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## Key Characteristics Empowering Sexual Abuse Victims to Survive Suicidality: A Collective Case Study

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BETHEL THEOLOGICAL SEMINARY  
BETHEL UNIVERSITY

KEY CHARACTERISTICS EMPOWERING SEXUAL ABUSE VICTIMS  
TO SURVIVE SUICIDALITY:  
A COLLECTIVE CASE STUDY

A THESIS PROJECT REPORT  
SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF DOCTOR OF MINISTRY

BY  
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ST. PAUL, MINNESOTA  
DECEMBER 9, 2021



*“Someone I loved once gave me a box full of darkness.  
It took me years to understand that this too, was a gift.”*

Mary Oliver

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## ABSTRACT

Suicide is a leading cause of death in the United States. This qualitative, multi-case study investigated key characteristics that empowered sexual abuse victims to survive suicidality. A biblical review of the Book of Job and the Book of Jeremiah provided a theological understanding of trauma. In particular, the researcher proposed a theology of trauma that studies the presence and nature of God in the experience of trauma. A literature review related to suicide and childhood sexual abuse highlighted the effects of childhood sexual abuse contributing to suicidality. This study sought to address the lack of understanding of the key characteristics that empowered sexual abuse victims to survive suicidality. Interviews were employed to gain insight into enigmas related to surviving suicidality in women with a history of childhood sexual abuse. This study found that the impact of childhood sexual abuse was complex and highly individualized. This study concluded by exploring 27 characteristics that empowered sexual abuse victims to survive suicidality.

## CHAPTER ONE: SURVIVING SUICIDALITY

### **The Problem and Its Context**

The problem this project addressed was the lack of understanding of the key characteristics that empowered sexual abuse victims to survive suicidality. In response to this problem the researcher (a) examined the Book of Job and the Book of Jeremiah to gain a theological understanding of trauma, (b) reviewed relevant literature on suicide, childhood abuse, and best practices in the clinical counseling of individuals with a history of abuse, (c) interviewed individuals who have survived suicidality and also have a history of abuse, and (d) analyzed the data to identify key characteristics that empowered sexual abuse victims to survive suicidality. This data was used to address the lack of understanding of the key characteristics that empowered sexual abuse victims to survive suicidality.

This research was qualitative in nature; using a collective case study approach and grounded in ontological assumptions. This was an appropriate method for understanding the essence of the phenomenon being studied through multiple perspectives.<sup>1</sup> The primary research instruments used for this project were in-depth semi-structured interviews and a survey of pertinent demographic information.

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<sup>1</sup> John W. Creswell and Cheryl N. Poth, *Qualitative Inquiry & Research Design: Choosing Among Five Approaches* (Los Angeles, CA: Sage, 2018), 20.

The four steps of this research addressed the lack of understanding of the key characteristics that empowered sexual abuse victims to survive suicidality. The first step included an in-depth review of relevant biblical and theological literature on the Book of Job and the Book of Jeremiah to gain insight into the human experience of suffering, healing, and the presence of God in the experience of trauma. The second step included an in-depth review of relevant literature related to the research problem to understand suicide, childhood sexual abuse, and best practices in the clinical counseling of individuals with a history of abuse. A review of relevant literature helped inform the researcher about suicide, childhood sexual abuse, and best practices in the clinical counseling of individuals with a history of abuse. The third step involved interviewing individuals who have survived suicidality and also have a history of abuse. This included developing an interview guide used to conduct in-depth semi-structured interviews (Appendix A), a survey used to collect pertinent demographic information (Appendix B), and an informed consent form (Appendix C). The researcher ensured all ethical practices were followed and that she adhered to all applicable confidentiality practices. The fourth step involved analyzing and interpreting the data to identify key characteristics that empowered sexual abuse victims to survive suicidality. This data was used to address the lack of understanding of the key characteristics that empowered sexual abuse victims to survive suicidality.

### **Delimitations and Assumptions**

#### *Delimitations*

The biblical review was limited to the biblical characters of Job and Jeremiah and their personal experiences of trauma. The researcher examined Job and Jeremiah's

personal experience to identify key themes about the human experience of suffering, healing, and the presence of God in the experience of trauma. The literature review was limited to relevant literature related to suicide, childhood sexual abuse, and best practices in the clinical counseling of individuals with a history of abuse. A review of relevant literature helped inform the researcher on topics relevant to this study. This research was limited to interviewing adult individuals who have survived suicidality and also have a history of abuse. Research participants were drawn from a specific sampling of individuals from within the Minneapolis and Saint Paul metropolitan area. This research was limited to the identification of key characteristics that empowered sexual abuse victims to survive suicidality. This data was used to address the lack of understanding of key characteristics that empowered sexual abuse victims to survive suicidality.

#### *Assumptions*

Four assumptions have shaped the development of this research project. The first assumption is that the Bible is the inspired Word of God providing insights into the human experience of trauma and suffering. These insights are utilized in the second chapter. The second assumption is that Job and Jeremiah endured personal trauma and their experiences are worthy of study. The third assumption is that participants in the study will answer the survey and interview questions honestly and openly. The fourth assumption is that the study will produce better data by examining the personal experiences of only four individuals who have survived suicidality and have a history of experiencing abuse.

## Understanding Suicidality

The American Psychological Association defines suicidality as, “the risk of suicide, usually indicated by suicidal ideation or intent, especially as evident in the presence of a well-elaborated suicidal plan.”<sup>2</sup> According to the Center for Disease Control (CDC), an estimated 12.2 million adults have considered suicide, 3.5 million adults have had a suicide plan, and 1.4 million adults attempted suicide in 2019.<sup>3</sup> Research shows that 90 percent of individuals who survive a suicide attempt do not go on to die as a result.<sup>4</sup> The researcher defines “surviving suicidality” to refer to an individual who is no longer at risk of attempting suicide.

### Subproblems

The first subproblem was to explore scholarly and theological resources on the Book of Job and Book of Jeremiah to identify key themes concerning the human experience of trauma and suffering. The second subproblem was to review literature for information on suicide, childhood sexual abuse, and best practices in the clinical counseling of individuals with a history of abuse. The third subproblem was to conduct qualitative research to understand key characteristics that empowered sexual abuse victims to survive suicidality. An interview guide and survey were used to collect data from research participants. The fourth subproblem was to identify key characteristics that

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<sup>2</sup> *American Psychological Association*, APA Dictionary of Psychology, s.v. “Suicidality,” accessed February 1, 2021, <https://dictionary.apa.org/suicidality>.

<sup>3</sup> “Preventing Suicide,” Facts About Suicide, Centers for Disease Control and Prevention, accessed June 1, 2021, <https://www.cdc.gov/suicide/pdf/preventing-suicide-factsheet-2021-508.pdf>.

<sup>4</sup> “Preventing Suicide,” Suicide Prevention, Centers for Disease Control and Prevention (CDC), accessed September 7, 2021, <http://www.cdc.gov/suicide>.

empowered sexual abuse victims to survive suicidality. The data obtained in this study was used to address the lack of understanding of the key characteristics that empowered sexual abuse victims to survive suicidality.

### **Setting of the Project**

The setting for this project was the Minneapolis and Saint Paul metropolitan area; also known as the Twin Cities. The Twin Cities fall on either side of the Mississippi River and provide an urban setting for over three million inhabitants, living in 182 communities, within the seven Minnesota counties.<sup>5</sup> This is where the researcher works as a chaplain, community-based educator, and Director of Pastoral Ministries at a Catholic parish in Minneapolis, Minnesota.

The setting for this project is significant for two reasons. First, suicide is a leading cause of death in Minnesota and across the United States. Since 1999, the Minnesota age-adjusted suicide rate has increased by 53 percent, while the national rate increased 33 percent.<sup>6</sup> The seven-county metropolitan area reported an 18 percent increase in male suicides and a 34 percent increase in white male firearm suicides from 2016 to 2017.<sup>7</sup> The rate of suicide has continued to increase over the past 20 years and 2019 marked the “highest annual count ever recorded in Minnesota.”<sup>8</sup> The greatest increase in suicides

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<sup>5</sup> “The Twin Cities Region,” Metropolitan Council, accessed March 28, 2021, <https://metro council.org/About-Us/Who-We-Are/The-Twin-Cities-region.aspx>.

<sup>6</sup> Melissa Heinen, and J. Roesler, *Suicide in Minnesota, 1999-2017: Data Brief*, Minnesota Department of Health (Saint Paul, 2018), 7.

<sup>7</sup> Heinen and Roesler, 7-9.

<sup>8</sup> S.B. Ginerich, J. Roesler, and T. Carter, *Suicides in Minnesota Show Racial and Demographic Disparities, 2019 Report*, Minnesota Department of Health (Saint Paul, 2021), 1.

were adults between the age of 45 and 54, followed by adults between the age 55 and 64 in 2019.<sup>9</sup> According to the Minnesota Department of Health, additional studies that identify suicide patterns are critical in preventing suicide.<sup>10</sup>

Second, statistics show that 28 percent of adults living in Minnesota report a history of emotional abuse, 16 percent physical abuse, and 10 percent report a history of sexual abuse.<sup>11</sup> These early childhood experiences can lead to a lifetime of emotional and psychological problems if left untreated. Lifelong impact can include anxiety and depression, delayed brain development, future violence victimization and perpetration, substance abuse, low achievement in education and employment, poor interpersonal relationships, legal troubles, sexually transmitted disease or early pregnancy, self-injury or suicide, and the development of post-traumatic stress disorder.<sup>12</sup> These statistics highlight the importance of this project.

### **Importance of The Project**

#### *The Importance of the Project to the Researcher*

This research project is important to the researcher as a mother and suicide survivor. The researcher's husband died by suicide after years of alcohol addiction, undiagnosed mental illness, and unresolved childhood trauma. The researcher met her

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<sup>9</sup> Ginerich, Roesler, and Carter, 4.

<sup>10</sup> Ginerich, Roesler, and Carter, 2.

<sup>11</sup> Minnesota Department of Health, *Adverse Childhood Experiences in Minnesota: Findings & Recommendations Based on the 2011 Minnesota Behavioral Risk Factor Surveillance System*, Minnesota Department of Health (Saint Paul, 2013), 7.

<sup>12</sup> Minnesota Department of Health, *Adverse Childhood Experiences in Minnesota*, 5.

husband when they were 17 years old and, over the course of 26 years, she witnessed how multiple childhood traumas influenced and shaped his life. This influence was revealed in his risky and self-destructive behavior, broken interpersonal relationships, dysfunctional family dynamics, substance abuse, and a lifetime of suicidal ideation and threats. All of these eventually evolved into fixation, planning and finally gaining access to lethal means. The influence of the trauma he experienced was also revealed in escalating hostile and violent behavior directed toward the researcher in the form of emotional, physical, and verbal abuse, culminating with direct threats to her life. Witnessing his suicide, combined with years of abuse, and violence, caused the researcher to experience a level of suffering and despair that she had not understood was possible. This resulted in a spiritual struggle that left her feeling hopeless and suicidal.

This research project also holds biblical significance to the researcher. The researcher was drawn to Job and Jeremiah because their expression of suffering mirrored her own. Within the pages of Job and Jeremiah, the researcher discovered that she was not alone, it was okay to question, and her suffering mattered. Their stories inspired hope, healing, and transformation. Throughout her journey toward healing the researcher committed herself to raising awareness, reducing stigma, and preventing suicide.

This research project is also important to the researcher as a parent. The researcher's five young children were home at the time of their father's suicide and were directly exposed to the traumatic event. The researcher understands that exposure to multiple traumas and the legacy of suicide puts her children at a greater risk for suicide

and a lifetime of emotional, physical, and psychological problems.<sup>13</sup> The researcher hopes this project will make a worthwhile contribution to the study of suicide.

*The Importance of the Project to the Immediate Ministry in Context*

This project is important to the researcher's immediate ministry context. The researcher is the Director of Pastoral Ministries at an inner-city Catholic church in Minneapolis, MN which serves approximately 3,700 households and over 9,000 individuals from 206 different zip codes. Founded in 1947, it is an inclusive and welcoming community that is committed to spiritual growth, social justice, and change.

Her position includes co-leading an interfaith mental health collaborative. The collaborative's mission is to provide free education, resources, and support to individuals and families living with mental illness. This involves the collaborative's *Take Time for Mental Health* speaker series, which includes presentations by mental health experts and practitioners. Since 2005, the collaborative has helped countless individuals and professionals seeking connection, education, and support. In 2015, the church added a Mental Health Resource Library, which is generously funded by community members impacted by suicide. The library provides free relevant information and resources on a variety of mental health topics.

The researcher also works as a chaplain at a Level I Adult and Pediatric Trauma Center and safety net hospital in Minneapolis, MN. As a chaplain, she provides emotional and spiritual support to patients, families, and staff in the areas of behavioral health,

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<sup>13</sup> "Risk and Protective Factors," Suicide Prevention, Centers for Disease Control and Prevention (CDC), accessed May 13, 2021, <https://www.cdc.gov/suicide/factors/index.html>.

critical care, end-of-life, and trauma. This research project will help inform and inspire her own current and future work.

*The Importance of the Project to the Church at Large.*

This project is also important to the Church at large. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the church plays a vital role in crisis prevention. First, churches provide a safe and supportive environment for individuals to express their pain and suffering without fear, embarrassment, or judgment.<sup>14</sup> Second, churches promote healing and personal resilience by fostering a sense of belonging and community connectedness.<sup>15</sup> Third, churches have the capacity to inspire hope in their congregants through prayer and worship.<sup>16</sup>

Clergy also play a critical role in helping individuals experiencing a mental health crisis. Statistics show that more individuals experiencing a mental health crisis will turn to their clergy before consulting a physician or mental health provider.<sup>17</sup> Therefore, it is critical that the church equip its leaders with the proper education and training to meet these challenges, and a framework to successfully respond to those in crisis.

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<sup>14</sup> Jeffrey Coady, "Increasing Collaboration, Cultural Competence and Quality Care," (Community and Faith Leaders Summit, London, OH, October 16, 2012), 45.

<sup>15</sup> Coady, 45.

<sup>16</sup> Coady, 45.

<sup>17</sup> Substance Abuse and Mental Health Services Administration, *Building Community and Interfaith Partnerships in Support of Recovery*, No: (SMA) 13-4739, HHS Publication (Rockville, MD, 2013), 1.

## **Conclusion**

In summary, the researcher articulated the problem and response statement, defined suicidality, provided data and statistics on suicidal ideation, suicide attempts, and completed suicides. The researcher also provided a framework for this study by stating assumptions, identifying delimitations, while articulating the importance of the research project to the researcher, her immediate ministry context, and the church at large. Chapter one provided a foundation to begin exploring the Book of Job and the Book of Jeremiah to gain a theological understanding of trauma.

## CHAPTER TWO: THEOLOGY OF TRAUMA

The Bible contains countless stories of biblical figures, families, and communities who have experienced trauma. These are the stories that people of faith often turn to for comfort, inspiration, and guidance. However, biblical stories of rape – Tamar and the Levite’s concubine – whose personal trauma is depicted but never explored could prove less helpful for victims of sexual abuse. Tamar, the young daughter of King David, was raped by her half-brother, silenced by her family, and forced to live the remainder of her life as “a desolate woman” (2 Sam. 13:1-22). The Levite’s concubine was abused and raped until morning by a group of “perverse” men, left on death’s doorstep, and killed by “her master” (Judg. 19:22-29). Hence, this leaves the option of exploring the trauma suffered by the biblical figures of Job and Jeremiah and drawing on inferences from the way they dealt with trauma and applying it to the trauma suffered by victims of sexual abuse.

### **Literary Context**

#### *The Book of Job*

The Book of Job was written by an unknown author living sometime between the seventh and third centuries B.C.E.<sup>18</sup> The book is named after Job, a “blameless and upright man,” who experienced a spiritual struggle after enduring catastrophic loss and

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<sup>18</sup> John Hartley, *The Book of Job*, The New International Commentary on the Old Testament (NICOT) (Grand Rapids, MI: William B. Eerdmans Publishing Company, 1988), 18.

suffering (Job 1:8).<sup>19</sup> This spiritual struggle forced him to embark on a spiritual journey that challenged his deeply held ideologies and pious beliefs. By using a variety of literary forms—prose, poetry, laments, philosophical discourse—the author provided a framework for the systematic examination of Job’s suffering—and God’s place therein—through different theological perspectives. The Book of Job challenged traditional wisdom literature and shed light on the complex nature of suffering, rather than simply accepting that it was God’s will.<sup>20</sup>

The prologue of the Book of Job detailed a series of tragedies resulting in: the death of Job’s children, servants, and livestock; the destruction of his property (1:14-19); and, later, the infliction of a painful “disfiguring disease.”<sup>21</sup> The “loathsome sores” (2:7) he was afflicted with would “often be considered a divine curse” for ancient people, implying that Job was being punished for moral wrongdoing.<sup>22</sup> After enduring catastrophic loss and suffering, he “did not sin or charge God with wrongdoing” (1:21). Instead, he “tore his robe, shaved his head, and fell on the ground and worshipped” (1:20). He resigned himself to sit among the ashes and scrape himself with a “potsherd”

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<sup>19</sup> Unless otherwise note, all scripture passages are from *The Holy Bible*, New Revised Standard Version, (New York, NY: Oxford University Press, 2010).

<sup>20</sup> Lawrence Boadt, Richard J. Clifford, and Daniel J. Harrington, *Reading the Old Testament* (Mahwah, New Jersey: Paulist Press, 2012), 420.

<sup>21</sup> Marcia Webb, “The Book of Job: A Psychologist Takes a Whirlwind Tour,” *Christian Scholar’s Review* 44, no. 2 (Winter 2015): 163, <https://christianscholars.com/the-book-of-job-a-psychologist-takes-a-whirlwind-tour/>.

<sup>22</sup> Hartley, 82.

(2:8). This image captured Job's resignation to sit in the "abode of outcasts" and mourn his "terrible fate" in isolation and silence.<sup>23</sup>

### *The Book of Jeremiah*

The Book of Jeremiah was written by the seventh-century prophet Jeremiah who lived during one of the most terrifying periods in the history of the ancient Near East. It was a period of great turmoil caused by political conflict, exile, and war. Jeremiah witnessed the collapse of a great empire, the rise of another greater empire, and lived through the reign of three kings.<sup>24</sup> Jeremiah is considered one of the Major Prophets whose prophesy spanned 45 years, during three major historic periods.<sup>25</sup> The first period spanned from 627-609 B.C.E. (when he received his prophetic call) through King Josiah's reign, and to the beginning of Josiah's religious reforms.<sup>26</sup> The second period spanned from 609-598, during which Jerusalem lost their independence to Egypt, experienced the end of Josiah's religious reforms, and re-established pagan practices.<sup>27</sup> The third period spanned the twelve years between the first fall of the city of Jerusalem and its final ruin in 598.<sup>28</sup>

Jeremiah was relentless in his mission to proclaim Yahwism and conversion even amid his persecution and suffering. He endured "unceasing pain" and "incurable" wounds

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<sup>23</sup> Hartley, 83.

<sup>24</sup> Boadt, Clifford, and Harrington, 315-316.

<sup>25</sup> Boadt, Clifford, and Harrington, 320.

<sup>26</sup> Boadt, Clifford, and Harrington, 315-316.

<sup>27</sup> Boadt, Clifford, and Harrington, 315-316.

<sup>28</sup> Boadt, Clifford, and Harrington, 315-316.

(15:8), a plot against his life (18:23), was beaten and thrown in the “stocks” (20:2). He was also confronted with hateful rhetoric, violence, and direct threats to his life (20:8). In addition, he was sentenced to death by priests and prophets for speaking against the city of Judah (26:11), left in the mud to die (38:6), and, later, was arrested, beaten, and imprisoned (37:14-15).

Both Job and Jeremiah were faithful servants of God who found themselves struggling to reconcile their faith and the trauma they had experienced. Job could no longer reconcile his pious beliefs with his personal trauma and bodily affliction. Jeremiah struggled to reconcile God’s promise of deliverance with the suffering he endured while serving in his prophetic office (1:19). In both cases, the nature of undeserved suffering caused them even greater pain because everything they understood about God and faith was challenged. The prevalence of key themes concerning the human experience of trauma and undeserved suffering made this an appropriate point of reference for this study to obtain a theological understanding of trauma.

The researcher discovered that trauma could trigger a spiritual struggle that is marked by profound questioning about God, faith, and, even, human existence: Why me? Where is God? Is life worth living? These are the difficult questions asked by individuals trying to reconcile faith and trauma. These are also the difficult questions that Job and Jeremiah struggled to answer. For that reason, the Book of Job and the Book of Jeremiah provided an instructive landscape to explore key lessons on the human experience of trauma, healing, and the presence of God in the midst of trauma.

## Spiritual Struggle

Trauma can challenge or disrupt a person's fundamental belief system and perceptions of God, which can cause a spiritual struggle.<sup>29</sup> A spiritual struggle is marked by profound questioning about God, faith, and the meaning of life. Russell McCann and Marcia Webb state:

Some researchers have suggested that when people turn to religion for support after experiencing trauma, they may also question their faith and struggle with God because they cannot understand why a God they believe is all-loving, all-wise, and all powerful would allow negative life events to occur. This question may even result in persons turning away from their faith altogether.<sup>30</sup>

Spiritual struggles have been linked to mental health challenges, and poor physical health outcomes. They can even develop into a "chronic stressor," which can exacerbate psychological pain.<sup>31</sup> Spiritual struggles can lead to a loss of faith or a pivotal moment in a person's life that paves the way for growth and greater understanding of God, self, and others.<sup>32</sup> Jack Kahn writes:

At the moment of crisis the individual is subject to stresses which may come from the outside, but the occasion provides an opportunity for change which comes from within. This is the creative potential of the crisis which allows the attainment of levels of development which had not previously achieved.<sup>33</sup>

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<sup>29</sup> Webb, 158.

<sup>30</sup> Russel A. McCann, and Marcia Webb, "Enduring and Struggling with God in Relation to Traumatic Symptoms: The Mediating and Moderating Roles of Cognitive Flexibility," *Psychology of Religion and Spirituality* 4, no. 2 (May 2012): 158, <https://psycnet.apa.org/record/2012-02794-001?doi=1>.

<sup>31</sup> Benjamin T. Wood, Everett L. Worthington, Julie Juola Exline, Ann Marie Yali, Jamie D. Aten, and Mark R. McMinn, "Development, Refinement, and Psychometric Properties of the Attitudes Toward God Scale (ATGS-9)," *Psychology of Religion and Spirituality* 2, no. 3 (August 2010): 149–150, [https://digitalcommons.georgefox.edu/cgi/viewcontent.cgi?article=1182&context=gscp\\_fac](https://digitalcommons.georgefox.edu/cgi/viewcontent.cgi?article=1182&context=gscp_fac).

<sup>32</sup> McCann and Webb, "Enduring and Struggling with God in Relation to Traumatic Symptoms: The Mediating and Moderating Roles of Cognitive Flexibility," 143.

<sup>33</sup> Jack Kahn, *Job's Illness: Loss, Grief and Integration a Psychological Interpretation* (London: Alden Press, 1986), 26.

In this project, the researcher focused on two specific types of spiritual struggles: the spiritual struggle of disconnection and the spiritual struggle of a diminished sense of meaning.<sup>34</sup> A spiritual struggle of disconnection can manifest as a “deep sense of aloneness, and a damaged relationship with God, often expressed as feelings of abandonment by or anger at God.”<sup>35</sup> A spiritual struggle of a diminished sense of meaning “can precipitate a crisis of identity and faith,” which can lead to hopelessness and despair.<sup>36</sup> These two types of spiritual struggles can lead to questions like: Why me? Where is God? Is life worth living? These are difficult questions asked by many individuals trying to reconcile faith and trauma. These are also the difficult questions that the biblical figures of Job and Jeremiah struggled to answer and ones that they fervently directed toward God.

### *The Book of Job*

#### **Damaged Relationship with God**

A relationship with God can be a source of comfort or conflict.<sup>37</sup> Individuals who find comfort in their relationship with God typically perceive God as a caring, nurturing, and protective presence in their life.<sup>38</sup> Others may find their relationship to be a source of conflict when God is perceived as a controlling, harsh, judgmental, or unloving figure.

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<sup>34</sup> Stephen Roberts, *Professional Spiritual & Pastoral Care: A Practical Clergy and Chaplain's Handbook* (Woodstock, VT: SkyLight Paths Pub., 2012), 271-273.

<sup>35</sup> Roberts, 271.

<sup>36</sup> Roberts, 273.

<sup>37</sup> Wood et al., 149.

<sup>38</sup> Wood et al., 149.

This is also true when they feel that God is punishing or abandoning them.<sup>39</sup> McCann and Webb found that “individuals struggle more with God as traumatic symptoms increase.”<sup>40</sup> Nevertheless, those same individuals can emerge from traumatic experiences with a deeper faith and a stronger relationship with God.<sup>41</sup>

Job’s spiritual struggle of disconnection manifested as a damaged relationship with God.<sup>42</sup> However, Job’s spiritual struggle became a pivotal moment in his life because he was forced to challenge his pious beliefs and existing perceptions of God. Jeffrey Boss claims that the Book of Job “is not just about what happens *to* Job, but even more about what happens *in* Job.”<sup>43</sup>

Pre-trauma, Job perceived God as a stable presence in his life.<sup>44</sup> Even his perceived relationship—Job feared God and God blessed Job—was stable, yet closed, which limited its potential for growth.<sup>45</sup> Job’s “relationship is a closed system, complete in itself but not necessarily embracing all possibilities of the relationship.”<sup>46</sup> Job was

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<sup>39</sup> Wood et al., 149.

<sup>40</sup> McCann and Webb, 143.

<sup>41</sup> McCann and Webb, 143.

<sup>42</sup> Roberts, 271.

<sup>43</sup> Jeffrey Boss, *Human Consciousness of God in The Book of Job* (New York, NY: T& T Clark International, 2010), 12.

<sup>44</sup> Boss, 22.

<sup>45</sup> Boss, 22.

<sup>46</sup> Boss, 22.

forced to challenge his perception of God once they were no longer compatible or appropriate.<sup>47</sup> As a result, Job's perceptions of God changed as the story unfolded.<sup>48</sup>

Post-trauma, Job's "God of stability has become the God of destruction, shattering the system of relations between God and Job."<sup>49</sup> This changed the dynamics of their relationship from an "I-Thou relationship" to an "I-It relationship."<sup>50</sup> The change in dynamics made Job feel like God was using him as a target, which caused him additional suffering.<sup>51</sup> Job said:

For the arrows of the Almighty are in me; my spirit drinks their poison; the terrors of God are arrayed against me...O that I might have my request, and that God would grant my desire; that it would please God to crush me, that he would let loose a hand and cut me off! This would be my consolation; I would even exult my relenting pain; for I have not denied the words of the Holy One (6:4-10).

Job even wished God would "look away" from him (7:19) and stop making him a "target" of his anger (7:20).<sup>52</sup> According to Boss, Job did not deny that he could be at fault, rather, he was arguing that he did not deserve God's wrath.<sup>53</sup> Furthermore, Marcia Webb claims:

Traumatic stress often involves the perception that individuals are 'threatened by an external force that seeks to annihilate them and against which they are unable

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<sup>47</sup> Boss, 42.

<sup>48</sup> Boss, 35.

<sup>49</sup> Boss, 22.

<sup>50</sup> Hartley, 132.

<sup>51</sup> Hartley, 132.

<sup>52</sup> Kahn, 44.

<sup>53</sup> Boss, 122.

to resist and which overwhelms their ability to cope. For Job, this external force has become, tragically, the Almighty God.<sup>54</sup>

Job accused God of creating him merely to persecute him, “Your hands fashioned and made me; and now you turn and destroy me” (10:8).<sup>55</sup> Job believed that neither his goodness nor badness mattered because his suffering was prejudged.<sup>56</sup> Later, Job accused God of trapping him in a no-win situation, where God “destroys the wicked and righteous.”<sup>57</sup> Job said:

He casts me into the mire, and I have become like dust and ashes. I cry to you and you do not answer me; I stand, and you merely look at me. You have turned cruel to me; with the might of your hand you persecute me. You lift me up on the wind, you make me ride on it, and you toss me about in the roar of the storm. I know you will bring me to death, and to the house appointed for all living (30:20-23).

Job found himself in the midst of a very bleak and grave situation. Such a storm would inevitably mean absolute destruction for Job because no mortal could survive it.<sup>58</sup>

Therefore, Job believed God was “assaulting him” while he remained helpless.<sup>59</sup>

In chapter 29, Job reflected on the days when he felt he had an “intimate fellowship with God.”<sup>60</sup> Job said:

O that I were in the months of old, as in the days when God watched over me; when his lamp shone over my head, and by his light I walked through darkness;

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<sup>54</sup> Webb, 166-167.

<sup>55</sup> Kahn, 44.

<sup>56</sup> Kahn, 44.

<sup>57</sup> Tremper Longman, and Peter Enns, s.v. “Job,” *Dictionary of the Old Testament: Wisdom, Poetry, and Writings* (Downers Grove, IL: InterVarsity Press, 2008), 776.

<sup>58</sup> Marvin H. Pope, *Job* (Garden City, NY: Doubleday & Company, Inc., 1965), 196.

<sup>59</sup> Pope, 196.

<sup>60</sup> Hartley, 386.

when I was in my prime, when the friendship of God was upon my tent; when the Almighty was still with me” (29:2-5).

This sentiment captured Job’s confusion and grief as he tried to understand his relationship with God amid his suffering. According to Webb, one of Job’s most “dramatic losses is his treasured relationship with God.”<sup>61</sup>

### **Reconciling A Damaged Relationship with God**

Job’s spiritual struggle forced him to challenge his existing perceptions of God. As a result, Job’s perceptions changed— from God of stability, to God of destruction, to God of abandonment—which allowed him to challenge the perceptions of God that were no longer appropriate. Only one of Job’s perceptions of God remained constant: that of a benevolent God. Not only was God’s benevolence the focus of their philosophical discourse but was the source of Job’s comfort and hope amid his struggles. Job clearly articulated several truths he believed about God’s benevolence, “He is wise in heart, and mighty in strength” (9:4), “Does great things beyond understanding and marvelous things beyond number” (9:10), “With God are wisdom and strength” (12:13), “I know my Redeemer lives” (19:25), and later he told God, “You have granted me life and steadfast love, and your care has preserved my spirit” (10:12).

According to McCann and Webb, individuals who perceive “God’s intentions toward them as beneficent despite the challenges of negative life events” experience a reduction in negative feelings.<sup>62</sup> Furthermore, individuals who believe in God’s

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<sup>61</sup> Webb, 157.

<sup>62</sup> McCann and Webb, 144.

benevolence tend to endure in their faith even in the midst of crisis or other negative events.<sup>63</sup>

### **Spiritual Struggle of a Deep Sense of Aloneness**

Job's spiritual struggle of disconnection also manifested as a deep sense of aloneness.<sup>64</sup> Job's feelings of aloneness were revealed in three ways. First, Job discovered that affliction could lead to isolation, even between husband and wife.<sup>65</sup> This was revealed when Job's wife said, "Do you still persist in your integrity? Curse God and die" (2:9). Second, Job's friends arrived to comfort him (2:11), but they ended up causing him additional pain with their attempts to expose the reason for his suffering. Job said, "Those who withhold kindness from a friend forsake the fear of the Almighty. My companions are treacherous like a torrent-bed" (6:14-15). He later accused them again, saying:

You whitewash with lies; all of you are worthless physicians. If you would only keep silent, that would be your wisdom...Will you speak falsely for God and speak deceitfully for him...Will it be well with you when he searches you out? Or can you deceive him, as one person deceives another (13:5-9).

Job admonished his friends for being "worthless physicians" who "whitewash with lies," and accused them of speaking "falsely" and "deceitfully" for God. According to Hartley, it is common for individuals to defend doctrine when confronted with "perplexing problems," because it helps them avoid or overlook the difficult questions that arise from

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<sup>63</sup> McCann and Webb, 144.

<sup>64</sup> Roberts, 271.

<sup>65</sup> Hartley, 83.

trauma and suffering.<sup>66</sup> Whereas, other people may employ religious schemas in an effort to “maintain a sense of control in a universe which may otherwise feel overwhelming and unmanageable.”<sup>67</sup> In the end, Job rebuked his friends for their “pride and insensitivity,” because he felt that their attempt to expose the nature of his suffering undercut his “sense of human dignity.”<sup>68</sup>

Lastly, Job felt abandoned and persecuted by his family and friends.<sup>69</sup> Not only did Job’s family and friends find him abhorrent, but they also persecuted him and spoke “ill of him.”<sup>70</sup> Job said:

My relatives and my close friends have failed me; the guests in my house have forgotten me...I am loathsome to my own family. Even young children despise me; when I rise, they talk against me. All my intimate friends abhor me, and those I loved have turned against me (19:14-19).

According to Janoff-Bulman, trauma survivors “learn about themselves and their perceived self-worth” from others. Therefore, the reactions from family and friends are critical to helping survivors reconstruct and understand the world around them.<sup>71</sup>

### **Reconciling a Deep Sense of Aloneness**

Job learned several key lessons about healing relationships in his struggle with a deep sense of aloneness. First, Job learned from his friends that providing comfort

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<sup>66</sup> Hartley, 219.

<sup>67</sup> Webb, 165.

<sup>68</sup> Hartley, 205-206.

<sup>69</sup> Kahn, 48.

<sup>70</sup> Boss, 103.

<sup>71</sup> Ronnie Janoff-Buman, *Shattered Assumptions: Towards a New Psychology of Trauma* (New York, NY: The Free Press, 1992), 146.

through doctrine causes greater suffering. Second, Job learned that having an intimate relationship with God means that you talk *to* God and not *about* God (42:7). Third, Job learned that the isolation of personal trauma can increase suffering. Job’s brothers, sisters, and friends returned and offered him the comfort, sympathy, and fellowship (42:11) he needed to safely express and heal his grief.<sup>72</sup> Therefore, Job learned the importance of having compassionate and loving family and friends. Fourth, Job learned to embrace a new system of relations, including those with his daughters. Job gave his daughters an inheritance along with his sons (43.15), which demonstrated a “very progressive attitude toward equality.”<sup>73</sup>

### **Spiritual Struggle of Diminished Sense of Meaning**

Job also experienced a spiritual struggle of diminished sense of meaning, which caused him to question his existence. Initially, Job lamented the day of his birth (3:11), but, eventually, it escalated to a preoccupation with death. Kahn notes:

His sufferings are so great that nothing in life could be made worthwhile. This is the depth of depression; it is the worthlessness of all that one is, of all that one still has, and all that has gone before. It is even the worthlessness of that which one has lost.<sup>74</sup>

Later, Job accused God of keeping him trapped in his suffering, arguing that since God gave him life, God could let him die.<sup>75</sup> Job said:

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<sup>72</sup> Hartley, 541.

<sup>73</sup> Hartley, 524.

<sup>74</sup> Kahn, 38.

<sup>75</sup> Hartley, 99.

Why is light given to one in misery, and life to the bitter soul, who long for death, but it does not come, and dig for it more than for hidden treasures; who rejoice exceedingly, and are glad when they find the grave? Why is light given to one who cannot see the way, whom God has fenced in? (3:20-23).

Job plunged into a deeper level of despair and hopelessness, and claimed, “I would rather choose strangling and death rather than this body. I loathe my life” (7:15), and later he became more preoccupied with death. Job said:

My spirit is broken, my days are extinct, the grave is ready for me. Surely there are mockers around me, and my eyes dwell on their provocation...My days are past, my plans are broken off, the desires of my heart. They make night into day; the light, they say, is near darkness...where is my hope? Who will see my hope? Will it go down to the bars of Sheol? Shall we descend together into the dust? (17:1-16).

Hartley notes, Job was experiencing the agony of emotional and physical suffering,<sup>76</sup> causing him to vacillate between the belief that death was the only way to end his suffering and the hope that God would intervene on his behalf.<sup>77</sup>

### **Reconciling a Diminished Sense of Meaning**

Job learned several lessons about meaning and purpose through his spiritual struggle. God responded to Job twice out of a “whirlwind” (38:1, 40:6). The whirlwind was a manifestation of God that captured God’s absolute uniqueness.<sup>78</sup> According to Hartley, it was also a manifestation that “presents an awesome display of power” and was meant to protect humankind from being “consumed by divine holiness.”<sup>79</sup> The first time God appeared to Job, God asked him a series of rhetorical questions that pointed toward

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<sup>76</sup> Hartley, 149.

<sup>77</sup> Hartley, 271.

<sup>78</sup> Longman and Enns, 817.

<sup>79</sup> Hartley, 490.

God's greatness in all of creation (38:4-39:30). The second time, God questioned Job directly about Job's role in creation (40:6). Job was humbled and repentant after standing in the presence of a God with a power far beyond anything humankind can measure.<sup>80</sup>

Job replied:

I know that you can do all things, and that no purpose of yours can be thwarted. Who is this who hides counsel without knowledge? I have uttered what I did not understand, things too wonderful for me, which I did not know. Hear, and I will speak; I will question you, and you declare to me. I heard of you by the hearing of the ear, but now my eye sees you, therefore I despise myself, and repent in dust and ashes (42:2-6).

Job was struck by the limitations of his own finite imagining and human existence.<sup>81</sup> He finally realized that his self-worth was not defined by his innocence or self-righteousness. Rather, it was found in his intimate relationship with God.<sup>82</sup> Job and his friends were taken from "the indicative to the intimate, from awareness to wonder."<sup>83</sup> Job emerged with his fortunes restored twofold (42:10). He was blessed with more than he had in the beginning, including seven sons and three daughters. (42:13). Job went on to live a long life and "died old and full of days" (42:17).

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<sup>80</sup> Kahn, 127.

<sup>81</sup> Boss, 199.

<sup>82</sup> Hartley, 537.

<sup>83</sup> Boss, 197.

*The Book of Jeremiah*

**Damaged Relationship with God**

Jeremiah's spiritual struggle of disconnection also manifested as a damaged relationship with God.<sup>84</sup> God made several promises to protect and deliver Jeremiah from those who would fight against him. God said: "Do not be afraid of them, for I am with you to deliver you, says the LORD" (1:8); "They will fight against you; but they shall not prevail against you, for I am with you, says the Lord, to deliver you" (1:19); "They will fight against you, but they will not prevail over you, for I am with you to save you and deliver you says the LORD" (15:20).

Despite God's continued promises of deliverance, Jeremiah endured a lifetime of persecution and suffering, including a "divine threat" and a warning against desertion.<sup>85</sup> God said, "Gird up your loins; stand up and tell them everything I command you. Do not break down before them, or I will break you before them" (1:17). Jeremiah also felt "like a gentle lamb led to the slaughter" (11:19) and accused God of testing him but not punishing his persecutors. Jeremiah said:

Why does the way of the guilty prosper? Why do all who are treacherous thrive? You plant them, and they take root; they grow and bring forth fruit; you are near in their mouths yet far from their hearts... You see me and test me—my heart is with you (12:1-3).

God responded to Jeremiah with another warning stating that his complaint was trivial and that "the worst is yet to come," a warning that left Jeremiah in a state of unresolved

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<sup>84</sup> Roberts, 271.

<sup>85</sup> Leslie C. Allen, *Jeremiah* (Louisville, KY: Westminster Knox Press, 2008), 31.

tension.<sup>86</sup> Later, in chapter 15, Jeremiah offered another lament about his call to the prophetic office.<sup>87</sup> Jeremiah said:

In your forbearance do not take me away; know that on your account I suffer insult... Why is my pain unceasing, my wound incurable, refusing to be healed? Truly, you are to me like a deceitful brook, like waters that fail (15:15-18).

Bright notes, Jeremiah's reference to a "deceitful brook" symbolizes a "stream that goes dry in the summer and cannot be depended on for water."<sup>88</sup> Not only did this sentiment express Jeremiah's belief that God failed him in his hour of need, but it also ran contrary to Jeremiah's earlier reference to God as "the fountain of living water."<sup>89</sup> Thus, Jeremiah was left struggling to reconcile how God could be both the source of his comfort and the cause of his suffering.

### **Reconciling a Damaged Relationship with God**

Despite this struggle Jeremiah knew God was an active participant in his life and the world he inhabited. Even his call to prophesy revealed several important aspects of his relationship with God: God "knew" Jeremiah before he was formed in the womb (1:5), God "knew" who Jeremiah would become before he was born (1:5), God "knew" the challenges Jeremiah would face in the prophetic office (1:8), and God promised to "deliver" Jeremiah from those who would fight against him (1:6). Jeremiah even experienced God's physical presence when God "touched" his mouth and filled him with

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<sup>86</sup> Jahn Bracke, *Jeremiah 1-29* (Louisville, KY: Westminster John Knox Press, 2000), 136.

<sup>87</sup> Bracke, *Jeremiah 1-29*, 136.

<sup>88</sup> John Bright, *Jeremiah* (Garden City, NY: Double Day & Company Inc., 1965), 110.

<sup>89</sup> Bright, 110.

the Word of God (1:9). Later, God appeared to Jeremiah and said, “See, I am the LORD God of all flesh; is anything too hard for me?” (32:26).

Furthermore, Jeremiah’s prophesies incorporated first-person language for God. Jeremiah said: “Thus says the LORD: I have dealt you the blow” (30:14b); “I have done these things to you” (30:15); “I will be the God of all the families” (31:1).

Jeremiah was a faithful servant who committed his life to God. Even though he threatened to stop speaking for God, he confessed he was unable to do so.<sup>90</sup>

### **Spiritual Struggle of a Deep Sense of Aloneness**

Jeremiah also struggled with a deep sense of aloneness while serving in the prophetic office. Not only did his own kinsfolk and family plot to kill him (12:6), he was forbidden to marry or have children (16:2), and later complained to God about the hatred and loneliness he continued to experience. Jeremiah said, “I did not sit in the company of merry-makers, nor did I rejoice; under the weight of your hand I sat alone, for you had filled me with indignation” (15:17). According to Bright, Jeremiah’s complaint also captured his belief that God failed him in his hour of need.<sup>91</sup> Later, in another direct address to God he said:

O Lord, you have enticed me, and I was enticed; you have overpowered me, and you have prevailed. I have become a laughingstock all day long; everyone mocks me. For whenever I speak, I must cry out, I must shout, ‘Violence and destruction!’ For the word of the Lord has become for me a reproach and derision all day long (20:7-8).

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<sup>90</sup> Bracke, *Jeremiah 1-29*, 164.

<sup>91</sup> Bright, 111.

Jeremiah struggled with the fact that he was an “object of derision” in his community because of his prophecies of violence and destruction.<sup>92</sup> Bright claims that the passage captures Jeremiah’s growing despair and “agony of spirit.”<sup>93</sup> He even threatened to stop speaking for God, but knew that he could not “prevail against God.”<sup>94</sup> Jones adds, even though Jeremiah continued to face opposition, he knew he was in a situation from which he was unable to escape.<sup>95</sup> He had submitted to something larger.

### **Reconciling a Deep Sense of Aloneness**

Jeremiah emerged from his spiritual struggle with a greater understanding of God and humanity. Jeremiah learned that only God could heal even the most grievous, incurable wounds (30:16), and restore relationships. God said, “I will put my law within them, and I will write it on their hearts” (31:33). Sweeney argues that God’s decision to place the Torah in the “inmost being of the heart is so it can’t be broken.”<sup>96</sup> He points out that “*Lurianic kabbalah*” means the spark within each person.<sup>97</sup> Furthermore, the ancient Israelites saw the heart as “human will or volition.”<sup>98</sup> Jeremiah believed people have bad

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<sup>92</sup> Bracke, *Jeremiah 1-29*, 164.

<sup>93</sup> Bright, 134.

<sup>94</sup> Bracke, *Jeremiah 1-29*, 164.

<sup>95</sup> Douglas Jones, *Jeremiah*, The New Century Bible Commentary (New York, NY: Harper Collins Publishers, 1991), 273.

<sup>96</sup> *The Jewish Study Bible: Tanakh Translation*. (New York, New York: Oxford University Press, 1999), 991.

<sup>97</sup> *The Jewish Study Bible*, 991.

<sup>98</sup> Bracke, John, *Jeremiah 30-52 and Lamentation* (Saint Louis, KY: Westminster John Knox Press, 2000), 23.

hearts and will end up doing wrong or rebelling against God.”<sup>99</sup> He knew that only God could change the hearts of the people and bind them to a new contract. Allen adds that this “transformation” is new and expresses God’s ability to forecast people’s inherent motivation.<sup>100</sup> God said:

I will put my law within them, and I will write it on their hearts; and I will be their God, and they shall be my people. No longer shall they teach one another, or say to each other, ‘Know the Lord,’ for they shall all know me, from the least of them to the greatest, says the Lord; for I will forgive their iniquity, and remember their sin no more (31:33b-34).

Furthermore, God reveals God’s commitment to recovery and healing. God said, “I will heal them and reveal to them abundance of prosperity and security” (33:6). In the end, Jeremiah surrendered wholeheartedly to God and his mission because he knew that he would be unable to stop speaking for God.<sup>101</sup>

Job and Jeremiah both experienced a spiritual struggle of disconnection, which manifested as a damaged relationship with God and a deep sense of aloneness. Job felt persecuted and abandoned by God, whereas Jeremiah struggled to reconcile how God could be both a source of comfort and the cause of his suffering. Furthermore, Job and Jeremiah struggled with a deep sense of aloneness. Job’s feelings of aloneness were realized through interactions with his wife, friends, and family, whereas Jeremiah’s feelings were realized in his commitment to the prophetic office which kept him isolated and unwed.

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<sup>99</sup> Bracke, John, *Jeremiah 30-52 and Lamentation*, 23.

<sup>100</sup> Allen, 356.

<sup>101</sup> Bright, 134.

## Spiritual Struggle of Diminished Sense of Meaning

Jeremiah also struggled with a level of despair and hopelessness that caused him to question his existence. In Chapter 20, Jeremiah cursed the day of his birth and expressed his belief that it would be better to be dead than be alive, and wished his mother's womb would have been a grave.<sup>102</sup> Jeremiah said:

Cursed be the day on which I was born! The day when my mother bore me, let it not be blessed! Cursed be the man who brought the news to my father, saying, A child is born to you, a son, making him very glad... let him hear a cry in the morning and an alarm at noon, because he did not kill me in the womb; so my mother would have been my grave, and her womb forever great. Why did I come forth from the womb to see toil and sorrow, and spend my days in shame (20:14-18).

Bright notes that Jeremiah plunged deeper into a “suicidal despair” after exhausting all of his resources.<sup>103</sup> Furthermore, Jeremiah felt like his life was “cursed” and that he was destined to experience the same fate as Judah, which was “curse, and eventually exile.”<sup>104</sup>

## Reconciling A Diminished Sense of Meaning

Jeremiah learned several lessons through his spiritual struggle. First, Jeremiah learned the depths of his love for God. Jeremiah said, “But you, O LORD, know me; You see me and test me—my heart is with you” (12:3). He also learned that God and his call gave his life meaning. He said, “Your words were found, and I ate them, and your words became my joy and the delight of my heart; for I am called by your name” (15:16). Lastly, Jeremiah learned that the meaning of life had to come from within himself, his relationship with God, and his commitment to the prophetic office.

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<sup>102</sup> Bracke, *Jeremiah 1-29*, 165.

<sup>103</sup> Bright, 134.

<sup>104</sup> Bracke, *Jeremiah 1-29*, 166.

## Theology of Trauma

The researcher also studied the Book of Job and the Book of Jeremiah to identify a theology of trauma. The researcher defined a theology of trauma as the study of the presence and nature of God in the experience of trauma. The very nature of trauma—confusing, disorientating, overwhelming, unpredictable—hindered Job and Jeremiah’s ability to know and experience God in the midst of trauma.<sup>105</sup> For this reason, Job and Jeremiah’s spiritual struggles provided an instructional landscape to study a theology of trauma.

The researcher identified several ways that God was present in their trauma. First, Job’s belief that God was present in his trauma was revealed in his assertions about God. Job’s assertions changed from his belief that God was using him as a target (6:4-10), to abandoning him (29:2-5), to becoming the source of “life and steadfast love” (10:12). Thus, Job emerged from his spiritual struggle claiming that God was at the center of his life. Second, God was the focus of Job’s friends’ philosophical discourse, which revealed their understanding that God was present, and active in the world. Lastly, Job stood in the presence of God and discovered God’s greatness in all of creation (38:4-39:30).

In the case of Jeremiah, he knew God was always present in his life (1:5-9). However, he needed to make the distinction between the source of his comfort and the cause of his suffering. Once that happened, Jeremiah understood that the stubborn people who refused to listen were the cause of his suffering, not God (11:8). Once Jeremiah made this distinction, he fully surrendered to God and his mission (17:17).

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<sup>105</sup> Webb, 169.

The researcher found that the destruction of Job and Jeremiah's fundamental belief system was a necessary step in their spiritual journey. Their spiritual struggles paved the way for new perspectives, greater wisdom, and a more intimate relationship with God and others. They both emerged from their spiritual struggles confident in God's loving presence in their lives, even in their suffering. Ultimately, their spiritual journey sparked a spiritual awakening which changed the very essence of their being.

### **Conclusion**

In summary, in chapter two the researcher explored a theological understanding of trauma and defined two types of spiritual struggles – a spiritual struggle of disconnection and a spiritual struggle of a diminished sense of meaning – experienced and reconciled by Job and Jeremiah. In the process of reconciling their spiritual struggles, Job and Jeremiah modeled how to cry out and lament, challenge negative perceptions and beliefs about God, and make the distinction that individuals are the source of human-induced trauma, not God. As a result, the researcher believes that the Book of Job and the Book of Jeremiah are beacons of hope for the countless victims of sexual abuse because they offer a rare glimpse into how to discover hope, healing, and reconciliation in the midst of suffering. Chapter two provided the foundation to begin a review of relevant literature about suicide, childhood sexual abuse, and best practices in the clinical counseling of individuals with a history of abuse. This research will show how some of the same trauma responses experienced by Job and Jeremiah will appear in the experiences of victims of sexual abuse.

### CHAPTER THREE: SUICIDE, SEXUAL ABUSE, AND CLINICAL COUNSELING

This project addressed the lack of understanding of the key characteristics that empowered sexual abuse victims to survive suicidality. The researcher examined relevant literature on suicide, childhood sexual abuse, and best practices in the clinical counseling of individuals with a history of abuse. Evidence shows that childhood sexual abuse is a strong predictor of mental illness and a lifetime of suicidality. Therefore, this study focused on suicide, the effects of childhood sexual abuse contributing to suicidality, and the best practices in the clinical counseling of individuals with a history of abuse.

#### **Suicide**

Suicide is a leading cause of death in Minnesota and across the United States. Since 1999, the Minnesota age-adjusted suicide rate has increased by 53 percent, while the national rate increased 33 percent.<sup>106</sup> In the United States, one person attempted suicide every 26.6 seconds, and one person died by suicide every 11.1 minutes in 2019.<sup>107</sup> In addition, an estimated 12.2 million adults considered suicide and 3.5 million adults had a suicide plan.<sup>108</sup> Research shows that 90 percent of individuals who survived a suicide attempt did not die by suicide.<sup>109</sup>

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<sup>106</sup> Minnesota Department of Health, *Suicide in Minnesota, 1999-2017*, 7.

<sup>107</sup> CDC, "Preventing Suicide."

<sup>108</sup> CDC, "Preventing Suicide."

<sup>109</sup> CDC, "Preventing Suicide."

## Risk Factors and Warning Signs

Warning signs are indications of an elevated risk for suicide.<sup>110</sup> Warning signs include direct threats of suicide, seeking access to means, or talking and writing about death, dying, and suicide.<sup>111</sup> Risk factors are indicators of ongoing risk for suicide.<sup>112</sup> Common risk factors include gaining access to lethal means, family history of suicide, exposure to suicide, lower-economic status, unemployment, legal or criminal problems, lack of healthcare, and physical illness.<sup>113</sup> Other risk factors include stigma, cultural and religious beliefs, unsafe portrayals of suicide in the media, and stressful life events.<sup>114</sup> Previous attempts are also another risk factor for suicide. Research shows that previous attempts build courage, reduce fear, and increases the risk for suicide.<sup>115</sup> Other risk factors include anger, hostility, rage, and impulsivity.<sup>116</sup>

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<sup>110</sup> Substance Abuse and Mental Health Services Administration (SAMHSA), *Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment* (Rockville, MD: U.S. Department of Health and Human Services, 2009), 11.

<sup>111</sup> SAMHSA, *Addressing Suicidal Thoughts*, 11.

<sup>112</sup> SAMHSA, *Addressing Suicidal Thoughts*, 11.

<sup>113</sup> SAMHSA, *Addressing Suicidal Thoughts*, 11-12.

<sup>114</sup> SAMHSA, *Addressing Suicidal Thoughts*, 11-12.

<sup>115</sup> Thomas E. Joiner, Natalie J. Sachs-Ericsson, LaRicka R. Wingate, Jessica S. Brown, Michael D. Anestis, and Edward A. Selby, "Childhood Physical and Sexual Abuse and Lifetime Number of Suicide Attempts: A Persistent and Theoretically Important Relationship," *Behavior Research and Therapy* 45, no. 3 (March 2007): 540–541, <https://doi.org/10.1016/j.brat.2006.04.007>; Centers for Disease Control and Prevention, "Risk and Protective Factors."

<sup>116</sup> Edwin S. Shneidman, *The Suicidal Mind* (New York, NY: Oxford University Press, 1996), 25; Substance Abuse and Mental Health Services Administration, 12.

*Childhood Sexual Abuse*

Childhood sexual abuse is another risk factor for suicide. Evidence shows that childhood sexual abuse is a strong predictor of a lifetime of depression and suicidality.<sup>117</sup> Adults with a history of childhood sexual abuse are two times more likely to attempt suicide than the general population.<sup>118</sup> The risk of suicide increased significantly if the abuse involved multiple forms of abuse, multiple perpetrators, or was incestuous.<sup>119</sup> Repeated violent sexual abuse is another risk factor for suicide because it can lead to habituation to pain, and provocation. Joiner and colleagues claimed, “habituation to pain and fear combines with desire for death to result in serious suicidal behavior.”<sup>120</sup> Therefore, repeated sexual abuse can lead to habituation to pain and fear-induced experiences, leading to more lethal means.<sup>121</sup> Furthermore, many survivors have experienced “tragedies of unfathomable proportions, unrelenting mental illness, heartrending emotional pain, and chronic physical pain without a promise of a cure.”<sup>122</sup>

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<sup>117</sup> Joiner et al., “Childhood Physical and Sexual Abuse and Lifetime Number of Suicide Attempts: A Persistent and Theoretically Important Relationship,” 539.

<sup>118</sup> Christine Courtois, *Healing the Incest Wound* (New York, NY: Norton & Company, 1988), 305.

<sup>119</sup> Courtois, 305; Robert M. Greenfield, “The Attachment Function of Acute and Chronic Suicidal Illness in the Psychotherapy of an Adult Female Incest Survivor,” *Clinical Social Work Journal* 42, no. 1 (March 2014): 51, <https://doi/10.1007/s10615-012-0429-7>.

<sup>120</sup> Joiner et al., “Childhood Physical and Sexual Abuse and Lifetime Number of Suicide Attempts: A Persistent and Theoretically Important Relationship,” 541.

<sup>121</sup> Joiner et al., “Childhood Physical and Sexual Abuse and Lifetime Number of Suicide Attempts: A Persistent and Theoretically Important Relationship,” 541.

<sup>122</sup> Stacey Freedenthal, *Helping the Suicidal Person: Tips and Techniques for Professionals* (New York, NY: Routledge, 2018), 171.

Therefore, many often suffer from a “disorder of hope,” increasing their desire for death.<sup>123</sup>

### *Interpersonal Relationship Problems*

Interpersonal relationship problems are a leading risk factor for suicide among adults with a history of sexual abuse. Interpersonal relationship problems include conflicted relationships, family disruption or dysfunction, low social support, social isolation, and stressful events such as break-ups, divorce, and separation.<sup>124</sup> Divorced and separated individuals are at an increased risk for suicide because divorce and separation causes a disconnection from a spouse, children, extended family, and friends.<sup>125</sup> Many divorced and separated individuals also reported feeling like a failure as a spouse.<sup>126</sup> Feeling like a failure significantly increases the risk of suicide.<sup>127</sup> In addition, relationship break-ups are one of the most common risk factors for suicide among individuals with a substance abuse disorder, especially during times of acute intoxication or relapse.<sup>128</sup>

Other risk factors include perceived burdensomeness and thwarted belongingness.<sup>129</sup> Thomas Joiner stated, “The desire for death stems from feeling like a

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<sup>123</sup> John Briere, and Marsha Runtz, “Suicidal Thoughts and Behaviours in Former Sexual Abuse Victims,” *Canadian Journal of Behavioural Science* 18, no. 4 (October 1986): 419, <https://doi.org/10.1037/h0079962>; Greenfield, 52.

<sup>124</sup> SAMHSA, *Addressing Suicidal Thoughts*, 11; Thomas Joiner, *Why People Die by Suicide* (Cambridge, MA: Harvard University Press, 2005), 11-12.

<sup>125</sup> Joiner, *Why People Die by Suicide*, 124.

<sup>126</sup> Joiner, *Why People Die by Suicide*, 124; SAMHSA, *Addressing Suicidal Thoughts*, 12.

<sup>127</sup> Joiner, *Why People Die by Suicide*, 124; SAMHSA, *Addressing Suicidal Thoughts*, 12.

<sup>128</sup> SAMHSA, *Addressing Suicidal Thoughts*, 11.

<sup>129</sup> SAMHSA, *Addressing Suicidal Thoughts*, 12; Joiner, *Why People Die by Suicide*, 124.

burden on loved ones and others and feeling disconnected and alienated from others.”<sup>130</sup>

Furthermore, Joiner states, “childhood physical and sexual abuse may particularly confer risk because they are both painful and imply burdensomeness and disconnection.”<sup>131</sup>

### *Low Self-Concept*

Low self-concept can also increase the risk of suicide among adults with a history of sexual abuse. Self-concept is the idea of self, constructed from the beliefs and perceptions one holds about oneself. A child’s self-concept developed within the context of sexual abuse can cause individuals to view themselves negatively.<sup>132</sup> According to John Briere and Marsha Runtz, a “poor self-concept mitigates against valuing oneself enough to want to live or to avoid self-destruction.”<sup>133</sup>

Individuals with a low self-concept reported feeling dirty, damaged, defective, unlovable, and unworthy.<sup>134</sup> Other individuals reported feelings of guilt, shame, humiliation, self-blame, self-hate, and a sense of powerlessness related to the abuse.<sup>135</sup> Studies showed that shame and unworthiness can increase the risk of suicide and other self-destructive behaviors, whereas extreme self-hatred can manifest as a desire for death

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<sup>130</sup> Joiner, *Why People Die by Suicide*, 65.

<sup>131</sup> Joiner, *Why People Die by Suicide*, 65.

<sup>132</sup> Joiner, *Why People Die by Suicide*, 109.

<sup>133</sup> Briere and Runtz, “Suicidal Thoughts and Behaviours in Former Sexual Abuse Victims,” 417.

<sup>134</sup> Lissa Dutra, Kelley Callahan, Evan Forman, Michaela Mendelsohn, and Judith Herman, “Core Schemas and Suicidality in a Chronically Traumatized Population,” *The Journal of Nervous and Mental Disease* 196, no. 1 (January 2008): 73, <https://doi.org/10.1097/NMD.0b013e31815fa4c1>; Briere and Runtz,; Kristin J. Fredriksen, Helle K. Schoeyen, Jan O. Johannessen, Fredrik A. Walby, Larry Davidson, and Margrethe A. Schaufel, “Psychotic Depression and Suicidal Behavior,” *Washington School of Psychiatry*, no.1 (Spring 2017): 17, <https://doi.org/10.1007/s11126-019-09677-6>.

<sup>135</sup> Dutra et al., 73; Briere and Runtz, 413; Fredriksen et al., 17; Greenfield, 58.

and punishment.<sup>136</sup> A case study by Robert Greenfield documented how incest shaped a survivor's developing sense of self:

(1) I am worthless and do not deserve to live; (2) Expressing vulnerability is weak and weakness is punished; (3) If I have emotional needs I am being selfish; (4) I should not trust strangers, only trust family; (5) I am incapable of surviving on my own; (6) I am responsible for all the bad things that happened, everything is always my fault, therefore I should kill myself as a child to protect everyone; (7) I am a slut and a whore whose dirty thoughts caused the incest; (8) I am damaged goods, unlovable, and therefore no man would ever want me.<sup>137</sup>

The beliefs and feelings associated with a low self-concept can cause acute psychological pain, increasing the risk of suicide.<sup>138</sup>

### *Psychological Pain*

Psychological pain is another risk factor among adults with a history of sexual abuse. Psychological pain is the “anguish, or ache that takes over the mind.”<sup>139</sup> Edwin Shneidman stated:

[Psychological pain] is intrinsically psychological—the pain of excessively felt shame, guilt, fear, anxiety, loneliness, angst, dread of growing old or of dying badly. When psychache occurs, its introspective reality is undeniable. Suicide happens when psychache is deemed unbearable and death is actively sought to stop the unceasing flow of painful consciousness. Suicide is the tragic drama in the mind.<sup>140</sup>

Acute psychological pain can cause feelings of hopelessness, increasing the risk for suicide in depressed individuals.<sup>141</sup> Many depressed individuals reported predicting dire

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<sup>136</sup> Briere and Runtz, 417-418.

<sup>137</sup> Greenfield, 51.

<sup>138</sup> Shneidman, 13.

<sup>139</sup> Shneidman, 13.

<sup>140</sup> Shneidman, 13.

<sup>141</sup> Aaron T. Beck, Gary Brown, Robert J. Berchick, Bonnie L. Stewart, and Robert A. Steer, “Relationship between Hopelessness and Ultimate Suicide: A Replication with Psychiatric

outcomes and negative expectations, which caused them to view suicide as a way of out of their “insoluble problems.”<sup>142</sup> Others considered suicide an “escape” or “cherished out” from the depths of deep psychological pain.”<sup>143</sup> Furthermore, men with a history of childhood sexual abuse reported a higher degree of hopelessness, and suicidality than the general population.<sup>144</sup>

### *Mental Illness*

Mental illness is a leading risk factor for suicide. Statistics show that 90 percent of individuals who died by suicide had an underlying mental illness, 70-80 percent involved comorbid conditions, and 50 percent of individuals were intoxicated at the time of their death by suicide.<sup>145</sup> Evidence shows that individuals with psychiatric disorders are at a greater risk for suicide. Psychiatric disorders include mood disorders, personality disorders, and schizophrenia.<sup>146</sup> The World Health Organization reported that individuals with schizophrenia are twelve times more likely to die by suicide than the general

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Outpatients,” *The American Journal of Psychiatry* 147 (February 1990): 190, <https://doi:10.1176/ajp.147.2.190>.

<sup>142</sup> Beck et al., 147; Briere and Runtz, 419.

<sup>143</sup> Briere and Runtz, 419; Greenfield, 52.

<sup>144</sup> Megan Spokas, Amy Wenzel, Shannon Wiltsey Stirman, Gregory K. Brown, and Aaron T. Beck, “Suicide Risk Factors and Mediators Between Childhood Sexual Abuse and Suicide Ideation Among Male and Female Suicide Attempters,” *Journal of Traumatic Stress* 22, no. 5 (October 2009): 469, <https://doi.org/10.1002/jts.20438>.

<sup>145</sup> Sara K. Goldsmith, *Risk Factors for Suicide* (Washington, DC: National Academy Press, 2001), 3.

<sup>146</sup> Goldsmith, 2.

population.<sup>147</sup> Anxiety and depression are also leading risk factors for suicide.<sup>148</sup> Severely depressed individuals reported that intense and unbearable anxiety drove their impulsive suicidal behavior.<sup>149</sup>

### *Post-Traumatic Stress Disorder (PTSD)*

PTSD is another risk factor for suicide among adults with a history of abuse. An estimated 50 percent of individuals with PTSD experienced suicidality, and 20-30 percent of those attempted suicide.<sup>150</sup> Sexually abused adults can develop a “negative appraisal system” of everyday stresses, interfering with their ability to see other outcomes besides suicide.<sup>151</sup> Furthermore, unresolved or prolonged trauma can lead to a lifetime of acute and chronic suicidal illness and “psychogenic death.”<sup>152</sup> Christine Courtois described the process of a psychogenic death:

As numbing and depression become more pronounced over time, the individual closes down and loses both hope and the will to live. The process eventually culminates in death. Psychogenic death would most likely only occur as the result of the most prolonged, violent, and tortuous incest: however, a striking number of survivors report losing the will to live or feeling hopeless and powerless.<sup>153</sup>

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<sup>147</sup> “Information Sheet: Premature Death Among Individuals with Severe Mental Disorders,” World Health Organization, accessed August 30, 2021, 2. [https://www.who.int/mental\\_health/management/info\\_sheet.pdf](https://www.who.int/mental_health/management/info_sheet.pdf).

<sup>148</sup> SAMHSA, *Addressing Suicidal Thoughts*, 12.

<sup>149</sup> Fredriksen et al., 25.

<sup>150</sup> Maria Panagioti, Patricia A Gooding, Daniel Pratt, and Nicholas Tarrier, “An Empirical Investigation of Suicide Schemas in Individuals with Posttraumatic Stress Disorder,” *Psychiatry Research* 227, no. 2 (June 2015): 302–308, <https://doi.org/10.1016/j.psychres.2015.02.019>.

<sup>151</sup> Panagioti, Gooding, Pratt, and Tarrier, 302–308.

<sup>152</sup> Greenfield, 52.

<sup>153</sup> Courtois, 306.

A psychogenic death creates a profound sense of “inescapable and unmodifiable peril.”<sup>154</sup> Therefore, individuals view suicide as a cherished way out of what they believe to be a hopeless situation.<sup>155</sup> In addition, childhood sexual abuse is a major contributing factor to suicidality. Therefore, the researcher examined the effects of childhood sexual abuse and how they contribute to a lifetime of suicidality.

### **Childhood Sexual Abuse**

Childhood sexual abuse is a significant public health concern and a “grave violation of human rights.”<sup>156</sup> Sexual abuse is a “human-induced” violation of the child’s entire being.<sup>157</sup> Sexually abused children are often the victims of emotional, physical, and verbal abuse and have unmet emotional and psychological needs. Sexual abuse is the coercion or exploitation of a child for the sexual gratification of an adult or caregiver. Sexual abuse includes incest, molestation, prostitution, rape, sex trafficking, and other forms of sexual exploitation such as sexual photographs or videos.<sup>158</sup> Approximately 25 percent of girls and 7.8 percent of boys are victims of sexual abuse in the United States.<sup>159</sup> The lifetime economic burden of sexual abuse was about 9.3 billion dollars in

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<sup>154</sup> Courtois, 306.

<sup>155</sup> Courtois, 306; Greenfield, 52.

<sup>156</sup> “Responding to Children and Adolescents Who Have Been Sexually Abused,” Sexual and Reproductive Health, World Health Organization, 2021, <https://www.who.int/reproductivehealth/topics/violence/clinical-response-csa/en/>.

<sup>157</sup> Courtois, 121.

<sup>158</sup> Karen Kinnear, *Childhood Sexual Abuse* (Santa Barbara, CA: ABC-CLIO Inc., 1995), 2.

<sup>159</sup> CDC, “Preventing Childhood Sexual Abuse.”

2015.<sup>160</sup> However, the actual cost was unknown in 2015 because only 20 to 50 percent of all sexual abuse cases get reported to authorities.<sup>161</sup>

### *Perpetrators*

Perpetrators of sexual abuse include immediate and extended family, authority figures such as family friends, neighbors, ministers, teachers, strangers, or multiple perpetrators.<sup>162</sup> Approximately 91 percent of sexual abuse involved someone the child or child's family knew and trusted.<sup>163</sup> Statistics on rape found that a family member raped 12.5 percent of women, and an acquaintance raped 40.8 percent of women and 52.4 percent of men.<sup>164</sup> Incestuous abuse involves a parent, sibling, or a related child and is the most prevalent abuse.<sup>165</sup> Incestuous abuse can cause significant harm and disruption to a child's life because it occurred in the one place where a child should have felt safe and protected.<sup>166</sup>

### **Impact of Childhood Sexual Abuse**

Several factors determine the impact of sexual abuse in adulthood, including the age of the abuse and child's developmental status, degree of force used, and the duration

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<sup>160</sup> CDC, "Preventing Childhood Sexual Abuse."

<sup>161</sup> CDC, "Preventing Child Sexual Abuse;" Kinnear, *Childhood Sexual Abuse*, 6.

<sup>162</sup> Courtois, 21-27.

<sup>163</sup> CDC, "Preventing Child Sexual Abuse;" Kinnear, *Childhood Sexual Abuse*, 17.

<sup>164</sup> M.C. Black, K.C. Basile, M.J. Breiding, S.G. Smith, M.L. Walters, M.T. Merrick, J. Chen, and M.R. Stevens, *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*, Centers for Disease Control and Prevention, (Atlanta, GA, 2010), 21-22, [https://www.cdc.gov/violenceprevention/pdf/nisvs\\_report2010-a.pdf](https://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf).

<sup>165</sup> Courtois, 12.

<sup>166</sup> Kristin A. Kunzman, *The Healing Way: Adult Recovery from Childhood Sexual Abuse* (Center City, MN: Hazelden Foundation, 1990), 7.

and frequency of abuse.<sup>167</sup> Research shows that longer, more frequent abuse can cause more harm than short-term, less frequent abuse. Another factor is the age, gender, and relationship to the perpetrator.<sup>168</sup> Research shows that children suffered long-term consequences if the abuse involved an older, close relative, penetration, force, and violence, or if the child passively or willingly submitted to the abuse.<sup>169</sup>

Other determining factors include reactions and responses from parents, caregivers, and professionals upon disclosing or discovering the abuse.<sup>170</sup> Negative responses and reactions could cause additional trauma.<sup>171</sup> Ronnie Janoff-Bulman claims:

Survivors simultaneously learn about themselves and their perceived self-worth in the eyes of others. Throughout development, people provide us with important information about who we are and what we are like...At a time when survivors are struggling to understand and reconstruct their basic beliefs about themselves and the world, the reactions of others, as in infancy, are fundamentally important.<sup>172</sup>

Children who felt unsupported or unprotected reported a profound sense of betrayal.<sup>173</sup>

Betrayal can manifest as anger, distrust, and suspicion, leading to a fear of intimacy, trust issues, and relationship avoidance.<sup>174</sup> Christine Courtois writes:

Betrayal refers to the ‘dynamic by which children discover that someone on whom they were vitally dependent has caused them harm.’ Children experience

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<sup>167</sup> Courtois, 115-116.

<sup>168</sup> Courtois, 115-116.

<sup>169</sup> Courtois, 115-116.

<sup>170</sup> Courtois, 115-116.

<sup>171</sup> Courtois, 116.

<sup>172</sup> Janoff-Bulman, 146-147.

<sup>173</sup> Joanne L. Davis, and Patricia A. Petretic-Jackson, “The Impact of Child Sexual Abuse on Adult Interpersonal Functioning,” *Aggression and Violent Behavior* 5, no. 3 (May-June 2000): 296, [https://doi.org/10.1016/s1359-1789\(99\)00010-5](https://doi.org/10.1016/s1359-1789(99)00010-5).

<sup>174</sup> Davis and Petretic-Jackson, 293.

betrayal not only when they are sexually violated, but also when the non-offending parent remains silent or joins with other family members, as well as any others, who disbelieve the child or fail to offer assistance.<sup>175</sup>

An unsupportive or invalidating environment fails to teach a child how to tolerate distress, regulate arousal, and trust their interpretations.<sup>176</sup> Also, an unsupportive or invalidating environment harms a child's developing sense of self and social functioning, negatively impacting interpersonal relationships.<sup>177</sup>

### *Interpersonal Relationships*

Sexually abused children often develop insecure attachments, which can contribute to the deterioration of relationships in adulthood.<sup>178</sup> Secure attachments are critical to the unfolding sense of self and attitudes about themselves, others, and the world.<sup>179</sup> Secure attachments with parents, caregivers, and other significant people in early childhood promote wholeness and security.<sup>180</sup> Individuals with secure attachments reported feeling worthy of love and support, were comfortable with emotional closeness, and found relationships rewarding.<sup>181</sup> In contrast, insecure attachments create a state of “anxiety and insecurity that can persist a lifetime.”<sup>182</sup> Individuals with insecure

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<sup>175</sup> Courtois, 121.

<sup>176</sup> Marsha M. Linehan, *DBT Skills Training Manual*, 2nd ed. (New York, NY: The Guilford Press, 2015), 8.

<sup>177</sup> Linehan, *DBT Skills Training Manual*, 10-11.

<sup>178</sup> Robert W. Firestone and Joyce Catlett, *Fear of Intimacy* (Washington, DC: American Psychological Association, 1999), 65.

<sup>179</sup> Firestone and Catlett, 13.

<sup>180</sup> Firestone and Catlett, 13.

<sup>181</sup> Pamela Regan, *Close Relationships* (New York, NY: Routledge, 2011), 147.

<sup>182</sup> Firestone and Catlett, 13.

attachments reported feeling rejected and unloved by others, manifesting as social avoidance, alienation, and withdrawal.<sup>183</sup>

Sexually abused children often develop cognitive, conditioned, and accommodation responses that negatively impact daily interactions and interpersonal relationships in adulthood.<sup>184</sup> Cognitive and conditioned responses include feelings of ambivalence, anger, distrust, fear, low self-esteem, and concerns regarding abandonment or rejection.<sup>185</sup> Accommodation responses can manifest as avoidance, passivity, and sexualization in adulthood.<sup>186</sup>

### *Intimate Relationships*

Sexual abuse can also negatively impact intimate relationships in adulthood. Individuals with a history of sexual abuse reported high divorce rates, separation, and marital dysfunction due to anger, isolation, overall dissatisfaction, and unresolved frustration and pain.<sup>187</sup> Sexual abuse also shatters trust and security, leading to trust issues and a fear of intimacy. Individuals with trust issues and a fear of intimacy reported projecting unresolved feelings from childhood into their relationships “regardless of the

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<sup>183</sup> Regan, 147; Firestone and Catlett, 13.

<sup>184</sup> Davis and Petretic-Jackson, 297.

<sup>185</sup> Davis and Petretic-Jackson, 297.

<sup>186</sup> Davis and Petretic-Jackson, 297.

<sup>187</sup> Orly Rumstein-McKean, and John Hunsley, “Interpersonal and Family Functioning of Female Survivors of Childhood Sexual Abuse,” *Clinical Psychology Review* 21, no. 3 (April 2001): 481-482, [https://doi.org/10.1016/s0272-7358\(99\)00069-0](https://doi.org/10.1016/s0272-7358(99)00069-0).

reality of the situation.”<sup>188</sup> Individuals also reported feeling trapped in relationships that could not progress past a certain point due to a lack of closeness.<sup>189</sup> Others actively avoided relationships or engaged in short-term, casual relationships and prostitution.<sup>190</sup> Betrayal and shame also harmed intimate relationships. Betrayal caused fear, suspicion, and poor judgments regarding trust, and shame manifested as social avoidance, isolation, and withdrawal.<sup>191</sup>

### *Familial Relationships*

Sexual abuse can also cause ongoing family dysfunction and persistent anger, hostility, and abusive interactions.<sup>192</sup> Family dysfunction extended to relationships with in-laws. Individuals reported engaging in familiar patterns of behavior or projecting their feelings about their perpetrator onto others.<sup>193</sup>

Sexual abuse also impacts parent-child relationships in adulthood. One reason is that many parents continue to engage in behavior patterns they learned in childhood with their children.<sup>194</sup> Parents also reported a lack of support, patience, or skills required for

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<sup>188</sup> Davis and Petretic-Jackson, 294; John Briere, Diane Evans, Marsha Runtz, and Timothy Wall, “Symptomatology in Men Who Were Molested as Children,” *American Journal of Orthopsychiatry*, 58, no. 3 (July 1988): 419, <https://doi.org/10.1111/j.1939-0025.1988.tb01606.x>.

<sup>189</sup> Davis and Petretic-Jackson, 294; Courtois, 112; Firestone and Catlett, 107.

<sup>190</sup> Davis and Petretic-Jackson, 294; Courtois, 112; Firestone and Catlett, 107.

<sup>191</sup> Martin J. Dorahy, Mary Corry, Maria Shannon, Kevin Webb, Brian McDermott, Margaret Ryan, and Kevin F.W. Dyer, “Complex Trauma and Intimate Relationships: The Impact of Shame, Guilt and Dissociation,” *Journal of Affective Disorders* 147, no. 1 (May 2012): 73, <https://doi.org/10.1016/j.jad.2012.10.010>; Davis and Petretic-Jackson, 296.

<sup>192</sup> Courtois, 112-113.

<sup>193</sup> Courtois, 112-113.

<sup>194</sup> Courtois, 112-113.

parenthood.<sup>195</sup> Other parents reported feeling inadequate, less confident, and organized, or were afraid of repeating abusive behavior.<sup>196</sup> Also, mothers reported feeling "rivalrous" towards their daughters or harboring fears about their growing sons.<sup>197</sup> Other mothers reported promoting more autonomy, being less accepting, or struggling to develop close connections due to unresolved trauma.<sup>198</sup>

### *Interpersonal Violence*

Numerous studies have shown a link between childhood sexual abuse and violent behavior in adulthood.<sup>199</sup> The National Institute of Justice found that childhood sexual abuse can lead to delinquent or criminal behavior, bullying, fighting, dating violence, and emotional, physical, and verbal abuse.<sup>200</sup> Even though there is an increased risk for delinquent or illegal behavior, it is not an "inevitable" outcome.<sup>201</sup>

Research also shows that men with a history of sexual abuse often displayed murderous impulses directed toward family members and pets or exhibited homicidal

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<sup>195</sup> Courtois, 112-113.

<sup>196</sup> Courtois, 112-113; Davis and Petretic-Jackson, 323.

<sup>197</sup> Courtois, 112-113.

<sup>198</sup> Courtois, 112-113.

<sup>199</sup> Thomas Hartford, Hsiao-ye Yi, and Bridget F. Grant, "Associations Between Childhood Abuse and Interpersonal Aggression and Suicide Attempt Among U.S. Adults in a National Study," *Child Abuse & Neglect* 38, no. 8 (August 1, 2014): 1389, <https://doi.org/10.1016/j.chiabu.2014.02.011>.

<sup>200</sup> Hartford, Yi, and Grant, 1390; Department of Justice, "Victims of Childhood Sexual Abuse — Later Criminal Consequences," Office of Justice Programs, National Institute of Justice, March 1995, 1-2, <https://www.ojp.gov/pdffiles/abuse.pdf>.

<sup>201</sup> Department of Justice, 1-2.

tendencies due to “uncontrollable rage, revenge, pathological jealousy, and self-defense.”<sup>202</sup> Courtois emphasizes:

Homicide of a family member, whether the abuser or the abused, is not infrequently the outcome of extensive and progressive family violence. Batterers kill as their violence escalates; those battered kill to escape the abuse or to prevent its reoccurrence.<sup>203</sup>

Furthermore, many abusive husbands sexually abused their wives and children.<sup>204</sup> In contrast, studies show that women were less hostile and violent toward others.<sup>205</sup> Instead, women directed aggressive and violent behavior inward, which often manifested as self-destructive behavior and revictimization.<sup>206</sup>

### *Cognitive Development*

Sexual abuse can disrupt a child’s cognitive development, which can have long-term negative consequences.<sup>207</sup> Negative consequences include a fear of intimacy, low self-esteem, negative self-beliefs, trust issues, and unmet psychological needs.<sup>208</sup> A disruption in cognitive development can also cause trauma-related symptoms such as anxiety, depression, dissociation, substance abuse disorders, self-harm, and suicidality.<sup>209</sup>

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<sup>202</sup> Courtois, 54.

<sup>203</sup> Courtois, 309.

<sup>204</sup> Courtois, 54; Briere et al., “Symptomatology in Men Who Were Molested as Children,” 460.

<sup>205</sup> Briere et al., “Symptomatology in Men Who Were Molested as Children,” 460.

<sup>206</sup> Briere et al., “Symptomatology in Men Who Were Molested as Children,” 460.

<sup>207</sup> Kinnear, 37.

<sup>208</sup> Kinnear, 37.

<sup>209</sup> Caroline Browne, and Cecelia Winkelman, “The Effect of Childhood Trauma on Later Psychological Adjustment,” *Journal of Interpersonal Violence*; 22, no. 6 (June 2007): 685, <https://doi.org/10.1177/0886260507300207>.

A disruption in cognitive development can disrupt a child's attachment system.<sup>210</sup>

A secure attachment is essential to a child's developing self-concept.<sup>211</sup> Caroline Browne and Cecelia Winkelman claim:

A sense of self unfolds in the context of one or more consistent, loving, and supportive caretaker(s). In this early environment, a child internalizes the perceptions and expectations of others and begins via a secure attachment, his or her identity, differentiating from his or her caretaker, and developing a sense of self. An insecure attachment on the other hand can disrupt this unfolding development of a differentiated self.<sup>212</sup>

Furthermore, insecure attachments can cause adjustment problems in adulthood.<sup>213</sup>

#### *Early Maladaptive Schemas*

Sexually abused children can develop early maladaptive schemas (EMSs) due to unmet needs.<sup>214</sup> EMSs are "self-defeating emotional and cognitive patterns that develop in childhood and get repeated throughout life."<sup>215</sup> Jeffrey Young, Janet Klosko, and

Marjorie Weishaar claims:

As young children, these patients were abandoned, abused, neglected, or rejected. In adulthood their schemas are triggered by life events that they perceive (unconsciously) as similar to the traumatic experiences of their childhood. When

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<sup>210</sup> Browne and Winkelman, 685.

<sup>211</sup> Browne and Winkelman, 685.

<sup>212</sup> Browne and Winkelman, 685.

<sup>213</sup> Browne and Winkelman, 685.

<sup>214</sup> Mehdi Rezaei, Firoozeh Ghazanfari, and Fatemeh Rezaee, "The Role of Childhood Trauma, Early Maladaptive Schemas, Emotional Schemas and Experimental Avoidance on Depression: A Structural Equation Modeling," *Psychiatry Research* 246 (December 2016): 410, <https://dx.doi.org/10.1016/j.psychres.2016.10.037>; Jeffrey E. Young, Janet S. Klosko, and Marjorie E. Weishaar, *Schema Therapy: A Practitioners Guide* (New York, NY: The Guilford Press, 2003), 7-8.

<sup>215</sup> Rezaei, Ghazanfari, and Rezaee, 410; Young, Klosko, and Weishaar, 7-8.

one of these schemas is triggered, they experience a strong negative emotion, such as grief, shame, fear, or rage.<sup>216</sup>

Schemas linked to childhood sexual abuse include Abandonment/Instability, Mistrust/Abuse, Emotional Deprivation, Defectiveness/Shame, and Social Isolation/Alienation.<sup>217</sup>

EMs can also increase the risk for suicide and psychiatric disorders in adulthood.<sup>218</sup> Research shows that the risk of suicide increased for individuals with depression, post-traumatic stress disorder, and unmet needs such as nurturance, security, and stability.<sup>219</sup> Another study found a connection between schemas of Isolation/Alienation, Defectiveness/Shame, and Failure and psychiatric disorders, post-traumatic stress disorder, and substance use disorders.<sup>220</sup>

### *Mental Health*

Sexual abuse can lead to anxiety, mood and personality disorders, psychotic symptomology, somatization, and suicidality.<sup>221</sup> Statistics show that 60-70 percent of individuals with borderline personality disorder (BPD) reported a history of childhood

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<sup>216</sup> Young, Klosko, and Weishaar, 8.

<sup>217</sup> Young, Klosko, and Weishaar, 14-15.

<sup>218</sup> Rezaei, Ghazanfari, and Rezaee, 411; N. Flink, S.M. Lehto, H. Koivumaa-Honkanen, H. Viinamäki, A. Ruusunen, M. Valkonen-Korhonen, and K. Honkalampi. "Early Maladaptive Schemas and Suicidal Ideation in Depressed Patients," *The European Journal of Psychiatry* 31, no. 3 (July-September 2017): 89-90, <https://doi.org/10.1016/j.ejpsy.2017.07.001>; Panagioti et al., 303.

<sup>219</sup> Rezaei, Ghazanfari, and Rezaee, 411; Flink et al., "Early Maladaptive Schemas and Suicidal Ideation in Depressed Patients," 89-90.

<sup>220</sup> Dutra, et al., 71-73.

<sup>221</sup> Davis and Petretic-Jackson, 297; Dutra et al., 71; David Boyda, Danielle McFeeters, Katie Dhingra, and Laura Rhoden, "Childhood Maltreatment and Psychotic Experiences: Exploring the Specificity of Early Maladaptive Schemas," *Journal of Clinical Psychology* 74, no. 12 (July 2018): 1, <https://doi.org/10.1002/jclp.22690>.

trauma.<sup>222</sup> Another study found that 90 percent of hospitalized patients diagnosed with BPD reported a history of emotional, physical, and sexual abuse.<sup>223</sup> Also, men with a history of childhood sexual abuse were more likely to develop BPD and PTSD than the general population.<sup>224</sup> Adults with a history of sexual abuse are also at risk for developing eating disturbances, sexual disorders, substance use disorders, and engaging in self-harm, self-mutilation, and other self-destructive behaviors.<sup>225</sup>

## Depression

Evidence shows that childhood sexual abuse is a strong predictor of depressive disorder in adulthood.<sup>226</sup> Approximately 30-40 percent of adults with a history of sexual abuse and 52 percent of adults with a history of childhood rape reported a lifetime of depression, earlier onset, and a longer duration of depressive symptoms.<sup>227</sup> Many adults reported suffering from a “constant state of low-grade depression,” uncontrollable emotions, crying jags, inability to concentrate, sleep disturbances, disruptions with eating, and suicidality.<sup>228</sup> Other adults reported that sexual abuse involved many personal

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<sup>222</sup> Linehan, *DBT Skills Training Manual*, 8.

<sup>223</sup> Linehan, *DBT Skills Training Manual*, 8.

<sup>224</sup> Spokas, Wenzel, Wiltsey Stirman, Brown, and Beck, “Suicide Risk Factors and Mediators Between Childhood Sexual Abuse and Suicide Ideation Among Male and Female Suicide Attempters,” 469.

<sup>225</sup> Courtois, 98; Kinnear, 40.

<sup>226</sup> Hartford, Yi, and Grant, 1389.

<sup>227</sup> Katherine L. Musliner, and Jonathan B. Singer, “Emotional Support and Adult Depression in Survivors of Childhood Sexual Abuse,” *Child Abuse & Neglect* 38, no. 8 (August 2014): 1331, <https://doi.org/10.1016/j.chiabu.2014.01.016>; Nicole P. Yuan, Mary P. Koss, and Mirto Stone, “The Psychological Consequences of Trauma,” The National Online Resource Center on Violence Against Women, March 2006, 3, <https://vawnet.org/material/psychological-consequences-sexual-trauma>.

<sup>228</sup> Kunzman, 14-15.

losses, including trust, safety, security, and self-esteem. Prolonged grief manifested as depression in adulthood.<sup>229</sup>

### **Post-Traumatic Stress Disorder**

Research shows a link between childhood sexual abuse and post-traumatic stress disorder (PTSD).<sup>230</sup> PTSD is a disorder that arises from witnessing or experiencing a traumatic event involving an actual or threatened death, serious injury, or sexual violence.<sup>231</sup> Sexually abused children can develop a more “pronounced over-generalized memory,” which increases their risk of developing PTSD.<sup>232</sup> Women with a history of sexual abuse were five times more likely to be diagnosed with PTSD and raped women were three times more likely to be diagnosed with PTSD.<sup>233</sup>

### **Best Practices for Clinical Counseling**

The researcher examined best practices for clinical counseling individuals with a history of abuse. The researcher studied cognitive behavior therapy (CBT), dialectical behavior therapy (DBT), and schema therapy. These are evidence-based treatments used to decrease suicidality and treat the effects of childhood sexual abuse. CBT aims to increase behavior levels, enhance social skills, improve self-esteem, reduce self-criticism,

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<sup>229</sup> Kunzman, 14-15.

<sup>230</sup> Spokas et al., 469.

<sup>231</sup> Andrew M. Colman, *Oxford Dictionary of Psychology*. 2nd ed. (New York, NY: Oxford University Press, 2006), 589.

<sup>232</sup> Jorge Lopez-Castroman, Nadine Melhem, Boris Birmaher, Laurence Greenhill, David Kolko, Barbara Stanley, Jamie Zelazny, Beth Brodsky, Rebeca Garcia-Nieto, Ainsley Burke, J. John Mann, Davis Brent, Maria A. Oquendo, “Early Childhood Sexual Abuse Increases Suicidal Intent,” *World Psychiatry* (June 12, 2013): 153, <https://doi.org/10.1002/wps.20039>.

<sup>233</sup> Yuan, Koss, and Stone, 3.

and develop short-term and long-term positive perspectives.<sup>234</sup> DBT focuses on improving the quality of life by changing destructive behavior patterns and negative thinking.<sup>235</sup> Schema therapy targets early maladaptive schemas developed during childhood by using a variety of change techniques.<sup>236</sup>

### *Cognitive Behavior Therapy*

CBT effectively treats anxiety, depression, eating disorders, severe mental illness, substance use disorders, PTSD, interpersonal relationship problems, and destructive thoughts and behaviors linked to suicidality.<sup>237</sup> CBT also helps individuals identify, challenge, and modify automatic negative thoughts, assumptions, and dysfunctional thinking connected with distressing emotions.<sup>238</sup> CBT also targets early maladaptive schemas associated with self-criticism and helps individuals develop short-term and long-term positive perspectives.<sup>239</sup> CBT also focuses on increasing and enhancing social interactions through assertiveness, social training, and self-monitoring of complaining.<sup>240</sup> Social skills help individuals develop and maintain healthy and positive interpersonal relationships.

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<sup>234</sup> Robert L. Leahy, and Stephen J. Holland, *Treatment Plans and Interventions for Depression and Anxiety Disorders* (New York, NY: The Guilford Press, 2000), 22.

<sup>235</sup> Linchan, *DBT Skills Training Manual*, 3; Joiner, *Why People Die by Suicide*, 42.

<sup>236</sup> Young, Klosko, and Weishaar, 91.

<sup>237</sup> Freedenthal, 202.

<sup>238</sup> Leahy and Holland, 22.

<sup>239</sup> Leahy and Holland, 22.

<sup>240</sup> Leahy and Holland, 22.

CBT also helps individuals develop problem-solving skills. Problem-solving skills help individuals identify and challenge dysfunctional thinking associated with hopelessness. Mark Reinecke claimed:

Suicide itself results from a breakdown in adaptive, rational problem-solving. In the face of problems that seems insoluble, the person feels hopeless. The hopelessness makes it harder to come up with possible solutions besides suicide. Providing concrete skills in problem-solving can help break the cycle and create hope.<sup>241</sup>

Problem-solving *Treatment Plans and Interventions for Depression and Anxiety*

*Disorders*, skills also help individuals adapt and respond to change, identify situations they wish to change, and develop plans.<sup>242</sup> Problem-solving skills build confidence and provide a sense of control, empowerment, and purpose.

#### *Dialectical Behavior Therapy*

DBT effectively treats anxiety disorders, bipolar disorder, borderline personality disorder, depression, eating disorders, schizophrenia, substance use disorders, and self-destructive coping strategies.<sup>243</sup> DBT skills training involves four modules: Mindfulness Skills, Interpersonal Effectiveness Skills, Emotional Regulation Skills, and Distress Tolerance Skills. The four modules of DBT help individuals build and maintain healthy relationships, cope with psychological pain and distress, manage emotions, find meaning and purpose, and reduce self-harm and suicidality.

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<sup>241</sup> Freedenthal, 184.

<sup>242</sup> Freedenthal, 184.

<sup>243</sup> Linehan, *DBT Skills Training Manual*, 6.

Mindfulness skills help individuals pay attention to what they think, feel, and do in the present moment.<sup>244</sup> Mindfulness skills help individuals learn to live in the moment more effectively by observing and experiencing reality in a less judgmental way.<sup>245</sup> They also learn to understand their “intimate connection with the entire universe,” which helps them obtain a greater sense of freedom.<sup>246</sup>

Interpersonal Effectiveness Skills help individuals meet new people and learn ways to interact to build trust and friendship and reduce conflict.<sup>247</sup> They also develop skills to identify and end unhealthy and problematic relationships.<sup>248</sup> Individuals also develop an awareness of other people’s needs and emotions, essential to building and maintaining relationships.<sup>249</sup> Individuals also learn to identify and ask for what they want and say no to “unwanted requests” while preserving respect and likeability.<sup>250</sup> Interpersonal effectiveness skills also help build communication skills. Communications skills help individuals learn how to walk the “middle path” in relationships by balancing acceptance and change within themselves and others.<sup>251</sup>

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<sup>244</sup> Freedenthal, 221.

<sup>245</sup> Linehan, *DBT Skills Training Manual*, 1.

<sup>246</sup> Linehan, *DBT Skills Training Manual*, 1.

<sup>247</sup> Linehan, *DBT Skills Training Manual*, 232.

<sup>248</sup> Linehan, *DBT Skills Training Manual*, 233.

<sup>249</sup> Linehan, *DBT Skills Training Manual*, 232.

<sup>250</sup> Linehan, *DBT Skills Training Manual*, 233.

<sup>251</sup> Linehan, *DBT Skills Training Manual*, 231.

Emotional Regulation Skills help individuals identify, understand, and manage difficult emotions effectively, which reduces impulsivity and patterns of instability.<sup>252</sup> Individuals who lacked emotional regulations skills reported “having no sense of self at all, feeling empty, and not knowing who they are.”<sup>253</sup> There are four steps to building emotional regulations skills. First, individuals learn to identify and understand their emotions.<sup>254</sup> Second, individuals learn how to change and reduce the intensity of painful emotions such as anger, sadness, and shame, and learning how to change situations that cause distress.<sup>255</sup> Third, individuals learn how to reduce emotional vulnerability by developing emotional resilience, which reduces suicidality.<sup>256</sup> Lastly, individuals learn how to manage difficult emotions effectively.<sup>257</sup>

Distress Tolerance Skills help individuals develop crisis survival skills and reality acceptance skills.<sup>258</sup> Crisis survival skills “are long and short-term solutions to painful situations.”<sup>259</sup> These solutions reduce impulsivity and self-destructive behavior by reducing distress and making situations more tolerable.<sup>260</sup> Reality acceptance skills help

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<sup>252</sup> Linehan, *DBT Skills Training Manual*, 318-321.

<sup>253</sup> Linehan, *DBT Skills Training Manual*, 11.

<sup>254</sup> Linehan, *DBT Skills Training Manual*, 9-11.

<sup>255</sup> Linehan, *DBT Skills Training Manual*, 9-11.

<sup>256</sup> Linehan, *DBT Skills Training Manual*, 1-2.

<sup>257</sup> Linehan, *DBT Skills Training Manual*, 1-2.

<sup>258</sup> Linehan, *DBT Skills Training Manual*, 416.

<sup>259</sup> Linehan, *DBT Skills Training Manual*, 416.

<sup>260</sup> Linehan, *DBT Skills Training Manual*, 416.

individuals develop the skills to get through a crisis, minimize suffering, and increase freedom when confronted with painful facts that may not change.<sup>261</sup>

### *Schema Therapy*

Schema therapy is essential in helping individuals identify and change EMSs and maladaptive coping strategies developed during childhood.<sup>262</sup> There are three stages involved in schema therapy. First, schema therapy allows individuals to find their voice and learn to identify and challenge EMSs using “a truth that is more objective and empirically sound.”<sup>263</sup> Schema therapists promote personal change by balancing “empathy and reality testing.”<sup>264</sup> Other parents reported feeling inadequate, less confident, and organized, or were afraid of repeating abusive behavior. The initial stage helps individuals accept and move toward change because they feel validated and understood.<sup>265</sup>

Second, schema therapists use experiential strategies to target and heal “emotions connected to early maladaptive schemas” and fulfill unmet needs from childhood.<sup>266</sup> During this stage, individuals learn to recognize false schemas and emotionally believe that they are faulty.<sup>267</sup> The third and final stage of schema therapy involves pattern-

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<sup>261</sup> Linehan, *DBT Skills Training Manual*, 417.

<sup>262</sup> Young, Klosko, and Weishaar, 91.

<sup>263</sup> Young, Klosko, and Weishaar, 91.

<sup>264</sup> Young, Klosko, and Weishaar, 91.

<sup>265</sup> Young, Klosko, and Weishaar, 93.

<sup>266</sup> Young, Klosko, and Weishaar, 110.

<sup>267</sup> Young, Klosko, and Weishaar, 110.

breaking strategies and is the longest and most crucial stage of treatment.<sup>268</sup> The third stage is essential to breaking patterns of behavior associated with denial, disengagement, isolation, and social withdrawal and replace them with “more adaptive patterns” of behavior.<sup>269</sup>

CBT, DBT, and schema therapy are evidenced-based treatments for the effects of childhood sexual abuse. They are also treatments that build protective factors that lower the risk of suicidality. Protective factors are “buffers” that reduce the risk of suicide.<sup>270</sup> Protective factors include access to physical and mental health care, connections to family, friends, and community support, developing coping skills and strategies, engaging in cultural and religious beliefs that discourage suicide, and finding a sense of purpose or meaning in life.<sup>271</sup> CBT, DBT, and schema therapy provide a framework to help individuals build and maintain interpersonal relationships, improve self-esteem and self-capacities, manage emotions, and reduce self-harm and suicidality. Furthermore, CBT, DBT, and schema therapy promotes empowerment, positive change, and personal resiliency among adults with a history of sexual abuse.

### **Conclusion**

In summary, chapter three examined suicide, childhood sexual abuse, and current best practices in the clinical counseling of individuals with a history of abuse. The study

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<sup>268</sup> Young, Klosko, and Weishaar, 110.

<sup>269</sup> Young, Klosko, and Weishaar, 175.

<sup>270</sup> SAMHSA, *Addressing Suicidal Thoughts*, 11.

<sup>271</sup> SAMHSA, *Addressing Suicidal Thoughts*, 12.

provided the foundation for understanding suicide, childhood sexual abuse and common risk factors contributing to suicidality, and best practices in the clinical counseling of individuals with a history of abuse. The researcher will examine key characteristics that empowered sexual abuse victims to survive suicidality in subsequent chapters, incorporating data from research participants and literature on surviving suicidality. The researcher will plan and design the research method used for conducting a qualitative study in chapter four.

## CHAPTER FOUR: A CASE STUDY

This study addressed the lack of understanding of the key characteristics that empowered sexual abuse victims to survive suicidality. The tools used for this study were interviews, audio recordings of the interviews, and descriptive data.<sup>272</sup> The primary data included an interview guide and a survey used to collect pertinent demographic information. Secondary data included scholarly articles, books, and online resources from federal and state agencies relevant to suicide, childhood sexual abuse, and best practices for clinical counseling of individuals with a history of abuse.

### **Methodology**

Given the complex nature of human emotions and experiences, the researcher decided to conduct a qualitative inquiry, using a collective case study approach. A qualitative study helped the researcher understand and write a multifaceted description of the cases.<sup>273</sup> Creswell and Poth write:

Qualitative research involves an interpretative, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meaning people bring to them.<sup>274</sup>

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<sup>272</sup> Paul D. Leedy, and Jeanne Ellis Ormrod, *Practical Research: Planning and Design*, 12th ed. (New York, NY: Pearson Education, Inc., 2016), 7.

<sup>273</sup> Leedy and Ormrod, 230.

<sup>274</sup> Creswell and Poth, 9.

The researcher ensured the data was valid and reliable by selecting participants based on their history of surviving suicidality and childhood sexual abuse. Participants provided an authentic oral account of their experiences, and the interviews were transcribed.

Conducting a qualitative inquiry helped the researcher gain an in-depth understanding of significant events and milestones in the participants' everyday life and helped her identify themes related to the participants' perspectives.<sup>275</sup> Also, using a qualitative method helped the researcher uncover enigmas related to surviving suicidality.<sup>276</sup> The data helped her address the lack of understanding of the key characteristics that empowered sexual abuse victims to survive suicidality. Creswell and Poth claim, "a hallmark of a good qualitative study is that it presents an in-depth understanding of the case."<sup>277</sup>

#### *Collective Case Study*

The researcher studied multiple cases to illustrate different perspectives on topics relevant to this study.<sup>278</sup> Researchers often use multiple case studies to build theories, make comparisons, or propose generalizations.<sup>279</sup> Paul Leedy and Jeanne Ormrod write:

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<sup>275</sup> Creswell and Poth, 96; Steiner Kvale, and Svend Brinkmann, *Interviews: Learning the Craft of Qualitative Research Interviewing*, 2nd ed. (Los Angeles, CA: Sage Publications Inc., 2009), 27.

<sup>276</sup> Leedy and Ormrod, 230.

<sup>277</sup> Creswell and Poth, 98.

<sup>278</sup> Creswell and Poth, 98.

<sup>279</sup> Leedy and Ormrod, 231.

A case study may be especially suitable for learning more about a little known or poorly understood situation. It can also be appropriate for investigating how an individual or program changes over time, perhaps as the result of certain conditions or events. In either circumstance it tends to be most useful for generating or providing preliminary support for tentative explanations regarding the phenomenon being studied.<sup>280</sup>

Case studies are a common approach in education, medicine, and a variety of social science disciplines.<sup>281</sup> The primary source of data collection in a case study consists of documents, interviews, observations, past records, and personal artifacts.<sup>282</sup>

### *Qualitative Interviews*

The researcher conducted in-depth, semi-structured interviews with four women who survived suicidality and have a history of childhood sexual abuse. A semi-structured interview in qualitative research “attempts to understand themes of the lived everyday world from the subject’s own perspective.”<sup>283</sup> By using suggested questions that focus on themes, the researcher can obtain a description about a participant’s experience and their interpretations about the phenomenon.<sup>284</sup> Steiner Kvale and Svend Brinkmann claim:

Through open questions the interview focuses on the topic of research. It is then up to the subject to bring forth the dimensions he or she finds important in the theme of inquiry. The researcher leads the subject toward certain themes, but not specific opinions about these themes.<sup>285</sup>

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<sup>280</sup> Leedy and Ormrod, 231.

<sup>281</sup> Leedy and Ormrod, 230.

<sup>282</sup> Leedy and Ormrod, 231.

<sup>283</sup> Kvale and Brinkmann, 27.

<sup>284</sup> Kvale and Brinkmann, 27.

<sup>285</sup> Kvale and Brinkmann, 31.

The researcher selected participants from a purposeful sampling of individuals within the Minneapolis and Saint Paul metropolitan area with a known history of surviving suicidality and childhood sexual abuse. Selecting from a purposeful sampling is a process of selecting participants based on their experiences and “the types of information they can yield about the topic under investigation.”<sup>286</sup> Conducting qualitative research with a purposeful sampling of individuals is desirable because the researcher can illustrate different perspectives on particular issues, concerns, or problems.<sup>287</sup> M. Ling Pan notes:

[Qualitative researchers] are more likely to select a *purposive sample* of individuals that the researcher believe are key informants in terms of social dynamics, leadership positions, job responsibilities, and so on. In other words, qualitative researchers prefer to use informed judgment in selecting participants.<sup>288</sup>

The researcher used an interview guide to conduct productive interviews.<sup>289</sup> The interview guide focused on themes relevant to this study and included four suggested questions.<sup>290</sup> Even though the researcher followed a set of suggested questions, she had the freedom to ask probing or follow up questions to clarify a “person’s reasoning.”<sup>291</sup>

The interview questions included:

1. What have you experienced in terms of the phenomenon?

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<sup>286</sup> Leedy and Ormrod, 418.

<sup>287</sup> Creswell and Poth, 100.

<sup>288</sup> M. Ling Pan, *Preparing Literature Reviews: Qualitative and Quantitative Approaches*, 5th ed. (Glendale, CA: Pyrczak Publishing, 2016), 178.

<sup>289</sup> Leedy and Ormrod, 245.

<sup>290</sup> Kvale and Brinkmann, 27.

<sup>291</sup> Leedy and Ormrod, 153.

2. Can you tell me how your experience affected different areas of your life?
3. Can you describe in as much detail a situation/or situations in which learning occurred for you?
4. Could you identify key characteristics contributing to surviving suicidality?

### *Survey*

The researcher also used a survey to collect pertinent demographic information from participants. Surveys can yield valid and reliable data about the current state of affairs regarding a situation or issues but not about cause-and-effect relationships.<sup>292</sup> The survey sought the participants' age, gender, education, employment, income, family, religion, and relationship status. The survey yielded descriptive data that the researcher used to write a detailed description of the cases.

### **Project Overview**

The researcher took six steps to address the lack of understanding of the key characteristics that empowered sexual abuse victims to survive suicidality. First, the researcher developed an interview guide, survey, and an informed consent. Second, the researcher took all the necessary steps to obtain approval from Bethel's Institutional Review Board (IRB). The IRB "seeks to ensure the respectful and ethical treatment of human participants in research conducted by Bethel students and faculty or by researchers whose participants will include members of the Bethel Community."<sup>293</sup> The

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<sup>292</sup> Leedy and Ormrod, 414.

<sup>293</sup> "Institutional Review Board," Institutional Review Board, Bethel University, accessed February 3, 2021, <https://www.bethel.edu/academics/irb/>.

researcher also completed the research ethics training through the Collaborative Institutional Training Initiative (CITI).<sup>294</sup>

Third, the researcher scheduled and conducted in-person interviews in a safe and confidential location determined by each participant. Participants received a copy of the interview guide and the informed consent at least 2-weeks before their scheduled interview. During the scheduled interview, the researcher clearly defined her role and responsibilities as a researcher, and had participants sign the informed consent and complete the demographic survey. Participants were encouraged to ask questions and discuss any concerns regarding their participation in this study. The researcher recorded and transcribed interviews to ensure that the data was reliable and valid.

Fourth, the researcher conducted self-reports with participants before she analyzed and interpreted the data. Self-reports allowed participants to amend, clarify, or correct information, and remove any statements or quotes from the transcriptions that made them uncomfortable.<sup>295</sup> Clark Moustakas explained:

The importance of self-reports in data collection was emphasized so that the research participant felt his or her contributions were valued as new knowledge on the topic and as an illumination of meanings inherent in the question. The research participant could also review and confirm or alter the research data to correspond to her or his perception of the experience.<sup>296</sup>

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<sup>294</sup> “Research Ethics Training,” Institutional Review Board, Bethel University, accessed February 3, 2021, <https://www.bethel.edu/academics/irb/research-ethics-training>.

<sup>295</sup> Clark Moustakas, *Methods and Procedures for Conducting Human Science Research* (Thousand Oaks, CA: Sage Publications Inc., 2011), 7.

<sup>296</sup> Moustakas, 7.

Self-reports also help reduce anxieties about participating in research and provide a sense of dignity.<sup>297</sup> Fifth, the researcher analyzed and interpreted the data and reported “the interpreted meaning of the case and lessons learned by using assertions.”<sup>298</sup> The researcher used assertions to “make sense of the data” and provide an interpretation of the data based on the participants’ experiences and research established in the literature.<sup>299</sup> Lastly, the researcher identified key characteristics that empowered sexual abuse victims to survive suicidality.

### **Holistic Data Analysis**

The researcher followed the six steps outlined by Creswell and Poth to ensure the quality of this study. First, the researcher conducted a holistic analysis of the collected data and presented a description of each case.<sup>300</sup> Second, the researcher conducted an analysis of themes to better understand the complex nature of each case.<sup>301</sup> Third, the researcher conducted a within-case analysis by providing a “detailed description of each case and themes within the case.”<sup>302</sup> Fourth, the researcher conducted a cross-case analysis to “discern themes that are common and different in all three cases.”<sup>303</sup> Fifth, the researcher reported on the collective case studies and the “lessons learned by using

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<sup>297</sup> Moustakas, 7.

<sup>298</sup> Creswell and Poth, 101.

<sup>299</sup> Creswell and Poth, 321.

<sup>300</sup> Creswell and Poth, 321.

<sup>301</sup> Creswell and Poth, 100, 321.

<sup>302</sup> Creswell and Poth, 100.

<sup>303</sup> Creswell and Poth, 322.

assertions in written form.”<sup>304</sup> Lastly, the researcher used the collected data to identify key characteristics that empowered sexual abuse victims to survive suicidality. The researcher ensured the data was valid and reliable by selecting participants based on their history of surviving suicidality and childhood sexual abuse. Participants provided an authentic oral account of their experiences, and the interviews were transcribed.

### **Conclusion**

In conclusion, the researcher planned and designed the research method used for this study, discussed the benefits of conducting a collective case study, provided an overview of the project and the steps involved in a holistic analysis of the collected data. A collective case study was an appropriate method for understanding different perspectives related to the topic investigated.<sup>305</sup> Finally, chapter four helped the researcher establish and understand the method for conducting the research in chapter five.

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<sup>304</sup> Creswell and Poth, 101.

<sup>305</sup> Creswell and Poth, 100.

## CHAPTER FIVE: ANALYSIS AND FINDINGS

The following chapter includes a discussion about childhood sexual abuse and suicidality. The researcher used pseudonyms to protect the identity of the women who participated in this study. The following content is disturbing and could trigger some readers with a history of childhood sexual abuse, suicidality, and other major traumas. Common trigger symptoms include anxiety, agitation, arousal, confusion, depression, dissociation, exhaustion, numbness, and sadness.<sup>306</sup> The researcher provided this warning to reduce the risk of harm or re-traumatization.

### **Participants**

#### *Kate*

Kate is in her early 50's, agnostic, married, and the mother of two step-children. Kate was married in 2019, when the children were eleven and twelve. Kate is self-employed and reports a household income between \$25,000 and \$50,000 a year. Kate earned some college credits in American Sign Language at a local technical college. She was born and raised in Minneapolis, Minnesota and attended the Minneapolis public school system. Kate struggled academically due to dyslexia, and the school did not have resources to help her. As an adult, she reads at a third-grade level.

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<sup>306</sup> Center for Substance Abuse Treatment (US), *Trauma-Informed Care in Behavioral Health Services*, (Rockville, MD: U.S. Department of Health and Human Services, 2014), <https://www.ncbi.nlm.nih.gov/books/NBK207191/>.

Kate's family of origin included her mother, sister, and brother. She is the youngest of her siblings. She has a close relationship with her sister, but not with her brother. She cited their age difference and his poor communication skills as the reasons. Kate said that she has a "complicated" family of origin, which forced her to be self-reliant. She was neglected by her mother and had a father who was not actively involved in her life after having a major stroke when she was five. Kate started working at age sixteen and left home a week after graduating from high school.

#### *Genevieve*

Genevieve is in her 50's, single, never married, and has no dependents. She is currently unemployed and reports a household income between \$25,000 and \$50,000 a year. She had been Roman Catholic but currently affiliates with a "more progressive" Christian tradition. Genevieve is the only child in her family to have earned a college degree. As a child, she was excited, hopeful, and optimistic. She was an avid dancer, a cheerleader, and had many "good friends." She believed she had the "greatest parents," a good upbringing, and a "magical childhood."

Genevieve's family of origin included her mother, father, older sister, and fraternal twin brother. Her mother was an in-home daycare provider, and her father was a paramedic police officer in the Saint Paul suburb where they lived. Genevieve had a close relationship with her parents, but a tenuous relationship with her siblings. Her father and mother are now deceased. Genevieve was in her twenties when her father died and her thirties when her mother died.

*Diana*

Diana is in her 80's, Protestant, married, has no dependents, is self-employed, and has a household income between \$100,000 to \$200,000 a year. Diana married her first husband after graduating from college. They moved to Minnesota when she was in her twenties so he could begin his doctoral studies. Diana was also in school at the time and earned her Ph.D., but her husband never finished. They divorced after twelve years of marriage due to his alcoholism and infidelity. Diana has been married to her second husband for 44 years. Diana's family of origin included her mother, father, two older sisters, and younger brother. Diana had a close relationship with her siblings but did not have a close relationship with her parents until later in life.

*Trudy*

Trudy is in her mid-50's, married, and has two children. She is not employed and reports a household income between \$100,000 and \$200,000 a year. Trudy reported being Roman Catholic, but has a history of belonging to a strict sect of Christianity. Trudy earned some college credits at a technical college and a Bible school where she lived, worked, and attended classes. Trudy has been married to her husband for twenty-eight years and feels like she has a "wonderful life." Trudy's two boys are grown and no longer living at home.

Trudy's family of origin included her mother, father, and younger sister, and brother. Trudy did not have a normal parent-child relationship with either parent. Her mother is living, but her father died several years ago from a neurological disease. Trudy felt like she and her siblings grew up in two different households. Her siblings did not experience abuse and they refused to believe her when she talked about the abuse she

suffered at the hands of her parents. She is closer to her brother than her sister because they have more in common. Trudy said that her sister is not somebody she “would choose to be friends with outside of their blood relationship.” She continues to see her siblings because they have a shared history, and she wanted a relationship with her nieces and nephews.

### **Research Findings**

#### *Kate*

Kate has an extensive history of sexual abuse. The grandfather of her second cousin penetrated her multiple times with his finger and penis starting at the age of three. An unknown male neighbor grabbed her from the alley and penetrated her with his finger when she was five. A known, older male neighbor “dry humped” her from the time she was eight years old until he moved away from home. In high school, her mother’s boyfriend kissed her intimately, which left her feeling violated and unprotected by her mother. A male roommate raped her when she was eighteen.

### **Family Dysfunction**

Kate felt that her mother behaved like three different mothers as she raised her and her siblings. Kate felt that her sister experienced the most “normal mother” because her mother was home during her sister’s childhood. Her brother experienced a “very hard” mother because she wanted him to be “perfect.” Kate, however, experienced an “absent mother” who did not teach her basic life skills in self-care, clothes, or personal hygiene. Her mother also dated men throughout the years who were physically and verbally abusive, which caused additional challenges in their relationship. Kate felt that her mother failed to protect her from the men she dated, because she refused to break up

with the man who kissed her. Kate's father had three ex-wives, three or four other children, and did not live in their household. She said her father was "sweet but played mind games." However, she felt like he wanted to have a "good relationship with her but that he didn't know how." Ultimately, Kate felt like she was "raised by wolves."

### **Intimate Relationship Problems**

Kate's history of sexual abuse caused long-term intimate relationship problems. As a teenager, Kate wanted a boyfriend but thought "no one would want to date or kiss her." Kate reported not falling in love easily once she started dating. She was 24 years old when she first fell in love. Kate also developed trust issues and would not let men get too close to her emotionally. She claimed to "always" keep one foot out the door, even with her husband. To help with her trust issues, her husband committed to maintaining a level of transparency and openness in everything he does, including in his online activities. Kate said that she will not let men penetrate her with their fingers because of the abuse she endured.

### **Substance Use and Suicidality**

Kate felt "well adjusted" growing up and did not believe her history impacted her mental health. However, she experimented with alcohol and drugs in middle school and high school. Kate took anything she could get her hands on, including LSD and marijuana. She also smoked a pack of cigarettes a day and experienced a period where she thought about killing herself. She recalled thinking, "I'm killing myself, and if I'm going to kill myself, I should just do it."

## **Surviving Suicidality**

Kate named a few characteristics that helped her survive suicidality, including determination, positive outlook, being a self-advocator, more relaxed and present in the moment, especially as a parent, letting go of unhealthy people and relationships, and making the right choices. She closed by stating, “Every moment is another moment to make a choice. Anyone can be the person they want to be. They just need to make that choice every single day.” Kate also spoke about her life-long best friend whom she met in high school. She said her best friend “saved her.” She helped Kate with everything, including modeling appropriate behavior.

### *Genevieve*

Genevieve was sexually abused by an older male neighbor who was also considered a family friend. The abuse started when she was about ten years old and “went on for years.” Over the years, he kissed, fondled, and penetrated her with his fingers. She was in her forties when she realized that her family friend sexually abused her.

Genevieve also experienced peer-on-peer sexual abuse by a female classmate during a sleepover in the sixth grade. She remembered waking up in the middle of the night with her friend's hand down her pajamas. The girl was touching her, which caused her to have an orgasm. She was terrified, frozen, and did not know what to do.

## **Negative Responses**

Genevieve remembered telling “girl stories” at Girl Scout camp. She was telling them about the stuff the neighbor boy did to her. The girls all looked at her and yelled, “Liar!” She said, “I didn't even know this stuff we were doing was called.” There was also an investigation at her school because the same classmate who had sexually abused

her during the sleepover had sexually abused other girls. She said the school handled it poorly. Instead of taking the girls into a private office to talk, they pulled them out of class and questioned them individually in the hallway. She said it was “embarrassing and frightening.” During questioning, Genevieve discovered that her classmate had accused her of doing things. She said:

I remember crying out that she had done things to me. Admitting that something had happened was humiliating. Being accused of doing something had a significant impact on me. To be in a position of possibly not being believed was devastating to me. This became a pattern in my life.

Genevieve thought it all “went away,” after the girl was removed from school. She said, “I buried it.”

### **Sexual Identity**

Genevieve’s history of peer-on-peer sexual abuse caused her to question her sexual identity. She thought that she was a lesbian because a girl touched her and caused her to orgasm. Genevieve was also bullied by a male classmate during her freshman year because he had learned that she had been abused. The classmate called her a “dyke” and made obscene gestures. She remembered not knowing what any of it meant. He was in six out of her seven classes and spent the entire year making her “life a living hell.”

Genevieve thought she could finally get away from the torture of the school year when she left for her summer vacation. However, that changed when she found herself driving through a town called Dyckesville in Wisconsin with her family, which caused her to feel like she “couldn’t escape the torture.” Genevieve said, “I’m on summer vacation and THIS is the town we’re driving through. It’s so \*\*\*\*ing ironic!” Genevieve was also on the receiving end of “a lot of lesbian jokes over the years,” because she was single. She

remembered her cousin joking to her about being single, saying, “we're still waiting for you to come out.”

### **Intimate Relationship Problems**

Genevieve’s experiences of sexual abuse impacted her intimate relationships in three ways. First, it caused her to feel vulnerable and overprotective of herself. Second, she developed a fear of intimacy, which caused her to keep men at “arm’s length” because she did not want them touching her. She remembered dating guys that she was not attracted to, but they were attracted to her. Third, Genevieve reported not falling in love easily, and was hesitant about telling partners she loved them until months into the relationship. She did, however, engage in three long-term relationships over the years. The first long-term relationship lasted about ten years but ended because they both “fell out of love.” The second was a guy her parents wanted her to marry, which made her feel like she wanted to run away. Genevieve said, “I threw him away because I got scared.” Reflecting on it now, she realized that he was exactly what she would be looking for today. The third relationship lasted for almost four years. They had a long-distance relationship and only saw each other four to five days a month. Together, they engaged in an “alternative lifestyle community” involving sexual dominance and submission. She said that he was not healthy for her and that their relationship ended due to his infidelity.

### **Mental Health**

Genevieve first experienced depression during her freshman year of high school. She also experienced depression due to a variety of stressors. Genevieve said:

I had major house issues, my relationship was falling part and finally ended, and so did the toxic job. I was overwhelmed with back-to-back negative things happening, one after the other and felt like I couldn’t breathe. I stopped talking to people, seeing people and eating.

She said it was a good day if she got dressed or brushed her teeth. She also started “crutching on alcohol.” Genevieve experienced the third period of depression in 2020 due to various stressors, including being furloughed from her job, losing her second job hosting students, health, house, and financial problems, and the deaths of her two dogs. Genevieve is currently engaged in a therapeutic relationship with a mental health provider.

### **Suicidality**

Genevieve experienced two episodes of suicidality. She first became suicidal during her freshman year of high school because of the bullying she endured. She remembered hoarding pills under the bathroom drawer, cutting, and tracing her veins with a knife because she could not get away from the abuse. She hated going to school, dreaded seeing the boy who bullied her, and felt like she lived in a “constant state of misery.” She joined a suicide support group at school, but two members of the group died by suicide by the end of the year. Genevieve’s second episode of suicidality happened after she lost her job and broke up with her boyfriend. The two losses caused her to drink heavily and write “goodbye letters” to her family and friends.

### **Surviving Suicidality**

Genevieve named seven key characteristics contributing to surviving suicidality, including taking steps to improve her health, giving to others, kindness directed at self and others, self-confidence to challenge negative self-talk, engaging in a therapeutic relationship, happiness, which helped her think positively about life, and a commitment to developing the six cornerstones of her life: career, creativity, health, home, and

relationships. Genevieve committed to dedicating time each week to these cornerstones, which helped her be “more well-rounded” and productive.

### *Diana*

Diana was molested by her brother-in-law. The abuse started when she was around nine years old. Her brother-in-law fondled her at family gatherings but did not penetrate her. Diana recalled pretending “like it wasn’t really happening.” She felt flattered by his attention as a child but was unprepared for his advances. Diana felt “very uncomfortable” around him because he would eye her at family gathering. She said she could always sense something would happen.

### **Family Dysfunction**

Diana reported feeling like her family was not like other families. There was a lack of cohesiveness and an absence of joy in their home. Diana also felt an unexplainable sense of abandonment and separation from her family. As a creative and imaginative child, she would often write stories about “pretend families who were having fun.” Her parents had a lot of stress in their marriage. Her father was always angry, but “never looked that way to the outside world.” He was also “brutally hard on everybody in the family.” Her brother had a “full-blown nervous breakdown” at twenty because their father humiliated him because of his failures. Her brother felt awful in the family and eventually moved to another city with his wife. Her sisters “slid under the radar,” but Diana fought back. She felt it was her job to stand up to him. She acknowledged that her behavior was “awful and out of control” and “didn’t help anybody in the family.”

Diana’s mother had a secret that she kept hidden from everyone. When Diana was in her thirties, she interviewed her mother for a class assignment for her doctoral

program. During the interview, her mother broke down and confessed her secret: she never wanted Diana and never wanted to be pregnant. She said that her past two previous pregnancies were too hard on her. She was also fearful of having another girl because Diana's father wanted a boy. Diana's mother also confessed that she felt responsible for Diana's alcoholism. Revealing the secret freed her mother. It helped them forge a connection, which allowed them to develop a "lovely relationship" later in life. Her mother's secret also confirmed Diana's life-long sense of abandonment and separation. The revelation helped her find healing and see her mother with love and compassion.

Diana also interviewed her father for the class assignment. During the interview, he told her about a childhood accident that changed his life. When he was six, he accidentally cut off two of his brother's fingers while mowing the lawn. His parents "crucified him" and called him a "dumb bunny." In the aftermath, he decided that he would be perfect for the rest of his life, and that meant everybody else had to be perfect too. No one could live up to those standards, including her brother, who he often called a "dumb bunny." Her father also confessed that he was driven by fear because he was afraid every day of his life. Hearing about his struggles helped her to see him with love and a sense of compassion.

Diana's brother-in-law lost his father to suicide when he was twenty-one years old. His father died right after he married Diana's sister. They considered his suicide "very mysterious" because he did not leave a note. Diana felt that his father's suicide impacted her brother-in-law's life in many ways. It was not until later that she realized that his behavior was motivated by suffering. The realization occurred to her while writing, which helped her experience a profound sense of forgiveness. She said the

forgiveness freed her and transformed her life. She was able to start seeing her brother-in-law with love and compassion at family gatherings.

### **Substance Use Disorder**

Diana started drinking in high school and later lived a “high old life” in college. The college placed her on social probation for visiting fraternities. Diana said her “alcoholic journey” began when her husband left her for another woman. She said, “alcoholism makes people do crazy things.” She found herself “making one bad choice after another” until she started seeing a counselor. The counselor helped her unravel what had happened in her life. Counseling was a process she found interesting, so she decided to open everything up and look at it. Diana’s husband is also in recovery. Diana recently celebrated 45 years of sobriety and her husband celebrated 44 years.

### **Intimate Relationship Problems**

Diana said her experience played a “big role” in how she saw herself. The experience caused her to question whether she was a good enough person. Diana also developed distorted beliefs about her body, and how she looked at boys once she reached the dating age. Diana also wondered if her experience caused her to make “such poor choices in relationships,” including marrying her first husband. She recalled marrying him because he asked. It never occurred to her to think about whether she loved him. She said it was because she believed “she was someone no one [else] would ask.”

### **Guilt**

Diana reported feeling “such terrible guilt” about what had happened between her and her brother-in-law. She had a close relationship with her sister and knew her sister would feel awful about what happened if she ever found out. Diana’s guilt “doubled”

once her brother-in-law started telling her about his extramarital affairs. She remembered him saying, “You are so mature you can handle all of this in a way that your sister never would be able to.” Diana “ended up having a lot of inner rage toward him.”

### **Mental Health**

Diana recalled having quiet fantasies about disappearing as a child. She thought nobody would even notice if she disappeared. Diana did not find these thoughts strange, nor was she afraid of them. In retrospect, she realized that she had struggled with chronic depression since childhood. Diana did not consider taking medication for depression after she was sober because of the stigma attached to medication in the recovery community. People in recovery “were not considered sober” if they took medication. The attitude in recovery was, “snap out of it, god damn it,” or “you aren’t working the program hard enough.” Diana entered recovery in 1976 but did not start taking medication for depression until 1992.

### **Suicidality**

After eighteen months of sobriety, Diana started feeling depressed and suicidal again because she could not connect to a higher power. She also felt like everybody in recovery had something she was missing, which caused her to think, “it just does not matter.” She planned to turn on the gas stove and die by asphyxiation. She remembered not thinking about what it would say or do to her family or anybody else. She said, “It simply did not matter. It just felt like it was time to go.”

### **Surviving Suicidality**

Diana named nine characteristics contributing to surviving suicidality, including hope, great perseverance, organization skills, writing because it feeds her, feels good, and

helps her remember who she is, living an intentional and purposeful life, relying on God, forgiveness of self and others, which was healing and transformative, and the courage to face whatever happens with the realization that “You'll never be given more than you and God can't handle.”

### *Trudy*

Trudy has an extensive history of sexual abuse. Trudy's father sexually abused her for twenty years. He started touching her when she was three and raping her at the age of six. Trudy moved out-of-state when she was 20 years old, but he continued to rape her when she returned home for the holidays. Trudy said, “I would go back and forth for Christmas and return home bruised, beaten, and raped again.” Her pastor also raped and impregnated her at sixteen.

### **Religious Compound**

Trudy's family moved to a religious compound when she was in the fifth grade. She described the compound as a “large piece of property” governed by the religious institution to which her family belonged. The compound was equipped with everything a community needs, including businesses, K-12 schools, and a Bible school. They also employed a doctor who visited the compound weekly. Trudy said, “living on the compound did not prepare her for life outside of it.” The religion that governed the compound also followed a set of very “rigid rules” and did not tolerate anything that was “seen as a sin.” A tiny cold meant that a person did something wrong to cause it, and that they did not pray hard enough for it to go away. The community's focus was on outward appearances, which fostered an “environment for secrets.” The experience taught her that the most important thing in the community was what people looked like on the outside.

Trudy's biological family no longer live on the compound. Her parents found jobs and purchased a "regular house" in town when she was nineteen. Trudy said her sister "bought into the whole thing" but that her brother wants "absolutely nothing" to do with the place or with God.

### **Emotional, Physical, and Mental Abuse**

Trudy also has an extensive history of emotional, physical, and mental abuse. Trudy's father physically and sexually abused her, which resulted in concussions, bruises, and a broken wrist, fingers, and ribs. All the abuse she endured "was kept hidden in places on her body that were not visible, which left her feeling like she "fell through the cracks in a lot of ways."

Trudy felt that her mother was the crueler of her two parents because she "set her up constantly." Trudy did everything she could to "get through every waking moment." She described her mother's abusive behavior as more intentional, well thought out, and planned. Trudy's mother burned her birth certificate in front of her on her sixteenth birthday because she missed a throw during a softball game, which resulted in a loss for the team. Her mother also performed an abortion on her without pain medication after her pastor raped and impregnated her at sixteen. She recalled not even knowing that she was pregnant or how far along she was. She said it was an awful experience that she never shared with anyone because of the religious community's stance on abortion and because she "didn't know what grace and forgiveness were." After she was married, her mother would leave dead animals on her doorstep to try and frighten her family. A few years ago, her mother lunged at her with a knife and cut her side open, which required a trip to the hospital. The injury also resulted in a restraining order against her mother. Trudy does not

trust her mother and refused to be alone with her because her mother's behavior was unpredictable. Trudy also said that her mother "played mind games" and blamed her for everything. Trudy's mother never admitted to any of the abuse. Her father acknowledged the abuse privately but told her he would never admit it to anyone if she brought it up.

### **Spiritual Abuse**

Trudy also experienced spiritual abuse while living on the compound. Trudy's parents used their church connections with the authority of the compound to shame, humiliate, and manipulate her during monthly communion services. During the communion services, the pastor would walk up and down the aisle, stop in front of her and say things like, "you can't, you're not allowed to take it, you've been bad, or you're not worthy." These experiences embarrassed and humiliated her because she was the only person ever called out in a group of 600 people.

The spiritual abuse she endured continued to impact her spiritual life after leaving home. For years, she "didn't want anything to do with God but eventually found her way back." Also, when she attempted to take communion, she would get physically sick. She threw up on several pastors and communion ministers and experienced several "horrific" incidents involving the communion cup, including an incident involving blood.

### **Family Dysfunction**

Trudy did not have a normal parent-child relationship with either parent. She also felt that her parents failed to model appropriate or healthy parenting. Her parents always provided for her and her siblings basic needs because it helped them keep "up the perception that everything was okay." Nonetheless, Trudy took on the caregiver role for her entire family. When Trudy moved out-of-state, she started to see a counselor. Her

counselor introduced her to a group of people who ended up becoming her “adopted family.” They invited her to church, Sunday dinners, and helped her find housing. Their relationship was essential to her healing and helped her get “acclimated into what she called normal life because they modeled good parenting.”

### **Interpersonal Relationship Challenges**

Trust is one of the biggest problems in Trudy’s relationships, including her relationship with her husband at times. She does not have a problem developing or maintaining relationships. Instead, she does not always believe in her value and worth. She also struggled to believe that people “genuinely love” her for who she is, not because of anything she does. Trudy said, she was “fifty-three before she had ever heard someone tell her they were proud of her.”

### **Mental Health**

Trudy struggled with flashbacks, memories, and nightmares, which caused her to experience acute psychological pain. She reported engaging in a therapeutic relationship with a mental health provider because of these symptoms. However, Trudy felt worse as the counseling progressed. She started feeling “inept about many things” even though she was capable, which caused her to experience intense suicidality.

### **Suicidality**

Trudy experienced two episodes of suicidality. The first episode happened after she was raped and impregnated by her pastor and forced to have an abortion by her mother. She did not know how to deal with her feelings, which caused her to become suicidal. Trudy planned to jump off a railroad bridge because the train kept to a regular schedule. The choir director saw her and pulled her off the bridge. The choir director then

called the school principal, who called the director of the religious compound, who called her parents. She was beaten when she arrived home because she had made her parents look bad.

Trudy started feeling “very depressed” after she moved away from home. She planned to jump off a bridge a second time because she “felt like she was falling apart inside.” She said,

[Unbeknownst to my therapist] I was tying up all my loose ends. I wrote letters to certain people, including my biological family. I had borrowed somebody's car and cleaned it out. I also cleaned the house and did all those types of things.

Her counselor discovered her plan and intervened. The counselor provided Trudy with a safe and supportive environment to express her psychological pain, which was a turning point in her life.

### **Surviving Suicidality**

Trudy does not like the word survivor even though she understands why people use it. To her, the word means that a person barely existed but is still living, compared to being a thriving warrior. Trudy would like to be considered a “normal person at times but does not know what that even looks like.” She described herself as a “fighter with a lot of internal strength.” She knows that the horrors of the past will never go away but accepts that they do not define her. Lastly, she said it took a lot of courage, vulnerability, hope, a community of others, a wonderful counselor, and an immense amount of healing to be here today.

Trudy felt “the most significant event and a major turning point” in her story was finding a relationship of trust. She said, “that person believed in me, delighted in me, affirmed me, loved me, and told me I was beloved of God.” These were the things she

never heard from her parents as a child. Trudy spent a good majority of her life trying to tell herself those things but was always skeptical and filled with doubt. Therefore, it was powerful to hear these words from another person. She said, “It is how you begin to love yourself and in turn love others.”

### **Conclusion**

In conclusion, the researcher provided a detailed account of the participants’ experiences and identified themes that emerged from the data. The researcher also provided a trigger warning to alert readers to the disturbing nature of the content to help reduce the risk of harm or re-traumatization. The researcher conducted a cross-case analysis of the cases and interpreted the data in chapter six.

## CHAPTER SIX: EVALUATION AND DISCUSSION

### **Overall Findings**

The researcher identified three themes from the biblical review, literature review, and field research: (1) spiritual struggles, (2) sexual trauma, and (3) posttraumatic growth. The biblical review demonstrated that personal trauma could trigger a spiritual struggle. Spiritual struggles were marked by profound questioning about God, faith, and human existence. The literature review provided insight related to suicide, childhood sexual abuse, and best practices for the clinical counseling of individuals with a history of abuse. The information gleaned from the literature review provided insight into the complexities of the participants' experiences. The field research demonstrated that personal trauma could pave the way for posttraumatic growth.

### **Spiritual Struggle**

This study found that personal trauma could trigger a spiritual struggle. Spiritual struggles were linked to mental health challenges, chronic stress, and could exacerbate psychological pain.<sup>307</sup> The researcher focused on two specific types of spiritual struggles: spiritual struggle of disconnection and spiritual struggle of diminished sense of meaning.<sup>308</sup> Spiritual struggles inevitably leads to profound questioning about God, faith, and human existence: Why me? Where is God? Is life worth living? These were the

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<sup>307</sup> Wood, et al., 149–150.

<sup>308</sup> Roberts, 271-273.

difficult questions that the biblical figures of Job and Jeremiah struggled to answer. These were also the difficult questions asked by Diana and Trudy as they tried to reconcile their faith and trauma.

### *Damaged Relationship with God*

#### **Diana**

Diana experienced a spiritual struggle of disconnection, which manifested as a damaged relationship with God, and was expressed as feelings of abandonment.<sup>309</sup> After eighteen months of sobriety, Diana started feeling depressed. She believed that everybody at her AA meetings had something that she was missing, including a “sense of well-being.” Furthermore, Diana struggled because she could not connect to a higher power like others. Feeling disconnected from God and others caused her to feel depressed and suicidal. She remembered telling herself that “it was time to go” because nothing mattered. Diana planned to turn on the gas stove and die by asphyxiation. She recalled feeling a sense of relief because it would all be over soon. Diana did not think about how her death would impact her family.

Diana’s suicide plan was interrupted by a “mysterious woman” knocking “persistently” on her apartment door. The woman told Diana that they had a scheduled appointment and showed her the appointment book with her name on it. Diana invited the woman into her apartment, and they had a life-changing conversation. Looking around her apartment, the woman asked how she was feeling. The woman had a kind voice, so Diana told her that she was feeling depressed. Diana explained that she was in recovery

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<sup>309</sup> Roberts, 271-273.

and could not connect to a higher power like the other people in the meetings. The woman told Diana about her lived experience with alcoholism and depression and said:

I know what you're experiencing. Your entire spiritual experience is about to change, and you will know God in a new way. Just trust that on the other side of this abyss, God is waiting. You're going to be just fine. All you have to do is dare to reach across.

When the woman was done talking, she hugged Diana and said, "I think our business is done." The woman left, and Diana never saw her again. Diana felt transformed by the experience. She said, "the divine presence was right there. All I had to do was believe." Diana believed that the woman was an angel because the experience was "mysterious and perfect."

### **Trudy**

Trudy also experienced a spiritual struggle of disconnection, which manifested as a damaged relationship with God, but was expressed as feelings of anger.<sup>310</sup> Trudy's spiritual struggle was triggered by a set of circumstances. First, Trudy was raised in a religious tradition that followed a strict set of rules and they were intolerant of anything seen as sin. Studies show that children raised in "abusive and neglectful environments often conceive God as harsh, judgmental, and uncaring."<sup>311</sup> Second, Trudy's pastor told her that she was bad and unworthy during communion services. The pastor's words were

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<sup>310</sup> Roberts, 271-273.

<sup>311</sup> J. Jeffrey Means, *Trauma & Evil: Healing the Wounded Soul* (Minneapolis, MN: Fortress Press, 2000), 24.

harmful because as a head of the church he was speaking on behalf of God.<sup>312</sup> Katherine van Wormer and Lois Berns writes:

The power of members of clergy is enhanced by the trappings of their religious position, including the mysterious rituals they enact, and their role in pastoral counseling. The clergy's very manner of dress call attention to their moral authority.<sup>313</sup>

The suffering she endured was evident in her inability to take communion and the horrific incidents she experienced involving the communion cup. Third, being raped and impregnated by her pastor shattered her faith and trust in God. Marianne Benkert and Thomas Doyle stated:

Internalized religious duress confuses and psychologically overwhelms such individuals and renders them incapable of absorbing their sexual trauma. The consequent feelings of numbness and immobility distort the perception of reality. It then becomes impossible for the individuals to act in a manner that would protect and promote emotional growth and spiritual well-being.<sup>314</sup>

These circumstances caused serious harm and caused her to turn away from God.

Trudy found healing related to her relationship with God through practical things people did for her, including a healing ritual and a well-executed plan to help her take communion. The practical things people did for her did not follow rigid rules, which was critical to her healing. She actively avoided rigid rules because of her past experiences

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<sup>312</sup> Katherine van Wormer, and Lois Berns, "The Impact of Priest Sexual Abuse: Female Survivors' Narratives," *Affilia*, vol. 19, no. 1 (2004): 54, <https://doi.org/10.1177/0886109903260667>.

<sup>313</sup> van Wormer and Berns, 60.

<sup>314</sup> Marianne Benkert, and Thomas P Doyle, "Clericalism, Religious Duress and Its Psychological Impact on Victims of Clergy Sexual Abuse," *Pastoral Psychology* 58, no. 3 (June 2009): 237, <https://doi.org/10.1007/s11089-008-0188-0>.

with the church. Trudy said that it took years, but she finally found her way back to God. She also reported finding a new spiritual home in the church she attends with her family.

### **Childhood Sexual Trauma**

The researcher found that perpetrators of childhood sexual trauma exploit a child's most vulnerable traits—innocence, kindness, love—for personal sexual gratification. Exploiting a child's most vulnerable traits has the potential to cause grave harm to an innocent child. The field research showed that the participants' experiences permeated their entire being and manifested as a multitude of challenges into adulthood. Therefore, the researcher felt that the term sexual trauma more effectively described their lived experiences. Childhood sexual trauma “refers to one or multiple sexual violations that invoke significant distress.”<sup>315</sup> The psychological consequences of sexual trauma in adulthood are “complex and highly individualized.”<sup>316</sup>

### **Impact of Sexual Trauma**

#### *Self-Image*

The data collected from this study showed that sexual trauma impacted all four of the participants' developing sense of self, which had long-term consequences in adulthood.<sup>317</sup> Janoff-Bulman writes:

Human-induced victimizations affect survivors' core beliefs about themselves. Personal autonomy, strength of will, pride of self-possession are broken, and in their place are personal violation, loss of self-respect, and lingering doubts about one's self-worth.<sup>318</sup>

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<sup>315</sup> Yuan, Koss, and Stone, 2.

<sup>316</sup> Yuan, Koss, and Stone, 1.

<sup>317</sup> Kinnear, 37.

<sup>318</sup> Janoff-Bulman, 80.

Kate and Genevieve reported low self-esteem and distorted beliefs about how boys perceived them. Diana's experience caused her to question whether she was a good enough person. Diana also developed distorted beliefs about her body and boys and struggled with feelings of guilt. Trudy struggled to believe in her value and worth, including whether people "genuinely loved her."

#### *Intimate Relationship Problems*

The data collected from this study showed that sexual trauma impacted all four of the participants' intimate relationships. Kate and Genevieve developed trust issues, especially with men, and they both reported keeping men at a distance. Pat Gilmartin argues, "Distrust of men and conflicts about heterosexuality are not dysfunctional reactions but part of women's active and adaptive attempts to cope with the reality of sexual violence."<sup>319</sup> Diana felt like her experience caused her to make "poor choices in relationships," including her decision to marry her first husband. Trudy said that trust is one of the biggest problems in her relationships, including the relationship she has with her husband. Courtois said, "The attitude that many survivors hold is: If I couldn't trust my family, who can I trust? No one is trustworthy."<sup>320</sup>

#### *Secondary Injury*

The data collected from this study showed that negative reactions to sexual trauma could cause secondary injury.<sup>321</sup> Janoff-Bulman writes, "Following their

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<sup>319</sup> Pat Gilmartin, *Rape, Incest, and Childhood Abuse: Consequences and Recovery* (New York, NY: Garland Publishing, Inc., 1994), 174.

<sup>320</sup> Gilmartin, 136.

<sup>321</sup> Janoff-Bulman, 146.

traumatic experience, the survivors are re-injured through the failure to receive expected support from social agencies, communities, society in general, and even from family and friends.<sup>322</sup> The researcher identified four instances of secondary injury experienced by Genevieve. The first incident happened when she was called a “liar” at Girl Scout camp. The second incident happened when she was questioned and accused of “sexually abusing the girl who abused her.” The third incident involved the bullying she endured because of the event. Genevieve said, “I buried it, which is why it was so extremely shocking to have it all come up again as a freshman in high school.” The fourth incident involved the countless jokes made by friends and family about her sexual identity.

### *Depression*

The data collected from this study showed that three out of the four participants experienced periods of depression. Diana Sullivan Everstine and Louis Everstine write:

Not being able to express their feelings of helpless rage for what was done to them, abused children may become clinically depressed, showing signs of emotional constriction and flat or bland affect, and so forth.<sup>323</sup>

Genevieve struggled with several episodes of depression starting in high school, and Diana struggled with chronic depression since childhood. Trudy struggled with flashbacks, memories, and nightmares, which caused psychological pain.

### *Substance Use*

The data collected from this study showed that sexual trauma increased the risk of drug or alcohol abuse. One study found that 25 percent of adults with a history of sexual

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<sup>322</sup> Janoff-Bulman, 146.

<sup>323</sup> Diana Sullivan Everstine, and Louis Everstine, *Sexual Trauma in Children and Adolescents: Dynamics and Treatment* (New York, NY: Brunner/Mazel Publishers, 1989), 18.

trauma reported using drugs or alcohol.<sup>324</sup> Another study that focused on women found that 44 percent used drugs.<sup>325</sup> This study found that three out of four participants reported using drugs or alcohol. Kate experimented with alcohol and drugs in middle school and high school and smoked a pack of cigarettes a day. Genevieve reported “crutching on alcohol” as a coping strategy. Diana started drinking in high school and entered recovery when she was in her mid-thirties.

### *Suicide*

The data collected in this study found that childhood sexual trauma increased the risk for suicide.<sup>326</sup> Judith Lewis Herman writes:

Thereafter, a sense of alienation, of disconnection, pervades every relationship, from the most intimate familial bonds to the most abstract affiliations of community and religion. When trust is lost, traumatized people feel that they belong more to the dead than to the living.<sup>327</sup>

Kate reported an episode of suicidality in high school. Genevieve experienced an episode during her freshman year of high school and in her late thirties. Diana experienced a single episode of suicidality in her twenties. Trudy experienced an episode at sixteen and again in her twenties.

### **Posttraumatic Growth**

The researcher examined the participants’ stories and found that their experiences provided an opportunity for posttraumatic growth (PTG). PTG is associated with hope,

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<sup>324</sup> Kinnear, 41.

<sup>325</sup> Kinnear, 41.

<sup>326</sup> Courtois, 305.

<sup>327</sup> Gilmartin, 91.

interpersonal relationship functioning, and meaning making related to the traumatic event.<sup>328</sup> PTG is also beneficial in helping individuals cope with future stressors.<sup>329</sup> Individuals who experienced posttraumatic growth emerged with deeper relationships, new perspectives, and a belief in one's own strength. Individuals also found an appreciation for life, a sense of purpose and meaning, and were able to see all the possibilities of life.<sup>330</sup>

### *Kate*

Kate learned to be a self-advocator at an early age, which helped her to develop problem-solving skills. Problem-solving skills helped her adapt and respond to change and develop plans for the future.<sup>331</sup> Problem-solving skills also gave her a sense of control, empowerment, and purpose. Kate's determination helped her stop drinking, doing drugs, let go of unhealthy toxic relationships, and make positive life choices. Kate also developed a life-long best friend. Her friendship provided support, stability, and genuine love and acceptance. Her best friend's parents also modeled appropriate and healthy parenting, which was essential to her healing. Kate's growth was also seen in her ability to talk to her husband about her trust issues. His positive response to her needs and his commitment to transparency helped her build trust. Kate's growth was also seen in

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<sup>328</sup> Anne C. Wagner, Lindsay Torbit, Tiffany Jenzer, Meredith S.H. Landy, Nicole D. Pukay-Martin, Alexandra Macdonald, Steffany J. Freedman, and Candice M. Monson, "The Role of Posttraumatic Growth in a Randomized Controlled Trial of Cognitive-Behavioral Conjoint Therapy for PTSD," *Journal of Traumatic Stress* vol. 29, 4 (August 2016): 379, <https://doi:10.1002/jts.22122>.

<sup>329</sup> Wagner et al., 379.

<sup>330</sup> Wagner et al., 379.

<sup>331</sup> Freedenthal, 184.

her ability to claim that she is a “pretty good parent” even though her mother did not model appropriate or healthy parenting. Lastly, Kate’s PTG was evident in her naming seven characteristics contributing to her surviving suicidality.

### *Genevieve*

Genevieve was in her forties when she realized that her neighbor abused her, and in her fifties, she noticed patterns in her life, which left her exposed to vulnerable situations. Her growing awareness helped her seek help from friends and a mental health provider. Genevieve said that her therapist is helping her work through other issues that she was not prepared to talk about during this interview. Genevieve’s growth was also seen in her ability to see that she was “crutching on alcohol to cope” with chronic pain and difficult situations. The realization helped Genevieve reduce her drinking and seek help from a physical therapist to help with her chronic pain. Lastly, Genevieve’s PTG was evident in naming seven characteristics contributing to her surviving suicidality.

### *Diana*

Diana’s journey toward PTG started when she entered recovery and started seeing a counselor. The counselor helped her unravel what happened in her life, which helped her “open up everything and look at it.” When Diana interviewed her mother, she learned her mother’s hidden secret, which confirmed her life-long sense of abandonment and separation. The realization helped her find healing and see her mother with love and compassion. When Diana interviewed her father, she discovered the root of his anger, which helped her see him with love and compassion too. Diana also experienced a profound sense of forgiveness toward her brother-in-law, which was transformative, and freed her from the painful feelings related to the molestation. Diana started seeing her

brother-in-law with love and compassion at family gatherings instead of feeling uneasy and uncomfortable. Diana's experience with the "mysterious woman" helped her get in touch with the divine presence. The experience also helped her realize that she has a purpose in the lives of others, which she lives out through her writing and public speaking. Lastly, Diana's PTG was evident in naming nine characteristics contributing to her surviving suicidality.

### *Trudy*

Trudy's journey toward PTG started when she broke down and confided in her counselor that she "felt like she was falling apart inside." The counselor provided a safe and supportive environment to talk about her experiences, which helped relieve her psychological pain. Trudy also developed and maintained a relationship with her "adopted family." Her adopted family provided acceptance, love, and stability, which was essential to her healing. They also modeled appropriate and healthy parenting, which helped her get acclimated into what she "called a normal life." Trudy also developed relationships with trustworthy individuals, which was critical to her growth and healing. Trudy also actively engaged in a therapeutic relationship with a mental health provider to work through the traumatic events, which was critical to her healing. Trudy's growth was revealed in her ability to articulate that she knows that the horrors of the past will never go away but accepts that they do not define her. Trudy's growth was also revealed in her ability to claim, "I have a wonderful life." Lastly, Trudy's PTG was evident in naming seven characteristics contributing to her surviving suicidality.

### Key Characteristics

The researcher identified 27 characteristics that empowered individuals to survive suicidality. The characteristics were derived directly from the interviews with participants. The researcher felt that scholars could speak to protective factors and treatments that reduce the risk of suicidality. However, only someone who survived suicidality could speak to what characteristics helped them survive. This study revealed that what characteristics kept the participants alive was subjective and could change over time. This study also revealed the complex nature of human emotions and experiences.

The researcher listed the 27 characteristics identified in this study alphabetically to signify her belief that each characteristic held equal value to the research participants. The researcher also provided a definition based on how the participants expressed these characteristics and noted how many participants mentioned a specific characteristic as a factor contributing to surviving suicidality, e.g., advanced (1).

#### *Key Characteristics*

<i>Characteristic</i>	<i>Inferred Definition</i>	<i>Expressed Characteristic</i>
<i>Acceptance (1)</i>	To believe or acknowledge an explanation or situation.	“I’m never going to get an apology from him. Not that I ever asked for one.”
<i>Advanced (2)</i>	Far into the development process	<p>“I look back on how I got here, and it was like everything happened the way it was meant to happen. I really believe that that there is this divine unfolding of our lives.”</p> <p>“It took an immense amount of healing to be here today.”</p>

<i>Compassionate (1)</i>	Feeling or showing sympathy and concern for others	“From that day forward, I was able to look at them both with such compassion.”
<i>Courageous (1)</i>	Showing strength in the face of pain or grief	“I feel like whatever is in front of me, I'll be able to handle it.”
<i>Curious (1)</i>	Desire to investigate and learn from the past	“After I got sober, I wanted to open everything and look at it.”
<i>Dedicated (2)</i>	Devoted to a cause or purpose	<p>“I have six cornerstones in my life that I dedicate time to every week. They help me stay productive and well-rounded.”</p> <p>“I am a very organized person. I sit down and write every day because it feeds me. It feels good and helps me remember who I am.”</p>
<i>Determined (1)</i>	Remaining steadfast in a decision or purpose	“I just stopped everything. I stopped smoking. I stopped drinking. I stopped smoking pot. I stopped hanging out with my ***** cousin.”
<i>Engaged (2)</i>	Activity involved in healing and recovery	<p>“I went to see a counselor and began to unravel what had happened in my own life.”</p> <p>“I reach out to my counselor when there is something that I can't work through on my own.”</p>
<i>Felicific (1)</i>	Causing or intending to cause happiness	“Happiness helps me think positivity about life and everyday life.”
<i>Fighter (1)</i>	Not admitting defeat despite difficulties or opposition	“I am a fighter with a lot of inner-strength.”

<i>Forgiving (3)</i>	Stop feelings of anger or resentment toward someone	<p>“Forgiveness of ourselves for our judgments of others and forgiveness of others. It was nice to be finally free.”</p> <p>“I eventually had to work through forgiving that part of it.”</p> <p>“The only thing I can do is find forgiveness or acceptance.”</p>
<i>Fortitude (1)</i>	Strength of mind that enabled a person to encounter or bear pain or adversity with courage	<p>“I never let go of the belief that there was something different out there. Even if it never happened, I would rather die trying, than do nothing. These were the thoughts that helped me get through it and find the courage to leave.”</p>
<i>Generous (1)</i>	Showing kindness or readiness to give to others	<p>“I want to be more giving to others and my community.”</p>
<i>Hopeful (2)</i>	Expectation or desire for certain outcome	<p>“I feel real hopeful about life even though I've struggled.”</p> <p>“I always had hope even after the horrors in my life.”</p>

<i>Insightful (4)</i>	Having the ability to see into a situation	<p>“I look at that experience of forgiveness as something I needed to know in order to help others forgive.”</p> <p>“I don't want to waste my time dwelling on my past. I want to move forward in the light.”</p> <p>“Every day is a new day. Not let things that happened to you. Pull you down. Every moment is another moment to make a choice. If you fall down; pick yourself up. You can be a new person. You can be the person you want to be. You just need to make that choice every day.”</p> <p>“I know the horrors of the past will never go away but they do not define who I am today.”</p>
<i>Kind (1)</i>	Having a considerate, friendly, or generous nature	<p>“I'm going to live my life with kindness toward others.”</p>
<i>Loved (1)</i>	Feeling of genuine acceptance and affection for another person	<p>“A major turning point in my story is when I've had a relationship of trust in which that person believed in me, delighted in me, affirmed me, love and told me I was beloved of God.”</p>
<i>Mindful (2)</i>	Focusing on the present moment, including living with intention and purpose	<p>“I'm more relaxed and present in the moment.”</p> <p>“I live an intentional, purposeful life.”</p>

<i>Open (2)</i>	Allowing others into their life	“My best friend kind of saved me. She helped raise me and she didn't even know it.”  “My adopted family were essential to my healing. They took me in as part of their family and helped me get acclimated into a normal life.”
<i>Perseverance (2)</i>	Persisting despite difficulties or hardship.	“I have great perseverance.”  “I work twice as hard as anyone. I will get through this.”
<i>Purposeful (1)</i>	Finding meaning in suffering and using it for the betterment of others	“I have a purpose in the lives of others.”
<i>Receptive (1)</i>	Inclined to receive ideas, impressions, or suggestions	“People who helped me find healing were people who provided very practical solutions to things instead of following rigid rules.”
<i>Religious (2)</i>	Devotion and trust in God	“I found my way back to God.”  “I rely on the spiritual presence to guide my life. I know that there is nothing that God and I can't handle.”
<i>Self-confident (3)</i>	Trusting in one's abilities, qualities, and judgments	“It was surprising for me to discover that I was really smart.”  “I'm actually a pretty good parent.”  “Self-confidence helps me challenge the negative self-talk.”

<i>Self-reliant (1)</i>	Having confidence to exercise one's judgment	"I was raised by wolves. I moved out a week after I graduated from high school. I had like three or four jobs all the time."
<i>Vulnerable (1)</i>	The state of being exposed to the possibility of being attacked or emotionally harmed	"I broke down because I just couldn't do it anymore. It was the first time that I let my guard down and allowed someone in."
<i>Wisdom (1)</i>	Having a deep knowledge or understanding	"I don't like the word survivor. I understand why people use it. But to me, it means the person barely existed but is still living; compared to being a thriving warrior."

### **Advantages of These findings**

The researcher identified several ways clergy and pastoral care providers might use the 27 characteristics related to surviving suicidality in their work with individuals experiencing trauma and spiritual struggles. First, clergy and pastoral care providers might find that many of the 27 key characteristics that empowered individuals to survive suicidality could be enhanced and reinforced by creating inclusive and welcoming communities where people feel safe, respected, valued, and loved. The researcher identified four values associated with inclusive and welcoming communities:

- **Compassion:** engaging and connecting through acceptance, genuine concern, and unconditional positive regard
- **Courage:** believing it takes courage to face challenges and meet new experiences

- **Positivity:** believing in an individual's potential and life's endless possibilities
- **Respect:** believing in the intrinsic value and worth of each individual

Second, clergy and pastoral care providers could use spiritual assessments in their work with individuals experiencing spiritual struggles. Spiritual assessments are helpful tools for assessing a person's attitudes, beliefs, and perceptions about God. At a minimum, clergy and pastoral care providers could ask: Who is God to you? Who are you to God? How would you describe your relationship with God? What is one of your first experiences or memories of God? These questions could help clergy and pastoral care providers identify and heal negative attitudes, beliefs, and perceptions about God associated with spiritual struggles.

The researcher also identified several probing questions clergy and pastoral care providers could use to address negative religious coping: How do you feel about sharing your anger, grief, pain, fear, or sadness with God? What do you think God desires for you? How are you sensing God's presence in your life or this moment? How do you connect with God? Can you think of a time that God placed someone in your path? Can you tell me about the experience, person, or relationship? The researcher found that engaging in thought-provoking questions can promote healing and positive religious coping, and deepen one's awareness and understanding of God, self, and others.

Lastly, the 27 key characteristics related to surviving suicidality might help clergy and pastoral care providers understand the effects of trauma, recognize the signs and symptoms of trauma, avoid re-traumatization, and make appropriate referrals to medical and mental health professionals when needed.

### Benefits and Challenges

A benefit related to this study was that the researcher collected data from four women who survived suicidality and had a history of abuse. Their stories provided great insight into what they experienced and how they experienced it in their daily lives. This helped the researcher understand the long-term impact of childhood sexual trauma in women of varying ages and experiences. The data collected in this study increased her ability to provide emotional and spiritual support to adults with a history of sexual trauma.

Another benefit related to this study is that the researcher learned that faith communities play a critical role in supporting individuals experiencing a crisis. Faith communities can provide a safe and supportive environment for individuals to express their pain and suffering without fear, embarrassment, or judgment.<sup>332</sup> Having a caring and healthy support system is critical to healing and recovery because it “provides direct evidence that the world is not necessarily malevolent and meaningless, and that the survivor is worthy of support.”<sup>333</sup> Faith communities can also promote personal resiliency by fostering a sense of belonging and community connectedness.<sup>334</sup> A sense of belongingness and community connectedness targets feelings of isolation and thwarted belongingness, which reduces the risk of suicide.<sup>335</sup> Faith communities can also inspire

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<sup>332</sup> Substance Abuse and Mental Health Services Administration, *Increasing Collaboration, Competence and Quality Care*, 45.

<sup>333</sup> Jannoff-Bulman, 173.

<sup>334</sup> Substance Abuse and Mental Health Services Administration, *Increasing Collaboration, Competence and Quality Care*, 45.

<sup>335</sup> Suicide Prevention Resource Center, “Risk and Protective Factors.”

hope through prayer and worship, which reduces the risk of suicide.<sup>336</sup> The information obtained in this study will help the researcher create an environment that fosters healing and promotes personal resiliency.

Another benefit related to these findings is that it shed light into the impact of personal trauma and how it could trigger a spiritual struggle. The information obtained in this study provided insight into spiritual struggles and how they are realized in the experience of personal trauma. The data collected in this study increased her ability to provide emotional and spiritual support to adults experiencing a spiritual struggle.

A challenge related to the findings is that faith communities are ill-equipped to support individuals experiencing a crisis. Faith leaders and church staff often lack the education, training, and support they need to respond to individuals in crisis. Faith communities also often lack the staff, volunteers, or financial resources to develop and maintain a faith-based mental health ministry. The data collected in this study helped the researcher understand the vital role communities play in healing, as well as their potential to cause grave harm in the forms of spiritual abuse. This information also helped the researcher understand the dilemma facing faith communities and their congregants.

### **Strengths and Weaknesses**

A strength related to this study was the researcher's decision to follow a qualitative, collective case study approach. Using a collective case study approach

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<sup>336</sup> Substance Abuse and Mental Health Services Administration, *Increasing Collaboration, Competence and Quality Care*, 45.

provided insight into how the participants evolved and changed over time.<sup>337</sup> Also, conducting the study within a real-life contemporary setting provided insight into significant events and milestones in the participants' everyday life.<sup>338</sup> This approach allowed her to write a multifaceted description of the cases, which revealed the complex, multilayered nature of their experiences.<sup>339</sup>

Another strength of this study was that the researcher conducted in-depth, semi-structured interviews. Semi-structured interviews in qualitative research, helped the researcher understand themes related to the "lived everyday world from the subjects' perspective."<sup>340</sup> The researcher asked four open-ended questions that focused on specific themes. Semi-structured interviews also gave participants the freedom to share elements of their story that were important to them, which allowed them to control the direction of the conversation. Having a sense of control provided comfort and was essential to easing fears and anxieties related to sharing their stories. The format also provided the researcher with the freedom to ask probing or follow-up questions to help clarify a "person's reasoning."<sup>341</sup> Follow-up questions helped the researcher collect an accurate and detailed account of the participants' experiences. The interviews were in-person and conducted in a safe and confidential location determined by the participant. In-person

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<sup>337</sup> Leedy and Ormrod, 231.

<sup>338</sup> Creswell and Poth, 96.

<sup>339</sup> Leedy and Ormrod, 230.

<sup>340</sup> Kvale, and Brinkmann, 27.

<sup>341</sup> Leedy and Ormrod, 153.

interviews helped the researcher establish a meaningful connection with the participants, which helped her earn their trust.<sup>342</sup>

Another strength to this study was that the researcher conducted self-reports with research participants before analyzing and interpreting the data. Self-reports provided an opportunity for participants to amend, clarify, correct, or remove any statements or quotes from the transcriptions that made them feel uncomfortable.<sup>343</sup> Moustakas explained:

The importance of self-reports in data collection was emphasized so that the research participant felt his or her contributions “were valued as new knowledge on the topic and as an illumination of meanings inherent in the question. The research participant could also review and confirm or alter the research data to correspond to her or his perception of the experience.”<sup>344</sup>

Self-reports helped reduce participants’ fears and anxieties about participating in the research. Self-reports also helped participants maintain their autonomy and sense of control over what information the researcher used. This was critical because the data showed that childhood sexual trauma stripped them of their autonomy and sense of control. Lastly, self-reports helped the researcher obtain an accurate, detailed description of the participants’ interpretation of their experiences.

Another strength related to this study was using a survey to collect pertinent demographic information from participants. The survey was short, simple, and easy to follow because it used clear, simple language, and specific instructions.<sup>345</sup> The researcher

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<sup>342</sup> Leedy and Ormrod, 153.

<sup>343</sup> Moustakas, 7.

<sup>344</sup> Moustakas, 7.

<sup>345</sup> Leedy and Ormrod, 161.

asked nine questions that yielded valid and reliable descriptive data about the participants.<sup>346</sup> Descriptive data focused on information that the researcher used to provide a detailed description of the cases.

Another strength related to this study was that the four women named key characteristics that empowered them to survive suicidality. The data addressed the lack of understanding of the key characteristics that empowered sexual abuse victims to survive suicidality.

A weakness related to this study involved recruitment difficulties due to the pandemic and limits imposed by ethical considerations. The ethical considerations included limiting her recruitment of potential participants to one contact, with no additional follow-up invitations. Recruitment limitations proved challenging since the researcher could not initiate a second contact with potential participants who initially agreed to participate in this study.

Another weakness related to this study was the number of cases studied. The researcher felt that the cases she studied provided great insight but understands that having a larger number of male and female participants would have been beneficial. Having a larger number of participants would have provided more data, which would have allowed her to write a multifaceted description of the cases, including the similarities and differences related to how men and women interpret their experiences.<sup>347</sup>

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<sup>346</sup> Sherri L. Jackson, *Research Methods and Statistics: A Critical Thinking Approach*, 5th ed. (Cengage Learning US, 2015), 89, VitalSource Bookshelf.

<sup>347</sup> Leedy and Ormrod, 230.

### **Suggestions for Further Research**

The data collected from this study helped the researcher understand the long-term impact of sexual abuse in women of varying ages and experiences and identify 27 key characteristics that empowered victims of sexual abuse to survive suicidality. Although the study was successful, the researcher feels that more information is needed to fill the knowledge gap. Therefore, the researcher suggests four topics that she feels are worthy of further study. First, the researcher suggests replicating this study with more male and female participants. The data collected from this study would prove beneficial for comparing how different genders interpret their experiences over time and how different genders experienced PTG. Replicating this study would also give greater validity to these findings and allow the researcher to make generalizations about the greater population.

Second, the researcher suggests conducting additional research focused on suicidality in the male and female populations, including the impact of attachment styles leading to suicidality. This study would provide insight into (1) patterns, (2) themes leading to suicidality, and (3) key characteristics empowering male and female sexual abuse victims to survive suicidality.

Third, this study examined the intersection between faith and trauma and discovered that personal trauma could trigger a spiritual struggle. The data collected in this study showed how spiritual struggles were experienced and reconciled. The researcher suggests conducting additional research that includes examining other types of spiritual struggles, including a spiritual struggle of shame and a spiritual struggle of guilt. In particular, how different spiritual struggles are experienced and reconciled. Additional

data related to key themes would be beneficial in developing a screening tool to help clergy and other spiritual care providers recognize and support individuals experiencing spiritual struggles.

Fourth, this study also examined best practices for clinical counseling individuals with a history of abuse. The research showed that three out of the four participants were actively engaged in a therapeutic relationship, which aided in their healing and recovery. Unfortunately, the data did not provide insight into the specific modalities therapists employed or the type of therapy used in their treatment plan. The researcher suggests conducting additional research related to how the findings of this study might be applied explicitly through CBT, DBT, and schema therapy.

### **Conclusion**

In conclusion, the researcher documented her overall findings from the biblical review, literature review, and field research. The researcher identified three major themes and examined them through the lived experiences of the four women who participated in this study. The researcher also described the benefits and challenges related to the findings within the ministry context. The researcher also described the strengths and weaknesses of the study, and suggestions for further research. The researcher will explore her personal and spiritual formation and reflect on God's presence in her life in chapter seven.

## CHAPTER SEVEN: THEOLOGICAL REFLECTION

The researcher learned that personal trauma could trigger a spiritual struggle that challenges a person's fundamental belief system. This study showed that spiritual struggles paved the way for new perspectives, greater wisdom, and a more intimate relationship with God and others. Personal trauma also provided an opportunity for PTG. PTG was associated with hope, new perspectives, and the ability to believe in one's strength.<sup>348</sup> PTG was also associated with a greater appreciation for life, a sense of meaning and purpose, and the ability to recognize life's possibilities.<sup>349</sup> This study allowed the researcher to propose a theology of trauma that studies the presence and nature of God in the experience of trauma. The researcher became convicted of God's loving presence in the experience of trauma and suffering.

### **Personal Faith Journey**

The first theme related to the researcher's faith journey is that personal trauma triggered a spiritual struggle. The researcher's family of origin embraced Christian fundamentalism, which emphasized a literal interpretation of the Bible and stressed strict adherence to a set of basic principles. The researcher learned that any form of questioning about God, faith, or the Bible was wrong and considered a sign of disbelief. The

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<sup>348</sup> Wagner et al., 379.

<sup>349</sup> Wagner et al., 379.

researcher developed distorted beliefs about God—harsh, controlling, judgmental—which caused her to feel insignificant, unworthy, and disconnected from God. These beliefs caused deeply rooted spiritual pain.

The researcher's worldviews began to shift with age, and she could no longer reconcile her faith and trauma. As an adult, the researcher endured years of escalating abuse and violence that culminated in the researcher's husband holding his loaded gun to her head before turning it on himself. The horror of these experiences left her ill-prepared to handle the devastating impact of her husband's suicide on her family, including poverty, homelessness, and a multitude of mental health challenges. This resulted in the researcher believing she was a failure as a mother and provider to her five children. The researcher also learned of her husband's infidelity, which shattered her belief in loving, committed relationships. The researcher's traumatic experiences exacerbated her beliefs about God, which served to reinforce that she was insignificant, unworthy, and disconnected from God. Consequently, the researcher started to question her value and worth, which caused her to believe her husband was correct; she deserved to die.

The second theme related to the researcher's faith journey is that spiritual struggles paved the way for new perspectives, greater wisdom, and a more intimate relationship with God and others. The fortress the researcher built to protect herself from the abuse collapsed around her, leaving her to sit among the ashes of her old life. The researcher was forced to challenge everything she believed about God, faith, and human existence. In this raw and desolate state, the researcher surrendered herself to God. In her darkest hour, God was there, waiting to love her, transform her, and renew her. Not the God of her childhood—harsh, controlling, judgmental—but a God of compassion, love,

and mercy. Surrendering herself to God gave the researcher the strength and the courage she needed to face the challenges ahead. Therefore, the researcher emerged from her spiritual struggle trusting God to guide her path even when she could not see where it was going. The researcher found that the destruction of her fundamental belief system sparked a spiritual awakening.

The researcher's relationship with God helped her experience a profound sense of forgiveness. The researcher learned that she could not ask God for grace, mercy, and forgiveness for herself, but punishment for her husband. This insight helped her find a sense of compassion for the pain and suffering that her husband experienced throughout his life. While married, the researcher maintained distant and detached relationships with everyone she knew, which helped her keep the abuse and her suffering a secret. However, once the researcher's life fell apart, she could no longer hide the truth about her marriage or continue to have distant and shallow relationships. Instead, she sought out relationships with authentic, trustworthy individuals, which helped her find hope and healing.

The third theme related to the researcher's faith journey is that personal trauma paved the way for PTG. The researcher learned the skills and best practices that she needed to be a chaplain. However, she soon realized that it did not matter what she learned or how well she executed these skills and practices because there was always something missing. It was not until her life fell apart that she understood that the missing piece was always and would always be *her*. The hurt, broken, and messy part of her that she could not face. This realization caused her to struggle with five important questions:

1. How could she provide emotional and spiritual support to others who are suffering if she lacked the courage to explore the depths of her own suffering?

2. How could she comprehend the depths of human suffering that leads to suicidality without experiencing it herself?
3. How could she comprehend the fortitude it took to survive suicidality without experiencing it herself?
4. How could she help guide others toward forgiveness if she could not forgive her husband?
5. How could she speak authentically and authoritatively about the Word of God if she felt lost and disconnected from God?

These were important questions that the researcher needed to answer to provide spiritual care to others. The researcher understood that she could not form authentic connections with others without carefully examining herself. Richard Rohr argued that authentic connections with others are “formed much more by shared pain than shared pleasure.”<sup>350</sup> Rohr writes:

You can lead people on the spiritual journey as far as you yourself have gone. You can’t talk about it or model the path beyond that. That’s why the best thing you can keep doing for people is to stay on the journey yourself. Transformed people transform people. And when you can be healed yourself and not just talk about healing, you are as Henri Nouwen so well said, a ‘wounded healer,’ which is the only kind of healer.<sup>351</sup>

The researcher opened this study with a quote from Mary Oliver that stated, “Someone I loved once gave me a box full of darkness. It took me years to understand that this too, was a gift.”<sup>352</sup> The researcher felt that this quote captured her journey toward PTG. The researcher’s experiences helped her grow into the person she is today.

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<sup>350</sup> Richard Rohr, *A Spring Within Us: A Book of Daily Meditations* (Albuquerque, NM: CAC Publishing, 2016), 123.

<sup>351</sup> Rohr, 123.

<sup>352</sup> Mary Oliver, “The Uses of Sorrow,” *Online Literary Journal*, accessed February 3, 2021, <https://www.thehealingpoems.com/poem/the-uses-of-sorrow>.

The researcher emerged from her personal trauma as a more loving, compassionate, authentic, positive, and faith filled person. These are the qualities that guide her personal and professional life.

The fourth theme related to the researcher's faith journey is that God was present in her experience of trauma and suffering. First, the researcher discovered that God was bigger than her finite understanding. This realization helped her surrender to the mystery of God's infinite love, mercy, and forgiveness. Second, the researcher needed to make the distinction between her source of comfort and the cause of her suffering. Once that happened, the researcher understood that individuals are the source of human-induced trauma, not God. The researcher emerged from her trauma confident in God's loving presence in her life, even in her suffering. Having this conviction helped her speak authentically and authoritatively about the Word of God.

### **Academic Growth**

This project also helped the researcher grow as an academician. The researcher learned valuable research skills, including communication, writing, and critical thinking skills. These skills helped the researcher read critically, formulate ideas, analyze data, and report on the research. The researcher also developed valuable organization and time management skills to help her find a balance within her personal life, professional life, and academic life. The researcher also found the confidence and perseverance she needed to complete this study successfully. The researcher started this project apprehensive about her ability to complete this study. To her surprise, she found the entire process challenging, rewarding, and inspiring. Lastly, the researcher found she had an aptitude and a passion for research, which she will draw upon to conduct future studies.

## Conclusion

The researcher examined the intersection between faith and trauma. The researcher made the following conclusions based on this project. First, personal trauma could trigger a spiritual struggle that leads to profound questioning about God, faith, and human existence. Second, spiritual struggles paved the way for new perspectives, greater wisdom, and a more intimate relationship with God and others. In contrast, unresolved spiritual struggles are associated with chronic stress, mental health challenges, and poor physical health.<sup>353</sup> Third, personal trauma paved the way for PTG. PTG was associated with hope, new perspectives, and the belief in one's strength and abilities.<sup>354</sup> Lastly, studying the nature and presence of God in the experience of trauma provided insight into God's loving presence in the world, even in suffering.

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<sup>353</sup> Wood, et al, 149–150.

<sup>354</sup> Wagner, et al, 379.

## APPENDIX A

## Interview Guide

**Date:****Time:****Place:****Interviewee:**

The researcher is conducting a collective case study of key characteristics contributing to surviving suicidality in adults with a history of abuse. The data collected from the interviews will be used to report on the essence of the phenomenon and address the lack of understanding of the key characteristics that contribute to individuals surviving suicidality.

**Questions:**

1. What have you experienced in terms of the phenomenon?
2. Can you tell me about how your experience affected different areas of your life?
3. Could you describe in as much detail as possible a situation/or situations in which learning occurred for you?
4. Could you identify key characteristics contributing to surviving suicidality?

## APPENDIX B

## Demographic Survey

Participant's Initials: \_\_\_\_\_

**Which category below indicates your age?**

- 18-20
- 21-29
- 30-39
- 40-49
- 50-59
- 60 or older

**What is your gender?**

- Female
- Male
- Other (specify)

**What is the highest level of education you have completed?**

- High school
- Some college
- Bachelor's degree
- Master's degree
- Advanced degree
- Prefer not to say

**What is your marital status?**

- Married
- Divorced
- Separated
- Single/Never Married
- Widowed
- Prefer not to say

**How many dependents do you have?**

- No dependents
- 1
- 2-3
- More than 4

**How many siblings do you have?**

- No siblings
- 1
- 2-3
- More than 4

**What is your employment status?**

- Employed part-time
- Employed full-time
- Self-employed/Contract
- Retired
- Not employed
- Disabled, not able to work
- Other (specify)

**What is the level of your household income?**

- Less than \$25,000
- \$25,000-\$50,000
- \$50,000-100,000
- \$100,000-\$200,000
- Prefer not to say

**What is your religion?**

- Protestant/Christian
- Roman Catholic
- Jewish
- Muslim
- Buddhist
- Hindu
- Atheist
- Agnostic
- Orthodox Greek
- Orthodox Russian
- Other
- Prefer not to say

## APPENDIX C

## Informed Consent for Research

You are invited to participate in a study investigating key characteristics that contribute to individuals surviving suicidality. The researcher is a student at Bethel Seminary, and this study is a requirement for the Doctor of Ministry Degree. No funding agency is involved in this study.

If you agree to participate in this study, you will complete two activities. First, you will participate in an in-person interview. The interview will take up to an hour, depending on how much you have to say, with an option for an additional half-hour for follow up questions. Second, participants you will complete a survey on pertinent demographic information. Any information obtained in connection with this study will remain confidential. The researcher will not use or disclose any names or other identifying information, and only aggregate data will be presented. Interviews will be recorded and transcribed by the researcher to ensure the data is valid and reliable. Recorded interviews and transcriptions will be destroyed once the thesis has been approved and the researcher has satisfied all the degree requirements. Implicit in this study is the duty to perform the research with integrity and respect.

Potential risks for participating in this study include episodes of anxiety and depression, or feelings of confusion, loss, sadness, and stress. To minimize these risks, the researcher will provide a list of community-based resources including, crisis lines, low-cost counseling, and support groups. The researcher will also conduct three post-interview check-ins after 24-hours, one-week, and one-month. The expected benefits associated with your participation include (a) advancing the study of suicide, (b) an opportunity to share your story and personal experience, (c) and an opportunity to participate in a qualitative study.

If you decide to participate in this study, you grant consent voluntarily, without duress or coercion of any kind. Furthermore, it is possible that you may feel obligated or compelled to participate in this study because of your previous relationship and/or experience with me, in a different role and context. Please do not feel any obligation whatsoever to participate because of our previous relationship. You are free to say 'no' without any consequence for that decision, and it will not negatively affect our relationship.

This research project has been reviewed and approved in accordance with Bethel's Levels of Review for Research with Humans. If you have any questions about the research and/or research participants' rights, or wish to report a research-related injury, please call Sherri Stella at 612-300-6228 or [shs24796@bethel.edu](mailto:shs24796@bethel.edu), and the researcher's Doctor of Ministry Thesis Advisor, David Wick at 651-638-6180 or [dhw32532@bethel.edu](mailto:dhw32532@bethel.edu), and Bethel Seminary's Institutional Review Board Chair, Peter Jankowski at 651.638.6901 or [pjankowski@bethel.edu](mailto:pjankowski@bethel.edu).

You are making a decision whether or not to participate in this study. Your signature indicates that you have read the information above and have decided to participate. You may withdraw at any time without prejudice after signing this form should you choose to discontinue participation in this study. You will be offered a signed copy of this form for your records.

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Signature of Participant

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Date

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Signature of Witness

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