($N = 165$), a mean of 24.7 years ($SD = 17.4$) elapsed between the onset of the abuse and their first disclosure. Of those who discussed the abuse, 46.7% were either in mental health therapy (12.9%) or had had therapy (32.7%) that directly addressed their experience of child sexual abuse. The vast majority of these women (84.4%) indicated that their therapy experience was completely or considerably effective.

The victims' responses to the abuse were examined as a function of the age at which the abuse occurred, the extent of the abuse, and the type of abuser. Women who were abused before the age of six ($N = 48$; vs. those abused between ages 6-10, $N = 84$; or after age 10, $N = 62$), who had two or more abusers ($N = 69$; vs. those with one abuser, $N = 146$), or who were abused incestuously ($N = 136$; vs. those abused by a non-relative, $N = 79$) had a higher prevalence (in the past and currently) of sleep disturbance, difficulty working/concentrating, anger, confusion, depression, anxiety, suicidal ideation; prayer difficulties, disruption of relationship with and images of God, and desire to leave the Church and religious life (all $X^2 ps < .05$). Differences ranged from 20% to

30% higher prevalence in the indicated group. The small percentage of women who had been abused by clergymen or nuns were more likely to display confusion, anxiety, and a desire to leave religious life (19% to 27% higher prevalence) than women abused by laypersons (all $X^2 ps < .05$). In addition, younger women (≤ 65 years old, $N = 168$ vs. ≥ 66 , $N = 46$), women abused before the age of six, those with multiple abusers, and those abused incestuously were significantly more likely to have divulged the experience to another person and to have had mental health therapy that addressed the abuse (17% to 37% higher prevalence; all $X^2 ps < .05$).

With respect to changes in the prevalence of symptoms over time, significant drops (as determined by the Wilcoxon Signed-Rank Test) in the prevalence of prayer difficulties, a feeling of being punished by God, a desire to leave religious life, and suicidal ideation were noted for women abused before the age of six (prayer difficulties excepted), women with more than one abuser, and women abused incestuously (all Wilcoxon $Z ps < .05$). Prevalences ranged from 13-42% "in the past" to 4-13% "currently." By contrast, prevalence levels for these sequelae among women abused after age six, those with a single abuser, and those abused by a non-relative remained at relatively lower levels (5-16% "in the past" compared to 0-11% "currently").

Sexual Exploitation

The prevalence of sexual exploitation during religious life was 12.5% ($N = 146$), again very close to the prevalence of 11.1% found in the pilot study (Duckro et al., 1995). Nearly 40% of this group had two or more exploitation experiences (4.9% overall). For most of these women, the exploitation occurred between 10 and 20 years ago (32.9%) or more than 20 years ago (38.4%). Prevalence of sexual exploitation by clergymen (e.g., Catholic priests), nuns, and lay persons was 6.2%, 3.1%, and 2.4%, respectively (0.9% unidentified). Prevalence by men and women was 8.2% and 3.4%, respectively. The highest single prevalence was associated with Catholic priests acting as spiritual directors (2.3%). Other roles identified for priest perpetrators included pastor, retreat director, counselor, and mentor. The most common roles for nun perpetrators were mentor, formation director, religious superior, and teacher. Exploitation by health professionals had a prevalence of 1.5% ($N=18$; 0.8% for therapists/counselors and 0.8% for physicians). Sexual exploitation during formation had a prevalence of 2.0% ($N = 23$).

Of those who were sexually exploited ($N = 146$), 7.5% experienced only non-physical sexual behavior (e.g., leering, requests for sex, sexual comments or jokes); 50.7% experienced physical, non-genital behavior (e.g., touching/physical closeness, kissing); and 39.0% experienced genital sexual contact (e.g., fondling, oral sex, sexual intercourse) (missing = 2.7%). The experience was a single event for 29.5% of those exploited, but lasted between 1 and 11 months for 26.7%, between 1 and 2 years for 19.9%, and 3 years or more for 19.2% (missing = 4.8%).

Table 2 displays the self-reported sequelae associated with sexual exploitation at any time during the past and currently. Common effects included anger,

Table 2
Past and Current Sequelae of Sexual Exploitation

Sexual exploitation sequelae	In the past	Currently	Wilcoxon Z
Anger	56.0	44.7	-1.9
Shame or embarrassment	78.0	44.0	-5.2***
Anxiety	75.2	19.9	-7.8***
Confusion	77.3	19.1	-7.8***
Depression	42.6	15.6	-4.7***
Difficulty imagining God as Father	19.1	14.9	-1.2
Difficulty praying	45.4	14.2	-5.5***
Self-blame for the exploitation	36.2	9.2	-4.8***
Relationship with God disrupted	36.9	9.2	-5.2***
Considered leaving religious life	28.4	7.1	-4.4***
Difficulty sleeping	38.3	7.1	-5.8***
Considered leaving the Church	7.8	5.0	-1.5
Difficulty working or concentrating	48.9	5.0	-6.8***
Felt that God was punishing you	7.8	2.1	-2.2*
Suicidal thoughts	9.9	2.1	-2.9**
Felt as if you wanted to die	9.9	1.4	-2.8**
Attempted suicide	3.5	0.0	-2.0*

Note: Values are percentages based on N = 141 (missing = 5).

* $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$.

shame or embarrassment, anxiety, confusion, depression, difficulty praying and imagining God as "father," and, in the past, difficulty working, self-blame, disruption of relationship with God, sleep disturbance, and thoughts of leaving religious life. The prevalence of nearly all effects declined significantly over time.

As shown in Table 3, several of the past and current effects of sexual exploitation were significantly more prevalent for the physical and genital forms of exploitation. There was no relationship between the type of abuser (lay male, $N = 24$ vs. clergyman, $N = 72$ vs. nun, $N = 36$; excluding the 4 cases of exploitation by lay females) and the level of sexual behavior experienced, indicating that exploitation by clergymen and nuns was just as likely to involve genital sex as exploitation by lay males. Also, type of abuser had no significant effect on the prevalence of exploitation sequelae.

With reference to a checklist of six positive and six negative adjectives, Sisters who had experienced exploitation were asked how they would have described the experience at the time it occurred and how they would describe it currently. Table 4 shows the percentage who endorsed each of the adjectives. The description of the experience was significantly more negative from the current perspective. When describing the experience at the time it occurred, Sisters endorsed a mean of 2.3 positive adjectives ($SD = 2.2$) and a mean of 2.8 negative adjectives ($SD = 2.1$); when describing the experience currently, Sisters endorsed a mean of 0.8 positive adjectives ($SD = 1.5$) and a mean of 3.6 negative adjectives ($SD = 2.2$). Those who had been exploited by clergymen or nuns were significantly more likely than those exploited by laypersons to endorse five of the six positive adjectives (caring, fulfilling, loving, and consented) when

Table 3
Sequelae of Exploitation as a
Function of Level of Sexual Behavior Experienced

Sexual exploitation sequelae	Level of sexual behavior			$X^2(2)$
	Non-Physical ^a	Physical, non-genital ^b	Genital ^c	
Past effects				
Difficulty praying	18.2	37.5	61.8	11.1**
Difficulty working/concentrating	18.2	47.2	60.0	6.9*
Depression	9.1	38.9	54.5	8.7*
Difficulty sleeping	18.2	31.9	52.7	7.9*
Relationship with God disrupted	27.3	27.8	50.9	7.6*
Considered leaving religious life	9.1	22.2	40.0	7.0*
Suicidal thoughts	0.0	4.2	20.0	9.9**
Current effects				
Shame or embarrassment	18.2	36.1	60.0	10.5**
Anxiety	9.1	13.9	30.9	6.5*
Depression	9.1	6.9	29.1	11.8**
Self blame	9.1	1.4	20.0	12.7**

Note: Values are percentages (missing = 8).

^aN=11. ^bN=72. ^cN=55.

* $p < 0.05$ ** $p < 0.01$.

describing the experience “at the time it occurred” (all $X^2 ps < .05$). Differences ranged from 32% to 57% higher prevalence of endorsement among those exploited by a clergyman or nun. No differences were found for the endorsement of positive adjectives “currently.”

Of those who were exploited, 24.7% ($N = 36$) had never discussed the experience with another person. Of those who had discussed the exploitation ($N = 108$), 50.9% were either in mental health therapy (13.9 %) or had had therapy (37.0%) that directly addressed their experience of sexual exploitation. The majority of these women (87.2%) indicated that their therapy experience was completely or considerably effective. Those who had been exploited by a man ($N = 96$) were significantly more likely than those exploited by a woman ($N = 40$) to have discussed the experience with another person (81% vs. 61%, respectively; $X^2 p < .05$). Type of exploiter had no association with the prevalence of mental health therapy in response to the experience. Women age 65 or younger ($N = 93$) were more likely than those over 65 ($N = 15$) to have received therapy (56% vs. 20%, respectively; $X^2 p < .05$).

Changes over time in the description of the experience and the prevalence of symptoms exhibited different patterns as a function of the type of exploiter. For women exploited by lay males, the endorsement of negative adjectives was uniformly high (50-79% for “at the time” and “currently”). Similarly, the endorsement of positive adjectives was uniformly low (0-17% for “at the time”

Table 4
Description of Sexual Exploitation
Experience at the Time it Occurred and Currently

Adjectives	At the time	Currently	Wilcoxon Z
Positive			
Mutually consented	40.0	17.1	-4.8***
Caring	52.1	15.7	-6.1***
Exciting	42.1	14.3	-5.2***
Loving	42.9	12.9	-5.5***
Worthwhile	26.4	8.6	-4.2***
Fulfilling	24.3	7.9	-3.9***
Negative			
Inappropriate	70.0	82.1	-2.7**
Exploitative	45.0	70.0	-4.4***
Humiliating	51.4	58.6	-1.5
Harmful	37.9	56.4	-3.9***
Coercive	42.9	47.1	-1.0
Harassing	31.4	45.7	-3.2**

Note: Values are percentages based on N = 140 (missing = 6).

* $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$.

and “currently”). However, the description of the experience when the exploiter was a clergyman or nun became more negative, with endorsement of “inappropriate,” “exploitative,” and “harassing” increasing significantly (23-46% for “at the time” to 40-84% for “currently”; all Wilcoxon Z $ps < .05$). By contrast, endorsement of positive adjectives decreased significantly for all six adjectives (26-62% for “at the time” to 3-29% for “currently”). This pattern is validated by the fact that those exploited by clergymen or nuns endorsed significantly more positive adjectives “at the time” than those exploited by lay males ($M = 2.7$ vs. 2.8 vs. 0.6 , respectively; F $p < .001$), while the “currently” means did not differ (F $p > .05$). Those exploited by clergymen or nuns also endorsed significantly fewer negative adjectives “at the time” than those exploited by lay males ($M = 2.6$ vs. 2.5 vs. 3.8 , respectively; F $p < .05$), while the “currently” means did not differ (F $p > .05$).

With respect to changes in the prevalence of sexual exploitation sequelae, self-blame for the experience, shame, anger, and depression all showed significant declines over time when the exploiter was a lay male or clergyman (40-92% for “in the past” to 4-40% for “currently”) (all Wilcoxon Z $ps < .05$). When the exploiter was another Sister, however, none of the percentages declined significantly (28-76% for “in the past” to 11-59% for “currently”). This pattern can be clearly differentiated from that seen with the adjective descriptors, where the religious identity of the exploiter was crucial: psychological consequences declined significantly when the exploitation was heterosexual, but remained uniformly elevated when the exploitation was of a homosexual nature.

A significant relationship was found between child sexual abuse and sexual exploitation. Of those who were sexually abused as children ($N = 216$), 29.6%

experienced sexual exploitation during religious life. Of those who were not sexually abused as children ($N = 947$), 8.7% were exploited during religious life ($X^2 p < .001$). Women who were victimized as children by more than one abuser were also more likely to be exploited later in life than those with a single abuser (47.8% vs. 21.1%, respectively; $X^2 p < .001$). Finally, women abused as children by a clergyman or nun ($N = 19$) were more likely than women abused by laypersons ($N = 197$) to be exploited as adults (52.6% vs. 27.4%, respectively; $X^2 p < .05$).

Work Sexual Harassment

The prevalence of work sexual harassment during religious life was 9.3% ($N = 108$), also quite close to the value of 10.6% reported for the pilot study (Duckro et al., 1995). About half of this group (4.5% overall) had two or more experiences of harassment. For most of the women, the harassment occurred between 10 and 20 years ago (22.2%) or more than 20 years ago (33.3%), although 13.9% were harassed within the last year. Prevalence of work sexual harassment by clergymen, nuns, and lay persons was 3.6%, 0.6%, and 4.8%, respectively (0.3% unidentified). Prevalence by men and women was 8.1% and 0.9%, respectively. The highest prevalence was associated with clergymen employers or coworkers (2.2%). Prevalence of work sexual harassment during the formation period was 0.7% ($N = 8$).

Of those who were sexually harassed ($N = 108$), 38.9% experienced non-physical sexual behavior; 44.4% experienced physical, non-genital behavior; and 13.9% experienced genital sexual contact (missing = 2.8%). Harassment by a clergyman or nun ($N = 48$) was significantly more likely than harassment by a layperson ($N = 59$) to involve genital sexual contact (20.8% vs. 8.9%, respectively; $X^2 p < .05$). The harassment experience was a single event for 31.5% of those harassed, but lasted between 1 and 11 months for 33.3%, between 1 and 2 years for 16.7%, and 3 years or more for 15.7% (missing = 2.8%).

Table 5 displays the self-reported sequelae associated with work sexual harassment. The most common effects were anger, shame/embarrassment, anxiety, depression, and, in the past, confusion, difficulty praying, difficulty working, and sleep disturbance. Most effects were significantly less common currently than in the past. As shown in Table 6, four of the past effects of work sexual harassment (three of which were spiritual) were significantly more prevalent if the harasser was a religious professional.

Of those who were harassed at work, 23.1% ($N = 25$) had never discussed the experience with another person. Of those who had discussed the harassment ($N = 81$), 29.6% were either in mental health therapy (8.6%) or had had therapy (21.0%) that directly addressed their experience of work sexual harassment. The majority of these women (87.5%) indicated that their therapy was completely or considerably effective. The type of harasser (religious vs. lay; male vs. female) was not associated with the tendency to discuss the harassment or seek treatment for its repercussions. Women under age 66 ($N = 88$) were more likely than older women ($N = 16$) to have discussed the harassment with another person (83% vs. 44%, respectively; $X^2 p < .001$).

Table 5
Past and Current Sequelae of Work Sexual Harassment

Work sexual harassment sequelae	In the past	Currently	Wilcoxon Z
Anger	69.4	19.4	-6.2***
Shame or embarrassment	59.3	14.8	-5.9***
Anxiety	59.3	6.5	-6.6***
Depression	27.8	6.5	-3.9***
Confusion	55.6	5.6	-6.3***
Relationship with God disrupted	14.8	5.6	-2.4*
Difficulty imagining God as Father	11.1	4.6	-2.1*
Difficulty praying	32.4	3.7	-4.9***
Self-blame for the harassment	15.7	2.8	-3.3**
Difficulty working or concentrating	38.9	2.8	-5.3***
Difficulty sleeping	24.1	1.9	-4.3***
Considered leaving the Church	2.8	1.9	-1.0
Considered leaving religious life	7.4	1.9	-2.2*
Felt that God was punishing you	3.7	0.9	-1.2
Suicidal thoughts	1.9	0.0	-1.3
Felt as if you wanted to die	3.7	0.0	-1.8
Attempted suicide	0.0	0.0	0.0

Note: Values are percentages based on $N = 108$.

* $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$.

Table 6
Past Sequelae of Work Sexual Harassment as a Function of Type of Harasser

Past sexual harassment sequelae	Type of harasser		$X^2(1)$
	Clergyman or nun ^a	Lay person ^b	
Difficulty praying	46.9	19.3	9.2**
Relationship with God disrupted	22.4	7.0	5.2*
Depression	36.7	17.5	5.0*
Difficulty imagining God as Father	18.4	5.3	4.5*

Note: Values are percentages (missing = 2).

^a $N = 49$ (42 clergymen, 7 nuns). ^b $N = 57$ (53 male, 4 female).

* $p < 0.05$. ** $p < 0.01$.

A significant relationship was found between child sexual abuse and work sexual harassment. Of those who were sexually abused as children ($N = 216$), 15.3% experienced work sexual harassment during religious life. Of those who were not sexually abused as children ($N = 946$), 7.9% were sexually harassed at work ($X^2 p < .001$). Also, women abused as children by a clergyman or nun were more likely to be harassed as adults than women abused by laypersons (31.6% vs. 13.7%, respectively; $X^2 p < .05$).

Intra-community Sexual Harassment

Intra-community sexual harassment refers to unwanted sexual advances made by other Sisters in the context of community life (as distinct from sexual exploitation and work sexual harassment). The prevalence of intra-community sexual harassment was 11.1% ($N = 129$). Intra-community harassment during formation had a prevalence of 2.4% ($N = 28$). A significant relationship was found between child sexual abuse and this form of harassment. Of those who were sexually abused as children ($N = 211$), 17.5% experienced intra-community sexual harassment. Of those who were not sexually abused as children ($N = 921$), 10.0% were sexually harassed within the religious community ($X^2 p < .01$). Also, women victimized as children by more than one abuser were more likely than those with a single abuser to experience intra-community harassment as adults (29.9% vs. 11.8%, respectively; $X^2 p < .01$).

Other Sexual Abuse

This category served as a catch-all for any sexually traumatic experiences that could not be classified as child sexual abuse, sexual exploitation, work sexual harassment, or intra-community sexual harassment and that occurred at *any time* in a Sister's adult life (e.g., rape, date rape, sexual assault). The prevalence of other sexual abuse was 13.3% ($N = 155$). The prevalence of these experiences during religious life was 10.4% ($N = 121$). Of those who were sexually abused as children ($N = 208$), 20.2% experienced other sexual abuse; of those not sexually abused as children ($N = 896$), 12.6% experienced it ($X^2 p < .01$).

Overall Prevalences of Sexual Trauma

Lifetime prevalence of sexual trauma for these Sisters was 39.9% ($N = 465$). Prevalence of sexual trauma during religious life was 29.3% ($N = 341$). Of the total sample, 22.7% ($N = 264$) had experienced one of the five forms of sexual trauma, 11.3% ($N = 132$) had experienced two forms, and 5.9% ($N = 69$) had experienced three or more forms.

There were 599 incidents of child abuse, sexual exploitation, work sexual harassment, or intra-community sexual harassment reported. Across all types, the most common perpetrators were lay persons (46.7% of the incidents), followed by Sisters (29.9%) and clergymen (21.2%) (unknown = 2.2%). If the incidents of childhood sexual abuse are excluded, Sister perpetrators accounted for 44.9% of the 383 incidents of exploitation and work or intra-community harassment, followed by clergymen (29.8%), and lay persons (21.9%) (unknown = 3.4%). Considering only sexual exploitation and work sexual harassment, clergymen accounted for 44.9% of the 254 incidents, followed by lay persons (33.1%) and Sisters (16.9%) (unknown = 5.1%).

DISCUSSION

The results of the study suggest that Catholic Sisters in the United States are no strangers to sexual trauma. With a lifetime prevalence of 40% and a prevalence during religious life of nearly 30%, sexual trauma in one form or another impacted a minimum of 34,000 of the 85,000 Sisters who were in active orders at the time of the study (projected), with sometimes significant psychological and spiritual consequences. The interpretations and implications of these events for the individual women and religious life in general are compelling.

With respect to childhood sexual abuse, the prevalence found here was less than 20%, which is lower than the roughly 30% to 40% reported in previous studies with community and clinical samples of adult women (Anderson et al., 1993; Elliott, 1994; Finkelhor et al., 1990; Mullen et al., 1988; Russell, 1983; Walch and Broadhead, 1992), but a close approximation of the values reported for lay women with demographic profiles similar to that exhibited in the sample here (e.g., Greenwood et al., 1990; Moeller et al., 1993). Thus, the hypothesis that celibate religious life is a haven for sexually wounded individuals is not supported by these data. But neither was this population immune to sexual abuse as children. Any speculation that a particular family environment (e.g., intact and strongly religious) both encouraged these women to become Sisters and protected them from sexual trauma as children is not supported here.

This high prevalence of childhood sexual abuse among Sisters has important vocational implications for religion in light of the fact that: (a) the abuse had, in some cases, significant and long-term impacts on the psychological and spiritual health of the victim, including doubts about continuing in a religious vocation; (b) the abuse was a consistent and powerful predictor of later sexual victimization during religious life, in particular abuse by clergy or nuns; and (c) many clergy abusers of children were themselves sexually abused as children (Sipe, 1995). Loftus (1986) has discussed this issue from the perspective of religious formation and vocational counseling. Religious training, he argues, must provide a safe forum that encourages and supports: (a) the telling of sexual abuse secrets; (b) the use of professional mental health services for professed victims (a notion supported by the data here, given the nearly uniform success of mental health interventions reported by abuse victims); and (c) a continuous and evolving commitment to the victim. The antithesis of these — an institutional ignorance of or repressive secrecy around issues of sexuality and sexual abuse — must be avoided at all costs.

Sexual exploitation during religious life affected more than one Sister in ten. As predicted, the most common type of exploiter was a priest (accounting for half of the cases of exploitation), most commonly acting in the role of spiritual director. Much has been written about the issue of power with respect to sexual abuse in the ministerial/pastoral or teaching context (Fortune, 1994; Pellauer, 1987; Poling, 1994). Sipe (1995) commented extensively on the "celibate/sexual power system" of the Catholic priesthood, a system, he argues, that uses the idea of celibacy for the domination and control of "inferior" others, including the sexual domination of women. Others have extended the power argument to clergy in general (including non-celibate Protestant clergy). Cooper-White (1991) has outlined several ways in which male clergy enjoy a significant power differential

with respect to their female constituents, including spiritual authority (the “man of God” role), male authority (cultural concepts of men as “protectors” and sexual dominators), and mentor authority (a teaching or counseling role ostensibly based on advanced wisdom and experience). This inherent power differential in the pastoral context creates an atmosphere ripe for sexual exploitation, by both opportunity and design. It must be acknowledged, however, that the connection between power and sexual exploitation is only partially a function of male dominance issues. The primary role of power (as opposed to strictly “male” power) in sexual exploitation is supported in our results by the fact that more than one-quarter of the exploitation events were perpetrated by women (usually other Sisters) acting in powerful roles such as mentor, advisor, formation director, superior, and teacher. This is consistent with Fortune (1994), who has stated that the difference in role (as opposed to differences in gender, age, experience, and the like) is the most significant factor in exploitation.

Others have noted that, within a pastoral context, the power differential and the foundation it lays for sexual abuse are compounded by the lack of training and formal codes of ethics for clergy. While therapists and other health professionals are trained to identify and understand issues of transference and countertransference, have formal codes of ethics that allow for significant and public sanctions of violators, and are bound by civil and criminal statute with respect to sexual boundary violations, clergy and other religious professionals are (do) not. This fact has stimulated calls for the creation of a universal code of ethics for clergy and enhanced training for the counseling or spiritual direction role (Brock and Lukens Jr., 1989; Giallanza, 1994; Pellauer, 1987).

The results also suggest that sexual exploitation of a Sister by a priest or other Sister can be distinguished from exploitation by a layman with respect to the victim’s perception of the event. Lay exploitation was perceived as almost universally negative. Sisters condemned the experience from their perspective at the time it occurred and from their current perspective (for many, more than 20 years later). The picture was quite different for those women exploited by a priest or Sister, where the perception of the event “at the time” was equally positive and negative, but which became almost universally negative from the current perspective. This suggests something unique about the circumstances, interpretation, and/or method of the perpetrator in the case of religious exploiters. Although speculative, we suggest that sexual exploitation of Sisters by priests or nuns cannot be examined outside the context of the prohibitions that exist for Catholic religious against sex and marriage. In the case of a lay exploiter, the motivation of the perpetrator may have been perceived by the victim as purely sexual, coercive, and one-sided, given the perpetrator’s knowledge of the religious/celibate status of the victim. In the case of the priest or nun perpetrator, the promise of a “special” relationship (Rutter, 1991), with one who shares the risks of the violation of the vow of celibacy and the prohibition against extramarital sex, would allow for self-delusion with respect to the motivation and intentions of the perpetrator. Unfortunately, these “relationships” begun in the “forbidden zone” are nearly always doomed to failure (Rutter, 1991), leading to a profound shift in the perception of the event (see Glaser and Thorpe, 1986).

With respect to the sequelae of exploitation, the critical variable was not the religious status of the perpetrator but rather his or her gender. Psychological

reactions (including shame, anger, depression, and self-blame) to homosexual exploitation, unlike experiences with men, did not significantly diminish with time. For these women, it may be that the Catholic prohibition against homosexual sex, added to the prohibitions against sex in general (which applies to Catholic religious) and sex outside of marriage (which applies to all Catholics), and combined with the historically repressive approach to sexual identity in the training of Catholic religious (Sipe, 1995), was responsible for the particularly intractable effects of homosexual exploitation.

With regard to sexual harassment, the figure reported here for work harassment is considerably lower than estimates for adult lay women (e.g., Fitzgerald, 1993; Komaromy et al., 1993; U.S. Merit Systems Protection Board, 1987), women rabbis (Commission for Women's Equality, American Jewish Congress, 1993), and Methodist clergywomen (United Methodist Church, 1990). This finding is consistent with the "contact hypothesis" of sexual harassment (Gutek et al., 1990), which says that workplace harassment is a function of the degree of contact a woman has with men at work and the recency of introduction of women into the role. Sisters may in fact have relatively limited contact with men in the work roles that they typically occupy (e.g., nearly 90% of the respondents indicated teaching as a primary occupation), and they have occupied their position within the Catholic Church for centuries. With respect to women rabbis and Methodist clergy, the recency of introduction of women into these roles may explain some of the discrepancy between their high rates of harassment and that found for Sisters. The after-effects of work sexual harassment were notable for the relationship between type of harasser and the prevalence of negative spiritual sequelae. Consistent with our hypothesis, harassment effects on prayer, image of God, and relationship to God were more likely when the harasser was a clergymen or nun than when the harasser was a layperson.

Of particular interest with regard to sexual harassment was unwanted sexual attention within the community of Sisters. This form of harassment was more common than work sexual harassment, and affected more than one Sister in ten. By definition, it was perpetrated by other Sisters in the context of life in the religious community (and, by definition, it specifically excluded sexual events that could be classified as exploitation or work harassment). Understandably, the literature on sexual harassment is devoted almost exclusively to the harassment of women by men (e.g., Fitzgerald, 1993; Koss et al., 1994). Yet our data indicate that unwanted sexual attention that creates an intimidating or offensive environment may not be restricted to male perpetrators, depending on the context. In the case of Sisters, the combination of celibacy, intimate and communal living arrangements, and an historical lack of openness with regard to sexual identity and sexuality may create an environment that encourages invitations to sexual activity by some women. Although the present study is limited in what it can say about intra-community sexual harassment, the role of power and celibacy as contributing factors in woman-to-woman sexual harassment is worthy of more study.

All of these findings have implications for the general rationale of the study: to present data that would prove useful to health professionals, therapists, educators, and consultants. First and foremost, the findings presented here dispel any notion that sexual trauma is not a factor among Sisters. The wide variety of sexual trauma experienced in this group and the significant consequences to

mental and spiritual health both allay this belief. This is especially true considering the high prevalence of sexual trauma that occurred after entrance into religious life, in particular the relatively high level of sexual harassment within the religious community of women. Second, we consistently found an association between child sexual abuse, its severity, and the risk of re-victimization in adulthood. Lastly, there was a reticence about divulging the details of sexual trauma experiences to supportive others, despite the significant negative consequences to the victim's emotional and spiritual health. Taken together, these findings convey important information to therapists or health professionals who may evaluate and treat victimized women for a variety of mental or physical health problems (Duckro et al., 1992). In addition, most of the sexual trauma that occurred after entrance into religious life was at the hands of clergymen and fellow Sisters. This suggests a real need within religious communities for assessment, discussion, treatment, education/training, and policy development concerning sexuality and sexual trauma (Loftus, 1986; Sipe, 1993, 1995), all areas where educators and consultants can make significant contributions to the health and safety of religious communities (see Wolf, 1994b). There is some indication that progress may be occurring in this area already. We consistently found that younger women (i.e., those who entered religious life more recently) were more likely than their older counterparts to discuss their sexual abuse experiences with others and receive mental health therapy in response.

As in any study, the findings must be interpreted within the limitations of the data. Here, it is important to note that the response rate was less than 100%. Of particular concern is the fact that only about 25% of the communities contacted sent membership lists, and these were the larger communities. These facts are a potential problem for two related reasons: (1) communities where the leadership was aware of or participating in sexual abuse of its members might be unlikely to release a membership list for a study on sexual trauma; and (2) leadership knowledge of sexual abuse might be facilitated in smaller communities. The important point is that any systematic forces related to sexual abuse prevalence *and* non-response place limits on the generalizability of the findings presented here. On the other hand, the validity of the findings is supported by their striking similarity to the prevalences found in our pilot study of three communities, where the response rate was nearly 70%. Also, response bias of the type described above would lead to *underestimates* of sexual trauma, a perhaps less damaging error than the opposite.

The self-report nature of the data must also be considered. Wyatt and Peters (1986) have shown that questionnaires produce lower estimates of sexual abuse than face-to-face interviews, which facilitate recall, disclosure, and understanding of questions. As with any descriptive methodology, there is no way to determine the causal relationships among the variables. As several authors have pointed out (e.g., Beitchman et al., 1991; Bushnell et al., 1992; Finkelhor and Dziuba-Leatherman, 1994; Yellowlees and Kaushik, 1994), the effects of child sexual abuse may be more directly related to the dysfunctional characteristics of families within which abuse occurs rather than to the abuse itself. Similarly, it may be that women who are already depressed, anxious, or sexually maladjusted may be more likely to be sexually exploited or harassed during religious life, rather than vice versa. Without longitudinal studies, the causal direction cannot be described.

The present study contributes to the literature on religion and sexual abuse, especially given the paucity of empirical research addressing sexual issues among women in religion. Future studies of the nature and consequences of sexual trauma in this population and their implications for spiritual, physical, and mental health are clearly needed. In particular, this study only touched on two areas of sexual abuse that are potentially very important: intra-community sexual harassment and "other" adult sexual abuse like rape and sexual assault.

NOTES

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1. For Catholic religious orders of women, "formation" is a period of orientation, education, and preparation for women considering a religious vocation. In general, there are three periods of formation: (a) a period of observation and orientation not less than six months; (b) a 1-2 year period as a novice during which the candidate lives with a community and engages in training/preparation, and during which the candidate and the congregation assess the candidate's suitability for religious life, after which temporary vows are made; and (c) a 3-9 year period of preparation before making a perpetual commitment. In addition to her training during formation, the candidate is engaged in some form of work (ministry). At any time during formation, the candidate may leave or be dismissed by the community if it is decided that she is not ready or suitable for religious life.

REFERENCES

- Anderson, Jessie, Judy Martin, Paul Mullen, Sarah Romans, and Peter Herbison
1993 "Prevalence of Childhood Sexual Abuse Experiences in a Community Sample of Women." *Journal of the American Academy of Child and Adolescent Psychiatry* 32:911-919.
- Beitchman, Joseph, Kenneth Zucker, Jane Hood, Granville DaCosta, and Donna Akman
1991 "A Review of the Short-term Effects of Child Sexual Abuse." *Child Abuse and Neglect* 15:537-556.
- Beitchman, Joseph, Kenneth Zucker, Jane Hood, Granville DaCosta, Donna Akman, and E. Cassavia
1992 "A Review of the Long-term Effects of Child Sexual Abuse." *Child Abuse and Neglect* 16:101-118.
- Benowitz, Mindy
1994 "Comparing the Experiences of Women Clients Sexually Exploited by Female Versus Male Psychotherapists." *Women and Therapy* 15:69-83.
- Benson, Gordon
1994 "Sexual Behavior by Male Clergy with Adult Female Counselees: Systemic and Situational Themes." *Sexual Addiction and Compulsivity* 1:103-118.
- Berry, Jason
1994 *Lead Us Not Into Temptation: Catholic Priests and the Sexual Abuse of Children*. New York: Doubleday.

- Bouhoutsos, Jacqueline, Jean Holroyd, Hannah Lerman, Bertram Forer, and M. Greenberg
 1983 "Sexual Intimacy Between Psychologists and Patients." *Professional Psychology Research and Practice* 14:185-196.
- Brock, Raymond and Horace Lukens Jr.
 1989 "Affair Prevention in the Ministry." *Journal of Psychology and Christianity* 8:44-55.
- Browne, Angela and David Finkelhor
 1986 "Impact of Child Sexual Abuse: A Review of the Research." *Psychological Bulletin* 99:66-77.
- Burkett, Elinor, Frank Bruni
 1993 *A Gospel of Shame: Child Sexual Abuse and the Catholic Church*. New York: Viking.
- Bushnell, John, J. Elisabeth Wells, and Mark Oakley-Browne
 1992 "Long-term Effects of Intrafamilial Sexual Abuse in Childhood." *Acta Psychiatrica Scandinavica* 85:136-142.
- Cahill, C., Susan Llewellyn, and C. Pearson
 1991 "Long-term Effects of Sexual Abuse Which Occurred in Childhood: A Review." *British Journal of Clinical Psychology* 30:117-130.
- Charney, Dara and Ruth Russell
 1994 "An Overview of Sexual Harassment." *American Journal of Psychiatry* 151:10-17.
- Cole, Pamela and Frank Putnam
 1992 "Effect of Incest on Self and Social Functioning: A Developmental Psychopathology Perspective." *Journal of Consulting and Clinical Psychology* 60:174-184.
- Commission for Women's Equality of the American Jewish Congress
 1993 *Findings of the Confidential Survey of Female Rabbis about Sexual Discrimination and Harassment*. New York: American Jewish Congress.
- Cooper-White, Pamela
 1991 "Soul Stealing: Power Relations in Pastoral Sexual Abuse." *Christian Century* 108(6):196-199.
- Duckro, Paul, Christina Busch, Lynn McLaughlin, and James Schroeder
 1992 "Psychotherapy with Religious Professionals: An Aspect of the Interface of Psychology and Religion." *Psychological Reports* 70:304-306.
- Duckro, Paul, John Chibnall, and Ann Wolf
 1995 *Histories of Sexual Abuse, Exploitation, and Harassment in Catholic Women Religious: A Pilot Study of Three Communities*. Unpublished manuscript, Saint Louis University.
- Elliott, Diana
 1994 "The Impact of Christian Faith on the Prevalence and Sequelae of Sexual Abuse." *Journal of Interpersonal Violence* 9:95-108.
- Feldman-Summers, Shirley and Gwendolyn Jones
 1984 "Psychological Impacts of Sexual Contact Between Therapists or Other Health Care Practitioners and Their Clients." *Journal of Consulting and Clinical Psychology* 52:1054-1061.
- Finkelhor, David and Jennifer Dziuba-Leatherman
 1994 "Victimization of Children." *American Psychologist* 49:173-183.
- Finkelhor, David, Gerald Hotaling, I. A. Lewis, and Christine Smith
 1990 "Sexual Abuse in a National Survey of Adult Men and Women: Prevalence, Characteristics, and Risk Factors." *Child Abuse and Neglect* 14:19-28.
- Fitzgerald, Louise
 1993 "Sexual Harassment: Violence Against Women in the Workplace." *American Psychologist* 48:1070-1076.
- Fortune, Marie
 1994 "Is Nothing Sacred? The Betrayal of the Ministerial or Teaching Relationship." *Journal of Feminist Studies in Religion* 10:17-26.

- Francis, Perry and Nancy Turner
1995 "Sexual Misconduct Within the Christian Church: Who are the Perpetrators and Those They Victimize?" *Counseling and Values* 39:218-227.
- Ganje-Fling, Marilyn and Patricia McCarthy
1996 "Impact of Childhood Sexual Abuse on Client Spiritual Development: Counseling Implications." *Journal of Counseling and Development* 74:253-258.
- Gartrell, Nanette, Judith Herman, Silvia Olarte, Michael Feldstein, and Russell Localio
1986 "Psychiatrist-Patient Sexual Contacts: Results of a National Survey. I: Prevalence." *American Journal of Psychiatry* 143:1126-1131.
- Giallanza, Joel
1994 "A Code of Ethics for Spiritual Directors." *Human Development* 15:34-37.
- Glaser, Robert and Joseph Thorpe
1986 "Unethical Intimacy: A Survey of Sexual Contact and Advances Between Psychology Educators and Female Graduate Students." *American Psychologist* 41:43-51.
- Greenwood, Catherine, Eric Tangalos, and Toshihiko Maruta
1990 "Prevalence of Sexual Abuse, Physical Abuse, and Concurrent Traumatic Life Events in a General Medical Population." *Mayo Clinic Proceedings* 65:1067-1071.
- Gutek, Barbara, Aaron Cohen, and Alison Konrad
1990 "Predicting Social-Sexual Behavior at Work: A Contact Hypothesis." *Academy of Management Journal* 33:560-577.
- Gutek, Barbara and Mary Koss
1993 "Changed Women and Changed Organizations: Consequences of and Coping with Sexual Harassment." *Journal of Vocational Behavior* 42:28-48.
- Hall, Terese
1995 "Spiritual Effects of Childhood Sexual Abuse in Adult Christian Women." *Journal of Psychology and Theology* 23:129-134.
- Hall, Lynne, Barbara Sachs, Mary Rayens, and Melanie Lutenbacher
1993 "Childhood Physical and Sexual Abuse: Their Relationship with Depressive Symptoms in Adulthood." *Image - the Journal of Nursing Scholarship* 25:317-323.
- Hamilton, Jean, Sheryle Alagna, Linda King, and Camille Lloyd
1987 "The Emotional Consequences of Gender-based Abuse in the Workplace: New Counseling Programs for Sex Discrimination." *Women and Therapy* 6:155-182.
- Jenkins, Philip
1996 *Pedophiles and Priests: Anatomy of a Contemporary Crisis*. New York: Oxford University Press.
- Kane, Donna, Sharon Cheston, and Joanne Greer
1993 "Perceptions of God by Survivors of Childhood Sexual Abuse: An Exploratory Study in an Underresearched Area." *Journal of Psychology and Theology* 21:228-237.
- Kendall-Tackett, Kathleen, Linda Williams, and David Finkelhor
1993 "Impact of Sexual Abuse on Children: A Review and Synthesis of Recent Empirical Studies." *Psychological Bulletin* 113:164-180.
- Kessler, Ronald, Amanda Sonnega, Evelyn Bromet, Michael Hughes, and Christopher Nelson
1995 "Posttraumatic Stress Disorder in the National Comorbidity Survey." *Archives of General Psychiatry* 52:1048-1060.
- Komaromy, Miriam, Andrew Bindman, Richard Haber, and Merle Sande
1993 "Sexual Harassment in Medical Training." *New England Journal of Medicine* 328:322-326
- Koss, Mary, Lisa Goodman, Angela Browne, Louise Fitzgerald, Gwendolyn Keita, and Nancy Russo
1994 *No Safe Haven: Male Violence Against Women at Home, at Work, and in the Community*. Washington, D.C.: American Psychological Association.

- Lenhart, Sharyn, Freada Klein, Patricia Falcao, Elizabeth Phelan, and Kevin Smith
1991 "Gender Bias Against and Sexual Harassment of AMWA Members in Massachusetts." *Journal of the American Medical Women's Association* 46:121-125.
- Leserman, Jane, Douglas Drossman, Zhiming Li, Timothy Toomey, Ginette Nachman, and Louise Glogau
1996 "Sexual and Physical Abuse History in Gastroenterology Practice: How Types of Abuse Impact Health Status." *Psychosomatic Medicine* 58:4-15.
- Libbus, M. Kay and Katherine Bowman
1994 "Sexual Harassment of Female Registered Nurses in Hospitals." *Journal of Nursing Administration* 24:26-31.
- Loftus, John
1986 "Victims of Abuse as Candidates." *Review for Religious* 45:725-738.
- McCauley, Jeanne, David Kern, Ken Kolodner, Laurie Dill, Arthur Schroeder, Hallie DeChant, Janice Ryden, Leonard Derogatis, and Eric Bass
1997 "Clinical Characteristics of Women with a History of Childhood Abuse: Unhealed Wounds." *JAMA* 277:1362-1368
- Moeller, Tamerra, Gloria Bachmann, and James Moeller
1993 "The Combined Effects of Physical, Sexual, and Emotional Abuse During Childhood: Long-term Health Consequences for Women." *Child Abuse and Neglect* 17:623-640.
- Mullen, Paul, Sarah Romans-Clarkson, Valerie Walton, and G. Peter Herbison
1988 "Impact of Sexual and Physical Abuse on Women's Mental Health." *Lancet* 16:841-845.
- Nash, Michael, Timothy Hulsey, Mark Sexton, Tina Harralson, and Warren Lambert
1993 "Long-term Sequelae of Childhood Sexual Abuse: Perceived Family Environment, Psychopathology, and Dissociation." *Journal of Consulting and Clinical Psychology* 61:276-283.
- Pellauer, Mary
1987 "Sex, Power, and the Family of God." *Christianity and Crisis* 47(2):47-50.
- Poling, James Newton
1994 *The Abuse of Power: A Theological Problem*. Nashville, TN: Abingdon Press.
- Polusny, Melissa and Victoria Follette
1995 "Long-term Correlates of Child Sexual Abuse: Theory and Review of the Empirical Literature." *Applied and Preventive Psychology* 4:143-166.
- Pope, Kenneth
1988 "How Clients are Harmed by Sexual Contact with Mental Health Professionals: The Syndrome and its Prevalence." *Journal of Counseling and Development* 67:222-226.
- Pope, Kenneth, Patricia Keith-Spiegel, and Barbara Tabachnik
1986 "Sexual Attraction to Clients: The Human Therapist and the (Sometimes) Inhuman Training Process." *American Psychologist* 41:147-158.
- Pryor, John
1995 "The Psychosocial Impact of Sexual Harassment on Women in the U.S. Military." *Basic and Applied Social Psychology* 17:581-603.
- Rossetti, Stephen
1990 *Slayer of the Soul: Child Sexual Abuse and the Catholic Church*. Mystic, CT: Twenty-Third Publications.
1995 "The Impact of Child Sexual Abuse on Attitudes Toward God and the Catholic Church." *Child Abuse and Neglect* 19:1469-1481.
1996 *A Tragic Grace: The Catholic Church and Child Sexual Abuse*. Collegeville, MN: The Liturgical Press.
- Russell, Diana
1983 "The Incidence and Prevalence of Intra Familial and Extra Familial Sexual Abuse of Female Children." *Child Abuse and Neglect* 7:133-146.

- Rutter, Peter
1991 *Sex in the Forbidden Zone: When Men in Power — Therapists, Doctors, Clergy, Teachers, and Others — Betray Women's Trust*. New York: Fawcett.
- Samoluk, Sarah and Grace Pretty
1994 "The Impact of Sexual Harassment Simulations on Women's Thoughts and Feelings." *Sex Roles* 30:679-697.
- Saunders, Benjamin, Lorenz Villeponteaux, Julie Lipovsky, Dean Kilpatrick, and Lois Veronen
1992 "Child Sexual Assault as a Risk Factor for Mental Disorders among Women: A Community Survey." *Journal of Interpersonal Violence* 7:189-204.
- Schoener, Gary, Jeanette Milgrom, and John Gonsiorek
1984 "Sexual Exploitation of Clients by Therapists." *Women and Therapy* 3:63-69.
- Scott, Kathryn
1992 "Childhood Sexual Abuse: Impact on a Community's Mental Health Status." *Child Abuse and Neglect* 16:285-295.
- Seat, Jeff, James Trent, and Jwa Kim
1993 "The Prevalence and Contributing Factors of Sexual Misconduct among Southern Baptist Pastors in Six Southern States." *Journal of Pastoral Care* 47:365-370.
- Seto, Micheal
1995 "Sex with Therapy Clients: Its Prevalence, Potential Consequences, and Implications for Psychology Training." *Canadian Psychology* 36:70-86.
- Shackelford, John
1989 "Affairs in the Consulting Room: A Review of the Literature on Therapist-Patient Sexual Intimacy." *Journal of Psychology and Christianity* 8:26-43.
- Sipe, A. W. Richard
1990 *A Secret World: Sexuality and the Search for Celibacy*. New York: Brunner/Mazel.
1993 "A Step Toward Prevention of Sexual Abuse." *Human Development* 14:27-28.
1995 *Sex, Priests, and Power: Anatomy of a Crisis*. New York: Brunner/Mazel.
- Solursh, Diane, Lionel Solursh, and Nancy Williams
1993 "Patient-Therapist Sex: 'Just Say No' Isn't Enough." *Medicine and Law* 12:431-438.
- Tharinger, Deborah
1990 "Impact of Child Sexual Abuse on Developing Sexuality." *Professional Psychology Research and Practice* 21:331-337.
- Toomey, Timothy, Jeanne Hernandez, David Gittelman, and Jaroslav Hulka
1993 "Relationship of Sexual and Physical Abuse to Pain and Psychological Assessment Variables in Chronic Pelvic Pain Patients." *Pain* 53:105-109.
- United Methodist Church, Office of Research, General Council on Ministries
1990 *Sexual Harassment in the United Methodist Church*. Dayton, OH: United Methodist Church.
- United States Equal Employment Opportunity Commission
1980 "Discrimination Because of Sex under Title VII of the 1964 Civil Rights Act as Amended: Adoption of Interim Guidelines — Sexual Harassment." *Federal Register* 45:25024-25025.
- United States Merit Systems Protection Board
1987 *Sexual Harassment of Federal Workers: An Update*. Washington, D.C.: U.S. Government Printing Office.
- Walch, Anne and W. Eugene Broadhead
1992 "Prevalence of Lifetime Sexual Victimization among Female Patients." *Journal of Family Practice* 35:511-516.
- Wincze, John, Jeff Richards, John Parsons, and Susan Bailey
1996 "A Comparative Survey of Therapist Sexual Misconduct Between an American State and an Australian State." *Professional Psychology Research and Practice* 27:289-294.

- Winter, Gordon, Nuala Kenny, Everett MacNeil, Frances O'Flaherty, John Scott
1990 *The Report of the Archdiocesan Commission of Enquiry into the Sexual Abuse of Children by Members of the Clergy: Conclusions and Recommendations*. St. John's, Newfoundland: Archdiocese of St. John's.
- Wolf, Ann
1994a "Sexual Abuse Issues: An Annotated Bibliography (Part 1)." *Theology Digest* 41:203-248.
1994b "Sexual Abuse Issues: An Annotated Bibliography (Part 2)." *Theology Digest* 41:331-344.
- Wyatt, Gail, Donald Guthrie, and Cindy Notgrass
1992 "Differential Effects of Women's Child Sexual Abuse and Subsequent Sexual Revictimization." *Journal of Consulting and Clinical Psychology* 60:167-173.
- Wyatt, Gail and Stefanie Peters
1986 "Methodological Considerations in Research on the Prevalence of Child Sexual Abuse." *Child Abuse and Neglect* 10:241-251.
- Yellowlees, Peter and Anil Kaushik
1994 "A Case-control Study of the Sequelae of Childhood Sexual Assault in Adult Psychiatric Patients." *Medical Journal of Australia* 160:408-411.