God Image, Counseling, and Strategies Used for Healing of Childhood Sexual Abuse

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Abstract

Childhood sexual abuse victims use either approaching or avoidance strategies to deal with the impacts that childhood sexual abuse have left on their lives. This qualitative case study of 12 adult Christian women examined the strategies that they used to overcome the traumagenic psychopathologies related to childhood sexual abuse. An analysis of these strategies aided in developing a preliminary assessment of what strategies were most effective for Christian women. The God Image Scale was a survey instrument that was used to help develop research questions for this qualitative case study in addition to other baseline questions in the context of sexual abuse and approaches to healing. This research indicated that neither approaching nor avoidance strategies significantly reduced traumagenic psychopathologies, but did increase self-esteem, while God Image did not appear to affect healing. However, an approaching strategy that more fully integrated the Christian's faith reflected a much larger decline in psychopathologies than either approaching or avoidance strategies in general.

KEYWORDS: childhood sexual abuse, God image, approaching and avoidance, psychopathologies, trauma, counseling

Some researchers theorized that approaching strategies were more effective in helping sexual abuse victims than avoidance strategies in overcoming these effects. The two primary purposes of this study were to determine what strategies Christian women had used to overcome the effects of childhood sexual abuse and to assess whether any reported strategy was more effective than other identified strategies in reducing sexual abuse related psychopathologies.

An extensive review of literature of adult women who were childhood sexual abuse victims supported the idea that victims experienced many distressful and diverse traumagenic psychopathologies, which manifested themselves from mild to extreme forms and at much higher rates than those who were not victims of childhood sexual abuse. Psychopathologies include depression, anxiety, dissociation, somatization disorders, obsessive-compulsive disorder, post-traumatic stress disorder, learning difficulties or lower educational achievements, and trust or relationship issues (American Academy of Child & Adolescent Psychiatry, 2010; Gilgun & Sharma, 2008; Mulder, Beautrais, Joyce, & Fergusson, 1998; Valleni-Basile et al., 1996).

Self-destructive behaviors included suicidology, self-cutting or hair-pulling, histrionic personality disorder, recidivistic sexual encounters, eating disorders, and substance abuse (Breitenbecher, 2001; Brown, Houck, Hadley, & Lescano, 2005; Classen, Palesh, & Aggarwal, 2005; DSM-IV, 1997; Messman-Moore, Brown, & Koelsch, 2005; Messman-Moore & Long, 2002; Simeon & Favazza, 2001). Victims reported additional factors that contributed to self-destructive behaviors such as poor coping skills, which included various degrees of self-blame, guilt and shame (Branscombe, Wohl, Owen, Allison, & N'gbala, 2003; Littleton & Breitkopf, 2006; Miller, Markman, & Handley, 2007; Min, Farkas, Minnes, & Springer, 2007; Trauma Intervention Programs, Inc., n.d.).

Other traumatic effects included additional sexual dysfunctions, physical traumas, diseases and pregnancies (Champion et al., 2005; Champion, Shain, Piper, & Perdue, 2001; Cohen et al., 2009; Gilgun & Sharma, 2008; Houck, Nugent, Lescano, Peters, & Brown, 2010; Koenig, Doll, O'Leary, & Pequegnat, 2004; Saewyc, Magee, & Pettingell, 2004; Senn, Carey, Vanable, Coury-Doniger, & Urban, 2006). Physical distresses include gastrointestinal or bowel problems, which sometimes appeared to have no organic origin, and victims incurred higher lifetime medical costs than nonvictims (Clarke, 1997; Drossman, 1997; Drossman, Talley, Leserman, Olden, & Barreiro, 1995; Gilgun & Sharma, 2008; Hulme, 2000; Stein, 2010; van Tilburg et al., 2010; Walker et al., 1999). Ten of the 12 women interviewed for this research reported many of these symptoms.

Approaching strategies involve a person proactively dealing with the issues surrounding childhood sexual assaults, such as seeking professional counseling or reporting the incident to authorities or others. Approaching is a coping strategy that reportedly reduced some of the effects of childhood sexual abuse, such as the level of self-blame (Littleton, Horsey, John & Nelson, 2007).

In avoidance strategies, victims do not deal with the traumatic stressor (Littleton & Breitkoph, 2006), in this case childhood sexual abuse, which is similar to Jack's (1991) self-silencing technique. Avoidance strategies involved not thinking about the trauma, distancing one's self from the trauma through the use of drugs or alcohol, internalizing thoughts and feelings, or not engaging in support systems that could potentially help victims process sexual abuse related issues. These actions reportedly exacerbated long-term consequences (Filipas & Ullman, 2006; Min et al., 2007; Littleton & Breitkopf, 2006; Littleton et al., 2007).

Despite the difficulties in assessing one's perspective of God (Hoffman, Grimes, & Acoba, 2005), several studies indicated that sexual abuse victims had a distorted view of God. This included victims having a significantly lower concept of God resulting in decreased religiousness and spirituality (Doxey, Jensen, & Jensen, 1993; Pritt, 1998; Rossetti, 1995). Kane, Cheston and Greer (1993) found that victims had a much different view of God than nonvictims, and that victims thought that God was ashamed of them. Additionally, children were often taught that God could do anything, so if He did not respond to a victim's prayer to make the abuse stop their view of God was diminished (Kennedy, 2003).

Bierman (2005) said that victims who had been abused by their father had more repressed religiousness than other victims. Bierman speculated that this was because victims projected their perceptions of their father unto God. Kane et al. (1993) indicated that a victim's learned distrust of relationships hindered a victim's ability to trust God. Celano (1992) reported that father-figures who perpetrated abuses distorted emotional attachments and expectations of father, while others said this distortion could affect how they approached God for healing (Doxey, et al., 1993; Pritt, 1998; Rosetti, 1995).

Johnson and Eastberg (1992), however, said that physically and sexually abused children saw their parents as more wrathful, but that this perception did not extend to God. In addition, others found that intrinsically oriented believers, those who took the practice of their faith very seriously, saw God as both wrathful and benevolent (Schaffer & Gorsuch, 1992; Wong-McDonald & Gorsuch, 2004), which is consistent with the nature of God as portrayed in Scripture (see Exodus 22:23-24 for wrath and Titus 3:4-5 for benevolence).

Method

Participants

Research participants were all adult Christian women who volunteered for this research. Volunteers were derived from referrals, letters to churches and requests on Facebook. Initially 14 participants volunteered to be interviewed. Two women were excluded from this case study early in the research process: one was excluded after the first interview because she did not fit the criteria of being a Christian and the other because she was non-responsive after several attempts to start the interview process. This left 12 participants who completed the research process. Each of these participants reported being sexually abused prior to the age of 18 by a perpetrator who was at least two years older than herself. The average age of the final group of 12 women was 43.1 years of age. The average age at which these women became Christians was 18.9 years and the averaged number of years they had been Christians at the onset of the interviews was 24 years.

Procedure

This research focused on the healing that 12 Christian women reported attaining in relation to the approaches they took to achieve that healing. The research question that guided this qualitative case study was: What approaches to healing did Christian women use to overcome traumagenic psychopathologies associated with childhood sexual abuse? Within the reported approaches to healing, a search for consistent themes was sought. These approaches were then compared to a list of their self-reported psychopathologies over time in order to discern what approaches produced the most effective healing results.

The qualitative research methodology used in this case study was supported by inferential statistics, which enhanced a triangulation process. Triangulation assisted in corroborating information by "uncovering the same information from more than one vantage point" (Nedjat, n.d.), which incorporated the use of the "God Image Scale." The God Image Scale was developed by Richard T. Lawrence as an "objective psychometric instrument for clinical and pastoral use measuring a subject's image of God" (Lawrence, 1997, p. 223) and it had a reliability factor of between .95 and .99 (Lawrence, 1997).

In addition to the use of the God Image Scale, a series of interviews was conducted with each of the research participants. The first interview consisted of enquiry into the sexual abuse background of each research participant, because several researchers indicated that variations in the levels of abuse and the victim's relationship to the abuser could alter the levels of reported subsequent effects or related traumatic psychopathologies, as well as the amount of healing associated with the sexual abuse (Bierman, 2005; Cosden & Cortez-Izon, 1999; Drauker, 1995; Edwards & Alexander, 1992; Finkelhor, 1994; Gibson & Leitenburg, 2000; Hart, Germain, & Brassard, 1987; Henry, 2009; Kallstrom-Fuqua, Weston & Marshall, 2004; Putnam, 2003).

The first interview also queried the research participants on a list of potential sexual abuse related traumagenic psychopathologies. This list of potential psychopathologies was developed based upon the review of literature. Each of the psychopathologies was assessed by asking two questions. For example, "Did you ever have panic attacks after the abuse?" which was then followed by "Have you had any panic attacks within the past year?" Other similar questions included a variety of psychopathologies including anxiety, depression, various sexual difficulties and medical issues, feelings of shame or guilt, sleep and other disorders for a total of 34 potential psychopathologies. Finally, this first interview questioned the amount of counseling each of the participants had received since the abuse, since it was assumed that counseling was a major approaching strategy used by the participants.

In the second interview, the primary research question that was asked was "Do you think you have been healed from any of the effects related to your sexual abuse and if so, can you describe how that came about?" This interview also focused questions on the participant's understanding of biblical mercy and grace as it applied to the participant and their persecutors.

Prior to the third interview, each research participant's responses to the God Image Scale were reviewed by the researcher and then questions to negative responses were developed for further enquiry. This helped to clarify strategies used and personal beliefs of the research participants. These questions were combined with additional clarifying questions from the first two interviews.

After each stage of the interviews was completed, each of the participant's recordings were transcribed by the researcher and then verified by a person who was unknown to any of the research participants. Finally, the individual transcripts were given back to each research participant to determine if they wanted to make any adjustments or clarifications to the questions

they had been asked. This was optional and several participants chose not to review their own transcripts. The participants who did respond provided nonsubstantive changes. These progressive steps aided in the verification and trustworthiness of the research.

This research specifically examined the variations in adult Christian women's strategies that they used to deal with their sexual abuse related psychopathologies. This research did not necessarily assess a potential progression in approaches taken or strategies used from the onset of the abuse, since children were not likely to have adopted the cognitive skills necessary to implement appropriate techniques for trying to overcome the effects of sexual abuse. However, it was assumed that adult women were more likely to have developed the appropriate skills to use a variety of approaches or strategies to healing that might work for them individually. It was expected that variations in the research participants' approaches to attaining healing would result in different levels effectiveness.

Limitations

Research of this type has several limitations. Studying entirely integrated religiousness is extremely complex, even within the context of one religion. The field of religious studies is difficult in as much as the language of one group of Christians is not always consistent with other Christian groups and cultural differences can affect the understanding and practice of one's religion.

Since there were only 12 research participants, the results cannot necessarily reflect all societies, all Christians or other religions. Assessing all possible combinations of religious activities that could have affected the outcome of this study was not practical.

In addition, the dynamics of childhood sexual abuses are also extremely diverse, such as the type of abuse, who the perpetrator was, how the victim responded to the abuse, familial dynamics, race, age and support systems (Bierman, 2005; Cosden & Cortez-Izon, 1999; Drauker, 1995; Edwards & Alexander, 1992; Finkelhor, 1994; Gibson & Leitenburg, 2000; Hart et al., 1987; Henry, 2009; Kallstrom-Fuqua et al., 2004; Putnam, 2003). Although a large amount of these sorts of details were reported during the interviews, not all possible diversities may have been explored. Kelly (2001) reported that "The medical metaphors of 'healing' and 'recovery' offer a false hope that experiences of abuse can be understood and responded to in a similar way to illnesses; where both symptoms and causes can be 'got rid of' if one simply finds the right treatment" (p. 94 cited in Reavey & Warner, 2001, n.), which appears to be counter to the results of this research.

Finally, variations in the results of this study could also have derived from a set of diverse undisclosed underlying attitudes or beliefs of the research participants. Retrospective analysis has potential limitations with regard to remembering the events surrounding the sexual abuse and the healing approaches they may have undertaken (Abney et al., 1992; Anderson, 2005; Briere & Conte, 1991; Hopper, 2008; Loftus, 1993; Min et al., 2007). In addition, this research did

not reflect improvements in certain psychopathologies or take into consideration other factors, such as recent stressors that could have caused such current or past psychopathologies as depression or anxiety.

Results

Each of the participants reported at least two incidents of sexual abuse and the majority had been victimized at least 10 times. All but 2 participants had been abused by more than one perpetrator. Most of the primary perpetrators were at least 5 years older than the victims, except in one case where the perpetrator was only 2 years older than the victim. The reported psychopathologies of the one victim, sexual abuse victim #4 (SAV #4), whose single perpetrator was only 2 years older, was consistent with the other research participants. The average age of this group of childhood sexual abuse victims at the onset of their abuse was 8.4 years, which was consistent with U.S. Department of Justice figures (2002).

Nine of the 12 research participants primarily used an approaching strategy to deal with their abuse, while the remaining 3 participants used primarily an avoidance strategy. Overall, the approaching strategies that research participants reportedly used to deal with the effects of childhood sexual abuse included such methods as counseling, group interaction, control or behavior modification techniques, analyzing things, writing journals or books, and reading books. Participants also used religious activities such as praying, personal repentance, crying, attending formal sexual abuse related healing ministries, cursing Satan, and participating in local church sponsored trauma groups as facilitators or participants.

For the 3 participants who primarily suppressed or avoided abuse related issues, they had at one time minimally integrated some approaching strategies, which were found to be somewhat helpful. One example, SAV #2, had done some journaling for a time, but she insightfully reported that this did not bring healing, but rather brought a degree of management to the situation. SAV #12 also told a counselor about her abuse, after suppressing for over 20 years and felt a "huge burden had been lifted". As would be expected, those who primarily used an avoidance strategy to deal with the abuse were also significantly less likely to seek professional or pastoral counseling. The 3 participants who primarily used an avoidance strategy are highlighted in Table 1. They can be contrasted with the two most healed, who are underscored in Table 1. The two most healed also reported very little counseling, which was more on par with those who used an avoidance strategy.

Although several approaching strategies were used by these research participants, professional counseling and its related activities was used more than all other strategies combined. The primary reported benefits of the counseling were fourfold. The research participants who had attended professional counseling reported that counseling provided them with a nonjudgmental forum in which to talk about the abuse. Counseling provided participants

with some understanding of sexual abuse related issues and reinforced the idea that the abuse was not their fault. Counseling seemed to make these participants feel better about themselves, which ultimately enhanced self-esteem. Finally, it gave some participants additional coping skills in the form of behavior modification techniques, such as breathing for panic attacks. Since this was not a long-term study, it appeared as though counseling and its related behavior modification techniques did not necessarily eliminate psychopathologies, but rather it enabled management of certain psychopathologies and enhanced self-esteem. This approach might have, however, eliminated some problems over time. Extensive counseling for these participants did not appear to eliminate a lot of the traumagenic psychopathologies related to childhood sexual abuse. SAV #3 reported the greatest number of counselors and had the longest span of counseling at 351 months, which was based upon one counseling session per week and SAV #3 only reported a 29.6% decline in traumagenic psychopathologies (Table 2). Of the 12 participants, the researcher's observations of SAV #3 reflected the worst emotional condition, mostly in the form of anger or cynicism. This participant also reported that healing of sexual abuse was not possible.

Several negative results of counseling were reported. A couple of the participants felt retraumatized. This occurred when the counselor encouraged the victim to tell someone again, or to confront the abuser. One participant was sexually abused by her therapist under the guise of helping her get over her rape trauma. Several participants thought that either the counseling was disconnected from everyday life, or that the counselor did not know how to deal with sexual abuse.

The combined total number of professional counseling sessions for the two who reported the greatest decreases in psychopathologies, SAV #'s 5 and 8, averaged .5 months based upon a once a week session. In contrast, the 7 participants, who also primarily used an approaching strategy, reported an average of 111 months of counseling based upon a once a week session. Since the first group of two women averaged a 94.9%, while the second group averaged only a 28.7% decline in psychopathologies, it indicated that counseling was not as beneficial in reducing traumagenic psychopathologies for this group of research participants as the approach taken by SAV #'s 5 and 8.

The approaching strategy that ranked second to counseling was self-analysis or analyzing personal thoughts. It could be that analyzing things reflected a need to be in control, which could have hindered a more faith based approach to healing, or it could have been an internalizing mechanism, which others categorized as an avoidance strategy (Filipas & Ullman, 2006; Min et al., 2007; Littleton & Breitkopf, 2006; Littleton et al., 2007). SAV #11 reported an absolute "need" to analyze things, which appeared to be a control issue rather than an avoidance strategy and she reported a 44.4% decline in psychopathologies.

Table 1
Participant-Involved Professional Counseling

	Counseling [a]
SAV#	Attendance
1	84.0
2	**3.5**
3	351.0
4	**0.0**
5	.5
6	15.3
7	114.0
8	.5
9	10.5
10	150.0
11	52.0
12	**1.0**

Note. SAV = sexual abuse victim. The three highlighted participants reflect those who primarily avoided or suppressed sexual abuse related issues. The remaining nine research participants used primarily an approaching strategy and the two who are underlined reported the highest levels of healing.
[a]Assumed a once a week counseling session unless it was reported otherwise and adjusted if more was reported. Attendance is reported in months.

Table 2 illustrates a compilation of a potential of 34 self-reported traumagenic psychopathologies that occurred at any time subsequent to the abuse and those which still occurred within the year prior to the first interview. These two periods of time were used to determine the percentage that the psychopathologies may have decreased over time. The larger the percentage decline, the higher the level of reported healing; the lower the percentage decline, the lesser the amount of reported healing. As stated under limitations, this approach did not reflect improving conditions, but rather identified psychopathologies from which the participant appeared to have been recovered or healed.

This research resulted in two groups of reported healings as noted in Table 2. Two research participants, SAV #'s 5 and 8 who are highlighted, reportedly achieved significantly higher levels of healing than the remaining 10 participants. Both of these participants used an approaching strategy, like 7 of the other participants, but the approach they used was significantly more aligned with Scripture as it related to how to treat those who persecute Christians and involved direct interaction with God in that regard.

The researcher's observations of SAV #'s 5 and 8 also reflected the greatest levels of healing. They expressed a great deal of joy and laughter and displayed no negative emotions during the research process. The remaining 10 participants displayed some level of confidence, but more stoicism than SAV #'s 5 and 8. Some displayed anger and cynicism and most displayed some painful emotions. None of them displayed the joy and laughter reflected by SAV #'s 5 and 8, but rather some nervous laughter.

Of the two most healed, SAV #5 reported a 100% decline in psychopathologies while SAV #8 reported an 88.2% decline indicating only two remaining potential psychopathologies out of an initial report of seventeen. SAV #8 reported still having a possible nightmare, but she was not sure if one had occurred in the prior year, but if so it could have been triggered by something unrelated to the sexual abuse. SAV #8 also reported minor, but undiagnosed irritable bowel syndrome, which could have also been unrelated to her sexual abuse since a single prescription of an anti-biotic could cause this symptom (Dalman, 2008). If these two issues were not related to her childhood sexual abuse, she too would have reported a 100% decline in traumagenic psychopathologies.

Excluding the two most healed, SAV #'s 5 and 8, the remaining 10 research participants reported an average decline in psychopathologies of 29.1% with a range of 11.1% to 45.0%. This is a marked contrast to the 94.9% average for the other 2 participants. Seven of these 10 remaining participants primarily used an approaching strategy and reported an average decline in psychopathologies of 28.7%. The 3 who primarily avoided sexual abuse related issues, SAV #'s 2, 4, and 12, reported an average decline in psychopathologies of 26.2%. This research showed that there was very little difference in the levels of reported healing achieved through general approaching strategies verses avoidance strategies for these 10 women despite the strategy they used. This contrasts with reports by others (Filipas & Ullman, 2006; Jack, 1991; Min et al., 2007; Littleton & Breitkopf, 2006; Littleton, et al., 2007) that approaching strategies were significantly more helpful than avoidance strategies.

However, if each of the 9 participants who primarily used an approaching strategy, which included both SAV #'s 5 and 8, were considered together, then approaching strategies did reflect a noticeably higher value than avoidance strategies in reducing traumagenic psychopathologies. These 9 research participants averaged a decline in psychopathologies of 41.3% in contrast to the 26.2% for the three using avoidance strategies. This outcome would be more consistent with the reports of others (Filipas & Ullman, 2006; Jack, 1991; Min et al., 2007; Littleton & Breitkopf, 2006; Littleton et al., 2007) who indicated that approaching was more helpful to sexual abuse victims than avoidance strategies.

SAV #'s 5 and 8 reported that their received healing was achieved in the context of taking their issues directly to God in humility and with a desire for their hearts to align with God's Word. The next three highest levels of healing, SAV #'s 3, 10, and 11 reported the most Christian ministry based approaches, which involved ministry groups that were specifically designed to deal with sexual abuse. However, these approaches were also highly integrated with counseling

and analyzing as these participants were either counselors or group facilitators (SAV #'s 3 and 11), or had received a great deal of counseling as in the case of SAV # 10 who reported the second highest level of counseling out of all the participants. If these 5 participants were combined, having reported the most Christian based approaches to healing, they would have averaged a 59.6% decline in traumagenic psychopathologies compared to the remaining participants who only averaged a 23.9% decline in psychopathologies.

Table 2
Long-Term and Recent Traumagenic Psychopathologies

SAV	Long-term[a]	Recent[b]	△	Percent Decline	Ranking
#1	22	18	4	18.2	11
#2	23	16	7	30.4	6
#3	27	19	8	29.6	7
#4	17	13	4	23.5	9
#5	**22**	**0**	**22**	**100.0**	**1**
#6	30	23	7	23.3	10
#7	27	24	3	11.1	12
#8	**17**	**2**	**15**	**88.2**	**2**
#9	23	14	9	39.1	5
#10	20	11	9	45.0	3
#11	18	10	8	44.4	4
#12	21	16	5	23.8	8

Note. SAV = sexual abuse victim. △ = Long term minus recent psychopathologies. A list of 34 potential psychopathologies was presented to each of the research participants upon which the long term and recent figures are based. The two bolded participants reflect the highest levels of healing.
[a]Long-term referred to any traumagenic psychopathologies reportedly occurring at any point after onset of the sexual abuse. [b]Recent referred to any traumagenic psychopathologies reportedly occurring within a year prior to the first interview.

The God Image Scale consists of six categories as illustrated in Table 3, which reports the individual scores for each of the research participants. The participants were then rank ordered based upon a percentage of the total possible score of 420 points. Based strictly upon the observations of the researcher, both SAV #5 and SAV #8 were thought to be 100% healed, which was followed by SAV #11 and SAV #10, who reported much lower levels of reported healing. These 4 participants ranked in the top four positions for a decline in psychopathologies and ranked in the top five positions in their image of God. This implies that the higher the level of reported healing positively impacts one's image of God. However, SAV #6 only had a 23.3% decline in traumagenic psychopathologies (Table 2) and also ranked in the top five in God Image

with a 91.2% (Table 3). In addition SAV #11 reported the highest image of God and reported a significantly lower level of reported healing (44.4%) than SAV #5 and 8's average of 94.9%. These examples indicate that a Christian can have a high view of God, but still carry a lot of lot of sexual abuse related trauma. Excluding SAV #6, each of these 4 participants, SAV #'s 5, 8, 10, and 11 primarily integrated some sort of approaching strategy in dealing with abuse related traumas.

SAV #5 had the lowest overall God Image score with 222 points (52.9%), which was 72 points, or 18% lower than the next lowest score. SAV #5 was the only participant who was not currently practicing her faith because she felt God had first abandoned her and He was "not responsive to her prayers for the desires of her heart". She got very emotional however, when she reported wanting an intimate relationship with God restored, but did not know how to get there.

Table 3

Total God Image Score

SAV #	Infl. Score	Bene. Score	Acce. Score	Pres. Score	Prov. Score	Chal. Score	Total Score	Percent of Total	Ranking
1	54	52	55	67	57	61	346	82.4	6 *
2	60	66	59	63	41	53	342	81.4	7
3	19	51	40	20	33	59	222	52.9	11
4	45	55	54	44	46	50	294	70.0	10
5	60	71	69	67	56	62	385	91.7	3
6	60	65	60	68	63	67	383	91.2	4
7	57	57	57	60	56	59	346	82.4	6 *
8	58	72	71	71	62	63	397	94.5	2
9	50	56	57	60	46	53	322	76.7	8
10	55	70	72	59	58	58	372	88.6	5
11	60	70	71	67	65	65	398	94.8	1
12	50	54	49	60	46	59	318	75.7	9

Note. SAV = sexual abuse victim. God Image Scale was developed by Richard T. Lawrence, 1997. The individual categories are Infl. = influence and deals with the question "How much can I control God?" Bene. = beneficence and deals with the question "Is God the sort of person who would want to love me?" Acce. = Acceptance and deals with the question "Am I good enough for God to love?" Pres. = presence and deals with the question "Is God there for me?" Prov. = providence and deals with "How much can God control me?" Chal. = Challenge and deals with "Does God want me to grow.

[a]The rank scores were strictly amongst the 12 research participants and the lower the ranking the higher, or more positive, the score. Like scores were given the same rank score and marked with an *.

Discussion

Table 4 illustrates the ranking for decline in traumagenic psychopathologies and God Image, and identifies the participant's primary strategy for easy comparison. This table demonstrates that approaching in general is not significantly more effective than avoidance strategies.

If the primary approaching strategy of SAV #'s 5 and 8 averaged a 94.9% decline in psychopathologies, while the remaining participants who used an approaching strategy averaged only a 28.7% decline in psychopathologies, and they had only a slightly higher decline in

Table 4

Comparing a Decline in Traumagenic Psychopathologies and God Image Score with Strategies

SAV #	Percent Decline in T.P.[a]	Ranking	God Image Score	Percent of Total[b]	Ranking	Primary Strategy: Approaching	Primary Strategy: Avoidance
1	18.2	11	346	82.4	6	X	
2	30.4	6	342	81.4	7		X
3	29.6	7	222	52.9	11	X	
4	36.8	9	294	70.0	10		X
5	**100.0**	**1**	**385**	**91.7**	**3**	**X**	
6	23.3	10	383	91.2	4	X	
7	11.1	12	346	82.4	6	X	
8	**88.2**	**2**	**397**	**94.5**	**2**	**X**	
9	39.1	5	322	76.7	8	X	
10	45.0	3	372	88.6	5	X	
11	44.4	4	398	94.8	1	X	
12	23.8	8	318	75.7	9		X

Note. SAV = sexual abuse victim. The lower the ranking the greater the decline in psychopathologies and higher the participants image of God. The two bolded reflect the highest levels of healing, throughout the triangulation process. a. T.P. = traumagenic psychopathologies from Table 1. b. Percentage of Total God Image Score is based upon a possible 420 points.

psychopathologies than those who used an avoidance strategy, 26.2%, it was important to discern what SAV #'s 5 and 8 had done that contrasted with the remaining participants. SAV # 5 and 8's primary approach to healing was primarily to fully embrace and apply God's Word in direct relationship with God, rather than others. They treated their perpetrators much more consistently with a Bible model regarding how to treat those that persecute a Christian and specifically reported that they wanted their hearts to align with God's Word in that regard. These 2

participants most closely emulated Jesus' forgiveness of His perpetrators. They understood and acted out the idea that sin was not a relative concept. In other words, they understood that their own sin was just as egregious to God as their perpetrator's sin and they, therefore, had no right to judge the perpetrators. This understanding led them to a biblical model for nonjudgmental forgiveness of their perpetrators. They both also reflected a great deal more compassion toward the perpetrators than the other 10 research participants. SAV #'s 5 and 8 were also the only 2 research participants who reported no personal shame or guilt related to their sexual abuse.

The depiction of victims who were abused by father-figures having a distorted God Image (Celano, 1992; Doxey et al., 1993) was not indicated in this research. Five research participants were abused by fathers or live-in father-figures. The two participants with the greatest declines in psychopathologies, SAV #'s 5 and 8, and were both abused by a father or father-figure and they ranked second and third in God Image scores with an average God Image score of 93.1%. SAV #5 also reported the most egregious amounts and intensity of abuse. In contrast, SAV #3 was abused by her father and she reported only a 29.6% decline in psychopathologies and had the lowest God Image score of 52.9%.

The amount of abuse, or relationship to the perpetrator, did not appear to affect the levels of reported healing as other researchers had indicated (Bierman, 2005; Cosden & Cortez-Izon, 1999; Drauker, 1995; Edwards & Alexander, 1992; Finkelhor, 1994; Gibson & Leitenburg, 2000; Hart et al., 1987; Henry, 2009; Kallstrom-Fuqua et al., 2004; Putnam, 2003). These factors did not appear to impact approaches to healing, the level of reported healing or one's image of God.

Based upon the reports of these 12 research participants, healing and recovery were definitely thought to have different and diverse connotations by the participants as was noted by Kelly (2001). Some of the participants thought they were healed, but when questioned further they changed their responses. It appeared as though many of the victims equated an improved level of self-esteem to healing, but not necessarily with a reported decline in traumagenic psychopathologies. Increased self-esteem was reported for all participants expect SAV #12 who had only been a Christian about one year. Therefore, it appeared that the Christian faith brought about increased self-esteem, since there was little difference between those who approached verses those who avoided sexual abuse related issues.

Unlike SAV #s 5 and 8, the remaining 10 research participants each reported some level of judgment toward the perpetrator. Each of these participants acted out the notion that sin was a relative concept even when they understood intellectually that sin was not relative. Judgmentalism was the case whether they used an approaching or avoidance strategy. The majority of these 10 participants said they had forgiven the perpetrator and yet they were still judging the perpetrators or withholding grace and mercy. This shows that their forgiveness was conditional or that they believed or practiced the idea that sin was relative. From a biblical perspective, all sins are egregious in God's eyes, as evidenced by Galatians 5:19-21, "Now the works of the flesh are evident: sexual immorality, impurity, sensuality, idolatry, sorcery, enmity, strife, jealousy, fits of anger, rivalries, dissensions, divisions, envy, drunkenness, orgies, and

things like these. I warn you, as I warned you before, that those who do such things will not inherit the kingdom of God" and Colossians 3:8-9 "put them all away: anger, wrath, malice, slander, and obscene talk from your mouth. Do not lie to one another, seeing that you have put off the old self with its practices" (NIV). Biblically, the consequence of each of these sins is the same: those who live in the flesh will not inherit the kingdom of God. That is not to say that one's sin toward another human being does not result in more severe earthly consequences to the victim. In most cases, a person who was lied to would not be nearly as grieved as a person who was sexually abused. However, the goal of the Christian is to have the same attitude as Christ (Philippians 2:5) who "emptied Himself…humbled Himself by becoming obedient to the point of death" (Philippians 2:8-9). SAV #'s 5 and 8 displayed the most humility and most reflected Christ's forgiveness of His perpetrators. God's Word also says, "Do not judge, and you will not be judged. Do not condemn, and you will not be condemned. Forgive, and you will be forgiven" (Luke 6:37). Since 10 participants are still judging, maybe their lack of significant healing from sexual abuse related psychopathologies is a form of God's judgment.

Conclusion

This study was a qualitative case study that involved the interview of 12 Christian women who were sexually abused prior to reaching the age of 18. Healing strategies were evaluated to assess which strategy was most effective for Christian women. This was a small sample of women and therefore the results cannot reflect all societies, all Christians or other religions. It also cannot be assumed that these results would translate to a secular group since the purpose of this study was merely to examine Christian women's approaches to achieving healing.

While other researchers reported that approaching strategies resulted in more healing than avoidance strategies, this study found that both strategies in general yielded similar results. Counseling and its related behaviors was not as effective in eliminating traumagenic psychopathologies as would have been expected. There seemed to be little relationship between the perpetrator, one's image of God, and reported levels of healing. Counseling and the Christian faith enhanced self-esteem in these research participants regardless of the strategy used to deal with sexual abuse related issues. Most of the research participants reflected the idea that enhanced self-esteem brought healing despite a minimal decline in traumagenic psychopathologies. Finally, the most effective strategy for this group of women was one in which the participants more fully embraced and integrated the Word of God into their lives as it pertained to how to treat persecutors. These participants understood that sin was not relative and that they had no right to judge their perpetrators. The most healed participants most demonstrated Jesus' mercy and grace to their perpetrators.

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