THE RELATIONSHIP BETWEEN CHILDHOOD ABUSE, RELIGIOSITY AND LIFE SATISFACTION.

BY

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THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON IN PARTIAL FULFILLMENT FOR THE AWARD OF M.PHIL, PSYCHOLOGY DEGREE.

JUNE, 2014.
DECLARATION

I hereby declare that, except for reference to other people’s work which have been duly acknowledged, this thesis titled ‘the relationship between childhood abuse, religiosity and life satisfaction’ is my own original work and presented to the Department of Psychology, University of Ghana, as partial fulfillment of the requirements for the award of an MPHIL. Degree in Psychology (Clinical). I also wish to declare further that this work has never in its present form, or in any other form, been presented to any other examining body.

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DEDICATION

I dedicate this work to the loving memory of my late mother:

DOROTHY YAWA DUMEHASI (DADA)

Thank you and rest in perfect peace
ACKNOWLEDGEMENTS

I give all glory and honor to God whose ever-abundant grace, love and protection has once again blessed me with this academic achievement.

My sincerest appreciation to my supervisors, Dr Maxwell Asumeng and Prof Samuel Danquah for their guidance and supervision.

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ABSTRACT

The study investigated the relationship between childhood abuse (psychological, physical, sexual, and neglect), religiosity and later life satisfaction among adults with history of childhood abuse in any form. One hundred and thirty three adults, with a history of childhood abuse were purposively sampled from Tema SOS Village. It is an institution that provides day care, education, medical, psycho-social support and vocational training for people who have suffered abuse. Participants completed questionnaires on their retrospective childhood abuse experiences, religiosity and current life satisfaction. MANOVA and regression analysis were run on the data. Results indicated that childhood abuse was higher among females compared to their male counterparts. No gender differences were however found with respect to religiosity and life satisfaction. Composite childhood abuse was found to significantly influence life satisfaction with perceived religiosity moderating the relationship. Gender and marital status were found not to moderate the relationship between life satisfaction and childhood abuse.
CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Child abuse is a very important social problem that has become worldwide. It has a long history but received attention only from the 19th century when the number of cases continues to increase each year. Since then, children are accorded their rights by the international community through Promulgation and Declaration of Children's Rights. In Ghana, the Children’s Act 1998 (ACT 560) is concerned with protecting the young generation (a person below the age of 18 years) by indicating that children really have rights to obtain their primary needs. Although nations, communities and societies have assented to these inalienable rights for children, each year about 40 million children all over the world become victims of child abuse (WHO, 2001). The report again indicates that child abuse is reported every 10 seconds in the world and 5 to 6 children die each day as a result of child abuse or neglect.

The short-term and long-term effects of childhood abuse have been a great concern to the society in general. Child abuse and neglect has physical, psychological, behavioral, and societal consequences on not only the individual victims but high cost financial burden on the health and criminal justice services in the country. Some physical consequences, such as damage to a child's growing brain, can have psychological implications such as cognitive dysfunction or emotional difficulties. Psychological problems often manifest as high-risk behaviours. Depression and anxiety, for example, may make a person more likely to smoke, abuse alcohol or illicit drugs, or overeat. High-risk behaviours, in turn, can lead to long-term physical health problems such as sexually transmitted diseases, cancer, and obesity (Child Welfare Information Gateway, 2008). According to Pepin and Banyard (2006), experience of
childhood abuse has detrimental implications not only for childhood health and well-being but also for health and well-being in adulthood. Draper, Pfaff, Pirkis, Snowdon, Lautenschlager, and Wilson (2007) also found that child abuse survivors demonstrate poor mental health, unhappiness or lower life satisfaction and poor physical health and these effects can last a lifetime.

Despite these repercussions of childhood abuse, not all victims end up psychologically and physically unhealthy. In a similar vein, childhood abuse can have detrimental effect on life satisfaction in adulthood and this effect may be buffered by other factors for some victims. Resiliency from the effects of abuse may be true of some victims as a result of how religion plays a vital role in their life. Few studies have examined how individuals are resilient from the effects of child abuse as a result of level of religiosity for such individuals (Galea, Ciarrochi, Piedmont & Wicks, 2007; Walker, Reid, O’Neill & Brown, 2009).

On the whole, owing to the increasing concern of child abuse as a social problem, some studies on its detrimental consequences were conducted (e.g. National Institute of Neurological Disorders and Stroke, 2007; Watts-English, Fortson, Gibler, Hooper, & De Bellis, 2006; Springer, Sheridan, Kuo, & Carnes, 2007; Dubowitz, Papas, Black, & Starr, 2002; Schore, 2003; Johnson, Rew, & Sternglanz, 2006; Spila, Makara, Kozak, & Urbanska, 2008, etc.). In Ghana however, studies exploring the consequences of childhood abuse are lacking (DOVSU, 2010). Hence, there is the need to explore the psychological effects of childhood abuse on an abused person’s adulthood, specifically, their life satisfaction.
1.2 Statement of the Problem

The rate of abuse in Ghana is on the increase with its attendant problems. For instance, data from Domestic Violence Support Unit (DOVSU, 2010) indicate that the incidence of assault increased from 1920 in 2008 to 2458 in 2009 and has always been the leading incidence of violence of which children are not spared. In 2008, defilement was the third highest reported violence incidence but became second highest in 2009 and third highest in 2010. These abuses that are reported affect children in both short and long term when not well treated or managed. The incidence of child abuse is regarded as a public health issue indicating sexual abuse to be most prevalent. It is reported that by age 18, an estimated 1 in 4 girls and 1 in 6 boys are sexually abused (Cook & Guertin, 2010). It is said to be prevalent in every community regardless of culture, socioeconomic status, race, religion, and geographic region. It is also reported that child abuse is reported every 10 seconds in the world and 5 to 6 children die each day as a result of child abuse or neglect.

The incidence of child abuse is very alarming and the issue is taking center stage in media discussions in Ghana and these discussions are supposed to pave the way for proper management and care of these children who are victims of different forms of abuse. Though government and child rights agencies are aggressively addressing the problem, a lot still needs to be done in terms of advocacy and management. For this effort to be effective, effects of abuse during childhood need to be further explored in order to inform or educate the public of its repercussions to the victim and the society at large. However, little is done in this area especially in Ghana and this predisposes victims to experience the consequences of abuse in later development. The individual and psychosocial factors that cushion them need to be identified in an effort to manage
and curb childhood abuse so that adverse consequences in adulthood could be minimized.

Childhood Abuse

According to Adults Surviving Child Abuse (ASCA, 2013), Child abuse occurs in a range of situations and for a variety of reasons. It was indicated that in most abusive homes, children are subject to more than one form of abuse and the most severe forms of child abuse often do not become apparent until the abused child grows to adulthood at which point the adult may experience a range of psychological, physical and societal problems related to childhood abuse (ASCA, 2013). Child Abuse Prevention and Treatment Act (CAPTA, 2012), defined Childhood Abuse as any act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm. There are different forms of childhood abuse most commonly identified by research, but the literature generally classifies four main types of abuse children mostly suffer. The different categories of childhood abuse include physical abuse, sexual abuse, psychological abuse and neglect (Wenar & Kerig, 2000). There are other forms of abuse such as organized abuse, substance abuse and domestic violence. It must be noted that the definitions and classification of abuse remain ambiguous. What is termed abusive behaviour for one person is not necessarily abusive to another. According to Tucci, Saunders, and Goddard (2002) acceptability around behaviour varies widely from one social group to another and from culture to culture. However, behaviours are objectively deleterious to the healthy development of a child regardless of the definition of the abuse or the culture.
According to CATA (2012), physical abuse is the most obvious form of abuse. It is an intentional act that results in physical injury to a child. Punching, beating, kicking, biting, burning, breaking bones, hair pulling and shaking the child are examples of physical abuse. Sexual abuse is any misuse of a child for sexual pleasure or gratification. It is the involvement of children in sexual activities that they do not fully comprehend, that they are unable to give informed consent to and/or that violates societal taboos. It takes the form of fondling, intercourse, exposure to sexual acts or organs and sexual exploitation. Sexual abuse may involve using threats and physical force as well as subtle forms of manipulation. The child is coerced into believing that the activity is an expression of love, or that they (child) brought the abuse upon themselves.

Psychological or emotional abuse is a pattern of behavior that can seriously interfere with a child's positive development, psyche and self-concept (ASCA, 2013). Emotional abuse is hard to identify due to no physical evidence but it is regarded as one of the main causes of harm to abused children. Example includes failing to meet a child’s need for emotional security, acceptance or autonomy. According to ASCA, emotionally abusive parents practice a type of child-rearing that is orientated towards fulfilling their own needs and goals, rather than those of their children. Their parenting style is characterized by overt aggression towards their children, including shouting and intimidation, or manipulating their children using more subtle means. Parents may also emotionally abuse their children by encouraging their children to act in inappropriate ways with direct encouragement or by socializing the child with adults for whom such behaviour is normative.

Child neglect is defined in different forms. There is physical neglect which includes abandonment or inadequate supervision, and failure to provide for safety or physical needs. It also includes failure to thrive, malnutrition, unsanitary conditions, or injuries from lack of supervision. Educational neglect includes not enrolling child in school, or allowing child to
engage in chronic truancy. Emotional neglect includes withholding of affection or attention, failure to provide psychological care and ignoring the child’s emotional needs. Medical neglect includes delay or denial of health care, or withholding medical care due to religious beliefs (CATA, 2012).

Yet, assessments find the independent effects of physical and sexual abuse to be more detrimental to well-being than other types of abuse. Physical abuse and sexual abuse are noted to occur more often than other forms of abuse. Child Neglect as a form of abuse is reported to be more common in less developed countries compared with developed Western countries where most of the previous studies were carried out ASCA, (2013). Therefore, the present study shall explore all four forms of abuse noting their harmful effects on the victims during childhood and adulthood.

Adulthood personality characteristics are influenced by childhood experiences which can either be negative, positive or both. However, when such experiences are negative, the long term effects are usually detrimental. Humans develop within a family context, and family relationships contribute positively to development at every point in the life span (Currin, 2006). With the parents being the primary source of safety and security, of love and understanding, of nurturance and support, child abuse violates the trust that is at the heart of the child’s relationship with the world. When this primary relationship is one of betrayal, a negative schema or set of beliefs develop. This negative schema, that a survivor adopts, can fundamentally affect an individual’s capacity to establish and sustain significant relationship throughout life as well as their satisfaction with life in adulthood (Henderson, 2006).

Consequences of Childhood Abuse
According to Adults Surviving Child Abuse (ACSA, 2013), childhood abuse can affect both neurobiological and psychological developments by altering responsiveness to stress and adult behaviour patterns. Research indicates that these individuals experience increased risk of mood, anxiety and personality disorders throughout adult life (Briere, 2004). A five year study by Professor Bessel van Der Kolk on 528 trauma patients from American hospitals identified a range of symptoms that correlated well with prolonged severe childhood sexual abuse. The study identified inability to regulate emotions, intense suicidal feelings, somatic disorder, negative self-perception, poor relationships, chronic feelings of isolation, despair and hopelessness, dissociation and amnesia as some of the symptoms. The implications of these outcomes are that childhood abuse may be responsible for many psychopathologies including various kinds of phobic, depressive, anxiety and eating disorders, as well as some personality disorders like borderline, antisocial and multiple personality disorders (Spila et al., 2008; Draper et al., 2007).

A study by Palmer, Brown, Rae-Grant, and Loughin (2001) with 384 survivors of childhood abuse found that survivors of child abuse tend to be depressed, have low-self esteem, and have problems with family functioning. Another study by Harper, Stalker, Palmer and Gadbois (2007) found that almost 76% of adults reporting child physical abuse and neglect have at least one psychiatric disorder in their lifetime and nearly 50% have three or more psychiatric disorders.

Dr. Kendall-Tackett (2002) of the Family Research Laboratory in University of Hampshire described four possible pathways by which childhood abuse relate to health in adults. Combining literature from health psychology and behavioral medicine frameworks on the long-term effects of childhood abuse, behavioral, social, cognitive and emotional pathways were described. According to Kendall-Tackett (2002),
childhood abuse puts people at risk of depression, posttraumatic stress disorder, harmful activities like substance abuse, obesity, eating disorders, suicide, high risk sexual behaviours, smoking, sleep difficulties, difficulties in relationships, and having negative beliefs and attitudes towards self and others. It again indicated that each of the pathways increases the likelihood of health problems, and they are highly related to each other.

A significant social pathway outcome worth reviewing is re victimization. Results by previous studies indicated that adult survivors of childhood abuse were more likely to have been abused (e.g. Zanarini, Frankenburg, Bradford Reich, Marino, Haynes & Gunderson, 1999; Kendall, 2011). For example, in a study of 290 patients diagnosed with borderline personality disorder, Zenarini and colleagues (1999) reported that almost half of the sample had been victimized as adults. Specifically, 33% had an abusive partner, 31% had been raped, 21% had been raped by a known perpetrator, 11% had been raped multiple times, and 19% had been both beaten and raped. In examining the link between abuse as adults and abuse as children, the Zanarini et al. (1999) study noted that 86% of borderline patients who had been assaulted or raped as adults also reported a history of childhood physical or sexual abuse. Five types of experiences during childhood appeared to predict later victimization namely; physical neglect by a caretaker, emotional withdrawal by a caretaker, a caretaker’s failure to provide needed protection, sexual abuse by a non-caretaker, and any type of sexual abuse.

Empirical studies have clearly demonstrated that victims of child abuse and neglect are more likely to commit crimes as juveniles and adults (Newcomb & Locke, 2001; Riser, 2009). Child abuse can also cost the state huge sums of money. Unfortunately, reports say that majority of abused children go unidentified, and the full cost of their abuse
become exponential and will only show up fully as they become adults (ACSA, 2013). Without care and support, adult survivors of child abuse have lower workforce participation, and they may continue the same patterns of behavior in their own parenting, creating an intergenerational cycle of violence (Kendall-Tackett, 2002). Finally, the long-term effects of child abuse not only impact on the health of individuals, but can strain the governments’ budgets on health and social welfare. Ultimately, due to related costs to public entities such as the health care, human services, and educational systems, abuse and neglect impact not just the child and family, but society as a whole (Child Welfare Information Gateway, 2008).

Though most of the outcomes linked to child abuse are individuals, only few of them looked at the optimal adjustment or functioning of the individual in adulthood. With the current paradigm shift from psychological problems to positive psychology which focuses on the well-being of individuals, it is worthy to study adult life satisfaction of individuals who have been abused in their childhood.

1.2.1 Life Satisfaction

During approximately the last thirty years, the concept of life satisfaction has been a subject of philosophical speculation (Diener, Suh, Lucas & Smith, 1999). Its wider application in recent times has been achieved by social psychologists, social workers and community psychologists or positive psychologists to improve the life of people in terms of their physical and psychological wellbeing. The burgeoning field of positive psychology has re-illuminated psychology to address areas associated with optimal functioning and happiness. The study of happiness falls under the investigations of subjective well-being
(SWB) from which satisfaction with life (SWL) or life satisfaction emerged. The SWB construct was first introduced by Diener in early 1980s (Diener, Suh, Lucas & Smith, 1999) and it is in three categories known as global judgments of satisfaction, positive and negative affects and domain satisfaction. Each of the three major facets of SWB can in turn be broken into subdivisions. Global satisfaction can be divided into satisfaction with the various domains of life such as recreation, love, marriage, friendship, and work, and these domains can in turn be divided into facets. Pleasant affect can be divided into specific emotions such as joy, affection, optimism and pride. Finally, unpleasant affect can be separated into specific emotions and moods such as shame, guilt, sadness, anger, and anxiety. Life satisfaction is considered to be a key indicator of SWB and it is a subjective evaluation of overall quality of life as well as psychological wellbeing. The subjective evaluations may be cognitive (e.g. satisfaction with work, school, standard of living etc. or marital satisfaction) or may consist of the frequency with which people experience pleasant emotions such as joy and unpleasant emotions in life (Proctor & Linley, 2009).

There is increasing evidence of the negative impact of childhood abuse on adult mental health and general wellbeing (Greenfield & Marks, 2010; Herrenkohl, Hong, Klika, Herrenkohl, & Russo, 2011; Vranceanu, Hobfoll, & Johnson, 2007). Results show that the emotional pain and psychological trauma associated with child abuse can later manifest in poor psychosocial functioning and impairment during adulthood. For example, Herrenkohl and colleagues (2011) found that rates of moderate to severe depression were significantly higher for adults who had been abused in childhood than those who had not been abused. Greenfield and Marks (2010) also reported that psychological abuse by mothers and fathers was associated with lower scores on adult wellbeing. Closely linked to the current study is the study by Royse, Rompf and Dhooper (1991) who found that people who had experienced traumatic childhood events were significantly less satisfied with life than those who had not
experienced traumatic events. On the basis of previous outcomes, the present study posits that traumatic childhood life events such as abuse during childhood can result in lowered general life satisfaction. It is however, noted that variations in life satisfaction may also be due to more stable personality characteristics, psychological traits and psychosocial factors which may also be influenced by the childhood traumatic experiences. One key factor relating to childhood abuse and adult wellbeing or life satisfaction that has received little attention in the positive psychology literature is religiosity, spirituality or religiousness. Both terms denote the same concept in the current study therefore, they are used interchangeably.

1.2.2 Religiosity

In the last decade, there has been a paradigm shift from the negative attitudes in psychology, concerning religion, to the identification of more positive relations between religion and different aspects of psychological health. Religion is noted to serve multiple purposes in daily life especially in periods of crises. According to Diener and Diener (2008), religion is an active ingredient for happiness. There is a growing literature that supports a connection between religiosity, physical and psychological wellbeing. Research proves that some forms of religiosity are associated with low levels of depression (McCullough and Larson, 1999), a personal well-being (Koenig, McCullough & Larson, 2001), a low risk of divorce and an increase in the degree of marital functionality (Mahoney, Pargament, Tarakeshwar and Swank, 2001). According to Tsang and McCullough (2003) religiosity is a relevant construct for positive psychology because some forms of religiosity correlate significantly with physical and mental health, tolerance, pro-social behavior and positive interpersonal relationships.
According to Hackney and Sanders (2003), defining religiosity in scientific research situation is very difficult because there are multiple definitions and models. Some theorists attempted to make a distinction between religiosity and spirituality (e.g., Shafranske & Maloney, 1990; Richards & Bergin, 1997; Hill & Maltby, 2009). Shafranske and Maloney (1990) define religiosity as representing the adherence to the practices and beliefs of an organized church or religious institution, while spirituality is seen as having a personal, experiential connotation. Religiosity in this sense is concerned with devotion, holiness and piousness. These two terms correspond to what others describe as social religiosity and individual religiosity respectively. Religion is often regarded as one of the adjustment tools to negative events in one’s life. During crises, people often seek religious consolation and meaning from a significant other or God. According to Cook and Guertin (2009), religious practices among children and adolescents promote resiliency in the face of various difficulties. For example childhood trauma is related to increased religious behavior such as frequency of prayer and self-reported spiritual experience (Lawson, Debring, Berg, Vincellete, & Penk, 1998). Within the literature, there are two arguments that support the relationship between childhood abuse and religiosity in adulthood. Some argue that people who experience trauma such as abuse or maltreatment in childhood may question how a benevolent God could allow abuse to occur, and therefore turn away from the worship of God or deny the existence of a divine creator altogether (Wilson & Moran 1998). Alternatively, some authors agree that childhood abuse is generally traumatic, but claim that this trauma may in fact have important consequences for spiritual growth (Garbarino & Bedard 1996). Infliction of horrible deeds on one’s body or mind may undermine or violate beliefs that there is a meaningful order to the universe. This may lead to an increase in one’s spirituality, as the attempt to reestablish a sense of meaning (Tedeschi & Calhoun 2004). It is possible that religion may play an important role in this spiritual development, and people may even seek out or strengthen religious beliefs or
behavior as a way of rebuilding a sense of meaningful order, thus increasing victims’ religiosity.

In this study, a distinction is made between social religiosity and individual religiosity which according to Okulicz-Kozaryn (2009), the former refers to church attendance or participation in religious organization being a social activity or the need to belong whereas the latter refers to belief in God or a personal transcendent experience. Research showed that life satisfaction highly correlates with social religiosity, but to a lesser extent with individual religiosity or belief in God. Exploring religiosity in this study will be very revealing as it is described as dependent on socio-cultural contexts. For instance studies indicate that religion is more important in countries with poor social welfare, church is more important if social mobility is high and religion is more important in religious societies. In fact, Ghana fits appropriately in this context. A study by Gallup International Association ranked Ghana to be one of the most religious nations on earth (General News, August 2012). It is therefore needful to explore how religion relates with childhood abuse and its consequent adult life satisfaction. It is proposed that the relationship between childhood abuse and life satisfaction may be moderated or mediated by the level of religiousness of the adult. With religiosity considered as a coping mechanism against negative events, as social support, and as providing meaningfulness in life, religiosity may moderate the relationship between childhood abuse and life satisfaction by strengthening the degree of correlation. On the other hand, religiosity may act as a mediator by establishing a relationship and/or reduce the degree of the relationship between childhood abuse and life satisfaction.

1.3 Moderating and Mediating Effects of Childhood Abuse – Life Satisfaction Relationship
The issue of how individuals are able to adjust in adulthood following childhood abuse has led to the study of resilience. Theory of resilience has been used to offer an explanation for why some victims have poor health and well-being in adulthood whiles others report relatively better health and well-being. Though negative events like child abuse can have negative outcome on individuals, according to Ferraro and Shippee (2009), the adverse effects are not unchangeable over the life span. Thus, some adults may be resilient to the effects of abuse in childhood and maintain healthy and stable levels of psychological and physical functioning. Several factors may play a role in resilient functioning following childhood abuse (Galea et al., 2007). For example, availability of psychosocial resources during the abuse may foster resilience, thus making room for optimal levels of well-being. This implies that social support in childhood may be a precursor to other positive and protective events, including the development of effective personal control, social networks, and the ability to take advantage of critical turning points and opportunities across the life course (e.g., a good marriage, work stability, educational attainment). Pitzer and Fingerman (2010) suggested that lower levels of psychosocial resources account for deleterious effects of childhood abuse.

Some psychosocial factors like social support, personal control, and close relationships have been extensively researched in the child abuse literature. Springer et al., (2007) has established that the psychosocial resources of personal control and social support weaken the link between childhood physical abuse and adult well-being. Additionally, Shaw and Krause’s (2002) examination of childhood abuse suggested that individuals physically abused by parents as children had higher levels of depression and reported more chronic conditions and that personal control and emotional support in adulthood mediated this association. In sum, previous researches have indicated that the effects of abuse in childhood may vary based on the availability of psychosocial resources like personal control and support. On the
other hand, despite the importance of religion as a psychosocial factor, there has not been enough investigation into how religiosity influences the psychological effects of childhood abuse. Moreover, no study has explored the mediating or moderating effects of religiosity in the childhood abuse and life satisfaction relationship. The investigation of moderating and mediating variables acknowledges that human behavior, experiences, and relationships are complex and interrelated (MacKinnon, 2011). In relation to the present study, the effect of childhood abuse on life satisfaction may be dependent on other underlining factors; therefore exploring these potential factors offers clearer understanding of the present phenomenon of interest. In this vein, religion or being religious is noted to be one of the adjustment tools to negative events in one’s life because during crises, people often seek religious consolation and meaning from a significant other or God. Religiosity as a psychosocial resource is thought to overwhelm all other psychosocial factors explored in the literature because it serves three functions such as coping mechanism against negative events, social support, and providing meaningfulness in life. Two arguments are advanced to explain moderating or mediating role of religiosity in the relationship between childhood abuse and life satisfaction in adulthood. It is argued that people who experience trauma such as abuse or maltreatment in childhood may question how a benevolent God could allow abuse to occur, and therefore turn away from the worship of God or deny the existence of a divine creator whereas it leads to intense spiritual growth in others in a bid to reestablish a sense of meaning thereby becoming more religious. All these aspects of religiosity are potentially relevant for mediating or moderating the psychological effects of childhood abuse.

1.4 Rationale/ Justification of the Study
In sum, the present study is intended to address the neglect of research on the psychological consequences of childhood abuse, specifically, life satisfaction in Ghana. It is also a paradigm shift from psychological problem outcomes of childhood abuse to a more positive psychology factor by focusing on life satisfaction in adulthood. The present study is also an addition to existing literature in positive psychology as an emerging field in Psychology. The study offers a means of testing the applicability of western findings on childhood abuse, religiosity and life satisfaction in the Ghanaian cultural context. Finally, the study conceptualizes the relationship between childhood abuse, religiosity and life satisfaction in the Ghanaian socio-cultural context.

1.5 Research Aim and Objectives

The main aim of the present study is to explore the relationship between childhood abuse, religiosity and life satisfaction among retrospectively abused individuals in Ghana. Specific objectives are:

1. To identify gender differences in the experience of childhood abuse and life satisfaction.
2. To investigate relationship between childhood abuse, religiosity and life satisfaction in adulthood.
3. To find out the extent to which religiosity (social and individual) moderates the relationship between childhood abuse and life satisfaction.
4. To find out the extent to which marital status and gender moderate the relationship between childhood abuse and life satisfaction.

1.6 Relevance of the Study
Childhood abuse is perceived to have potential physical and psychological consequences on individuals in adulthood. Whether victimized personally, being the perpetrator of the act, or knowing someone who was victimized, child abuse is an issue that no one can escape. Because this issue is so pervasive and is a public health concern, efforts are being put in place to reduce the occurrence of violence against children. Apart from this, there are national reports issued yearly on the prevalence of childhood abuse in order to increase awareness. Despite all these efforts, childhood abuse still exists, and it still affects thousands of children each year in Ghana. Eventually, these children grow up into adults, still dealing with the impact of their victimization. As important as government movements are, change occurs on an individual level, hence apart from the awareness, we need to know how victims adjust later in life. This can be achieved if more studies are conducted to find out which factors influence their ability to adjust or otherwise in adulthood. Specifically, this study will help explain how childhood abuse can influence adult life satisfaction and also determine which of the abuses physical, psychological, sexual or neglect has the greatest influence on adult life satisfaction. This study will be one of the few kinds looking at life satisfaction and childhood abuse, and thus will add to the existing literature on childhood abuse in Ghana. Results from this study would inform policy formulation with regards to children’s welfare.

A significant relevance of the present study is that it will inform clinicians so as to know which factors should be of interest during intervention process. According to Kendall-Tackett (2002), adults who seek mental health treatment were victimized as children and often, a myriad of pervasive and debilitating issues that are present in treatment may or may not be as a result of abuse. This is true if the clinician is unable to make the connection between the client’s presenting problems and the potential underlying issue of childhood abuse years or even decades earlier. To facilitate the intervention process and end the vicious cycle associated with abuse, clinicians must be aware of general information about childhood
abuse, as well as some of the long-term effects victims may experience once they mature into adulthood so as to improve quality of life.

The study provides a theoretical and practical basis for further study of childhood abuse in relation to religiosity and life satisfaction in Ghana. A review of the literature reveals that little attention has been given to the investigation of childhood abuse and its relationships with religiosity and life satisfaction in the Ghanaian socio-cultural context. Thus, some practical and potential strategies for improving quality of life in general for such population may have been overlooked. The current theoretical model may also be used as a basis for similar studies in other settings.

Research into child abuse and its associated psychological impacts has significant practical implication to mental health and parenting practices. Research on parent abuse history has indicated strong relationship to parenting behaviours and child adjustment (Riser, 2009). This research is important to informing the risk and resilience as relating to childhood abuse so as to offer appropriate parenting practices that do not expose future generation to other childhood traumatic experiences. Research such as this may lend important information that can be used to develop better intervention and prevention programs relating to improved parenting skills and improved recovery for adults who have been abused or experienced trauma in childhood. The outcomes of the current study may also offer an intervention model in clinical practice as it has been reported that most psychiatric cases have a history of childhood abuse (Kendall, 2011)

Further understanding the complex interrelationship between religiosity, childhood abuse and life satisfaction, and the factors that contribute to the development of these relationships can help to facilitate appropriate policies in pursuance of quality mental health delivery in Ghana. The current study hopes that the individual and societal costs due to psychological ill-health
associated with childhood abuse can be reduced by increasing resilience through development of positive psychosocial resources. Religiosity is proposed as an overwhelming psychosocial factor that not only serves as a coping mechanism against childhood abuse but also as a social support and as providing meaningfulness in life.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This chapter seeks to review the current literature on key study variables, their interrelationships and theories underlying them. Theoretical foundations and their relevance for the various variables are explained and critical analyses of related studies are presented.

2.2 Theoretical Framework

Child abuse has been theoretically explained from different research field perspectives. There are psychological, sociological and medical theories that conceptualized child abuse. From the psychological perspective, abusers are seen as mentally ill, deprived during their own childhood, have some psychological traits such as self-expressed anger, anger control problems, low self-esteem, deficit in empathy, marital problems, difficulties in parenting etc., never bonded with their own mothers i.e. poor mothering imprint, and have authoritarian personality (Sengstock, 2013). However, the principle of parsimony enjoins a researcher to use a framework that clearly and simply explains relationships of the study variables. Clearly, a theory of child abuse alone cannot conceptualize the model being proposed in this study. This is because the psychological impact of child abuse which is the locus of this study does not only depend on the type or extent of abuse suffered, but differs as a result of a number of
variables. Besides, the extent and nature of the impact varies from person to person and not all victims of abuse end up psychologically unhealthy in adulthood. Such individuals are referred to as resilient (Pitzer & Fingerman, 2010). The theory of resilience offers an explanation as to why abused individuals would have better life satisfaction in adulthood depending on the degree of some psychosocial resources.

2.2.1 Resilience Theory (Rutter, 1985)

Resilience is a significant area in positive psychology but has been researched extensively in allied disciplines like social work, sociology and education. According to Houshyar (2005), resilience is used to describe behaviour, intellect, emotional well-being and social functioning. Resilience theory is concerned with the strengths that people demonstrate that enable them to survive negative life experiences. Rutter (1985) and Resnick (2000) indicated that research on resiliency has led to a consolidation of knowledge of protective and risk factors in the face of adversity. As a retrospective study, this framework will offer understanding of why experience of childhood abuse does or does not result in negative outcomes in adulthood. Resilience theory generally posits that the presence of one or more protective factors can reduce the effects of exposure to adversity. The more protective factors or resources available, the more resilient a person will be. It is however noted that resilience is not a stable construct in that levels of resilience may vary with context or situation, even if the resources are the same for individuals. This implies that excessive and prolonged exposure to negative life events, like severe abuse during childhood is likely to undermine wellbeing in adulthood despite the level of resources.

From the forgoing, some adults may be resilient to the effects of abuse in childhood and maintain healthy well-being or better life satisfaction. Abuse during childhood may influence how individuals are satisfied with their life as well as their level of religiosity. Religion is perceived to be one key psychosocial factor that can reduce the negative effects of childhood
abuse. This is based on the assumption that during crises, people seek religious consolation and meaning from a significant being (God or Allah) or derive psychosocial support as a member of a religious group. This support from others and a trust in a significant other may be a precursor to other positive and protective events, including the development of effective personal control, wider social networks, and the ability to take advantage of critical turning points and opportunities throughout the life span.

2.2.2 Set-point and Authentic Happiness Theories (Petersen & Seligman, 2004)

Life satisfaction is related to an individual being happy and content with his/her life. Several theoretical perspectives have been espoused to explain happiness and subjective wellbeing which is related to life satisfaction. Two important theories that are considered in this study are Set-Point Theory and Authentic Happiness Theory (Petersen & Seligman, 2004). The set-point theory posits that the long term subjective wellbeing of adult individuals is stable, because it depends on personality traits and other stable genetic factors (Headey, Schupp, Tucci & Wagner, 2008). That is, the subjective wellbeing of the individual is not influenced by life events since they have minimal impact on the overall wellbeing of the individual. Thus, important psychosocial factors that could influence life satisfaction stemming from subjective wellbeing are not of interest to set-point theorists.

However, several study outcomes have demonstrated the impact of life events on the subjective wellbeing as well as life satisfaction of individual which are in contrast with the position espoused by set-point theorists (e.g. Galea et al., 2007; Pitzer & Fingerman, 2010; Springer et al., 2007; Shaw & Krause, 2002). As result, the set-point theory becomes inadequate in accounting for the long term subjective wellbeing and life satisfaction of the individual though genetic factors play important roles in wellbeing.
The inadequacies of the set-point theory resulted in the emergence of authentic happiness theory of wellbeing to account for some of these inadequacies. This theory postulates that high levels of long term subjective wellbeing and satisfaction stem from a life characterized by meaning and engagement, as well as pleasure (Seligman, Parks and Steen, 2005). This theory is assumed to have strong moral, sometimes biblical or Christian overtones, but is nevertheless clearly empirically testable (Headey, Schupp, Tucci & Wagner, 2008). That is, the authentic happiness theory emphasizes the importance of individual differences in experiencing satisfaction and subjective wellbeing by assuming that life will only appear meaningful to the individual, and will only be satisfying in the long term, if his/her goals or priorities in life are pro-social (altruistic) and are perceived to have intrinsic value, rather than being purely self-oriented and materialistic (Headey, Schupp, Tucci & Wagner, 2008).

Furthermore, it is argued by Petersen and Seligman (2004) that the individual develops various character strengths, which include gratitude, humility and forgiveness as a result of effective engagement in pursuit of these goals/priorities. Thus, religious beliefs and behaviours are viewed by many authentic happiness theorists as a valid approach towards achieving long term subjective wellbeing (Petersen & Seligman, 2004; Myers, 2008). This assumption is relevant in the context of this study as the level of religiosity is a key variable in influencing life satisfaction (e.g. Koenig, McCullough & Larson, 2001; Cook & Guertin, 2009).

Studies have been conducted to determine the applicability and effectiveness of this theory by employing both observational and intervention designs. Some studies have found improvement in feelings of positive affect after performance of random acts of kindness on daily basis (Lyubomirsky, Sheldon & Schkade, 2005) and this positive effect was found to have lasted for several weeks. Similar findings were documented by Fredrickson (2008) who found that exercises involving gratitude (‘counting your blessings’) prolong feelings of
positive affect and lengthen the period before reversion to an SWB baseline or set point occurs (Emmons & McCullogh, 2003; Frederickson & Joiner, 2002). These findings were supported by the works of Myers (2008) and Clark and Lelkes (2008) which established positive relationships between subjective wellbeing and religious beliefs and behaviours.

From the outcomes of the studies to test efficacy of the authentic happiness theory in explaining subjective wellbeing and satisfaction, it can be seen that the theory offers the ground for examining personal characteristics and how they impact the wellbeing and satisfaction of the individual. However, in the context of how experiences of childhood abuse significantly impacts adults life satisfaction, the authentic happiness theory is relatively short of explanations as to the mechanisms that influence the link between the experiences of childhood abuse and adult life satisfaction. On the other hand, the Resilience Theory (Rutter, 1985) which emphasizes the strengths people demonstrate that enable them to survive negative life experiences offers a better explanatory model in the context of this study.

2.3 Review of Related Studies

This section deals with a critical review of empirical related studies linking the various variables. Several studies have been conducted on the impact of childhood abuse on several aspects of adult life as well as how religiosity of individuals impacts their life outcomes. The mediating and moderating impacts of some personal characteristics of the individuals, the relationship between experiences of childhood abuse and adult life outcomes. Some of these studies are reviewed below.

2.3.2 Relationship between Childhood Abuse and Life Satisfaction

Previous studies have found that victims of abuse in childhood typically fare worse than individuals who did not experience such abuse as a result of factors such as lack of positive
relations with others, self-acceptance, personal growth, purpose in life, autonomy, and low self esteem (e.g., Corliss, Cochran, & Mays, 2002; Futa, Nash, Hansen, & Garbin, 2003; Pepin & Banyard, 2006; Greenfield & Marks, 2010). These factors lead people to be dissatisfied with life in later adulthood.

Life satisfaction being defined as a subjective evaluation of overall quality of life as well as psychological wellbeing, a study by Greenfield and Marks (2010) is very close or related to the current investigation. They examined whether retrospectively reported psychological and physical abuse by mothers and fathers was associated with lower scores on adult wellbeing. Wellbeing was measured to include self-acceptance, environmental mastery, personal growth, purpose in life, autonomy, and positive relations with others. They found that reports of psychological abuse by mothers and fathers were associated with lower scores of well-being in adulthood whiles physical abuse by fathers only was associated with poorer psychological wellbeing among adults. Related to this study is another study by Royse, Rompf and Dhooper (1991) who surveyed 640 adults about childhood traumatic events and their current life satisfaction. Their results showed that respondents who had experienced traumatic childhood events rated themselves significantly less satisfied with life and were less likely to be home owners and more likely to live in families with lower incomes than respondents who had not experienced traumatic events. This implies that childhood abuse is not only related to adult life dissatisfaction but can be both antecedent as well as a consequent factor of socio-economic status.

On the contrary, Werner and Smith (2001) who also examined the extent to which the men and women who had experienced child abuse and other risk factors were later satisfied with their lives and positively oriented to the future, found that actually most participants were satisfied with life at age 40 and had maintained realistic goals for education and employment
as adults, and had goals for the future. The implication of their study is that individuals have a remarkable ability to rebound from early life adversities and to appear functional at later life stages, despite the difficulties they endured earlier in life. Further exploring other factors that might influence this outcome is therefore relevant in order to promote behavioral functioning in adults who had experienced childhood abuse. As a focus of this study, examining psychological wellbeing or life satisfaction will advance understanding of child abuse effects and resilience processes.

In a recent related study, Herrenkohl and colleagues (2012) examined the relationship between child maltreatment and indicators of adult psychological wellbeing. Employing longitudinal design, they recruited children of 18 months to 6 years of age into the study and followed them through three decades. By 2010, they located and interviewed 80% of the sample still living. Analyses of their data found that the mean level of anger in adulthood was significantly higher for those identified three decades earlier as having been abused. Mean levels of self-esteem, autonomy, purpose in life, perceived constraints, and happiness and satisfaction with life were lower for those who were abused. In short, child abuse moderately (r < .30) correlated with several psychological well-being indicators and was predictive of adult anger, self-esteem, autonomy, and happiness/life satisfaction. They also found that childhood socioeconomic status, gender, and other sources of data on child abuse accounted for a significant variance in psychological wellbeing.

From the foregoing, it is empirically evident that any form of abuse leads to psychological problems in adult life. Very significant is the established link between childhood abuse and psychological wellbeing but most of these studies lack ecological validity; in that they were carried out mainly in socio-cultural settings that are far different from that of the present study. As indicated, there are major socio-cultural differences regarding the factors that influence the relationship between childhood abuse and its consequences. In this stead, the
present study shifts focus from the extensively researched negative health outcomes to a more positive general wellbeing outcome factor known as life satisfaction in the Ghanaian setting.

2.3.3. Relationship between Religiosity and Life Satisfaction

Previous studies that have examined the relationship between religion and life satisfaction have shown the multiple purpose function of religion in daily life especially in periods of adversity (Okulicz-Kozaryn, 2009; Peacock & Poloma, 1999). In line with this, religion is said to be an active ingredient for happiness and life satisfaction in general. For instance, research supported a connection between religiosity and physical and psychological wellbeing indicating that some forms of religiosity are related to personal wellbeing. According to Peacock and colleague (1999), religious factors may be important in accounting for psychological wellbeing, particularly if social psychological measures of religiosity are used. As indicated, religiosity goes beyond a general conceptualization of religion to include belief, public and private religious practices, and the experiential domain.

Using the 1988 Gallup Survey including 1,030 randomly selected persons, Peacock and colleague (1999) explored four major measures of religiosity namely personal devotion, participation in public ritual, divine interaction, and preference for public or privatized religiosity for seven age groups. They also examined the impact of these religiosity measures on satisfaction with life for each of the major age categories. Their findings revealed that the experiential aspect of religion i.e. a perceived closeness to God was the best predictor of life satisfaction. Personal devotional and public institutional aspects of religiosity and church attendance have a small but positive relationship to life satisfaction.

In an attempt to compare adults and students in Northern Ireland, Lewis (1998) conducted a study aimed at examining the association between religiosity and life satisfaction. He administered the Francis Scale of Attitude towards Christianity and the Satisfaction with Life
Scale to 55 adults and 141 students. Results showed that among the adult sample, a significant association was found between religiosity and life satisfaction for both males and females. On the contrary, among the student sample, no significant association was found for either males or females.

Zulliq, Ward and Horn (2006) also examined the mediating role of self-perceived health between perceived spirituality, religiosity and life satisfaction among a stratified, random sample of university students. Having conceptualized spirituality and religiosity as personal and social respectively, they indicated that perceived spirituality and life satisfaction model was fully mediated by self-perceived health and the perceived religiosity and life satisfaction model was partially mediated by self-perceived health. The results implied that there was a significant relationship between spirituality or religiosity and life satisfaction. To be precise, students who described themselves as spiritual or religious were likely to report greater self-perceived health and greater self-perceived health likely influenced life satisfaction for both men and women.

In a multilevel investigation across nations, Okuliez-Kozaryn (2009) investigated the relationship between religiosity and life satisfaction in 79 nations using World Values Survey data. Solving methodological problems, a random coefficient multilevel model was employed to account for the fact that individuals are different within and across countries. Results indicate that the dimensions of religiosity that relate to social capital predict higher life satisfaction and religious people are happier in religious nations. In other words, it is not only religiosity per se that makes people happy but rather the social setting it offers. It was suggested that people have so called 'need to belong' and religion helps to satisfy it.

To conclude, previous studies indicated a strong association between perceived religiosity and life satisfaction. Undoubtedly, religiosity contributes to meaning and purpose to life, or
more generally, quality of life. In fact, meaning and purpose of life were significantly correlated with life satisfaction because religion places the individual in a milieu of support which offers access to a sense of emotional, cognitive and material security. With most of the studies reviewed above being conducted in developed countries, their results might have been influenced by inherent socio-economic factors specific to those settings. It will therefore be appropriate to explore the relationship between religiosity and life satisfaction in the Ghanaian context.

2.3.4. Relationships between Gender, Childhood Abuse, Religiosity and Life Satisfaction

Research continues to portray child sexual abuse as predominantly perpetrated against female children. For instance, in Australia, in 2003, 76% of recorded sexual assault victims aged under 15 years of age were female and 24% were male (Australian Bureau of Statistics, 2004). A recent review of the prevalence of child sexual assault reported in comprehensive contemporary Australian studies found that males had prevalence rates of 4-8% for penetrative abuse and 12-16% for non-penetrative abuse, while females had prevalence rates of 7-12% for penetrative abuse and 23-36% for non-penetrative abuse (Price-Robertson, Bromfield, & Vassallo, 2010). Research suggests that the sexual abuse of boys is far more common than generally believed (Dorahy & Clearwater, 2012). This may be mainly due to the fact that females are more likely to report abuse than males.

There is increasing research evidence that the disclosure rates of sexual abuse by boys and men are lower than those for girls and women. Earlier research by Easteal (1992) found that 53% of male respondents compared with 37% of female respondents had never disclosed their abuse to anyone. Similarly, Roesler and McKenzie (1994) for example, found that 61% of adult women had told someone as a child compared with 31% of men. More recent research also indicates that men are less likely to disclose child sexual abuse during
childhood compared with women and to make fewer and more selective disclosures (Hunter, 2011; O’Leary & Barber, 2008). O’Leary and Barber, for example, reported that 64% of women but only 26% of men had told someone about the abuse when they were children.

Loewenthal, MacLeod and Cinnirella (2001) examined four religious-cultural groups in the UK using a short measure of religious activity developed to enable measurement comparable between different religious groups. Gender differences were examined among volunteers who were self-defined as Christian, Hindu, Jewish and Muslim. Women described themselves as significantly less religiously active than did men, but this effect was confined to the non-Christian groups. They suggested that the general conclusion that women are more religious than men is culture-specific, and contingent on the measurement method used.

Batson, Schoenrade and Ventis, (1993) also studied predominantly Christian samples and reported higher levels of attendance and Bible study among women than among men. Beit-Hallahmi and Argyle (1997) after their study also concluded that there were higher levels of religious involvement, prayer, experience and overall religiosity among women compared to men, and suggested that these gender differences may be a reflection of greater opportunity among women for religious activity, or perhaps of differences in personality and socialisation.

However, this effect may be culture-specific (Loewenthal, et al., 2001). They explain that many religious traditions differentiate between the religious obligations of men and women, placing greater responsibility upon men to fulfill “religious” duties such as prayer and text study. Traditional Judaism and Islam place less strenuous religious obligations upon women than upon men in some respects, due particularly to the traditional allocation of primary
home making and child care responsibilities to women. For example, attendance at a place of religious worship may be less frequent for Jewish and Muslim women compared to men. Jewish women are not required to pray with a congregation, unlike men, so even very observant women may not attend a place of worship. Muslim women should not enter a mosque during menstruation, so the devout woman would be expected to attend a place of worship less often than a man.

Al-Attiyah and Nasser (2013) sought to determine if there are differences between Qatari males and females with respect to their satisfaction with life and if there are relevant age differences among the youth with regards to their level of satisfaction. A convenience sampling technique was used, and of 319 Qataris from Qatar University and other governmental schools who participated in the study, 151 were male and 168 were female. Results revealed a significant difference between males and females in terms of life satisfaction, but no significant differences were found among age groups.

Gender-related differences have been found in a number of other studies. Diener (1984), for example, provided findings from a review of 13 studies that compared men and women on the level of subjective well-being and found that there was a mean difference between genders. Similarly, differences between males and females regarding their satisfaction with life have also been reported (Dost, 2007).

A significant number of studies have however reported higher male satisfaction (Goldbeck, Schmitz, Besier, Herschbach, & Henrich, 2007). Nonetheless, such studies have been largely inconsistent because of the different instruments that are used in the field and the different age groups that are represented in the samplings (Al-Attiyah & Nasser, 2013).
2.3.5 Gender and Marital Status as Moderators of the relationship between Childhood Abuse and Life Satisfaction

Oshio (2012) investigated gender differences in the associations of life satisfaction with family and social relations among the Japanese elderly. His study found that men are less satisfied with life when living without their spouse; women are less satisfied with life when they live and/or have close relations with their parents-in-law; co-residence with an unmarried son is negatively associated with life satisfaction for both men and women; and, a larger number of friends and social activities enhance life satisfaction for women but not for men. Men are more sensitive than women to overall family relations, while the relative importance of social relations is higher for women. These results confirmed gender differences in the associations of life satisfaction with family and social relations.

Looking at the results from empirical gender research, reliable differences between men and women in relation to well-being have been found for longevity, morbidity, and mental health (Maccoby 1998). Gender differences have also been reported consistently in literature in relation to subjective health, a domain specific aspect of life satisfaction (Tesch-Romer, Motel-Klingebiel & Tomasik, 2008). Women rate their subjective health lower than men (Wurm & Tesch-Romer 2006).

Factors related to the different living conditions of women and men might account for gender differences in SWB. Some authors argue that advances in understanding gender differences in well-being and mental health require appreciating the violence, powerlessness, and lack of access to resources that pervade women’s lives (Russo and Green 1993). In many societies the average living situation of women is indeed disadvantaged as compared to that of men.
Opportunity structures and action resources are unequally distributed between genders in many societies (United Nations Development Programme, 2002).

Botha and Booysen (2012) examined the association between marital status and reported life satisfaction in South Africa. Using the 2008 National Income Dynamics Survey, they found the relationship between marital status and life satisfaction to be heterogeneous. In the overall sample, life satisfaction was found to be significantly higher for married compared to widowed individuals, while the former are more satisfied than those from all other marital statuses. In the overall and female samples, married people are more satisfied compared to those from all other marital status groups. Married men are not significantly more satisfied than men from other marital statuses as a whole. They also found marriage to be positively associated with life satisfaction among women, but not among men.

The finding that married people report higher levels of well-being than those who are divorced, single, widowed, and cohabit is well established (Botha & Booysen, 2012). The fact that marriage may provide a life satisfaction increment over other types of relationships is not surprising, given that marriage provides several advantages and incentives, such as lower mortality risk, sharing in common household goods, and the possibility of combined accumulation of assets and wealth (Waite 1995). Stutzer and Frey (2006) argue that marriage is positively associated with individual well-being. Since marriage provides an additional source of self-esteem, married people are also less likely to be lonely and have the opportunity of gaining from a supportive relationship (Stutzer & Frey 2006).

2.3.6 Moderating Effect of Religiosity on the relationship between Childhood Abuse and Life Satisfaction.
Some researchers have begun to consider the potential role of traumatic experiences on the victim's spirituality and religiousness as well as the role personal religious and spiritual faith might have in recovery from childhood abuse (e.g. Walker, Reid, O’Neill & Brown, 2009). Based on the conceptualization of religiosity in this study as involving both personal and social experience, it looks at the functional value of religiosity to wellbeing or life satisfaction specifically from three perspectives. It considers religiosity as a coping mechanism against negative events, as social support, and as providing meaningfulness in life. All these aspects of religiosity are potentially relevant for mediating or moderating the effects of childhood abuse. Previous empirical researches showed that there is a relationship between childhood abuse and religiosity. For example, Sansone, Kelley and Forbis (2012) investigated the relationship between abuse in childhood and religiosity/spirituality status in adulthood in a medical sample. They used a cross-sectional sample of 317 internal medicine outpatients and assessed childhood abuse by asking a simple question, “As a child, were you the victim of either physical or sexual abuse?” and assessed religiosity/spirituality status with the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale (FACIT-Sp-12). They found that the cohort with abuse in childhood had lower religiosity/spirituality scores.

There are conflicting accounts of the effects of childhood abuse on adult religiosity. A study by Bierman (2005) examined the effects of physical and emotional abuse on adult religiosity and spirituality in a U.S sample of adults at midlife. It was found out that neither abuse from mothers nor from outside the family had an effect on religiosity, but abuse committed by fathers was related to decreases in religiosity, and abuse from outside the immediate family is related to increases in self-ratings of spirituality. They suggested that these results may be related to the image of God as father, which leads victims of abusive fathers to distance themselves from religion. With a relationship between child abuse, religiosity, and wellbeing,
it is expected that religiosity as a psychosocial resource will help moderate the effects of childhood abuse on life satisfaction.

Empirical study by Galea and colleagues (2007) examined the incremental validity of spirituality and religiosity whiles controlling for personality and child abuse history among Maltese college students. A total of 312 undergraduates completed an administered questionnaire which measured the spirituality, childhood trauma experiences, religious practices, positive effect, negative affect and the satisfaction with life. Multiple regression analysis indicated that spirituality but not religious practices predicted positive affect and satisfaction with life after controlling for child abuse history and personality. The study suggested that spirituality may be an important potential source of resiliency for persons with a childhood history of abuse. Based on the outcome that spirituality was able to predict positive but not negative affect suggested spirituality may be especially suited as a useful variable in the positive psychology movement. It is in line with this that the current study conceptualizes religiosity to include individual’s spirituality being tapped by personal experiences with God.

Using attachment theory, Hinnen, Sanderman and Sprangers (2009) investigated whether internal working models of attachment mediated the association between traumatic childhood memories and satisfaction about life in adulthood. They used a convenient sample of 437 participants who completed questionnaires assessing a broad range of childhood memories, working models of attachment and life satisfaction. Having controlled for demographics, relational status and living condition, mediation analyses indicated association between memories about childhood, adult attachment and life satisfaction. It was shown that family warmth and harmony and parental support were associated with attachment security while parental rejection and adverse childhood events like abuse or parental psychopathology were associated with an insecure attachment style. This implied that more securely attached
individuals were more satisfied about their current life than insecurely attached individuals. These outcomes confirmed the attachment theory and highlighted the importance of this theory for understanding how early childhood experiences may impact adult life.

In their meta-analytic review, Walker et al., (2009) were particularly interested in potential role of traumatic experiences on the victim's spirituality and religiousness as well as the role personal religious and spiritual faith might have as they pertain to childhood abuse. They identified 34 studies of child abuse as they relate to spirituality and religiosity that included information on a total of 19,090 participants. The studies were classified according to both the form of abuse and the form of religiousness or spirituality that were examined. The majority of studies indicated either some decline in religiousness or spirituality ($N = 14$) or a combination of both growth and decline ($N = 12$). According to them, 7 studies reviewed gave indications that religiousness or spirituality can moderate the development of posttraumatic symptoms in adulthood.

The present study is meant to explore the effects of child abuse on life satisfaction and also to determine whether religiosity or spirituality may relate to the life satisfaction of victims in adulthood. Empirical research linking childhood abuse and religiosity has shown that victims of abuse tend to have more negative views of God, are less likely to believe in God, and are less likely to be involved in organized religion or not practice a religion (Cook, Guertin, 2010; Bierman, 2005; Kennedy and Drebing 2002). According to Baumeister (1991; cited in Galea et al, 2007), suffering or adversity stimulates the need to seek meaning and since humans question their sufferings far more than their joys, individuals will differ on ways of arriving seeking meaning in their life. On the other hand, religious beliefs and practice may counter hopelessness and form an important part of the search for meaning in life. Hence, it is believed that infliction of horrible deeds on one’s body or mind during childhood may undermine or violate beliefs that there is a meaningful order to the
universe. This may in turn lead to an increase in one’s spirituality, as the attempt to reestablish a sense of meaning propels a person to a higher stage of spiritual growth. It is possible that religion may play an important role in this spiritual development, and people may even seek out or strengthen religious beliefs or behaviour as a way of rebuilding a sense of meaningful order, thus increasing victims’ religiosity. Finally, in order to attain methodological rigor in understanding the relationship between child abuse and religious variables, it is important to control alternative explanations. Some socio-demographic factors are noted to relate with child abuse, life satisfaction as well as religiosity or spirituality; hence it is important to control these factors in order to minimize their influence on the proposed relationships of the study.

2.4 Statement of Hypotheses

The following hypotheses were formulated and tested based on the theoretical models and literature reviewed.

1. There will be a significant difference between males and females in the experience of childhood abuse, religiosity and life satisfaction.

2a. Childhood abuse will negatively influence life satisfaction. That is, higher scores on the childhood abuse measure will lead to lower scores on the life satisfaction measure.

2b. Psychological Abuse, Physical Abuse, Sexual Abuse and Neglect will significantly predict Life Satisfaction.

3a. Perceived religiosity will moderate the relationship between childhood abuse and life satisfaction.
3b. The relationship between Childhood Abuse and Life Satisfaction will be independently moderated by Social Religiosity and Personal Religiosity.

4. The relationship between Childhood Abuse and Life Satisfaction will be independently moderated by Gender and Marital Status.

2.5 Key Variables of the Study

- Childhood Abuse (Independent Variable)
- Life Satisfaction (Dependent Variable)
- Social Religiosity (Moderator Variable)
- Individual Religiosity (Moderator Variable)
- Gender, Marital status (Moderator Variable)
- Age, Educational attainment, Employment Status, (Controlling Variables)
Fig. 1  *Hypothesized Model: Relationships between the Independent, Moderator and Dependent Variables in the Study*

2.6  **Operational Definition of Terms**

**Childhood Abuse:** All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power (WHO, 1999).

**Religiosity:** Individual’s practice of religious faith as a result of personal experience with God and the social experience of religious membership.

**Social Religiosity:** Church attendance or participation in religious organization being a social activity or the need to belong to a religious group.

**Individual Religiosity:** Belief in God or a personal transcendent experience with a significant Superior Being.

**Life Satisfaction:** Subjective evaluation of one’s life as functioning optimally and being happy in life in general or having better quality of life.
Adults: Respondents within the age range of 25 – 60 years who are no more dependent on their parents or guardians.

Employment status: Respondents who are engaged in paid work or otherwise.

Marital status: Employees who are married, single or divorced

Educational attainment: Educational attainment from Middle School/Senior High School level to the highest level of education of employees.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents the methodology that was employed in the conduct of this research. The sections in the chapter describe the various aspects; the population, sample, sampling techniques, measures, research design and procedure.

3.2 Population

The population for this study consisted of all persons with a history of documented childhood abuses and have been once a resident at the Save Our Souls (SOS) Institution in Tema, Ghana. The SOS Institute was established in 1974 by Hermann Gmeiner, a German national to support local children and young people who have been neglected or abused by providing day care, education, medical assistance, psycho-social support and vocational training to them. It has four different locations/homes, known as SOS families. The SOS, Tema serves as a caring home for children with issues regarding care and its related problems. This
population was chosen because SOS Tema has formal histories of their past inmates regarding any form of abuse in their childhood. This information might not be easily accessible in the general population but could be obtained from people who have been at the SOS village in Tema. For these reasons, the SOS, Tema was considered the most authentic and appropriate place to access people with history of child abuse.

3.3 Sample and Sampling Technique:

The sample consisted of one hundred and eighty (180) adults with a history of childhood abuse in any form, purposive and the convenient sampling techniques were used in selecting the 180 respondents. The recruitment was purposive because people with history of childhood abuse were the target group for the study. Also, their recruitment depended on their availability and willingness to participate in the study. The sample characteristics are summarised in Table 3.1.

Table 1: Demographic characteristics of the respondents

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<thead>
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<th>Variable</th>
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<tr>
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<td>82</td>
<td>61.7</td>
</tr>
<tr>
<td>Female</td>
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<td></td>
</tr>
<tr>
<td>Basic: JHS/SHS/MSLC</td>
<td>23</td>
<td>17.6</td>
</tr>
<tr>
<td>Tertiary: Certificate/Diploma</td>
<td>27</td>
<td>20.6</td>
</tr>
<tr>
<td>Tertiary: University Degree</td>
<td>75</td>
<td>57.3</td>
</tr>
<tr>
<td>Others</td>
<td>6</td>
<td>4.6</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>40</td>
<td>30.3</td>
</tr>
<tr>
<td>Single</td>
<td>89</td>
<td>67.4</td>
</tr>
</tbody>
</table>
Divorced & 3 & 2.3 \\
**Religion** & & \\
Orthodox Christian & 51 & 38.3 \\
Charismatic/Christian & 67 & 50.4 \\
Islam & 13 & 9.8 \\
Others & 2 & 1.5 \\

Of the respondents, 61.7% (82) were males and 38.3% (51) were females. Their ages ranged from 18 years to 46 years, with a mean age of 28.22 years ($SD=5.365$). Their educational levels ranged from basic (17.6%), tertiary (78%) and others (4.6%). Regarding marital status, 30.3% (40) were married, 67% (89) were single and 2.3% (3) were divorced. Concerning religion, 50.4% (67) were Christians (charismatic), 38.3% (51) were orthodox Christians, 9.8% (13) were Moslems, and 1.5% (2) belonged to other religions.

**Inclusion and exclusion criteria:** All individuals who have had a history of childhood abuse and were between the ages of 18 and 60 years were included. However, those with noticeable clinical symptoms such as memory problems, or any mental disorder were excluded. Only voluntary respondents were included in the research.

**3.4 Research Design**

The cross-sectional survey design was used for the conduct of this study because the sample is assumed to be a cross-section of the population (those with past history of abuse) and the data was collected from the respondents once. Additionally, in gathering information about people’s views, perception and attitudes on a large scale, the most appropriate design that is normally employed is the survey method.

**3.5 Measures/Instruments**

A set of questionnaires were used and were in five sections with section one comprising of demographic characteristics (e.g. type of religion, sex, age, employment, education, previous
psychological care etc.), section two comprised of Childhood Trauma Questionnaire, section three comprised of the Quality of life scale, section four comprised of Religious Social Support/Activity Subscale of the Religiosity and Spirituality Scale for Youth and the final section consisted of Mature Religiosity Scale. (See Appendix for copy of questionnaire.) Detailed descriptions of the scales are provided as follows:

**Childhood Trauma Questionnaire (CQT)-Short Form (Bernstein et al, 2003):** The CTQ is a 25 item retrospective, self-report measure of childhood abuse and neglect experiences. The central constructs underlying the questionnaire are emotional, physical, neglect, and sexual abuse. The CTQ contains five subscales, three assessing abuse (Emotional, Physical, and Sexual) and two assessing neglect (Emotional and Physical). Each subscale has five items and 5-point frequency of occurrence scale: (1) never true, (2) rarely true, (3) sometimes true, (4) often true, and (5) very often true. Each subscale score ranges from 5 (no history of abuse or neglect) to 25 (very extreme history of abuse and neglect). The short form of the original was used in this study which Bernstein et al, (2003) reported reliability values across the various five subscales across several samples (physical abuse=.83 to .86; emotional abuse=.84 to .89; sexual abuse=.92 to .95; physical neglect=.61 to .78; emotional neglect=.85 to .91). High scores indicate severe abuse and low scores reflect very little abuse.

**Quality of Life Scale (Burckhardt et al. 1989).** This is a 16 item scale developed by Burckhardt et al. (1989) from the Flanagan Quality of Life Scale. The 16 items have a 7-point Likert format response with the following coding, namely; terrible (1), unhappy (2), mostly dissatisfied (3), mixed (4), mostly satisfied (5), delighted (6), pleased (7). The total score on the items can be derived by adding the scores on the individual items to get a composite quality of life score. Scores on the scale ranged from 16 to 112 with a higher score indicating higher quality of life and
lower score indicating low quality of life. Average total score for healthy populations is about 90 point (Burckhardt and Anderson 2003). The scale has a Cronbach alpha of .82

**Religious Social Support/Activity Subscale of the Religiosity and Spirituality Scale for Youth (Hernandez, 2011):** Religious Social Support/Activities consists of 15 items that assess religious social support and participation in other religious activities. This scale is a subscale of the Religiosity and Spirituality Scale for Youth (Hernandez, 2011) which measures both Faith-based Coping and Religious Social Support/Activities. Religious social support is represented both by items that include seeking support from others in the religious community, and by items suggesting giving support in some way (e.g., volunteering, donating money). This factor also includes items assessing various activities related to religious media, such as reading scripture, watching TV/movies, reading books, and listening to music with religious content or themes. A 5-point Likert response format is used and these include; Never (1), Sometimes(2), Mostly (3), Always (4), and Very often (5). A total score is calculated by summing up all the items to yield a composite score with higher scores indicating a better Religious Social Support/Activities and lower scores indicate less Religious Social Support/Activities. Good internal consistency was reported for Religious Social Support/Activities, $\alpha = .95$.

**Mature (Personal) Religiosity Scale (Vries-Schot et al. 2012):** This is a 19 item scale which measures an individual’s level of religious faith. Some of the items in the scale include; ‘In times of trial and tribulation I trust in God’, ‘I am looking for answers to existential questions about death, freedom, isolation, meaninglessness’, ‘I am willing to be accountable to God and my fellow humans about my way of life’, ‘My faith influences all areas of my life’. A 5-point Likert response format was used and this included the following; Totally disagree (1), Moderately Disagree (2), Neither agree nor disagree (3), Moderately Agree (4) and Totally agree (5). Total religious faith score is derived by adding the scores on the individual items to yield a composite score with higher scores indicating higher personal faith and lower scores indicating lower personal religious faith. The scale has good internal consistency with a Cronbach’s alpha of 0.92.
Perceived Religiosity: Is given by the total/composite score on Social religiosity and the Mature Religiosity (Personal) Scales (Vries-Schot et al. 2012).

3.6. Procedure

There were two stages in the study: pilot study and the main study

3.6.1 Pilot Study

A pilot study was conducted on a sample of 26 respondents from the SOS to determine the practicality of the study and pre-test the questionnaires. The internal consistencies of the measures are summarized in the Table 3.2 below;

Table 1.2: Internal Consistencies of the Scales from a Pilot Study

<table>
<thead>
<tr>
<th>Measure</th>
<th>Cronbach Alpha (α)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Trauma Questionnaire-Short Form</td>
<td>.68</td>
</tr>
<tr>
<td>Quality of Life Scale</td>
<td>.86</td>
</tr>
<tr>
<td>Religious Social Support/Activities</td>
<td>.84</td>
</tr>
<tr>
<td>Mature Religiosity Scale</td>
<td>.89</td>
</tr>
</tbody>
</table>

It was observable from the Cronbach alpha values above that the scales for the study had acceptable levels of internal consistency and were therefore considered appropriate for use in the main study.

3.6.2 Main Study
The researcher sought ethical approval and clearance from the Institutional Review Board of the Noguchi Memorial Institute for Medical research. An introduction letter was taken from the Psychology Department to the **SOS village Tema** to seek permission for the conduct of the study. The director of the facility contacted the respondents to inform them of the study and its objectives. This was done because the director has the database of all the people who have benefited from the facility and have had a reported history of childhood abuse.

When the permission was granted, the persons with history of abuse were followed up and their informed consent was sought regarding the conduct of the research with the help of the director. A pilot study was conducted to determine the appropriateness and usefulness of the measures in our culture in terms of reliability and validity. The research questionnaire consisted of all ethical guidelines which respondents read and appended their signatures. Those who wanted it read to them were helped in order to make informed decision as to whether they wanted to be part of the study or not.

After consenting to participate in the study, the director of the Village and the researcher administered the questionnaires by face-to-face or given time to return the completed questionnaires. Respondents who had time to complete the questionnaires on the same day were encouraged and those who could not complete the questionnaires were given two weeks period within which they were visited by the researcher and the director of the Tema SOS Village. However, there were some challenges in retrieving the questionnaires as some of the respondents were not at home or misplaced the questionnaires. The entire data collection process lasted for six weeks. This was because the researcher and the director had to follow up on the respondents individually which posed a lot of challenge to the data collection process. The completed questionnaires were retrieved for coding and analysis.

**3.7 Ethical Considerations**
The American Psychological Association (2002) ethical guidelines were strictly followed during the study. The principle of informed consent which is supposed to be a standard feature for ethical consideration in all social research was strictly observed. Participants were assured of the privacy, anonymity, and confidentiality of data collected and that no individual will be indentified in reports or scientific publications written on the basis of the research findings. The researcher did not engage in any form of deception regarding the aim, content, or nature of the research. Ethics of justice and fairness, objectivity and respecting the dignity of all participants were adhered to. Ethical clearance for the study was approved by the Institutional Review Board of the Noguchi Memorial Institute, University of Ghana).
CHAPTER FOUR

RESULTS

4.1 Introduction

The study examined the influence of childhood abuse on life satisfaction. Four dimensions of childhood abuse were considered, namely, psychological abuse, physical abuse, sexual abuse and neglect. The moderating role of perceived religiosity (social religiosity and personal religiosity), gender and marital status on the relationship between childhood abuse and life satisfaction was also investigated. Gender differences in childhood abuse, religiosity and life satisfaction were also examined. A total of four hypotheses were stated and tested employing the use of the statistical package for social sciences (SPSS) software version 17.0. The analyses have been divided into two main sections, that is, preliminary analyses and test of hypotheses.

4.2 Preliminary Analyses

The preliminary analyses were done in four steps. These were: Analysis of the normal distribution of the variables, descriptive statistics analysis of demographic variables, Reliability analysis and computing the Pearson correlations among the variables of the study. The first preliminary analysis involved the verification of the normality of the data obtained for the study. This analysis revealed that all the study variables (i.e., Childhood Abuse, Psychological Abuse, Physical Abuse, Sexual Abuse, Neglect, Life Satisfaction, Social Religiosity, Personal Religiosity, Perceived Religiosity) were normally distributed or did not substantially deviate from normality as the values for skewness and kurtosis ranged...
between +2 and -2 (Tabachnick and Fidell, 2001). (See Table 2). Therefore, all the variables were used in parametric statistical analysis. Also in regression analysis, it is important that the dependent variable is normally distributed (Tabachnick and Fidell, 2001). Computation of the descriptive statistics of the demographic variables was the next step. This involved summarising the raw data obtained in terms of its demographic characteristic. Results from this analysis are presented in chapter 3 (Table 1).

Coefficient of internal consistency (Cronbach’s α) was also computed to establish the reliability of each of the scales in the questionnaire. Measures had satisfactory reliabilities, with alpha values ranging from .87 to .96 (Table 2). Wells and Wollack (2003) suggest that the coefficient alpha should be equal or higher than .70 if a set of items can constitute a reliable scale.

Table 2: Descriptive statistics and Reliability indices of study variables (N = 133)

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Skewness</th>
<th>Kurtosis</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Abuse</td>
<td>45.68</td>
<td>19.78</td>
<td>.921</td>
<td>-.023</td>
<td>.96</td>
</tr>
<tr>
<td>Psychological Abuse</td>
<td>16.62</td>
<td>6.85</td>
<td>.871</td>
<td>.037</td>
<td>.90</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>9.29</td>
<td>4.65</td>
<td>.786</td>
<td>-.482</td>
<td>.91</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>9.44</td>
<td>5.23</td>
<td>1.117</td>
<td>.218</td>
<td>.94</td>
</tr>
<tr>
<td>Neglect</td>
<td>10.34</td>
<td>5.60</td>
<td>1.168</td>
<td>.467</td>
<td>.93</td>
</tr>
<tr>
<td>Life Satisfaction</td>
<td>62.27</td>
<td>8.09</td>
<td>-.227</td>
<td>.372</td>
<td>.87</td>
</tr>
<tr>
<td>Social Religiosity</td>
<td>42.11</td>
<td>10.35</td>
<td>.322</td>
<td>-.356</td>
<td>.90</td>
</tr>
<tr>
<td>Personal Religiosity</td>
<td>81.64</td>
<td>10.30</td>
<td>-2.042</td>
<td>1.452</td>
<td>.91</td>
</tr>
<tr>
<td>Perceived Religiosity</td>
<td>123.75</td>
<td>17.41</td>
<td>-.703</td>
<td>1.918</td>
<td>.92</td>
</tr>
</tbody>
</table>
Table 2 shows that with the exception of psychological abuse, scores on the other three subscales of child abuse are rather low. This suggests that the intensities of different types of abuse were reported to be low. Also, the sample scores (average of 62.27) were below average total score (90) for healthy population on the QLS (Burckhardt and Anderson 2003). This suggests that generally, the quality of life for the sample (adults who experienced child abuse) was low.

Finally, as part of the preliminary analyses, the Pearson correlations among all the variables under study as well as the demographic variables were also computed and the summary of the results are detailed in Table 3.
Table 3: Pearson’s correlation coefficients among the study variables

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Age</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Child abuse</td>
<td>.171</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Psychological/Emotional Abuse</td>
<td>.240**</td>
<td>.937**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Physical Abuse</td>
<td>.121</td>
<td>.844**</td>
<td>.723**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Sexual Abuse</td>
<td>.090</td>
<td>.844**</td>
<td>.710**</td>
<td>.646**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Neglect</td>
<td>.126</td>
<td>.888**</td>
<td>.814**</td>
<td>.656**</td>
<td>.631**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Life Satisfaction</td>
<td>-.101</td>
<td>-.346**</td>
<td>-.328**</td>
<td>-.315**</td>
<td>-.230**</td>
<td>-.343**</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Social Religiosity</td>
<td>.085</td>
<td>.152</td>
<td>.178*</td>
<td>.075</td>
<td>.161</td>
<td>.103</td>
<td>.145</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Personal Religiosity</td>
<td>.108</td>
<td>-.006</td>
<td>.032</td>
<td>-.024</td>
<td>-.023</td>
<td>-.019</td>
<td>.233**</td>
<td>.421**</td>
<td>-</td>
</tr>
<tr>
<td>10.</td>
<td>Perceived Religiosity</td>
<td>.114</td>
<td>.086</td>
<td>.125</td>
<td>.030</td>
<td>.082</td>
<td>.050</td>
<td>.224**</td>
<td>.844**</td>
<td>.842**</td>
</tr>
</tbody>
</table>

***p < .001; **p < .01; *p < .05, N = 133
Table 3 shows that there were some relationships between the abuse subscales (.631, .646 and .656) but these correlations are not high (above .7) to suggest multicollinearity. Therefore all the subscales can be included in one regression analysis in hypothesis testing as the model would not be confounded by multicollinearity. Also, gender was not included in the correlation matrix as it was measured on categorical scale (male or female), and all the other variables in the matrix were measured on continuous scales.

4.3 HYPOTHESES TESTING

In testing the hypotheses, two main parametric statistical tests were used. They are Multivariate Analysis of Variance (MANOVA) and Multiple Regression analysis. The details of the analyses are presented below.

The first hypothesis was tested using MANOVA. MANOVA is used to determine whether there are any differences between independent groups on more than one continuous dependent variable. Since hypothesis 1 sought to examine gender differences in childhood abuse, religiosity and life satisfaction (continuous dependent variables), this test was appropriate.

To test the rest of the hypotheses, multiple regression analysis was used. Specifically, standard (Hypothesis 2) and hierarchical (Hypothesis 3) regression analysis were used. In a hierarchical regression procedure, a single variable or set of variables are entered into an equation in a specified hierarchical order. On the addition of each new set, an $R^2$ (the proportion of the variance in the criterion variable accounted for by the predictors) is determined (Cohen & Cohen
1983). To test for the moderation effects, the procedures proposed by Baron and Kenny (1986) were used. This is because it is generally accepted and widely used in other studies testing moderation effects. According to Baron and Kenny, testing a moderation effect involves four stages:

- **Step 1** - Centre (standardize) both the predictor & the moderator. Centring is a linear transformation method which eliminates problems associated with multi-co linearity. It is achieved by subtracting the mean value for a variable from each score for that variable (Lingard & Francis, 2006).

- **Step 2** - Calculate the interaction term (i.e., predictor X moderator) using the standardized values.

- **Step 3** - Regress the outcome variable on the predictor, moderator, and their interaction. That is, in the hierarchical regression analysis, the predictor should be entered in the first block, the moderator(s) in the second block and the interaction terms in the third block.

- **Step 4** - If the interaction effect is significant (i.e., if $\beta$ of predictor X moderator is significant), then there is a moderation effect. However, if the interaction term was not significant, no moderation effect was apparent.

**HYPOTHESIS 1**

*Males and Females will differ in terms of childhood abuse, religiosity and life satisfaction.* The Multivariate Analysis of Variance was used to test this hypothesis. Summary of results are
presented in Tables 4 and 5 below. Table 4 details the descriptive statistics whiles Table 5 summarizes the MANOVA results.

Table 4: Means and standard deviations for Childhood Abuse, Perceived Religiosity and Life Satisfaction by Gender

<table>
<thead>
<tr>
<th></th>
<th>Gender</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Abuse</td>
<td>Male</td>
<td>43.54</td>
<td>17.373</td>
<td>82</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>51.80</td>
<td>24.647</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>46.71</td>
<td>20.775</td>
<td>133</td>
</tr>
<tr>
<td>Perceived Religiosity</td>
<td>Male</td>
<td>124.11</td>
<td>16.955</td>
<td>82</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>123.18</td>
<td>18.269</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>123.75</td>
<td>17.408</td>
<td>133</td>
</tr>
<tr>
<td>Life Satisfaction</td>
<td>Male</td>
<td>62.11</td>
<td>7.538</td>
<td>82</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>62.53</td>
<td>8.972</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>62.27</td>
<td>8.087</td>
<td>133</td>
</tr>
</tbody>
</table>
Table 5: Results of multivariate analysis of variance for Childhood Abuse, Perceived Religiosity and Life Satisfaction by Gender

<table>
<thead>
<tr>
<th>Source</th>
<th>Dependent Variable</th>
<th>Type III Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Childhood Abuse</td>
<td>2149.134</td>
<td>1</td>
<td>2149.134</td>
<td>5.136</td>
<td>.025*</td>
</tr>
<tr>
<td></td>
<td>Perceived Religiosity</td>
<td>27.388</td>
<td>1</td>
<td>27.388</td>
<td>.090</td>
<td>.765</td>
</tr>
<tr>
<td></td>
<td>Life Satisfaction</td>
<td>5.538</td>
<td>1</td>
<td>5.538</td>
<td>.084</td>
<td>.772</td>
</tr>
<tr>
<td>Error</td>
<td>Childhood Abuse</td>
<td>54820.429</td>
<td>131</td>
<td>418.477</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Perceived Religiosity</td>
<td>39971.424</td>
<td>131</td>
<td>305.125</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Life Satisfaction</td>
<td>8626.718</td>
<td>131</td>
<td>65.853</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>Childhood Abuse</td>
<td>347112.000</td>
<td>133</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Perceived Religiosity</td>
<td>2076831.000</td>
<td>133</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Life Satisfaction</td>
<td>524358.000</td>
<td>133</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .05

The results suggest that, there were no gender differences on the combined dependent variables, that is, childhood abuse, religiosity and life satisfaction \( [F(3, 129) = 2.365, \ p = .07; \ \text{Wilks Lambda} = .95] \). When the results for the dependent variables were considered separately, the only difference to reach statistical significance using the alpha level of .05 was childhood abuse \( [F (1, 131) = 5.136, \ p < .05] \). An inspection of the mean scores indicated that Females (\( M=\)
51.80, *SD* = 17.37) reported higher childhood abuse than Males (*M* = 43.54, *SD* = 24.65). Thus, gender differences exist in childhood abuse. No gender differences were however found in Religiosity [*F* (1, 131) = .090, *p* = .765] and Life satisfaction [*F*(1, 131) = .084, *p* = .772]. Therefore the first hypothesis that *Males and Females will differ in terms of childhood abuse, religiosity and life satisfaction* was partly supported by the results.

**HYPOTHESIS 2a**

*Childhood abuse will significantly influence life satisfaction.* The standard multiple regression analysis was used to test this hypothesis. Summary of the results are presented in Table 6.

**Table 6: Results of Standard Multiple Regression Analysis for Childhood Abuse as a predictor of Life satisfaction**

<table>
<thead>
<tr>
<th>Model</th>
<th>B</th>
<th>Std. Error</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>68.727</td>
<td>1.624</td>
</tr>
<tr>
<td></td>
<td>Childhood Abuse</td>
<td>-.138</td>
<td>.032</td>
</tr>
</tbody>
</table>

*R^2* = .119, ***p < .001

Result from the standard multiple regression analysis indicated that childhood abuse significantly predicted life satisfaction [*F* (1, 131) = 18.901, *p* < .001]. It contributed 11.9% of the variance in
life satisfaction. Thus, hypotheses 2a stated as *Childhood abuse will significantly influence life satisfaction* was supported.

**HYPOTHESIS 2b**

*Psychological Abuse, Physical Abuse, Sexual Abuse and Neglect will significantly predict Life Satisfaction*. The standard multiple regression analysis was again used to test this hypothesis. Summary of the results are presented in Table 7.

**Table 7: Results of Standard Multiple Regression Analysis for Psychological Abuse, Physical Abuse, Sexual Abuse and Neglect as a predictors of Life satisfaction**

<table>
<thead>
<tr>
<th>Model</th>
<th>B</th>
<th>Std. Error</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>68.756</td>
<td>1.769</td>
</tr>
<tr>
<td></td>
<td>Psychological/Emotional Abuse</td>
<td>-.116</td>
<td>.195</td>
</tr>
<tr>
<td></td>
<td>Physical Abuse</td>
<td>-.268</td>
<td>.217</td>
</tr>
<tr>
<td></td>
<td>Sexual Abuse</td>
<td>.105</td>
<td>.186</td>
</tr>
<tr>
<td></td>
<td>Neglect</td>
<td>-.296</td>
<td>.208</td>
</tr>
</tbody>
</table>
Given that there were no high multi co linearity problems among the psychological abuse sub scales (correlations .631 to .656, which were not high, see Table 3) the three sub scales were accordingly entered into a single regression model. Therefore problems of high multi co linearity would not confound the regression.

Result from the standard multiple regression analysis indicated that Psychological Abuse, Physical Abuse, Sexual Abuse and Neglect collectively made significant contributions to the model \( F(4, 128) = 4.999, \ p = .001 \). Looking at the variables individually however, Psychological Abuse (\( \beta = -.099, p > .05 \)), Physical Abuse (\( \beta = -.154, p > .05 \)) Sexual Abuse (\( \beta = .069, p > .05 \)) and Neglect (\( \beta = -.205, p > .05 \)) all did not significantly predict Life satisfaction. Thus, hypotheses 2b stated as Psychological Abuse, Physical Abuse, Sexual Abuse and Neglect will significantly predict Life Satisfaction was not supported.

HYPOTHESES 3a

Perceived religiosity will moderate the relationship between childhood abuse and life satisfaction. The procedures proposed by Baron and Kenny (1986) were used to test this hypothesis. Following this, the dependent variable, that is, Life satisfaction was regressed on Perceived Religiosity, and then on the interaction terms. Specifically, childhood abuse (the independent variable) was entered in the first block, Perceived Religiosity (the moderator) in the second block and childhood abuse X Perceived Religiosity (the interaction term) in the third block. Summary of the results of the analysis are presented in Table 8 below.
Table 8: Results of Hierarchical Multiple Regression Analyses for the moderation effect of Perceived Religiosity on the Childhood Abuse – Life Satisfaction relationship

<table>
<thead>
<tr>
<th>Model</th>
<th>$B$</th>
<th>Std. Error</th>
<th>$\beta$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>62.271</td>
<td>.660</td>
</tr>
<tr>
<td></td>
<td>Childhood Abuse</td>
<td>-.141</td>
<td>.034</td>
</tr>
<tr>
<td>2</td>
<td>(Constant)</td>
<td>62.271</td>
<td>.638</td>
</tr>
<tr>
<td></td>
<td>Childhood Abuse</td>
<td>-.150</td>
<td>.032</td>
</tr>
<tr>
<td></td>
<td>Perceived Religiosity</td>
<td>.119</td>
<td>.037</td>
</tr>
<tr>
<td>3</td>
<td>(Constant)</td>
<td>62.128</td>
<td>.629</td>
</tr>
<tr>
<td></td>
<td>Childhood Abuse</td>
<td>-.168</td>
<td>.033</td>
</tr>
<tr>
<td></td>
<td>Perceived Religiosity</td>
<td>.138</td>
<td>.037</td>
</tr>
<tr>
<td></td>
<td>Abuse x Perceived Religiosity</td>
<td>.005</td>
<td>.002</td>
</tr>
</tbody>
</table>

$R^2 = .120$, 185 and .222 for steps 1, 2 and 3 respectively. $\Delta R^2 = .065$ and .037 for steps 2 and 3, ***$p < .001$, **$p < .01$, *$p < .05$

The results indicated that Childhood Abuse had a significant influence on Life Satisfaction [$F(3, 129) = 12.238, p < .001$]. The interaction term (i.e. Childhood Abuse X Perceived Religiosity) was significant ($\beta = .200, p < .05$). This indicates that, Perceived Religiosity significantly moderated the Childhood Abuse – Life Satisfaction relationship. In view of this, Hypothesis 3a
stated as *Perceived religiosity will moderate the relationship between childhood abuse and life satisfaction* was supported.

**HYPOTHESIS 3b**

*The relationship between Childhood Abuse and Life Satisfaction will be independently moderated by Social Religiosity and Personal Religiosity.* Here, childhood abuse (the independent variable) was entered in the first block, social religiosity and personal religiosity (the moderators) in the second block and childhood abuse X social religiosity and childhood abuse X personal religiosity (the interaction terms) in the third block. Summary of the results of the analysis are presented in Table 9.
Table 9: Results of Hierarchical Multiple Regression Analyses for the moderation effect of Social Religiosity and Personal religiosity on the Childhood Abuse – Life Satisfaction relationship

<table>
<thead>
<tr>
<th>Model</th>
<th>B</th>
<th>Std. Error</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>62.271</td>
<td>.660</td>
</tr>
<tr>
<td></td>
<td>Childhood Abuse</td>
<td>-.141</td>
<td>.034</td>
</tr>
<tr>
<td>2</td>
<td>(Constant)</td>
<td>62.271</td>
<td>.640</td>
</tr>
<tr>
<td></td>
<td>Childhood Abuse</td>
<td>-.149</td>
<td>.033</td>
</tr>
<tr>
<td></td>
<td>Social Religiosity</td>
<td>.098</td>
<td>.069</td>
</tr>
<tr>
<td></td>
<td>Personal Religiosity</td>
<td>.140</td>
<td>.069</td>
</tr>
<tr>
<td>3</td>
<td>(Constant)</td>
<td>62.181</td>
<td>.638</td>
</tr>
<tr>
<td></td>
<td>Childhood Abuse</td>
<td>-.164</td>
<td>.034</td>
</tr>
<tr>
<td></td>
<td>Social Religiosity</td>
<td>.130</td>
<td>.069</td>
</tr>
<tr>
<td></td>
<td>Personal Religiosity</td>
<td>.143</td>
<td>.068</td>
</tr>
<tr>
<td></td>
<td>Abuse x Social Religiosity</td>
<td>.003</td>
<td>.003</td>
</tr>
<tr>
<td></td>
<td>Abuse x Personal Religiosity</td>
<td>.007</td>
<td>.003</td>
</tr>
</tbody>
</table>

$R^2 = .120, 186$ and $.224$ for steps 1, 2 and 3 respectively. $\Delta R^2 = .066$ and $.039$ for steps 2 and 3, ***$p < .001$, **$p < .01$, *$p < .05$
The results indicated that a significant model emerged \[ F(2, 127) = 7.345, p < .001 \]. The analysis show that Childhood Abuse interacted with Personal Religiosity (i.e. Childhood Abuse X Personal Religiosity) to significantly predict Life Satisfaction (\( \beta = .163, p < .05 \)). This indicates that, Personal Religiosity significantly moderated the Childhood Abuse – Life Satisfaction relationship. Contrary to expectation however, Social religiosity (\( \beta = .084, p > .05 \)) was not found to moderate the Childhood Abuse – Life Satisfaction relationship. Therefore, Hypothesis 3b stated as the relationship between Childhood Abuse and Life Satisfaction will be independently moderated by Social Religiosity and Personal Religiosity was partly supported.

**HYPOTHESIS 4**

The relationship between Childhood Abuse and Life Satisfaction will be independently moderated by Gender and Marital Status. The procedures proposed by Baron and Kenny (1986) were again used to test this hypothesis. Childhood Abuse (the independent variable) was entered in the first block, Gender and Marital Status (the moderators) in the second block and Childhood Abuse X Gender and Childhood Abuse X Marital Satisfaction (the interaction terms) in the third block. Summary of the results of the analysis are presented in Table 10.
Table 10: Results of Hierarchical Multiple Regression Analyses for the moderation effect of Gender and Marital Status on the Childhood Abuse – Life Satisfaction relationship

<table>
<thead>
<tr>
<th>Model</th>
<th>B</th>
<th>Std. Error</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>62.216</td>
<td>.663</td>
</tr>
<tr>
<td></td>
<td>Childhood Abuse</td>
<td>-.141</td>
<td>.034</td>
</tr>
<tr>
<td>2</td>
<td>(Constant)</td>
<td>60.702</td>
<td>3.001</td>
</tr>
<tr>
<td></td>
<td>Childhood Abuse</td>
<td>-.146</td>
<td>.034</td>
</tr>
<tr>
<td></td>
<td>Gender</td>
<td>1.337</td>
<td>1.383</td>
</tr>
<tr>
<td></td>
<td>Marital Status</td>
<td>-.197</td>
<td>1.349</td>
</tr>
<tr>
<td>3</td>
<td>(Constant)</td>
<td>60.226</td>
<td>3.121</td>
</tr>
<tr>
<td></td>
<td>Childhood Abuse</td>
<td>-.150</td>
<td>.158</td>
</tr>
<tr>
<td></td>
<td>Gender</td>
<td>1.266</td>
<td>1.393</td>
</tr>
<tr>
<td></td>
<td>Marital Status</td>
<td>.081</td>
<td>1.442</td>
</tr>
<tr>
<td></td>
<td>Abuse x Gender</td>
<td>.045</td>
<td>.068</td>
</tr>
<tr>
<td></td>
<td>Abuse x Marital Status</td>
<td>-.036</td>
<td>.066</td>
</tr>
</tbody>
</table>

$R^2 = .120, .126$ and .131 for steps 1, 2 and 3 respectively. $\Delta R^2 = .006$ and .005 for steps 2 and 3, ***$p < .001$

The results indicated that Childhood Abuse had a significant influence on Life Satisfaction [$F(3, 129) = 12.238, p < .001$]. The analysis further shows that Childhood Abuse did not interact with Gender (i.e. Childhood Abuse X Gender) to significantly predict Life Satisfaction ($\beta = .175, p > .05$). This indicates that, Gender did not significantly moderate the Childhood Abuse – Life
Satisfaction relationship. Again, Marital status ($\beta = -.160, p > .05$) was not found to moderate the Childhood Abuse – Life Satisfaction relationship. Hence, the fourth hypothesis that the relationship between Childhood Abuse and Life Satisfaction will be independently moderated by Gender and Marital Status was not supported.

4.4 SUMMARY OF RESULTS

Below is a summary of the main findings of the study.

1. Childhood abuse was found to be higher among females compared to their male counterparts. No gender differences were however found with respect to religiosity and life satisfaction.
2. Childhood abuse was found to significantly influence life satisfaction. However, the components of child abuse (psychological abuse, physical abuse, sexual abuse and neglect) did not independently and significantly predict Life Satisfaction.
3. Perceived religiosity (personal and social) were found to moderate the relationship between childhood abuse and life satisfaction.
4. Gender and Marital status were however not found to moderate the relationship between life satisfaction and childhood abuse.
CHAPTER FIVE

DISCUSSION

5.1 Introduction

The study generally sought to explore the relationship between childhood abuse, religiosity and life satisfaction among retrospectively abused individuals in Ghana. In this regard, the study investigated the predictive relationship between childhood abuse (as a whole and its four components) and life satisfaction. The moderation effects of perceived religiosity, social religiosity, individual religiosity, gender and marital status on this relationship was also examined. The study also sought to identify gender differences in the experience of childhood abuse, religiosity and life satisfaction. The results showed that childhood abuse significantly influenced life satisfaction. Its components (i.e. Psychological Abuse, Physical Abuse, Sexual Abuse and Neglect) were found not to independently predict Life Satisfaction. The results further indicated that perceived religiosity and personal religiosity moderated the relationship between childhood abuse and life satisfaction. Social Religiosity, Gender and Marital Status were found not to moderate this relationship. Finally, childhood abuse was found to be higher among Females compared to their Male counterparts. No gender differences were found with respect to religiosity and life satisfaction.

Based on the results obtained for the study, the model of the study was revised. The revised model is presented below.
In discussing these findings, gender differences in childhood abuse, religiosity and life satisfaction will be addressed first. This will be followed by a discussion of the relationship between childhood abuse and its components and life satisfaction and finally a discussion of the moderation hypotheses.

5.2 Gender differences in Childhood Abuse, Religiosity and Life Satisfaction

The first hypothesis investigated gender differences in childhood abuse, religiosity and life satisfaction among participants of the study. The hypothesis was stated as *Males and Females will differ in terms of childhood abuse, religiosity and life satisfaction.* This hypothesis was partly supported indicating that males and females differed in their experience of childhood abuse but not religiosity and life satisfaction.
5.2.1 Gender and Childhood Abuse

The results of the study suggested that females experience more childhood abuse than males. The finding is largely consistent with previous findings. This is in view of the fact that research continues to portray child sexual abuse as predominantly perpetrated against female children. For instance, in Australia, in 2003, 76% of recorded sexual assault victims aged under 15 years of age were female and 24% were male (Australian Bureau of Statistics, 2004). Research suggests that the sexual abuse of boys is far more common than generally believed (Dorahy & Clearwater, 2012). This may be mainly due to the fact that females are more likely to report abuse than males.

There is increasing research evidence that the disclosure rates of sexual abuse by boys and men are lower than those for girls and women. Earlier research by Easteal (1992) found that 53% of male respondents compared with 37% of female respondents had never disclosed their abuse to anyone. Similarly, Roesler and McKenzie (1994) for example, found that 61% of adult women had told someone as a child compared with 31% of men. More recent research also indicates that men are less likely to disclose child sexual abuse during childhood compared with women and to make fewer and more selective disclosures (Hunter, 2011; O'Leary & Barber, 2008). O'Leary and Barber, for example, reported that 64% of women but only 26% of men had told someone about the abuse when they were children.

Women are more likely to experience abuse largely because of the male dominance of women. Men are more likely to be competitive than women and naturally desire power and control. The
same need that drives men to try to subdue other people or groups in their own society can also drive them to dominate, oppress and abuse women. Again, girls may be more vulnerable to abuse because the people most likely to abuse them (e.g. Fathers, Uncles, Brothers etc. as some reports suggest) are right in their homes.

5.2.2 Gender and Religiosity

Findings from the present study indicated that males and females did not differ in terms of religiosity. This finding is however not consistent with previous findings in the area due to the fact that previous research has largely found gender differences in terms of religiosity. Loewenthal, MacLeod and Cinnirella (2001) examined four religious-cultural groups in the UK using a short measure of religious activity developed to enable measurement comparable between different religious groups. Gender differences were examined among volunteers who were self-defined as Christian, Hindu, Jewish and Muslim. Women described themselves as significantly less religiously active than did men, but this effect was confined to the non-Christian groups. They suggested that the general conclusion that women are more religious than men is culture-specific, and contingent on the measurement method used.

Batson, Schoenrade and Ventis, (1993) also studied predominantly Christian samples and reported higher levels of attendance and Bible study among women than among men. Beit-Hallahmi and Argyle (1997) after their study also concluded that there were higher levels of religious involvement, prayer, experience and overall religiosity among women compared to
men, and suggested that these gender differences may be a reflection of greater opportunity among women for religious activity, or perhaps of differences in personality and socialisation.

However, this effect may be culture-specific (Loewenthal, et al., 2001). They explain that many religious traditions differentiate between the religious obligations of men and women, placing greater responsibility upon men to fulfill “religious” duties such as prayer and text study. Traditional Judaism and Islam place less strenuous religious obligations upon women than upon men in some respects, due particularly to the traditional allocation of primary home making and child care responsibilities to women. For example, attendance at a place of religious worship may be less frequent for Jewish and Muslim women compared to men. Jewish women are not required to pray with a congregation, unlike men, so even very observant women may not attend a place of worship. Muslim women should not enter a mosque during menstruation, so the devout woman would be expected to attend a place of worship less often than a man.

Women are generally thought of to be more religious than men because they are more submissive, passive, obedient and nurturing than are males, characteristics associated with higher levels of religiosity (Mol, 1985). It may appear that male and female participants in the present study did not differ significantly in the characteristics associated with religiosity listed above. As Loewenthal, et al., (2001) suggested, the general conclusion that women are more religious than men is culture-specific and that many religious traditions differentiate between the religious obligations of men and women thereby making gender differences in religiosity plausible. A majority of the participants of the present study are Christians (88.7%), and Christianity in Ghana is not noted for differentiating between religious obligations for men and women.
Therefore, the study’s finding that males and females do not differ in terms of religiosity is understandable.

5.2.3 Gender and Life Satisfaction

As indicated earlier, this study did not find any significant differences in life satisfaction among males and females. This finding is inconsistent with previous findings. For example Al-Attiyah and Nasser (2013) sought to determine if there are differences between Qatari males and females with respect to their satisfaction with life and if there are relevant age differences among the youth with regards to their level of satisfaction. A convenience sampling technique was used, and of 319 Qatars from Qatar University and other governmental schools, who participated in the study, 151 were male and 168 were female. Results revealed a significant difference between males and females in terms of life satisfaction, but no significant differences were found among age groups.

Gender-related differences have been found in a number of other studies. Diener (1984), for example, provided findings from a review of 13 studies that compared men and women on the level of subjective well-being found that there was a mean difference between genders. Similarly, differences between males and females regarding their satisfaction with life have also been reported (Dost, 2007).

A significant number of studies have however reported higher male satisfaction (Goldbeck, Schmitz, Besier, Herschbach, & Henrich, 2007). Nonetheless, such studies have been largely
inconsistent because of the different instruments that are used in the field and the different age groups that are represented in the samplings (Al-Attiyah & Nasser, 2013).

The finding of the study is however not surprising taking into account factors that could influence life satisfaction. As indicated earlier, life satisfaction is influenced by various domains of life such as recreation, love, marriage, joy, affection, optimism, pride, friendship, and work. It is likely that these factors have more influence on a person’s life satisfaction than his/her gender.

5.3 Relationship between Childhood Abuse and Life Satisfaction

Hypothesis 2a was stated as *Childhood abuse will significantly influence life satisfaction* and sought to examine the predictive relationship between childhood abuse and life satisfaction. This hypothesis was supported suggesting that life satisfaction was significantly influenced by childhood abuse. This finding is consistent with previous findings. Previous studies have found that victims of abuse in childhood typically fare worse than individuals who did not experience such abuse as a result of factors such as lack of positive relations with others, self-acceptance, personal growth, purpose in life, autonomy, and low self esteem (e.g., Corliss, Cochran, & Mays, 2002; Futa, Nash, Hansen, & Garbin, 2003; Pepin & Banyard, 2006; Greenfield & Marks, 2010). These factors lead people to be dissatisfied with life in later adulthood.

In another study Herrenkohl and colleagues (2012) found that anger was higher among adults who had been abused as children. They also found that mean levels of self-esteem, autonomy, purpose in life, perceived constraints, and happiness and satisfaction with life were lower for those who were abused. They arrived at this conclusion after examining the relationship between
child maltreatment and indicators of adult psychological wellbeing employing a longitudinal design. They recruited children of 18 months to 6 years of age into the study and followed them through three decades. By 2010, they located and interviewed 80% of the sample still living. Their study revealed that child abuse moderately correlated with several psychological well-being indicators and was predictive of adult anger, self-esteem, autonomy, and happiness/life satisfaction. They also found that childhood socioeconomic status, gender, and other sources of data on child abuse accounted for a significant variance in psychological wellbeing.

Contrary to the above however, Werner and Smith (2001) also examined the extent to which the men and women who had experienced childhood abuse and other risk factors were later satisfied with their lives and positively oriented to the future. They found that most participants were satisfied with life at age forty (40) and had maintained realistic goals for education and employment as adults, and had goals for the future. The implication of their study is that individuals have a remarkable ability to rebound from early life adversities and to appear functional at later life stages, despite the difficulties they endured earlier in life.

Findings from the present study however support the proposition that childhood abuse is a very important social problem which has both short and long term effects. As Pepin and Banyard (2006) rightly put it, the experience of childhood abuse has detrimental implications not only for childhood health and well-being but also for health and well-being in adulthood. This is because childhood abuse puts people at risk of depression, posttraumatic stress disorder, participation in harmful activities like substance abuse, obesity, eating disorders, suicide, high risk sexual behaviours, smoking, sleep difficulties, difficulties in relationships, and having negative beliefs
and attitudes towards self and others (Kendall-Tackett, 2002). These ultimately affect the individual’s satisfaction with his/her life.

Hypothesis 2b sought to find out if the components of childhood abuse independently influence life satisfaction. It was stated as *Psychological Abuse, Physical Abuse, Sexual Abuse and Neglect will significantly predict Life Satisfaction.* This hypothesis was however not supported. This suggests that though childhood abuse as a construct significantly influenced life satisfaction, its components did not individually influence life satisfaction.

The study of happiness falls under the investigations of subjective well-being (SWB) from which satisfaction with life (SWL) or life satisfaction emerged. The SWB construct was first introduced by Diener in early 1980s (Diener, Suh, Lucas & Smith, 1999) and it is in three categories known as global judgments of satisfaction, positive and negative affects and domain satisfaction. Each of the three major facets of SWB can in turn be broken into subdivisions. Global satisfaction can be divided into satisfaction with the various domains of life such as recreation, love, marriage, friendship, and work. These domains can in turn be divided into facets. Pleasant affect can be divided into specific emotions such as joy, affection, optimism and pride. Finally, unpleasant affect can be separated into specific emotions and moods such as shame, guilt, sadness, anger, and anxiety. It is therefore not surprising that individual components of childhood abuse could not independently influence life satisfaction.

This finding is not consistent with previous findings. For instance Greenfield and Marks (2010) examined whether retrospectively reported psychological and physical abuse by mothers and
fathers was associated with lower scores on adult wellbeing. Wellbeing was measured to include self-acceptance, environmental mastery, personal growth, purpose in life, autonomy, and positive relations with others. They found that reports of psychological abuse by mothers and fathers were associated with lower scores of well-being in adulthood whiles physical abuse by fathers only was associated with poorer psychological wellbeing among adults.

The implication of the present finding is that, for a person’s life satisfaction to be adversely affected, he/she will have to suffer all of the forms of abuse namely, psychological, physical and sexual abuse and neglect. This might not be surprising probably because of the broad nature of the life satisfaction construct. Since life satisfaction itself is affected by so many factors, it is likely that a significant number of factors must work together to have a significant impact on a person’s life satisfaction as a whole. In view of this, a person who does not suffer a little of all forms of abuse might not have his/her life satisfaction adversely affected.

5.4 Religiosity, Gender and Marital Status as Moderators of the Childhood Abuse – Life satisfaction Relationship

The study examined the effectiveness of perceived religiosity, personal religiosity, social religiosity, gender and marital status as moderators of the childhood abuse – life satisfaction relationship. Results show that only perceived and personal religiosity moderated the relationship between childhood abuse and life satisfaction.

5.4.1 Religiosity as a Moderator

As stated above, perceived religiosity and personal religiosity moderated the childhood abuse –
life satisfaction relationship, but social religiosity did not. Hypotheses 3a and 3b stated as

Perceived religiosity will moderate the relationship between childhood abuse and life satisfaction and the relationship between Childhood Abuse and Life Satisfaction will be independently moderated by Social Religiosity and Personal Religiosity respectively were used to investigate this. These findings are consistent with previous findings and related literature.

For instance, in their meta-analytic review, Walker et al., (2009) were particularly interested in the potential role of traumatic experiences on the victim's spirituality and religiousness as well as the role personal religious and spiritual faith might have as they pertain to childhood abuse. They identified 34 studies of child abuse as they relate to spirituality and religiosity that included information on a total of 19,090 participants. The studies were classified according to both the form of abuse and the form of religiousness or spirituality that were examined. The majority of studies indicated either some decline in religiousness or spirituality or a combination of both growth and decline. According to them, seven studies reviewed gave indications that religiousness or spirituality can moderate the development of posttraumatic symptoms, a condition that could affect a person’s life satisfaction in adulthood.

In another study, Galea and colleagues (2007) examined the incremental validity of spirituality and religiosity whiles controlling for personality and child abuse history among Maltese college students. A total of 312 undergraduates completed an administered questionnaire which measured the spirituality, childhood trauma experiences, religious practices, positive effect, negative effect and their satisfaction with life. Multiple regression analysis indicated that spirituality but not religious practices predicted positive affect and satisfaction with life after
controlling for child abuse history and personality. The study suggested that spirituality may be an important potential source of resiliency for persons with a childhood history of abuse. Based on the outcome that spirituality was able to predict positive but not negative affect suggested spirituality may be especially suited as a useful variable in the positive psychology movement.

In spite of the above, there are conflicting accounts of the effects of childhood abuse on adult religiosity. A study by Bierman (2005) examined the effects of physical and emotional abuse on adult religiosity and spirituality in a U.S sample of adults at midlife. It was found out that neither abuse from mothers nor from outside the family had an effect on religiosity, but abuse committed by fathers was related to decreases in religiosity, and abuse from outside the immediate family is related to increases in self-ratings of spirituality. They suggested that these results may be related to the image of God as father, which leads victims of abusive fathers to distance themselves from religion. With a relationship between child abuse, religiosity, and wellbeing, it was expected that religiosity as a psychosocial resource will help moderate the effects of childhood abuse on life satisfaction.

Religiosity is an important factor that can buffer the effects of childhood abuse on life satisfaction as suggested by the findings of the present study. As indicated by Baumeister (1991; cited in Galea et al, 2007), suffering or adversity stimulates the need to seek meaning, and since humans question their sufferings far more than their joys, individuals will differ on ways of arriving at seeking meaning in their life. Religious beliefs and practices may counter hopelessness and form an important part of the search for meaning in life. Hence, it is believed that infliction of horrible deeds on one’s body or mind during childhood may undermine or
violate beliefs that there is a meaningful order to the universe but this may in turn lead to an increase in one’s spirituality, as the attempt to reestablish a sense of meaning propels a person to a higher stage of spiritual growth. It is possible that religion may play an important role in this spiritual development, and people may even seek out or strengthen religious beliefs or behavior as a way of rebuilding a sense of meaningful order, thus increasing victims’ religiosity.

5.4.2 Gender and Marital Status as Moderators

The fourth hypothesis was stated as the relationship between Childhood Abuse and Life Satisfaction will be independently moderated by Gender and Marital Status. This hypothesis was not supported indicating that both gender and marital status did not effectively moderate the relationship between childhood abuse and life satisfaction. These findings are not in congruence with other related findings by other researchers.

Oshio (2012) investigated gender differences in the associations of life satisfaction with family and social relations among the Japanese elderly. His study found that men are less satisfied with life when living without their spouse; women are less satisfied with life when they live and/or have close relations with their parents-in-law; co-residence with an unmarried son is negatively associated with life satisfaction for both men and women; and, a larger number of friends and social activities enhance life satisfaction for women but not for men. Men are more sensitive than women to overall family relations, while the relative importance of social relations is higher for women. These results confirmed gender differences in the associations of life satisfaction with family and social relations.
Looking at the results from empirical gender research, reliable differences between men and women in relation to well-being have been found for longevity, morbidity, and mental health (Maccoby 1998). Gender differences have also been reported consistently in literature in relation to subjective health, a domain specific aspect of life satisfaction (Tesch-Romer, Motel-Klingebiel & Tomasik, 2008). Women rate their subjective health lower than men (Wurm & Tesch-Romer 2006).

Factors related to the different living conditions of women and men might account for gender differences in SWB. Some authors argue that advances in understanding gender differences in well-being and mental health require appreciating the violence, powerlessness, and lack of access to resources that pervade women’s lives (Russo and Green 1993). In many societies the average living situation of women is indeed disadvantaged as compared to that of men. Opportunity structures and action resources are unequally distributed between genders in many societies (United Nations Development Programme, 2002).

Though gender differences in well-being and life satisfaction have been overwhelmingly established in the literature, gender per se may not serve as an adequate resource that could be used to buffer the harmful effects of childhood abuse on life satisfaction.

Botha and Booysen (2012) examined the association between marital status and reported life satisfaction in South Africa. Using the 2008 National Income Dynamics Survey, they found the relationship between marital status and life satisfaction to be heterogeneous. In the overall sample, life satisfaction was found to be significantly higher for married compared to widowed
individuals, while the former are more satisfied than those from all other marital statuses. In the overall and female samples, married people are more satisfied compared to those from all other marital status groups. Married men are not significantly more satisfied than men from other marital statuses as a whole. They also found marriage to be positively associated with life satisfaction among women, but not among men.

The finding that married people report higher levels of well-being than those who are divorced, single, widowed, and cohabit is well established (Botha & Booysen, 2012). The fact that marriage may provide a life satisfaction increment over other types of relationships is not surprising, given that marriage provides several advantages and incentives, such as lower mortality risk, sharing in common household goods, and the possibility of combined accumulation of assets and wealth (Waite 1995). Stutzer and Frey (2006) argue that marriage is positively associated with individual well-being, since marriage provides an additional source of self-esteem. Married people are also less likely to be lonely and have the opportunity of gaining from a supportive relationship (Stutzer & Frey 2006). In view of the above positive effects of marriage, it was expected that marital status would serve as a resource that could be used to buffer the harmful effects of childhood abuse on life satisfaction, but that was not the case in the present study.

5.5 LIMITATIONS OF THE STUDY

Though the design and methodology for this study was robust enough, there were some limitations of the study that needs to be noted. In the first place the present study is a correlational one and also a survey and thus was limited with regards to establishing cause and
effect relationships. A general limitation of a survey is that, though it can establish whether or not a relationship exists between two variables, is not sufficient to determine the direction of causality. In spite of this limitation, the present study provides benchmark data on which future studies can be conducted to establish cause and effect relationships using experimentation or any other method of investigation. Looking at the variables that were investigated (especially childhood abuse), a longitudinal study would have been more appropriate. It would have allowed the researcher to study abused individuals more comprehensively. However, looking at the limited time within which the project had to be completed, the researcher had to rely on retrospective report of childhood abuse.

The study used self-reported data through the use of questionnaire. Self-reported data is limited by the fact that it rarely can be independently verified. In other words, the researcher would have to take what people say, whether in interviews, focus groups, or on questionnaires, at face value. However, self-reported data contain certain potential sources of bias that should be noted as limitations. These include selective memory (remembering or not remembering experiences or events that occurred at some point in the past) and exaggeration (the act of representing outcomes or embellishing events as more significant than is actually suggested from other data).

Moreover, the researcher hoped to use a larger sample size than what was used since this would have increased the statistical power of the study. However, this was not the case due to apathy on the part of some of the potential participants towards responding to the questionnaire. However, based on the recommendations of Stevens (1996), the sample size used was enough to get a reliable equation.
5.6 RECOMMENDATIONS FOR PRACTICE AND FUTURE RESEARCH

Findings from this study have implications for theory and practice. By way of theoretical significance, the study will provide benchmark data and add to existing literature on childhood abuse and its effects in Ghana. This would allow for a cross-cultural comparison of the findings from other research settings.

A WHO (2002) report on child abuse and neglect suggests that to break the cycle of maltreatment and reduce the likelihood of long-term consequences of childhood abuse and neglect, communities must continue to develop and implement strategies that prevent abuse or neglect from happening. While experts agree that the causes of child abuse and neglect are complex, it is possible to develop prevention initiatives that address known risk factors (WHO, 2002).

The report indicates that some of the most effective responses for combating child abuse and neglect focus on child-rearing, parent-child relationships and the family environment. These include training in parenting (i.e. providing parents with information about child development as well as attachment and bonding, and teaching them to use consistent child-rearing methods and how to manage family conflict) and home visitation programmes involving regular visits from a nurse or other health professional to the homes of families in special need of support with childcare or where there is an identified risk of child maltreatment. Interventions may include counselling, training and referrals to specialists or other agencies.
Programmes that focus primarily on keeping the family unit intact without necessarily addressing the underlying causes of the problem, however, are less effective. Those that include high levels of participant involvement, using an approach that builds on the strengths of the family, and that involve an element of social support, seem to produce better results than those without these components. Health care professionals have a key role to play in identifying, treating and referring cases of abuse and neglect and in reporting suspected cases of maltreatment to the appropriate authorities. To facilitate the detection and reporting of abuse, a number of health care organizations have developed training programmes.

Other approaches to prevent child abuse and neglect focus on therapy and other services for children who have witnessed or experienced abuse and legal remedies such as arrest and prosecution policies, child protection services and mandatory and voluntary reporting systems to aid in the identification of cases of abuse.

There are two main recommendations for future research. Firstly, the overall model of childhood abuse explaining life satisfaction was not strong (R Square = .119). That is, only 11.9% of the variance in life satisfaction was accounted for by childhood. This suggests that about 88% of the variance in life satisfaction can be attributed to other factors that require further investigation. Also, future research in this area needs to continue to tease out gender differences in victims’ experiences of childhood sexual abuse, the impact of mediating variables on survivors’ future functioning and their adjustment in all spheres of their life (Cashmore & Shackel, 2013). This is due to the fact that questions still remain as to why reports of abuse are lower among males. This understanding will assist in the identification, treatment and prevention of child sexual abuse. Importantly, this knowledge is key to survivors of
childhood sexual abuse. Being able to disclose their experiences in a safe and supportive environment, and gaining access to effective services and support will help them deal with their experiences and consequences.

5.7 CONCLUSION

As indicated earlier, child abuse is a very important social problem that has become worldwide. It has a long history but received attention only from the 19th century when the number of cases continues to increase each year. Reports indicate that child abuse is reported every 10 seconds in the world and 5 to 6 children die each day as a result of child abuse or neglect. The impact of child abuse and neglect is often discussed in terms of physical, psychological, behavioral, and societal consequences.

In view of this, the present study mainly sought to explore the relationship between childhood abuse, religiosity and life satisfaction among retrospectively abused individuals in Ghana. The moderation effects of perceived religiosity, social religiosity, individual religiosity, gender and marital status on this relationship was also examined. It was found that childhood abuse significantly influenced life satisfaction. The results further indicated that perceived religiosity and personal religiosity moderated the relationship between childhood abuse and life satisfaction. Finally, childhood abuse was found to be higher among Females as compared to Males. These findings lend credence to the proposition that child abuse has negative consequences on the individual and the society at large. More research is therefore needed in this area in order to understand the concept fully so as to help us devise ways of mitigating its harmful effects.
REFERENCES


Paludi (Eds.), Psychology of women: A handbook of issues and theories (pp. 379–436). Westport, CT: Greenwood.


Draper, B., Pfaff, J., Pirkis, J., Snowdon, J., Lautenschlager, N., & Wilson, I. (2007). *Long-Term Effects of Childhood Abuse on the Quality of Life and Health of Older People: Results from the Depression and early prevention of Suicide in General Practice Project*. JAGS.


APPENDIX

Research Instruments

Department of Psychology
University of Ghana
To whom it may concern
Dear Respondent,

Research Questionnaire

This study is in partial fulfillment of a Master of Philosophy (MPhil) Degree in Clinical Psychology

My research is to assess childhood abuse and level of religiosity and how these impact on satisfaction with your life.

This questionnaire is for only adults aged 25 years and above who are independent of their parents or guardians.

All responses would be treated with the strictest of confidentiality.

Participation is completely voluntary. There are no right or wrong answers. It is the expression of your real thoughts and feelings that is important

Your cooperation is most valued and appreciated and I take this opportunity to thank you in advance for your participation.

All further enquiries concerning this study may be forwarded to:

Principal Researcher
Naomi Dodoo
Tel. 0244 873 910
E-mail: araamaal@yahoo.com

OR

Research Supervisors
Prof. S. Danquah/Dr. M. Asumeng
Department of Psychology
P.O. Box LG 84, University of
SECTION A: CHILDHOOD TRAUMA QUESTIONNAIRE

These questions ask about some of your experiences growing up as a child and teenager. For each question, circle the number that best describes how you feel. Although some of these questions are of a personal nature, please try to answer as honestly as you can. Responses range from 1- Never true to 5- Very often true. Please tick (√) or circle the number that corresponds with your option.

<table>
<thead>
<tr>
<th>When I was growing up........</th>
<th>Never true</th>
<th>Rarely true</th>
<th>Sometimes true</th>
<th>Often true</th>
<th>Very often true</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. People in my family called me names like “stupid”, “lazy”, “ugly”, “idiot” etc.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. I thought that my parents wished I have never been born</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. People in my family said hurtful or insulting things to me</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Someone in my family hated me</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I believe that I was emotionally abused</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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<tr>
<td>6. I got hit so hard by someone in my family that I had to go see a doctor or go to the hospital</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7. People in my family hit me so hard that it left me with bruises or marks</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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<tr>
<td>8. I was punished with a belt, a board, a cord or some other hard object</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>9. I believe that I was physically abused</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>10. I got hit or beaten so badly that it was noticed by someone like a teacher, neighbour or doctor</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>11. Someone tried to touch me in a sexual way or tried to make me touch them</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>12. Someone threatened to hurt me or tell lies about me unless I did something sexual with them</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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<tr>
<td>13. Someone tried to make me do sexual things or watch sexual things</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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<tr>
<td>14. Someone molested me</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>15. I believe that I was sexually abused</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>16. There was someone in my family who helped me feel that I was</td>
<td>1 2 3 4 5</td>
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important or special

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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17. I felt loved</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. People in my family looked out for each other</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19. People in my family felt close to each other</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20. My family was a source of strength and support</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>21. I didn’t have enough to eat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>22. I got taken care of by my family</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>23. My parents were too drunk or high to take care of the family</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>24. I had to wear dirty clothes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>25. I lived with different people at different times (like different relatives or foster family)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**SECTION B: LIFE SATISFACTION QUESTIONNAIRE**

Please read each item and circle the number that best describes how satisfied you are at this time. Please answer each item even if you do not currently participate in an activity or have a relationship. You can be satisfied or dissatisfied with not doing the activity or having the relationship.

**Please to what extent are you satisfied/happy or dissatisfied/unhappy with the following:**

<table>
<thead>
<tr>
<th></th>
<th>Very dissatisfied/unhappy</th>
<th>Dissatisfied/Unhappy</th>
<th>Unsure</th>
<th>Satisfied/Happy</th>
<th>Very satisfied/happy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Material comforts, home, food, conveniences, financial security</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Health - being physically fit and vigorous</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Relationships with parents, siblings &amp; other relatives-communicating, visiting, helping</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Having and rearing children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Close relationships with spouse or significant other</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Close friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>Helping and encouraging others, volunteering, giving advice</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>Participating in organizations and public affairs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
### SECTION C: People have different beliefs and activities related to God/Allah.

Please read each item carefully and rate how often you do each activity or how much you believe each item to be true. Use the following answer choices:

1 = I never do OR believe this  
2 = I do OR believe this some of the time  
3 = I do OR believe this most of the time  
4 = I always do OR believe this  
5 = I very often OR believe this very often  

*Note that the term “holy scriptures” refers to the holy writings such as the Bible, Quran, or Torah depending on your religion.

<table>
<thead>
<tr>
<th>Item</th>
<th>I do or believe this……</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
</tr>
<tr>
<td>1. I talk with others about my religious beliefs</td>
<td>1</td>
</tr>
<tr>
<td>2. I give others spiritual advice</td>
<td>1</td>
</tr>
<tr>
<td>3. I read books about God (other than holy scriptures)</td>
<td>1</td>
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<tr>
<td>4. I watch religious TV shows or movies</td>
<td>1</td>
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</table>
SECTION D: This section seeks your opinion on your personal faith in God/Allah. Please circle the one number for each item that comes closest to reflecting your opinion about it. Your choices are interpreted as: 1 = totally disagree, 2 = moderately disagree, 3 = neither disagree nor agree, 4 = moderately agree, 5 = totally agree

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Totally disagree</th>
<th>Moderately Disagree</th>
<th>Neither agree nor disagree</th>
<th>Moderately Agree</th>
<th>Totally agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In times of trial and tribulation I trust in God</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>2. I pursue higher values such as love, truth and justice</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. The development of my personality and my faith influence each other mutually</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Question</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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<td>4. I am looking for answers to existential questions about for example death, freedom, isolation, meaninglessness</td>
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<tr>
<td>5. As a person I am only fully complete in a relationship with God</td>
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<td>6. I am willing to be accountable to God and my fellow humans about my way of life</td>
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<td>7. My faith influences all areas of my life</td>
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<td>8. I have the idea that I entrust myself more and more to God</td>
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<td>9. Out of my sense that God loves human beings, I pursue to love my fellow man</td>
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<td>10. My sense of self-esteem is connected to who I am and not so much to what I have</td>
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<tr>
<td>11. The meaning and significance of my life is in my relationship with God</td>
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<tr>
<td>12. My faith is oriented to values that transcend physical and social needs</td>
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<tr>
<td>13. The experience of God in my life motivates me to decide for the good, even if this is difficult</td>
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<td>14. My personal freedom is limited by responsibility for God’s creation</td>
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<td>15. My behaviour is directed at both my own freedom and responsibility for others</td>
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<td>16. I believe sincerely, not mainly out of obligation or fear</td>
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<td>17. Knowing God’s love is fundamental for my life</td>
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<td>18. For me, praying for and doing justice belong together inextricably</td>
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<td>19. My religion supports my sense of self-esteem and identity</td>
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</tbody>
</table>

**SECTION E: DEMOGRAPHICAL INFORMATION**

Please indicate or tick the following appropriately as it applies to you

1. Sex [ ] Male [ ] Female

2. Age

3. Highest Level of Education: [ ] JHS/ SHS/MSL Certificate [ ]
Tertiary Certificate/Diploma

☐ University Degree

☐ Others (Please state…………………………)

4. Marital status:  
Married  ☐  
Single  ☐  
Divorced  ☐  
Widowed  ☐  
Separated  ☐

5. Religion  
☐ Orthodox Christian  
☐ Charismatic/Spiritual Christian  
☐ Islam  
☐ Others (Please state………………………….)