The Importance of Spirituality in the Lives of Domestic Violence Survivors

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Women with abusive partners utilize a variety of coping strategies to deal with and heal from the violence and sense of betrayal they have experienced. For many women, their trust in a higher power and the support they receive from their faith community is integral to their healing. Of 151 women interviewed for this study, the majority (97%) noted that spirituality or God was a source of strength or comfort for them. Extent of religious involvement predicted increased psychological well-being and decreased depression. For women of color, greater religious involvement was also related to increased social support. Implications for research and direct services are discussed.

Keywords: *battered women; faith communities; spirituality; women of color*

Aស women search for means of coping with living with or leaving an abusive partner, many of them turn to their religious institutions and religious family for strength, comfort, and support (Boehm, Golec, Krahn, & Smyth, 1999; Giesbrecht & Sevcik, 2000). Giesbrecht and Sevcik (2000) found that many survivors of domestic violence identified spirituality and their identity within their faith community as integral components of their identity and experience. As a result, the women viewed both their experience of abuse and recovery from abuse as occurring within the context of their faith. Not surprisingly, then, many of the women turned to their religious communities for support. Some of these communities have minimized, denied, or enabled the abuse, whereas others have provided much needed social support, practical assistance, and spiritual encouragement. Social support from religious institutions (e.g., churches, synagogues, mosques) has been found to be a key factor in many women's abilities to rebuild their lives and family relationships (Giesbrecht & Sevcik, 2000). Unconditional love and acceptance from their supreme being (i.e., God) and the desire for a loving religious family is an expressed need for many women. Those women with a welcoming, caring religious experience have reported feelings of hope for healing after such a distressing life event (an abusive relationship) (Giesbrecht & Sevcik, 2000).

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Kreidler (1995) has identified the need for and usefulness of spiritual healing groups for those who are survivors of family violence. She argues that the experience of being hurt by someone one believes should love, cherish, and protect one causes a great deal of spiritual distress. This distress can manifest itself in various ways, including feelings of despair, belief that life is meaningless, or perceptions of oneself as powerless. Other researchers have concurred that, because of the importance of spirituality in the lives of many victims of family violence and the spiritual distress that can be caused by victimization, spiritual healing is necessary to restore one's sense of meaningfulness of and power over one's life (Dunbar & Jeannechild, 1996; Mattis, 2002; Spiegel, 1996). Boehm et al. (1999) also highlight that in their talks with women who have experienced intimate partner violence, women have expressed feelings of spiritual anguish in the midst of the abuse. They found that women expressed their desire to seek comfort from their faith communities and religious leaders but often found this support lacking. Abused women, especially those in closed religious or ethnic communities, are more likely to disclose their experience of violence within their religious communities, and some find that other women within these communities are the ones who discreetly and informally provide them with much-needed forms of support (Nason-Clark, 2000).

Researchers have also identified the importance of spirituality to one's psychological well-being in general. Fiala, Bjorck, and Gorsuch's (2002) study of adult Protestants found religious support to be related to lower depression and greater life satisfaction. The authors looked specifically at three identified dimensions of religious support: God support, congregational support, and church leader support. They found that God support in particular was positively related to social support and was related to less depression and more life satisfaction. This relationship held even after controlling for church attendance, congregational support, and church leader support. Congregational support was also positively related to social support, decreased depression, and increased life satisfaction after controlling for church attendance, general social support, God support, and church leader support. In addition, church leader support was also found to be related to lower depression and greater life satisfaction.

Research has also shown the importance of spirituality in overcoming other life traumas including coping with serious mental illness (Corrigan, McCorkle, Schell, & Kidder, 2003), loss of loved ones (Fry, 2001; Michael, Crowther, Schmid, & Allen, 2003; Oram, Bartholomew, & Landolt, 2004), and life-threatening physical illness (Beasler, Derlega, Winstead, & Barbee, 2003; Simoni, Martone, & Kerwin, 2002).

In addition, spirituality has been demonstrated to be of particular importance to the African American community. Research suggests that religious involvement is generally higher among African Americans than among Caucasians (Chatters, Taylor, & Lincoln, 1999; Levin, Taylor, & Chatters, 1994; Taylor, Chatters, Jayakody, & Levin, 1996) and is higher among African American women than among African American men (Chatters et al., 1999; Levin et al., 1994). African Americans use spirituality and religious involvement to cope with life stressors ranging from perceived discrimination to recovery from substance abuse (Brome, Owens, Allen, & Vevaina, 2000; Constantine, Wilton, Gainor, & Lewis, 2002; Scott, 2003).

In light of these findings, it appears important to investigate the extent to which the role of spirituality and religious involvement relates to the emotional and psychological well-being of domestic violence survivors. If in fact survivors do benefit from a belief in a higher power to the extent that this adherence facilitates their healing process, and if survivors benefit emotionally and psychologically from involvement in spiritual communities, then this factor should be taken into account by domestic violence agencies as they attempt to help survivors overcome their abusive experiences. This study, then, was designed to assess the extent to which battered women's involvement with spirituality and their faith communities affected their depression, quality of life, social support, and self-esteem.

Method

Research Participants

The sample for this study was a community sample of 151 battered women who were participants in a larger, community-based, advocacy research project. Most participants (46%) were recruited through a first response agency that provides emergency services to domestic violence victims after the police have been called to the home. During follow-up contacts with victims, the study was explained to them, and they were invited to participate. Women were also recruited through a personal protection order office (24%), two local domestic violence victim service agencies (21%), an agency offering legal assistance to low-income individuals (8%), and the courts (1%).

To be eligible to participate, women had to have experienced some type of physical violence from an intimate partner or ex-partner in the prior 4 months. As this research was part of a larger, longitudinal study examining the lives of battered women and their children over time, women also had to have at least one child between the ages of 5 and 12 living with them. Interviews were conducted in locations convenient and safe for participants (primarily in their homes), and women were paid $20 for this interview.

Women ranged in age from 21 to 49 years. A total of 45% of the women were non-Hispanic Caucasian, 38% were African American, 7% were Hispanic, 9% were identified as multiracial (7 including Hispanic, Native American, and/or Caucasian; 6 also including African American; 1 unspecified), and 1% were Native American. At the time of the interview, 83% of the women were no longer involved with the men who had abused them. However, 88% of the women were involved with the abusers at the time of the violence occurring in the prior 4 months.

Measures

Physical Abuse Experienced

A modified version of the Conflict Tactics Scale (Straus, 1979) was used to assess the assailant's physical abuse of the woman. Women were first asked 24 yes or no

items about abuse that had ever occurred by the assailant (e.g., "Has he ever tied you up physically or restrained you in some way?"). Cronbach's alpha for this scale was .84. Women were also asked whether the same 24 items had occurred in the past 4 months (e.g., "Has he tied you up or physically restrained you in the past 4 months?"). Participants responded using a 7-point, Likert-type scale (1 = *never*, 7 = *more than 4 times a week*). Cronbach's alpha for the second scale was .92.

Psychological Abuse Experienced

A shortened version of the Index of Psychological Abuse (Sullivan, Tan, Basta, Rumptz, & Davidson, 1992), including 24 items, was utilized to assess the assailant's emotional abuse of the woman (e.g., "How often has he accused you of having other sexual relationships?"). Participants responded using a 4-point, Likert-type scale (1 = *never*, 4 = *often*; α = .88).

Depression

Women's level of depression was measured by the Center for Epidemiological Studies Depression Measure (Radloff, 1977). Women completed this 20-item, pen and paper measure that asked them to indicate on a 4-point, Likert-type scale how often they felt a particular way in the past week (e.g., "I felt that everything I did was an effort."). The alpha for this measure was .90.

Quality of Life

Women's quality of life was measured by a modified version of Andrews and Witey's (1976) scale of well-being. This scale contained 9 items designed to assess how satisfied women were with their overall quality of life. Women indicated on a 7-point, Likert-type scale how satisfied they were with particular areas of their life (e.g., "How do you feel about what you are accomplishing in your life?"). The alpha for this measure was .85.

Social Support

Social support was measured by a modified version of the Adult Social Support Questionnaire (Bogat, Chin, Sabbath, & Schwartz, 1983). Women indicated on a 7-point, Likert-type scale how they felt about particular aspects of their social support network (e.g., "In general, how do you feel about the quality of advice and information that you receive?"). The alpha was .87.

Self-Esteem

Women's level of self-esteem was measured by the Rosenberg Self-Esteem Inventory (Rosenberg, 1965). Women were asked to complete this 10-item measure using a Likert-type scale to indicate how they felt about certain aspects of themselves (e.g., "I feel able to do things as well as most people."). The alpha for this sample was .87.

Spirituality or God as a Source of Strength

The degree to which women viewed their spirituality or God as a source of strength was measured by a single item designed specifically for this study: "How important is God or spirituality as a source of strength or comfort for you?" Response items ranged from 1 to 4: *not at all*, *a slight amount*, *somewhat*, *a great deal*, respectively.

Involvement in Organized Religion

Women's involvement in religious or spiritual institutions was measured by two items designed specifically for this study:

1. How often did you attend religious services during the year? (Response options included *never*, *once*, *less than once a month*, *monthly*, *weekly*, *more than once a week*.)
2. How much is your involvement in your place of worship a source of strength and comfort for you? (Response options included *not at all*, *a slight amount*, *somewhat*, *a great deal*.)

The correlation for these items was .69.

Analyses

Preliminary analyses of variance and correlation analyses were conducted to assess interrelationships among demographic, predictor, and outcome variables. Physical abuse was positively correlated with depression (.27) and negatively correlated with social support (–.27). Psychological abuse was significantly correlated with all outcomes: .27 with depression, –.24 with quality of life, –.16 with social support, and –.22 with self-esteem. Also, number of children was found to be negatively correlated with depression (–.17) and positively correlated with self-esteem (.19). See Table 1 for the correlation matrix.

Race was a significant predictor of involvement with a place of worship ($F = 3.41$, $p < .05$). The decision was made to dichotomize the race variable to include women of color in one group and Caucasian women in the other because of the fact that the means for women of color on the involvement in a place of worship indicator were similar to each other and significantly different from the mean for Caucasian women.

Hierarchical multiple regressions were used to assess the relationship between women's religious involvement and the outcomes of depression, quality of life, social support, and self-esteem, controlling for the effects of demographic variables and the extent of abuse experienced. Block 1 contained controls for number of children, race, and physical and psychological abuse in the previous 4 months. Block 2 contained the main variable of interest—religious involvement. Block 3 contained the interaction of race and religious involvement, added to test race as a moderator of the effects of religious involvement. If the interaction failed to account for significant additional variance, it was dropped, and the model was reestimated including only Blocks 1 and 2.

Table 1
Correlation Matrix of Predictor and Outcome Variables

	Depression	Quality of Life	Social Support	Self-Esteem	Physical Abuse	Psychological Abuse	No. of Children	Religious Involvement
Quality of life	−.63**							
Social support	−.39**	.52**						
Self-esteem	−.62**	.56**	.34**					
Physical abuse	.27**	−.15	−.27**	−.09				
Psychological abuse	.27**	−.24**	−.16*	−.22**	.45**			
No. of children	−.17*	.03	.01	.19*	.06	−.04		
Religious involvement	−.11	.07	.21**	.05	.01	.02	.00	
Race (0 = women of color; 1 = Caucasian)	−.03	.12	−.06	−.07	−.09	.18	−.26**	−.26**

*$p < .05$. **$p < .01$.

Results

The overwhelming majority of women in the sample noted that spirituality or God was a source of strength or comfort for them (97%), with 76% reporting "a great deal." Because of the lack of variability of this item, it was not used for subsequent analyses.

The majority of the women in the sample (69%) indicated that they had attended religious services at least once in the past year. In all, 13% indicated that they attended religious services more than once a week, 20% weekly, 13% monthly, 17% less than once a month, and 6% once during the past year. A total of 31% of women indicated that they had not attended a religious service at all during the past year. Of those women who had attended religious services in the past year, 45% indicated that their involvement with their place of worship was a source of strength and comfort for them "a great deal," 24% indicated "somewhat," 15% "a slight amount," and 16% indicated that their place of worship was "not at all" a source of strength or comfort.

Institutional religious involvement was found to be a significant predictor of both depression ($\beta = -.11$, $\Delta R^2 = .03$, see Table 2) and quality of life ($\beta = .17$, $\Delta R^2 = .02$, see Table 3) after controlling for physical abuse, psychological abuse, women's number of children, and race. These results indicate that the more women attended religious institutions (e.g., churches, synagogues, mosques) and viewed them as a source of strength and comfort, the less depressed they were and the higher was their quality of life. These effects were not significantly moderated by race.

The relationship between religious involvement and social support was a bit more complicated. As shown in Table 4, the interaction of race and religious involvement was significant, indicating a moderating relationship. Greater religious involvement

Table 2
Religious Involvement as a Predictor of Depression

Predictor	β	*t* Value	ΔR^2
Block 1: Controls			
Physical abuse	.124	1.54	
Psychological abuse	.215	2.41*	
No. of children	−.008	−2.67*	
Race (0 = women of color; 1 = Caucasian)	−.188	−1.87	.120*
Block 2:			
Religious involvement	−.109	−2.08	.025*

*p < .05.

Table 3
Religious Involvement as a Predictor of Quality of Life

Predictor	β	*t* Value	ΔR^2
Block 1: Controls			
Physical abuse	.021	0.142	
Psychological abuse	−.482	−2.94*	
No. of children	.044	0.760	
Race (0 = women of color; 1 = Caucasian)	.462	2.49*	.079*
Block 2:			
Religious involvement	.173	1.79	.020**

*p < .05. **p < .10.

was significantly related to increased social support for the women of color in our study but not for the Caucasian women (ΔR^2 = .03; see Table 4 and Figure 1).

Religious involvement was not a significant predictor of self-esteem.

Discussion

Our findings support the contention that spirituality and religious involvement are significant aspects of many survivors' identities (Boehm et al., 1999; Giesbrecht & Sevcik, 2000; Kreidler, 1995). Also, religious involvement appears to promote greater psychological well-being for domestic violence survivors, including greater quality of life and decreased depression.

The finding that women's number of children was significantly correlated with both self-esteem and depression is worthy of mention. For women in this study, the greater the number of children they had, the greater their self-esteem and the lower their level of depression. This may suggest that survivors of domestic violence, who by virtue of their abusive relationships are not receiving positive reinforcement from

Table 4
Religious Involvement as a Predictor of Social Support

Predictor	β	t Value	ΔR^2
Block 1: Controls			
Physical abuse	−.395	−2.53	
Psychological abuse	−.117	−0.679	
No. of children	.015	0.245	
Race (0 = women of color; 1 = Caucasian)	−.042	−0.218	.061**
Block 2:			
Church involvement	.465	3.46*	.042*
Block 3:			
Race × Religious Involvement	−.465	−2.25	.030*

*$p < .05$. **$p < .10$.

Figure 1
Social Support as a Function of Religious Involvement, by Race
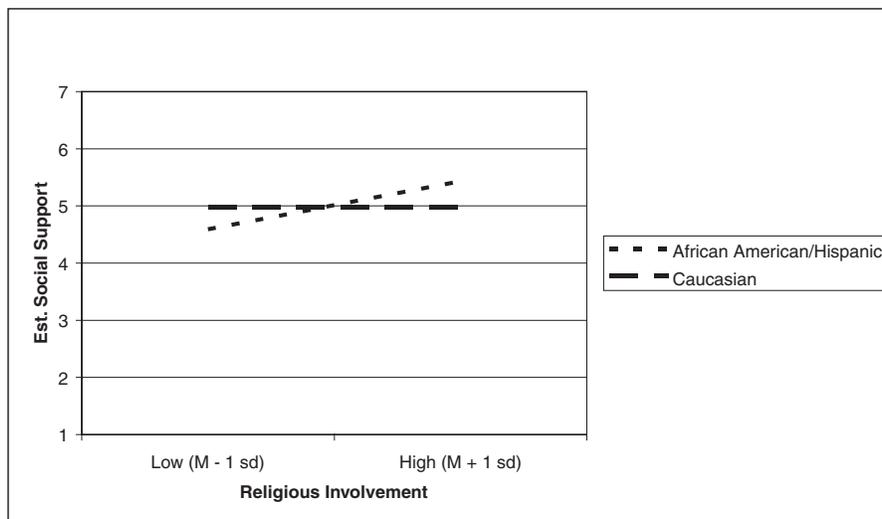
their intimate relationships, may receive added psychological satisfaction from their responsibilities as mothers and the closeness of their relationships with their children.

The finding that race moderated the relationship between religious involvement and social support is worthy of mention and further investigation. Higher religious involvement was a predictor of greater social support for women of color but not for Caucasian women. This finding is consistent with other studies that have found church involvement to be related to greater social support for members of the African Ameri-

can community (Brodsky, 2000; McAdoo, 1995). Research has also shown that spirituality and religiosity affect the physical and psychological well-being of African Americans, highlighting its significance in the lives of African Americans (Blaine & Crocker, 1995; Handal, Black-Lopez, & Moergen, 1989; McAdoo, 1995). This does, however, leave unanswered questions for future research. What is it about religious institutions that serve communities of color that increase women's social support? What is it about the spiritual identity of women of color that facilitates the increased network of support that they receive by virtue of their involvement in a faith-based institution?

It is important to view the results of this study cautiously, as only three questions were used to address the issue of spirituality and religious involvement in women's lives. We did not ask women to identify their religious affiliations nor to provide information about how their religious communities had been supportive or unsupportive of them in the past. Much more extensive research is needed to examine the full extent of the role religion and spirituality play in the lives of domestic violence survivors.

In spite of these limitations, these findings have a number of implications for domestic violence victim service programs. Currently, many domestic violence shelter staff distance themselves from discussions of spirituality with shelter residents. Reasons for this include lack of staff time and resources, the personal nature of spirituality, the diversity of religious or spiritual beliefs among individuals, and apprehension around creating misunderstanding or intruding on a woman's privacy (Boehm et al., 1999). The end result, however, is that the shelter provides a haven for physical safety but fails to provide an environment for spiritual healing. This is especially ironic considering that the first shelters were homes operated by women helping women, and they often worked in coalition with religious groups and other community agencies (Boehm et al., 1999).

The inclusion of a voluntary spirituality component in victim service programs may serve to greatly benefit some battered women. It may serve to lessen the depression that women in shelter tend to experience by virtue of being uprooted from their homes and having to stay in a shelter environment. For women of color specifically, it may serve to increase their social support network, which may give them the added emotional and practical support they need to cope with the abuse they have experienced and possibly remain free from their abusers. This spirituality component may consist of bringing in a religious leader from the community to hold spiritual support groups and activities at the shelter or simply providing transportation and free time for women to facilitate their attendance at church services. Others have suggested making available a quiet room for prayer or reflection (Boehm et al., 1999).

Finally, this research has implications for religious communities. It speaks to the need for faith communities to address the issue of domestic violence and offer services to members of their congregations and communities that are involved in abusive situations. A harsh reality is that many religious leaders are reluctant to deal with the fact that women in their own congregations are being abused, and sometimes this abuse is inflicted by the hands of men who are also involved in these communities. Our faith communities can no longer afford to ignore this reality as many women are suffering,

some tragically, as a result of domestic violence. Possible responses of faith communities could include offering domestic violence support groups, individual counseling, emergency relief funds, and possibly shelter for women who must leave their abusers. Spiritual leaders should also attend domestic violence educational trainings to make them more aware of the frequency of abuse, the dynamics of abusive relationships, and the experiences and needs of domestic violence survivors. Many state domestic violence coalitions offer such trainings and many conferences are beginning to address clergy and their significance in recognizing and addressing the issue of domestic violence. All aspects of our communities, including spiritual leaders and congregation members, should be available for women to turn to for both emotional support and practical assistance when seeking help from abusive relationships.

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