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Childhood sexual abuse, mental health, and religion across the Jewish community

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ABSTRACT

Current estimates of childhood sexual abuse among Jews in the United States are only available for females and do not include a spectrum of religiosity. We examined sexual abuse, mental health, and religion, in a religiously diverse sample of male and female Jewish adults from North America, using a novel methodology to minimize sampling/response biases. A total of 372 diversely religious Jews participated. Prevalence of any form of childhood sexual abuse was statistically equivalent to national rates, except that females reported less involuntary penetration ($OR = 0.53$). All Jewish religious groups reported equivalent levels of sexual abuse, except that history of involuntary penetration was greater among formerly (but not presently) Orthodox Jews ($OR = 3.00$). Across our sample, sexual abuse was associated with increased likelihood of psychiatric diagnosis ($OR = 1.34$), greater mental distress (F ranging from 2.99 to 9.08, $p < .05$ for all analyses), lower religious observance ($F = 4.53$, $p = .03$), and lower intrinsic religiosity ($F = 4.85$, $p = .03$). Further, across our sample we observed a moderate buffering effect of spiritual/religious factors against mental distress (ΔR^2 values ranging from 0.028 to 0.045, $p < .01$ for all analyses). Thus, we found childhood sexual abuse to occur across the spectrum of Jewish religious affiliation and greater prevalence among formerly Orthodox individuals. Furthermore, history of childhood sexual abuse was associated with greater risk for psychiatric distress and less religious involvement, however spiritual/religious engagement and belief appeared to facilitate resilience in the context of abuse.

1. Introduction

It is well known that history of childhood sexual abuse is a robust risk factor for a host of mental health problems (Beitchman et al., 1992; Kendall-Tackett, Williams, & Finkelhor, 1993; Mullen, Martin, Anderson, Romans, & Herbison, 1996; Pérez-Fuentes et al., 2013). It is also well known that childhood sexual abuse is unfortunately very common, with worldwide prevalence rates ranging from 8 to 31% for females and 3–17% for males (Barth, Bermetz, Heim, Trelle, & Tonia, 2013; Finkelhor, Shattuck, Turner, & Hamby, 2014; MacMillan, Tanaka, Duku, Vaillancourt, & Boyle, 2013). Perhaps for these reasons, all major world religions have moral codes governing sexual conduct including restrictions on sexual engagement outside of committed relationships (Parrinder, 1980). Furthermore, prospective research shows that religious involvement is associated with lower impulsivity and less illegal

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activity including sexual offenses (McCullough & Willoughby, 2009; Pirutinsky, 2014). Living within a religious community may therefore provide a buffer against incidence of sexual abuse.

Empirical studies, however, have found statistically equivalent levels of sexual abuse between religious and secular groups, and also when comparing various religious groups to one another (Doxey, Jensen, & Jensen, 1997; Elliott, 1994; Spröber et al., 2014). In fact, owing perhaps to greater opportunities for perpetrators to victimize males due to religiously sanctioned gender segregation, current data suggests that males suffer from sexual abuse as often as females within many religious communities (Al-Fayez, Ohaeri, & Gado, 2012; Holt & Massey, 2013), representing an increased risk to males overall. Unsurprisingly, when sexual abuse is experienced in a religious context, effects can be particularly severe and may include changes in subsequent spiritual/religious development alongside development of mental distress (McLaughlin, 1994).

There has been a paucity of research on the prevalence of sexual abuse among Jews. In 2000, Schein and colleagues conducted a well-designed population-based study in Israel, and found that 25% of respondents reported childhood sexual abuse overall (Schein et al., 2000). Interestingly, religious males were 3.3 times more likely to experience abuse compared to secular males, but religious women were 2.4 times less likely to experience abuse as secular women. No indices of mental health or spiritual/religious functioning were included in this study, however. More recently, Feinson and Meir conducted a broad study on women's health among Israeli females, and similarly found sexual abuse during childhood to be higher among secular relative to religious women (Feinson & Meir, 2014). They also assessed for mental health variables including depression, anxiety and somatization, and found that the ultra-Orthodox women experienced significantly less distress compared with secular respondents (Feinson & Meir, 2015). However, among survivors of childhood abuse, levels of distress were not significantly different for religious and secular individuals. The only published report we are aware of regarding sexual abuse among Jews in the United States appeared a decade ago. Yehuda, Friedman, Rosenbaum, Labinsky, and Schmeidler (2007) found that 26% of a sample of married observant (Orthodox) Jewish women reported a history of sexual abuse overall, with greater incidence reported by ultra-Orthodox relative to modern-Orthodox women, and greater incidence among individuals raised secular relative to those raised Orthodox. However, the authors did not include males or non-Orthodox Jews in their sample. They also did not examine spiritual/religious sequelae of sexual abuse or the relevance of spiritual/religious life to resilience, and their sampling methods may have selectively recruited a disproportionate number of ultra-Orthodox individuals with a history of abuse (discussed below).

The Jewish community is united by a common heritage and history, but sociologically divided along religious lines into two main groups: Orthodox Jews who believe in the authenticity and timelessness of the Torah and Oral Tradition and adhere to their directives (Schnall, 2006), and non-Orthodox Jews who share Jewish ancestry and identity but do not view these foundational commandments as binding in the present day (Meyer, 1988). Along these lines, Orthodox and non-Orthodox Jewish attitudes towards sexuality and gender differ substantially. Whereas single-gender schooling, traditional gender roles/dress, and numerous restrictive practices surround sexual engagement among Orthodox Jews (Ringel, 2007), none of these are common among non-Orthodox Jews since gender roles and sexual practices more closely resemble those of the general population. However, recent years have seen seismic shifts in Jewish religious affiliation in that it is now quite common for individuals raised non-Orthodox to convert to Orthodoxy, and also vice versa (Pew Research Center, 2013). We are unaware of any research examining sexual abuse among Jews characterized by both current as well as former affiliation with Orthodoxy/non-Orthodoxy.

We therefore sought to extend the scant literature on sexual abuse among Jews. Specifically, we evaluated and compared prevalence rates of childhood sexual abuse among four groups of Jewish North American adults: (1) Individuals who were raised Orthodox and remain Orthodox (Always Orthodox), (2) Individuals who were raised non-Orthodox and later became Orthodox (Formerly Non-Orthodox, also known as *Baalei Teshuva*); (3) Individuals who were raised non-Orthodox and remain non-Orthodox (Never Orthodox); and (4) Individuals who were raised Orthodox but no longer affiliate with Orthodoxy (Formerly Orthodox). We then examined mental health correlates of childhood sexual abuse history, including psychiatric diagnosis. We further examined spiritual/religious correlates of mental health, in the context of sexual abuse.

2. Methods

2.1. Procedure and participants

Participants were recruited as part of a larger longitudinal study on Judaism and mental health. In order to minimize sampling bias, neither sexual abuse nor sexuality was mentioned in the recruitment materials. Rather we inserted items to assess for childhood sexual abuse alongside many other aspects of human development and mental health, in the fifth wave of the parent study. This allowed us to gain the trust of participants over a protracted period of more than two years prior to assessing for this sensitive topic. Our approach was successful in that all individuals who participated in the fifth wave of the parent study completed the measure of childhood sexual abuse history, representing a 100% response rate.

Recruitment was conducted through collaboration with Jewish organizations across a wide religious spectrum such as the Agudath Israel of America (ultra-Orthodox), Orthodox Union and Yeshiva University (centrist Orthodox), United Synagogue of Conservative Judaism and Union of Reform Judaism (non-Orthodox). We also partnered with organizations supporting individuals who were raised non-Orthodox and later became Orthodox such as Aish HaTorah and Ohr Somayach, and organizations devoted to supporting individuals who once but no longer affiliate with Orthodoxy such as Footsteps. Recruitment was also carried out through e-mails and advertisements on Jewish community list-serves, social media outlets, websites, and by word-of-mouth. Participants were eligible to receive up to a total of \$45 in Visa gift cards over the course of the entire study period. The institutional review board of McLean Hospital/Harvard Medical School provided review and approval for this study.

At wave one, a total of 402 Jewish adult men and women from the United States and Canada were recruited, ranging in age from 18 to 83 years ($m = 37.35$, $SD = 15.78$). Participants completed a structured diagnostic interview for DSM-IV disorders. A series of self-report survey instruments were then administered at six waves, each six months apart, over a three-year period. Anonymous participation was facilitated through creation of a username and password on the study website, telephone-based administration of the diagnostic interview, and use of an Internet-based form that was not linked to study data for processing participant compensation (gift cards). Participants were not asked for their names or other identifying information, and were encouraged to create alias email addresses for the purposes of completing study measures. Inclusion criteria for the study were as follows: (i) self-identity as Jewish (any affiliation), (ii) 18 years of age or older, (iii) current residence in the United States or Canada, (iv) fluency in the English language, (v) access to a telephone, and a computer (Apple or Windows) with a high speed Internet connection. By wave five (when sexual abuse was assessed), 30 subjects had dropped out of the study, yielding a total sample size of 372 participants, ranging in age from 18 to 83 years ($m = 37.54$, $SD = 15.34$). Dropouts were demographically equivalent to included participants, but reported slightly lower levels of depression and anxiety, and slightly greater psychological wellbeing.

This comprehensive recruited a religiously diverse sample across four religious groups: (1) 100 individuals who were raised Orthodox and remain Orthodox (Always Orthodox), (2) 98 individuals who were raised non-Orthodox and later became Orthodox (Formerly Non-Orthodox), (3) 138 individuals who were raised non-Orthodox and remain non-Orthodox (Never Orthodox), and (4) 36 individuals who were raised Orthodox but no longer affiliate with Orthodoxy (Formerly Orthodox). While the relative sizes of these groups do not match the religious demographics of the North American Jewish community in that we oversampled Always Orthodox, Formerly Non-Orthodox, and Formerly Orthodox individuals, our approach allowed us to make important culturally-relevant comparisons. Demographic and diagnostic data for the present study were obtained in the first wave of the parent study, collected between January 2013 and February 2014. Data pertaining to history of sexual abuse, mental distress, and spiritual/religious life were obtained between January 27th 2015 and June 21st 2016. See [Table 1](#) for demographic, clinical, and religious characteristics of our current sample.

2.2. Measures

2.2.1. Childhood sexual abuse

Childhood sexual abuse was assessed with a series of items adapted from a well-utilized scale ([Finkelhor et al., 2014](#)). Presence or absence of four forms of abuse prior to age 18 were assessed: (i) Being touched in an uncomfortable way, (ii) being made to touch another person's private parts involuntarily, (iii) having one's private parts (breasts or genitals) touched involuntarily, and (iv) being subjected to involuntary vaginal, oral or anal sex. Items were preceded by instructions reminding participants that their responses were anonymous.

2.2.2. Psychiatric diagnoses

At wave 1, participants received the Miniature International Neuropsychiatric Interview (MINI; [Sheehan et al., 1998](#)), a widely utilized and well-validated brief structured diagnostic interview for assessment of DSM-IV and ICD-10 psychiatric disorders. To preserve anonymity and privacy, assessments were completed by telephone by graduate and undergraduate students. Training of these students involved reviewing MINI materials, attending a didactic training, conducting several mock assessments, and completing diagnostic interviews with participants concurrently with a licensed psychologist until concordant diagnostic profiles were achieved with at least three participants. Assessments for each subsequent participant were reviewed and discussed in a weekly meeting supervised by a licensed psychologist to confer diagnoses.

2.2.3. Anxiety and depression

Anxiety and depression were assessed with the Hospital Anxiety and Depression Scale ([Zigmond & Snaith, 1983](#)), a 14-item self-report measure with two 7-item subscales respectively assessing for anxiety and depression. The measure is reliable and valid for use in both clinical outpatient and community samples ([Bjelland, Dahl, Tangen-Haug, & Neckelmann, 2002](#)), and subscale reliability in the present sample was adequate ($\alpha = 0.77$ for Anxiety and 0.64 for Depression).

2.2.4. Psychological wellbeing

Psychological wellbeing was assessed with the Satisfaction with Life Scale ([Diener, Emmons, Larsen, & Griffin, 1985](#)), a widely utilized and well validated brief 5-item assessment of general wellbeing ([Pavot & Diener, 1993](#)). Scale reliability in the present sample was high ($\alpha = 0.92$).

2.2.5. General religiousness

General religiousness was measured with an established assessment of Jewish religious involvement (e.g., [Pirutinsky & Rosmarin, 2018a](#); [Pirutinsky & Rosmarin, 2018b](#)). Items assessed for levels of religious identification, belief in God, frequency of prayer, religious service attendance, and religious study. In the present study, the scale was internally consistent ($\alpha = 0.85$) and unifactorial as supported by an exploratory factor analysis and scree plot examination.

2.2.6. Intrinsic religiousness

Intrinsic religiousness, involving the degree to which one values faith as a master motive or end in of itself rather than being instrumental, was measured with a brief and well-utilized 3-item measure culled from the Duke Religion Index ([Koenig, Parkerson, & Meador, 1997](#)). Reliability in the present sample was high ($\alpha = 0.87$).

Table 1
Demographic, Religious and Clinical Characteristics.

	Always Orthodox (n = 100)		Formerly Non-Orthodox (n = 98)		Never Orthodox (n = 138)		Formerly Orthodox (n = 36)		All Participants (n = 372)	
	M	SD	M	SD	M	SD	M	SD	M	SD
Age**	31.76	13.63	39.91	14.89	41.14	15.78	33.36	14.21	37.54	15.34
Gender# (% Female)	70.0%		66.3%		76.1%		55.6%		69.9%	
Marital Status**										
Single	45.0%		26.5%		34.1%		44.4%		36.0%	
Married	50.0%		63.3%		46.4%		33.3%		50.5%	
Divorced	4.0%		6.1%		13.0%		8.3%		8.3%	
Other	1.0%		4.0%		6.5%		13.9%		5.2%	
Education*										
High school	32.0%		14.3%		18.1%		33.3%		22.3%	
College	31.0%		34.7%		30.4%		25.0%		31.2%	
Graduate School	36.0%		50.0%		50.7%		41.7%		45.6%	
Income**										
< \$25,000	24.0%		11.2%		20.3%		36.1%		20.4%	
\$25-50,000	17.0%		13.3%		17.4%		22.2%		16.7%	
\$50-100,000	29.0%		35.7%		20.3%		25.0%		27.2%	
> \$100,000	26.0%		37.7%		41.3%		16.7%		33.9%	
Household Size#										
1-2 people	48.0%		42.8%		55.1%		63.9%		50.9%	
3-4 people	27.0%		28.6%		36.2%		22.2%		30.4%	
5-6 people	17.0%		24.5%		7.9%		11.1%		15.1%	
> 6 people	8.0%		4.1%		0.7%		2.8%		3.8%	
Religiousness	M	SD	M	SD	M	SD	M	SD	M	SD
General Religiousness***	29.48 _a	5.93	30.28 _a	5.06	20.67 _b	6.25	15.94 _c	8.45	25.11	8.06
Intrinsic Religiosity***	12.46 _a	2.69	12.97 _a	2.28	10.27 _b	3.41	7.83 _c	3.77	11.34	3.40
Clinical Characteristics	M	SD	M	SD	M	SD	M	SD	M	SD
Anxiety	6.40	3.93	5.82	3.95	6.40	3.55	5.44	4.37	6.15	3.84
Depression	3.12	3.33	3.13	3.34	3.00	3.01	3.81	3.45	3.15	3.23
Wellbeing	25.64	8.45	26.09	7.43	25.01	7.67	25.00	8.67	25.46	7.91
Psychiatric Diagnoses**										
0 diagnoses	57.0%		54.1%		36.2%		44.4%		47.3%	
1 diagnosis	22.0%		30.6%		41.3%		33.3%		32.5%	
2 diagnoses	12.0%		9.2%		18.8%		11.1%		13.7%	
3 or more diagnoses	8.0%		5.1%		3.6%		11.1%		5.9%	

Notes: ANOVA was utilized to compare age, anxiety, depression, wellbeing, and general religious involvement and groups with differing subscripts were significantly different using Scheffe's procedure ($p < .05$); see text for post-hoc tests with categorical variables, which were conducted with logistic regression; *chi-square* statistics were utilized to compare all remaining variables; all tests examined for presence any significant differences between four main study groups: (1) *Always Orthodox* includes participants who were raised and currently identify as Orthodox (Hassidic, Chabad/Lubavich, Yeshiva Orthodox, Modern Orthodox, Sephardic-Religious, or Sephardic-Traditional); (2) *Formerly Non-Orthodox* includes participants who were raised non-Orthodox (Conservative, Reform, Reconstructionist, Jewish Renewal, Humanistic, Other, or Sephardic-Secular) and currently identify as Orthodox; (3) *Never Orthodox* includes participants who were raised and currently identify as non-Orthodox; & (4) *Formerly Orthodox* includes participants who were raised Orthodox and currently identify as non-Orthodox.

$p < .10$.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

2.3. Analytic plan

First, descriptive statistics were used to identify the prevalence of four forms of sexual abuse (described above) among Jewish males and females. We then utilized chi-square tests for independence to examine potential differences in prevalence between males and females among various Jewish religious groups and compared these to established national prevalence rates. While sample sizes differed between the four religious groups in the study, we achieved sufficient statistical power to run these analyses. We followed up significant differences with logistic regressions to assess for potential interaction effects. Subsequently, we utilized multiple regression to assess whether presence or absence of childhood sexual abuse as well as religious group was associated with current

Table 2
Prevalence of sexual abuse.

Males	Always Orthodox (n = 30)		Formerly Non-Orthodox (n = 33)		Never Orthodox (n = 33)		Formerly Orthodox (n = 16)		National Estimate
	n	%	n	%	n	%	n	%	
Unwanted touch	7	23.3	6	18.2	7	21.2	4	25.0	n/a
Another's private parts	1	3.3	2	6.1	2	6.1	0	0.0	n/a
One's private parts	5	16.7	5	15.2	4	12.1	3	18.8	n/a
Involuntary Sex	1	3.3	1	3.0	0	0.0	1	6.3	1.4%
Any Abuse	8	26.7	6	18.2	7	21.2	5	31.3	18%

Females	Always Orthodox (n = 70)		Formerly Non-Orthodox (n = 65)		Never Orthodox (n = 105)		Formerly Orthodox (n = 20)		National Estimate
	n	%	n	%	n	%	n	%	
Unwanted touch	14	20.0	18	27.7	37	35.2	8	40.0	n/a
Another's private parts	8	11.4	9	13.8	19	18.1	3	15.0	n/a
One's private parts	12	17.1	13	20.0	27	25.7	6	30.0	n/a
Involuntary Sex	5	7.1	8	12.3	10	9.5	6	30.0	18.3%
Any Abuse [#]	15	21.4	18	27.7	40	38.1	9	45.0	27%

Notes: *chi-square* statistics were utilized to examine for presence any significant differences between four main study groups (see notes in Table 1 for a description of study groups); see text for post-hoc tests, which were conducted with logistic regression, since the variables in this table are categorical.

[#] $p < .10$.

* $p < .05$.

psychiatric diagnoses, mental distress/health, and religious involvement, controlling for significant demographic differences (including gender, which can greatly influence frequency of religious observance such as public prayer and religious study among Orthodox Jews due to cultural norms). We also tested for potential interaction effects between sexual abuse history and religious group on mental health/distress and general/intrinsic religiousness, and examined how spiritual/religious belief and practice were related to mental distress.

3. Results

Prevalence of sexual abuse in our sample is presented in Table 2. Overall, there were no differences between males and females in reported prevalence of unwanted touch ($\chi^2(1) = 2.65, p = .10$) and having one's private parts touched ($\chi^2(1) = 2.47, p = .12$). However, females were significantly more likely than males to report being forced to touch another's private parts ($\chi^2(1) = 8.33, p = .004$) and involuntary penetration ($\chi^2(1) = 7.15, p = .007$). In a follow-up analysis with logistic regression, we confirmed that males reported lower rates of involuntary penetration compared to females ($B = -1.71, SE = 0.63, t = 2.71, p = .007, OR = 0.18$). Overall prevalence of any sexual abuse in the sample did not significantly differ from established national rates in the United States (Walters, Chen, & Breiding, 2013) for both males ($\chi^2(1) = 2.06, p = .15$) and females ($\chi^2(1) = 2.72, p = .10$). Rates of sexual abuse with penetration for males did not significantly differ from the general American population (Finkelhor, Hotaling, Lewis, & Smith, 1990) ($\chi^2(1) = 1.33, p = .25$). However, rates for females in our sample were significantly lower than those reported nationally ($\chi^2(1) = 8.88, p = .003; OR = 0.53$).

Chi-square analyses comparing prevalence across the four religious groups in our study were non-significant for any unwanted touch ($\chi^2(3) = 4.52, p = .21$), touching another's private parts ($\chi^2(3) = 2.74, p = .43$), and having one's private parts touched ($\chi^2(3) = 1.80, p = .62$). Further, all forms of sexual abuse for participants identifying as modern (Modern Orthodox, Sephardic-Traditional) and ultra-Orthodox (Hassidic, Chabad/Lubavich, Yeshiva Orthodox, Sephardic-Religious) were statistically equivalent ($\chi^2(1)$ ranging from 0.06 to 0.87, p ranging from 0.35 to 0.81); these results remained even after controlling for having been Raised Orthodox and being Currently Orthodox. However, we observed that among females, rates of involuntary penetration were not equivalent between the groups ($\chi^2(3) = 8.64, p < .05$). Follow-up analyses with logistic regression indicated that across both genders, involuntary penetration was reported highest among formerly Orthodox Jews compared to other groups ($B = -1.59, SE = 0.76, t = 2.08, p = .04, OR = 3.00$; Fig. 1). Specifically, we examined effects of three variables and their interaction (Raised Orthodox vs. non-Orthodox; Currently Orthodox vs. non-Orthodox, and Male vs. Female) on childhood sexual abuse. The interaction between being Raised Orthodox and Currently Orthodox was significant, such that formerly Orthodox Jews had the highest prevalence of reported abuse. Further, gender was significant, such that abuse was more common among females overall. However, interactions between Orthodoxy (Raised/Current) with gender were not significant, suggesting that differences in frequency of abuse between these groups were the same for males and females¹. Our logistic regression also revealed that participants currently

¹ Although our Chi-Square analyses only detected significant differences among females, given the known limitations of non-parametric tests especially with our relatively small albeit adequately powered sample, these latter findings suggest that formerly Orthodox Jews were at highest risk for childhood sexual abuse, independent of gender.

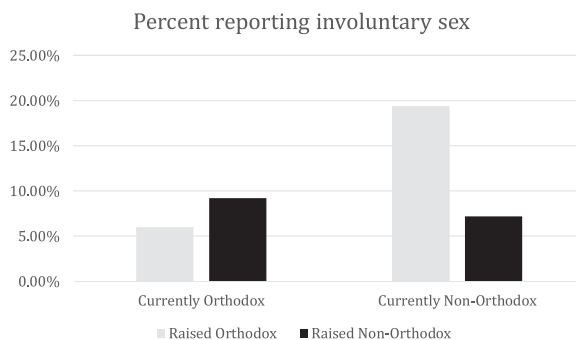


Fig. 1. Prevalence of involuntary sex by religious group.

Notes: Results depicted based on logistic regression; Gender was a non-significant predictor in these analyses, so results are combined for males and females.

Table 3
Mental health and history of sexual abuse.

	Positive History (n = 108)		Negative History (n = 264)		Test Statistics
	M	SD	M	SD	
Depression	3.77	3.43	2.89	3.11	$F(1, 370) = 5.50, p = .02$
Anxiety	6.88	3.70	5.86	3.87	$F(1, 370) = 5.75, p = .017$
Wellbeing	23.70	8.57	26.19	7.51	$F(1, 368) = 7.68, p = .006$
	n	%	n	%	
Psychiatric Diagnosis	68	63.55	126	47.91	$\chi^2(1, 370) = 7.46, p = .004$

Notes: Results in this table are based on raw data without controlling for demographic or religious factors; For controlled analyses please see text.

identified as Orthodox were less likely to report any history of sexual abuse compared to participants currently identified as non-Orthodox ($B = -0.56, SE = 0.24, t = 2.32, p = .02, OR = 0.57$).

In terms of mental health, history of sexual abuse was associated with greater depression ($\Delta R^2 = 0.02, F(2, 350) = 3.05, p = .048$), greater anxiety ($\Delta R^2 = 0.03, F(2, 350) = 4.78, p = .01$), less subjective wellbeing ($\Delta R^2 = 0.02, F(2, 348) = 2.99, p = .05$), and a greater likelihood of having a psychiatric diagnosis ($\Delta Nagelkerke R^2 = 0.03, \chi^2(2) = 9.08, p = .01, OR = 1.34$). These results were consistent for all participants irrespective of gender or religious group (see Table 3). We also observed that history of involuntary penetration was related to significantly less general religiousness ($\Delta R^2 = 0.01, F(1, 346) = 4.53, p = .03$) and lower intrinsic religiosity ($\Delta R^2 = 0.01, F(1, 350) = 4.85, p = 0.03$). Across our entire sample, we observed a moderate buffering effect of both general and intrinsic religiousness on anxiety and depression (ΔR^2 values ranging from 0.028 to 0.048, $p < .01$ for all analyses) and psychiatric diagnoses ($\Delta R^2 = 0.05, p < .01$). Follow up tests with multiple regressions failed to identify any moderations or interactions, suggesting that this buffering effect was consistent for both males and females, across all four religious groups.

4. Discussion

In our study, sexual abuse was reported across the spectrum of religious observance and affiliation in the Jewish community, ranging from 18.2% to 31.3% among males (0%–6.3% for penetration) and 21.4% to 45.0% among females (7.1%–30.0% for penetration). Observed rates were roughly equivalent to national norms in the United States, except that females were significantly less likely to report involuntary penetration. Sexual abuse was associated with significantly higher levels of depression and anxiety, lower levels of wellbeing, and 34% greater likelihood of having a diagnosable psychiatric disorder. While healthcare professionals may hesitate to engage in frank and open discussions about sexual abuse when treating patients from cloistered religious communities, these results highlight the importance of screening for sexual abuse among Jews. They also highlight a need for continued Jewish community-based prevention and education programs, such as those provided by Amudim, Jewish Community Watch, Takanot, and other such organizations.

We also observed that sexual abuse was statistically equivalent among Jews who have always been Orthodox, those who became Orthodox later in life, and those were both raised and remain non-Orthodox, but significantly higher among Jews who were raised Orthodox and no longer affiliate with Orthodoxy. Specifically, formerly Orthodox Jews were more than four times as likely to report involuntary childhood sex as others in our sample. Within each of the above-mentioned groups, history of sexual abuse was associated with significantly lower levels of intrinsic religiosity (viewing faith as a master motive) and lower levels of religious observance. This latter finding is consistent with theoretical and empirical reports in the literature suggesting that sexual abuse may have particularly deleterious effects on spiritual/religious development (Ganje-Fling & McCarthy, 1996; Rossetti, 1995). It is possible that known psychological sequelae of sexual abuse such as worthlessness, lack of purpose, and hopelessness may undermine the maintenance of spiritual faith and practice. Further, sentiments of disillusionment, betrayal and mistrust of others may engender spiritual struggles and anxious or avoidant attachment to God, particularly in

cases where abuse was perpetrated by ostensibly religious individuals. Alternatively, traumatic events in general and sexual abuse in particular may be associated simply with changes in religious identity, whether marked by increases or decreases in faith and observance. Indeed, several authors have previously highlighted potential associations between trauma and changes in religious identity (e.g., Wright, Crawford, & Sebastian, 2007; Gall, 2006), however empirical research on these topics is rare. Further investigation into the spiritual/religious consequences of sexual abuse and potential mediating mechanisms of effect, is warranted.

Consistent with a large body of literature suggesting that spirituality/religion can facilitate resilience by providing solace, calm, hope, and facilitating adaptive psychological processes (see Weber & Pargament, 2014 for a review), we found that this domain provided a buffering effect against mental distress and psychiatric diagnoses within our sample. Surprisingly, these findings were not moderated by religious affiliation or group (i.e., they were consistent across all four groups in our sample), and they were also equivalent among victims of childhood sexual abuse and non-victims alike. This latter result is particularly notable in light of the above discussion; despite the potential for religious victims of childhood sexual abuse to develop spiritual struggles, the domain of spirituality/religion can remain a helpful resource. In this regard, spiritual/religious engagement and belief holds promise for facilitating resilience in the context of sexual abuse. Notably, recent years have seen the development of spiritually-integrated interventions for survivors of sexual abuse (e.g., Murray-Swank & Pargament, 2005), and initial findings are promising. While such interventions are obviously not appropriate for individuals who do not wish to draw upon spirituality/religion in treatment, practitioners should remain open to the possibility of harnessing the use of spirituality/religion, particularly when treating religious survivors of sexual abuse. However, it should be noted that Feinson and Meir (2015) did not find differences in distress when comparing religious and secular survivors of childhood sexual abuse. Thus, it is possible that abuse may compromise protective effects of spirituality/religion on mental health, among Jews.

We failed to replicate findings from Yehuda et al. (2007) in that ultra and modern Orthodox participants in our sample reported equivalent rates of sexual abuse across all indices used in our study. As mentioned above, these groups were equivalent even after controlling for effects of being Currently Orthodox and Raised Orthodox. This difference may be due to variations in recruitment and sampling methods. For our study, we partnered with Jewish community organizations, we did not recruit participants for a study on sexuality or sexual abuse, and we only assessed for this sensitive topic after a protracted period of involvement by all study participants. By contrast, in Yehuda's study, recruitment was facilitated by way of a flyer from a university-based medical center asking participants to complete a survey on "sexual life in marriage among observant Jewish women." Given distrust of secular institutions and highly conservative attitudes towards sexuality especially among the ultra-Orthodox (Portnoy, 2004), this latter approach likely failed to recruit a proportionate number of individuals with no history of sexual abuse from the mainstream of ultra-Orthodoxy. We also failed to replicate findings of Schein et al. (2000) in that Orthodox Jewish males in our sample were *not* more likely to report sexual abuse relative to non-Orthodox Jewish males, even once formerly Orthodox Jews were excluded from analyses. This may be because our study was conducted in North America whereas Schein's research was conducted in Israel; male sexual abuse is far more common in the Middle East compared to North America (Pereda, Guilera, Forns, & Gómez-Benito, 2009).

There are several limitations of our study. Our approach was not sociological or epidemiological and thus our sample was not demographically, clinically or religiously representative of the Jewish community as a whole. Notably, dropouts from Wave 1 of the parent study reported slightly less depression/anxiety and greater psychological wellbeing, than included participants in this report. Thus, generalizing prevalence rates from our study to the Jewish community as a whole should be done with caution, as sexual abuse may occur to a greater or lesser extent than we observed. Also, we did not collect information about the perpetrators of sexual abuse in our study including their religious affiliation. We also did not recruit Jewish individuals without any religious affiliation at all. We similarly do not know when religious changes occurred among participants (e.g., from Orthodoxy to non-Orthodoxy, or vice-versa), and we therefore urge caution in making causal inferences between sexual abuse and changes in religious identity or practice. Future research in the Jewish community should assess for age of abuse, age of religious change, as well as religious affiliation of perpetrators of sexual abuse. Additionally, sample sizes for the four religious groups in our study were not equivalent (though statistical power was adequate for all analyses), and the Formerly Orthodox sample size was quite small ($n = 36$). As well, use of the Internet to conduct the study may have precluded inclusion of some Jews who refrain from Internet use. However, this approach allowed for a high degree of anonymity, which was seen as integral to the study design given the sensitive nature of our research question in this report. Further, in recent years the number of ultra-Orthodox Jews who use the Internet has increased substantially (Helmreich, 2000). Despite these limitations, our data represents one of the first to examine childhood sexual abuse in the Jewish community, and the first to do so among North American Jewish males. Further our community-based recruitment approach involving institutions from across the spectrum of religious Jewish life facilitated recruitment of a rich cross-section of Jews, ranging from the far right to far left in religious affiliation. Our study also represents among the first investigations to include a subsample of formerly Orthodox Jews, who are a growing demographic within the Jewish community (Kotler-Berkowitz et al., 2004). We therefore hope that our results will spawn further research, discussion and awareness of both the prevalence and correlates of sexual and other forms of abuse in the Jewish community and beyond.

Conflicts of interest

The authors have no conflicts of interest to disclose. David H. Rosmarin, PhD, ABPP, affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned have been explained.

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