

BRUISED BY THEIR TRANSGRESSIONS: A PHENOMENOLOGICAL STUDY OF
HEALING FROM TRAUMATIC RELIGIOUS EXPERIENCES

by

Sharron Riley-Seymour

Liberty University

A Dissertation Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

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ABSTRACT

This phenomenological study explored the impacts of religious/spiritual abuse (RSA) on women abused by Christian religious leaders in their adulthood, describing their treatment experiences and identifying effective elements of their healing processes. Semi-structured interviews were conducted with 11 women who had experienced RSA in adulthood. Four central research questions guided the interview protocol: 1) How do participants describe what led them to seek therapy? 2) How do participants describe their therapeutic/healing processes? 3) How do participants describe what they found helpful/not helpful or effective/ineffective in their treatment/healing processes? 4) How do participants describe factors influencing their treatment/healing processes? The interviews were analyzed using reflexive thematic analysis (RTA) with 12 distinct themes identified that offer insight into the experience and healing of RSA. This study contributes to the current body of knowledge by providing an in-depth exploration of RSA experienced by women in their adulthood. Its findings emphasize the importance of addressing RSA and highlight the urgent need for awareness, prevention, and intervention efforts addressing RSA within Christian contexts. The factors identified as impacting the healing process offer valuable information for mental health professionals and others working with survivors of RSA.

Keywords: religious abuse, trauma, adult victims, sexual abuse, clergy-related abuse, #ChurchToo

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Dedication

This dissertation is dedicated to R. S. J. You entered my life because of childhood trauma involving abuse by a religious leader. I was too young to know the complexity of those dynamics then or to understand how watching your pain and how trauma has encapsulated your life would lead me to this place. I couldn't make the world safer for you. My familial and emotional connection to you also meant I have often felt helpless at my own inability to be more instrumental in your healing. I hope you can stand tall in this endeavor, knowing that in your name, I will do all I can to make this world safer and bring about effective healing efforts for others who share your experiences or who have been hurt in other ways by those professing to carry the mantle of God.

I also dedicate this manuscript to the clients who trusted me with their healing when I was ignorant of the concepts of religious abuse or religious trauma. You were my first teachers. You brought about a full-circle moment, triggering my lived experiences with R. S. J. and highlighting the significant need that awakened the call within. I commenced this journey carrying you with me, desiring to do all I could to be the therapist worthy of your choosing.

Acknowledgments

Scripture admonishes us not to withhold good from those it is due when it is in our power to do so. With this thought, I offer the goodness of my honor and immeasurable appreciation to the many who shared their goodness in many forms, all enabling the undertaking and completion of this academic endeavor.

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As I reflected on the women’s stories and my feelings after each interview, my heart was often warmed and brought to a place of peace and gratitude for the one and only Bishop Marichal Monts. I believe in my heart that God gave us to each other. Your integrity and compassion for God’s children let me know this work is not in vain. It serves as a beacon of light that there are healthy religious leaders who work hard to exemplify the standards of God and who can help facilitate healing for all who have been hurt in God’s name and in His house.

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CHAPTER 1: INTRODUCTION TO THE STUDY

Introduction

The church has long been an environment turned to as a source of comfort, where people congregate to learn values and strategies for daily living and to support them in making meaning of the human experience. From Scripture, the purpose of the church is clear. In Hebrews 10:24-25 (*English Standard Bible [ESB]*, 2001), the people of God are encouraged to gather together and “stir up one another to love and good works.” Hence, the church is where followers of Christ meet to praise him in song, obtain teaching, where God’s will is revealed, and where His word is interpreted (*New International Bible [NIB]*, 2011, 1 Cor.14:26). Further, it is designated to be the place where God’s truth is protected (1 Tim. 3:15).

Decades of research have validated the benefits of belonging to religious organizations when used according to these biblical intentions (C. M. Brown, 2020; ten Kate et al., 2017; Whitehead & Bergeman, 2020). For instance, church involvement is viewed as social capital and is deemed a protective resource in therapeutic settings (Cashwell & Swindle, 2018). Unfortunately, there are far too many times that acts contrary to those purposes occur. These acts range from minor disputes amongst church members to outright abusive acts by religious leaders. When the latter occurs, the church goes from being the place sought for edification and healing to an environment of devastation and significant emotional and spiritual wounding.

The term *religious/spiritual abuse* (RSA) is often used to refer to experiences in which religious leaders or institutions use theological doctrines and power structures to exercise power over an individual or group and engage in emotional, mental, physical,

sexual, or financial violations (Cashwell & Swindle, 2018; Vernon, 2019). These forms of abuse impact people of all demographic profiles and religious affiliations. However, much of the attention to this phenomenon, both in mainstream media and through scientific inquiry, has centered around the abuse of children by Catholic priests (Plante, 2020a; Rashid & Barron, 2019). This is at least partly due to patterns of secrecy and cover-ups impacting disclosure from other victims (de Weger, 2020, 2022a), as well as the unique context in which these abuses occur. For instance, harmful acts occurring in, or connected in any way to the church, are often faced with ingroup behavior patterns aimed at protecting the church's integrity, which is centered on it being a beacon of morality (Harper et al., 2020; Harper & Perkins, 2018).

Yet, despite barriers to reporting, studies conducted by the Center for the Prevention of Sexual and Domestic Violence indicate that approximately 15% of religious leaders across denominations have engaged in sexual misconduct (Yardley, 2002). Further, estimates suggest that one out of every forty women who regularly (at least monthly) attend religious services have been subjected to sexual advances by a clergy member or leader in their congregation (Chaves & Garland, 2009). However, with many who experience nonconsensual sexual experiences demonstrating difficulty identifying their experience as sexual violence and sexual contact between clergy and adult congregants often being labeled as “an affair between consenting adults,” the prevalence may be far greater (Cashwell & Swindle, 2018; de Weger, 2016, 2022b; Garland & Argueta, 2010; Kilimnik & Meston, 2019). Moreover, this only accounts for one form of RSA, indicating that the amount of people harmed in religious contexts is vast and still greatly under-recognized.

Background

Secrecy and silence are fundamental features of most forms of abuse and key factors in underreporting (McPhillips, 2018a). However, in the case of religious abuse, they are features, responses to, and consequences of the abuse (Oakley et al., 2018; Oakley & Humphreys, 2019). In some cases, the encouragement or requiring of secrecy is used to groom people for abuse (Spraitz & Bowen, 2021; Winters et al., 2022). Victims are made to feel favored, priming them for the violations that follow. Once the abuse ensues, Scripture is often misused, and religious concepts such as forgiveness are employed to instill confusion, shame, and guilt to maintain a victim's silence. This is done by both the abuser and governing bodies within the church. As a result, a powerful network is formed which, in the supposed interest of the church, revictimizes survivors by silencing and isolating them (Ayodele, 2019; Clites, 2022; Crisp, 2010; Garland & Argueta, 2010; Rashid & Barron, 2019; Royal Commission into Institutional Responses to Child Sexual Abuse, 2017; Scarsella & Krehbiel, 2019; Spraitz & Bowen, 2021).

While silence may give the perception that occurrences of abuse are a rarity in the church and that its carnage is minimal, research indicates otherwise. Abuse, in general, has consistently been linked to profound social, emotional, physical, and spiritual injuries. In addition, when abuses occur in childhood, development is often arrested, and victims bear the scars for the duration of their lives (Blakemore et al., 2017; Dressing et al., 2017, 2019; Dye, 2018; Easton et al., 2019). Further, research indicates that the closer the relationship is between a perpetrator and victim, the more dependent the victim is on the perpetrator and the more at risk that person is for poor psychological and behavioral outcomes (Andersson et al., 2020; Lauricella et al., 2022; Maciel & Basto-Pereira, 2020;

Wills et al., 2022). What closer role can one hold than being turned to for comfort, guidance, understanding, and leading a person to salvation?

While abuses by religious leaders are similar to those by other perpetrators concerning their characteristics and the negative mental, social, and behavioral health outcomes, the effects in religious contexts are distinct (McGraw et al., 2019; Panchuk, 2018; Pereda et al., 2022; Prusak & Schab, 2022). The trust people place in those overseeing their souls makes them more vulnerable to abuses of power by clergy. It also disturbs victims' ability to identify, describe, and make meaning of their experiences (Landa et al., 2019). This places victims, both minors and adults, at increased risk for post-traumatic stress disorder (PTSD) and dissociative disorders (Bell et al., 2019; Bogen et al., 2022; Heyder, 2022; Marotta-Walters, 2015). In addition, as members of the clergy are often viewed idealistically as representations of morality and "goodness," victims experience what is referred to as *religious duress*, conflicting feelings of security, respect, and fear (Awaad & Riaz, 2020; Benkert & Doyle, 2009; Plante, 2020b; Spraitz & Bowen, 2021). The ensuing distrust becomes pervasive and often extends to God (Isely et al., 2008; McGraw et al., 2019; Pereda et al., 2022), resulting in crises of faith, alterations to religious beliefs, and at times the abandoning of faith and complete disengagement from the church (Leo et al., 2021; Prusak & Schab, 2022; Stevens et al., 2019). Therefore, people's dependency on their religious leaders may increase their risk for adverse outcomes when abuses occur. However, voluntary and involuntary isolation when abuses occur also blocks the protective benefits of social support, proper identification of the experience as abuse, speedy response, and affirmation of innocence (Crisp, 2010; Easton et al., 2019).

Social sciences have championed our recognition and understanding of RSA's prevalence, characteristics, and unique impacts. Yet, there has been less effort toward pursuing and establishing theological underpinnings to contextualize this phenomenon. RSA is a theological crisis that demands a theological solution (Edwards & Humphrey, 2020; Faggioli, 2019; Zollner, 2019). Nevertheless, there is a significant gap in the theological discourse regarding the experience and impact of clergy-related abuse. Some have even asserted that Christianity is "inadequate" in addressing the issue due to an assumed inherent vulnerability to be more lenient in evaluating the moral failings of the church and susceptibility to engage in self-protection by engaging in biased inquiry and responses to abuse reports (Zamzow, 2018). Besides, when confronted by acts of abuse perpetrated by the religious elite, those viewed as representations of Christ, reconciling this truth with theological assertions of God as all-powerful, loving, and full of grace presents unique challenges.

In response to this theological crisis, many have advocated for a "trauma theology," a framework that acknowledges God's intentions for humanity and addresses human vulnerability (Kidd, 2019; Rambo, 2019; Suh & Kim, 2019). This framework would aim to accompany victims on their journey, standing on biblical truths, accounting for human suffering, and attending to wounds as demonstrations (not just claims) of God's goodness and love (Groenewald, 2018; Rambo, 2019; Wendel, 2022).

While a "trauma theology" does not yet exist, theological concepts and biblical truths have been emphasized within several branches of theology to aid our understanding of and approach to healing victims of religious trauma. For example, it has been suggested that by reflecting on God's intentions for humanity, religious leaders,

sexuality, and the church, a more accurate understanding of the devastating and pervasive impacts of clergy-related abuse can be achieved (Fortune, 2021; Wendel, 2022). For example, biblical texts related to the creation account indicate that humanity was made in God's image (*NIB*, 1978/2011, Gen. 1:27). This biblical truth speaks to God's intentions for people to uphold and reflect specific standards as they increasingly become more and more like him (Hammett, 2021). This concept also forms the foundation for God's expectations of leadership in caring for His people who, created in His image, are worthy of dignity and respect. For instance, Scripture indicates the requirements of leaders as self-control, dignified behavior, blamelessness, and righteousness by abstaining from immoral conduct (1 Cor. 5:11-13, 1 Tim. 3:2, 8-10, 1 John 3:10). It is from these foundational understandings and assumptions that inquiry into religious abuse should be initiated, its nature conceptualized, the scope of its impacts understood, and ultimately in which solutions and healing efforts should be grounded.

Problem Statement

In response to the sexual abuse scandal involving the abuse of children in the Catholic Church, there has been a burgeoning of research looking at risk factors, grooming strategies, characteristics, impacts, policy needs, and treatment options for children abused by clergy. In addition, continued study has determined that clergy-related abuse is a global problem impacting children in countries all around the world (Dressing et al., 2019, 2021; Marotta, 2021), and in various religious institutions (Denney et al., 2018; Oakley et al., 2018; Rashid & Barron, 2019; Witt et al., 2022). Further, committees commissioned to investigate these abuses have aided in our awareness of religious abuse

as a systemic problem, enabled, to an extent, by patterns of clericalism and lack of accountability among those deemed as the religious elite (Hahn, 2022; Keenan, 2022; Plante, 2020b; Royal Commission into Institutional Responses to Child Sexual Abuse, 2017; Slater, 2019).

While the focus on child victims is warranted due to the egregious nature of these abuses, Kathleen Sands (2003) poses an important question, *Where are the women?* This question highlights the need for proper recognition of abuses of power toward adult populations which is less prevalent in the existing literature. In particular, she highlights the need to focus on women as a vulnerable population, one most at risk for abuses perpetrated by clergy, especially when sexual or authoritarian in nature (Fortune, 2021; Jacobs, 2000; Pooler & Frey, 2017). In the shadows of the #MeToo movement, the hashtag “#ChurchToo” has been used by survivors to disclose accounts of sexual victimization in adulthood within the context of the church (Bogen et al., 2022; Cloutier, 2019; Colwell & Johnson, 2020; Kivi, 2018). Accordingly, this has shed light on the often ignored and greatly misunderstood experiences of many women whose abuses are mislabeled and consequently not viewed as incidences of religious abuse (de Weger, 2016, 2022a, 2022b; de Weger & Death, 2018; Kivi, 2018; Sands, 2003). Accordingly, another pattern of silencing is created, leaving the accounts of adult victims unheard, distinct characteristics of their experience unknown, and therapeutic efforts targeting the totality of impacts thwarted.

Furthermore, the experiences of exploited women are not only underrepresented in scientific research but also theological discourse. Yet, unfortunately, the church has not only been silent in acknowledging these abuses but also far too quiet in exploring

them from a biblical perspective and offering sound doctrine as a lens to understand, name, and address these violations.

With the World Health Organization advocating for violence against women to be considered a public health problem necessitating holistic and empathic response (World Health Organization [WHO], 2021), and the #MeToo and #ChurchToo movements demanding such, abuses in religious contexts must be taken into account. Existing literature indicate that clergy-related abuses of women cause physical, psychological, and spiritual harm. These harms include but are not limited to faith crises, trauma symptomology, suicidal ideation, depression, sexual identity issues, substance abuse, and relational challenges (de Weger, 2022b; de Weger & Death, 2018; Pooler & Barros-Lane, 2022). Continuing to ignore these abuses and their traumatic impacts in scientific and theological study enables their continuation and the lack of adequate, holistic, and empathic treatment that its victims need.

Purpose of the Study

The purpose of this qualitative study was to use a phenomenological approach to describe the impacts of RSA on women abused by religious leaders in adulthood, explore their treatment experiences, and describe effective elements of the healing journeys for this unique traumatic experience amongst this population.

Research Questions

- RQ 1: How do women who have experienced abuse by a Christian religious leader and completed therapy for it describe what led them to seek therapy?
- RQ 2: How do women who have experienced abuse by a Christian religious leader and completed therapy for it describe their therapeutic/healing processes?
- RQ 3: How do women who have experienced abuse by a Christian religious leader and completed therapy for it describe what they found helpful/not helpful or effective/ineffective in their treatment/healing processes?
- RQ 4: How do women who have experienced abuse by a Christian religious leader and completed therapy for it describe factors influencing their treatment/healing processes?

Assumptions and Limitations of the Study

The present study involved the following assumptions and limitations. It was assumed that: (a) a phenomenological approach was the most appropriate means of exploring the impacts and treatment of RSA; (b) participants would demonstrate an understanding of the questions they were asked; (c) participants would be truthful in their responses to interview questions; (d) participants would demonstrate the ability to reflect on their therapeutic journey and be comfortable discussing their experience; (e) participants would be able to acknowledge their experience as being abusive; (f) as the participants shared details of their experiences of abuse, themes would be identified that would be present to some extent in each of the participants' narratives; and that (g)

themes surrounding effective therapeutic elements for women abused by clergy in their adulthood would be able to be generated from the responses of the participants.

There were also unavoidable limitations related to the research design and procedures that may compromise the validity of the results. For example, while there was an assumption that participants would be comfortable discussing their therapeutic experiences, the sensitivity of the topic, including acts that may be illegal, required mandated reporting when appropriate. This could have interfered with participants' comfort and resulted in censoring or dishonesty. In addition, the uncertainty or distress associated with sharing traumatic religious experiences, especially if the individual is still religious or connected to the religious organization where the abuse occurred, could have impacted who volunteered for participation or what was shared. Lastly, while informative, the study's phenomenological methodology means the findings lack generalizability. Therefore, identified themes may not represent the therapeutic experiences of other RSA victims.

Theoretical Foundations of the Study

Shupe (1995) describes the relationship between “church elites” and the laity as one of a *trusted hierarchy*. Like others, he highlights the fiduciary nature of the relationship in that it involves an expectation of confidentiality, trust, reliance, and emotional vulnerability (on the part of the laity) (de Weger, 2022b; de Weger & Death, 2018; Flynn, 2008; Shupe, 2020). As Stephens (2022) states, it is a relationship where “the professional is trusted not to exploit the imbalance in power to his/her own advantage.” Others assert that this is a “blind trust” in the special knowledge, skills,

giftings, and expertise, particularly related to spiritual matters of the cleric (K. Kim, 2017; Raine & Kent, 2019). This notion of religious leaders being fiduciaries, expected to act in the best interest of their congregants, is at the center of Shupe's theory of clerical malfeasance.

Shupe (1998b) defines *clergy malfeasance* as “the exploitation and abuse of a religious group's believers by trusted elites and leaders of that religion” (p. 1). The abuses include illegal acts and those prohibited due to the professional or fiduciary nature of the relationship between clerics and laity. Shupe challenges the belief that abuses perpetrated by religious leaders result from “a few bad apples” and asserts that clergy malfeasance occurs in systemic and structured contexts. His theory of clergy malfeasance builds on Durkheim's sociological perspective captured in his concept of social facts. Durkheim posits that within every society, there are phenomena or *facts* that differ from those studied by other natural sciences. He offers, as an example, that when he fulfills his obligations “as brother, husband or citizen,” he is executing contracts and performing externally defined obligations bound legally and customarily. He draws similarities to the social contracts upheld by members of religious institutions whose beliefs and practices serve as “external constraints,” integral to their lives and governing how they think and act (Durkheim, 1966, as cited in K. Smith, 2014). Hence, Shupe contends that these *social facts* provide the context for understanding why acts of malfeasance can and do occur in religious institutions (Shupe, 2007).

In addition, Shupe's theory of clergy malfeasance draws on elitist theory. This theoretical perspective promotes elite rulership and deems a subset of members best to handle the community's affairs. This theory further upholds that this arrangement is

inevitable in modern societies (Pakulski, 2018). Accordingly, Shupe (2017) contends that within religious contexts, while power starts dispersed and spiritually egalitarian, it inevitably becomes concentrated in “the hands of the relative few” who use their power to control the remaining members of the organization (p. 51). He calls this the “iron law of clergy elitism,” a religious variant of Michels’ “iron law of oligarchy,” which asserted that oligarchy, or rulership by an elite few, is unavoidable (Shupe, 2007; Sluyter-Beltrão, 2017). Shupe’s claims in his iron law of clergy elitism are observable through a review of the history and governance of the church.

For instance, power is at work whenever people organize together toward a joint mission. In this sense, power within itself is necessary and morally neutral. Further, it can be deduced that the church is powerful by nature. It influences the lives of individuals in every sector of the world. However, to do so, someone must make decisions concerning the foci of the local church, the means of evangelism, methods of edification, and even styles of worship. Therefore, as the church grew, organizational hierarchies were established. Embedded in these hierarchies existed a continuum of options for the concentration of power.

However, it is worth noting that the impartation of power is not a modern phenomenon; it is a biblical concept and was evident from the earliest stages of the church. For example, Jesus chose and commissioned the disciples to go and make disciples of all nations, baptizing and teaching new converts to obey the commandments of God (*New International Bible, 1978/2011*, Matthew 28:19-20). Therefore, from its earliest stages, hierarchy and power dynamics were observed in the governing of the church. However, as a sacred social institution, the church is faced with the unique

challenge of linking organizational requirements with the functional requirements of the church as the house of God.

Scripture supports this in that it dictates the expectations of spiritual leadership and the members entrusted to their care. These guidelines are timeless and command that overseers live above reproach, care for the church, and serve as an example of Christ to believers (*NIB*, 1978/2011, Acts 20:28; 1 Cor. 11:1; 1 Tim. 3:2). On the other hand, the Bible instructs followers to obey and submit to their leaders (Heb. 13:17). Therefore, acceptance and submission to authority are at the center of the church as a purposive organization. Further, as an institution within greater society, the formal authority structures observed in businesses are also present in religious organizations. Thus, like their secular counterparts, religious organizations must seriously consider their organizational structure, how that structure is governed, who holds the authority within the church, and the inherent power dynamics. Such considerations are necessary as the governmental systems of the church are not immune to the abuses of power observed in secular institutions.

In his theory of clergy malfeasance, Shupe speaks of the hierarchical structural contexts reflected in church polity and the patterns of authority that enable abuse perpetration and victimization. He states:

All religions are hierarchies of social status and power, just as they are hierarchies connecting spiritual realms of supernatural powers and entities with subordinate, supplicating mortals. (The victims of clergy malfeasance and their advocates... understand this fact better than anyone.) Moreover, that power is disproportionately held by leaders who are ecclesiastically trained, ordained, or

“called” to receive it. It is a power that is often undergirded by the loyalty and respect of rank-and-file believers who are taught or encouraged to expect that their leaders possess in large measure some special discernment or spiritual insight and have the benevolent, ethical treatment of believers always uppermost in mind. This sort of perceived normative power lends bishops, priests, rabbis, swamis, ministers, deacons, superintendents, and pastoral counselors an enormous force of moral persuasion. (Shupe, 1995, ch. 2, para. 3-4)

Shupe argues that this “enormous force of moral persuasion” makes RSAs possible and inevitable.

The five axiomatic assumptions underlying the theory of clergy of malfeasance are as follows:

1. Religious institutions are recognized as “hierarchies of unequal power.”
2. Religious elite hold, at the very least, a “greater power of moral persuasion” and “theological authority.”
3. Churches are unique as they are “trusted hierarchies” that assume “good intentions, nonselfish motives, benevolence, and spiritual insights/wisdom” of religious leaders
4. Trusted hierarchies are characterized by an “opportunity structure” that enables abuse, exploitation, and patterns of manipulation of church members by religious leaders.
5. Therefore, clergy malfeasance, in any form, is not exceptional but rather is a common phenomenon that should be expected due to opportunities and rationales

that are afforded due to the very nature of trusted hierarchies. (Shupe, 1995, “Five Axiomatic Statements About Religious Power” section)

Scripture illustrates how common of an experience clergy malfeasance is and validates Shupe’s claims that they should be expected. Through biblical accounts of the early church, we quickly observe the dilemma that power presents for Christians. For example, disputes among the disciples regarding who was the greatest illustrate early instances of competition for power among those who were “called” by Christ Himself (*NIB*, 1978/2011, Luke 22:24). Further, their seeking of status and position at the side of Christ in the kingdom of God demonstrates their longing for prominence or elite status (Mark 10:35-37). In addition, problems related to financial gain and hunger for power were observed among the elders throughout Pontus, Galatia, Cappadocia, Asia, and Bithynia, so much so that Peter addressed the issue specifically (1 Pet. 5:3-2). Whether it is Jesus’s urging for humility among his chosen (Matt. 18:4) or Peter’s appeal to his fellow elders (1 Pet. 5:1-4), the Bible highlights the importance of addressing issues surrounding power in the church head-on. Not doing so can create governing structures that increase opportunities for abuse of power. These governing structures are the systemic hierarchical structural contexts that ground Shupe’s theory of malfeasance. The consequent expectation and regularity of abuses of power in religious contexts are the theoretical foundation for this project. While not often spoken of, RSAs occur with a heartbreaking frequency and must be given the same focus as other forms of abuse.

Definition of Terms

The following is a list of definitions of terms that are used in this study.

Betrayal – The breach of implicit or explicit trust and violation of expectations resulting from harm by someone depended on (American Psychological Association, 2022b; Maxwell, 2017).

Betrayal Trauma – A psychological reaction resulting from shattered assumptions and a sense of betrayal due to violations of trust in fiduciary relationships. The theory posits that the degree of dependence and trust present in the relationship is positively related to the degree of betrayal and trauma symptomology (e.g., dissociation, numbing, and forgetting) experienced when the person is wronged (Freyd, 2009; Pinciotti & Orcutt, 2021).

Clergy – While the term clergy is often used to refer to priests and Bishops, for the sake of this study, clergy will refer to both ordained and unordained individuals who have a position of authority over others within a religious environment. This includes but may not be limited to bishops, pastors, priests, elders, ministers, deacons, and religious educators (de Weger, 2020; Garland, 2006).

Clergy Malfeasance – A violation of expectations between religious leaders and believers. It includes both illegal and unethical actions by those in positions of authority for their own advantage or for the benefit of the organization they are a part of (Bromley & Cress, 2000; Shupe, 1998b, 2007, 2017).

Clergy Sexual Misconduct Against Adults (CSMAA) – CSMAA refers to any sexual behavior from religious leaders towards adult congregants. These sexual behaviors comprise of acts that violate biblical, legal, and customary expectations (de Weger, 2016, 2020; de Weger & Death, 2018).

Religious Setting – Any location that serves as a gathering place for believers where activities are engaged in to support spiritual development (Swindle, 2017). Religious settings also include institutions operated by the church or a religious leader or “off-site” locations where church-sponsored activities occur (e.g., church-operated nonprofit organizations, religious-oriented counseling settings, and missions locations) (Denney et al., 2018)

Religious/Spiritual Abuse (RSA) – When not used synonymously, *religious abuse* typically describes mental, physical, or financial abuses occurring in religious settings, and *spiritual abuse* often refers to psychological abuses that impact the spiritual life and well-being of a person. RSA incorporates both and accounts for abuses, exploitations, and other violations within either category (Davis & Johnson, 2021; Demasure, 2022; Oakley et al., 2018).

Religious Trauma – A distinct spectrum of symptoms perceived by the victim to result from religious teachings, beliefs, or adverse experiences in religious settings or by religious leaders and communities. These symptoms are experienced as overwhelming, disruptive and long-lasting, impacting a person’s physical, psychological, relational, emotional, or spiritual well-being.” (Slade et al., 2023)

Survivor / Victim – *Victim* and *survivor* are two labels most commonly used to refer to people who have suffered various forms of maltreatment—however, there is ongoing debate surrounding which label is appropriate. Concern about the internalization of the victim label has supported the preference for the use of survivor. Yet, while using *survivor* can be empowering, it can also support the false impression that the harmed individual has overcome the impacts of the violation they experienced. Therefore, for the

duration of this project, the term *victim* is used. This usage is not meant to imply weakness, as is often associated with the label, or impose a category or stereotype on those who experienced RSAs. Instead, *victim* is used to emphasize the vulnerability, pervasive impacts, and at least perceived lack of agency characteristic of RSAs (Delker et al., 2020; Schwark & Bohner, 2019; Setia & An, 2022).

Trauma – There is no unified definition for trauma; however, Viktor Frankl states, “an abnormal reaction to an abnormal situation is normal behavior” (Frankl, 2014, p. 14). Accordingly, trauma is a normative and persistent psychological response to experiences that violate the normal expectations of human experience and are deeply distressing or disturbing (Center for Substance Abuse Treatment (US), 2014; Rosen, 2018).

Significance of the Study

While there has been a proliferation of research on religious abuses, it has focused primarily on the sexual abuse of boys in the Catholic Church. This has caused an erroneous perception that religious abuse is a Catholic problem and one that only impacts children (Rashid & Barron, 2019). However, people of every age and across various religious backgrounds find themselves sexually, financially, physically, and emotionally abused and exploited by religious leaders. Recent qualitative research has attempted to give voice to the experiences of non-Catholic and adult survivors. However, the research is sparse, and further study is needed. Existing literature underscores this need as it indicates women are more likely to be victimized by clergy than minors (de Weger & Death, 2018; Flynn, 2008; Pooler & Frey, 2017). Yet, while there are qualitative studies of adults detailing their experiences of religious abuse as children (Easton et al., 2019;

Isely et al., 2008; Prusak & Schab, 2022), there is a significant lack of research on the experiences those abused in adulthood or describing ways their subjective experiences are unique from those of younger counterparts.

Furthermore, while research has begun to explore therapists' experiences in treating religious trauma victims (Pargament & Exline, 2022; M. L. Saunders, 2020), the clinical presentation and therapeutic needs and experiences of these victims from their own perspectives remain absent in existing literature. Moreover, other RSAs, such as financial exploitation, authoritarian leadership, and the mis- or selective use of Scripture, are nearly nonexistent in scientific literature and are mainly discussed through mainstream media following a scandal. This leaves a significant gap in research highlighting commonalities and differences in impacts resulting from various experiences of RSA and consequent therapeutic needs.

In addition to the need for further study of the subjective experiences of religious abuse, there is a need to examine the therapeutic needs of victims. Within the last decade, much attention has been given to identifying evidence-based practices for treating trauma (Schnyder & Cloitre, 2022). However, little attention has been given to the unique presentation and clinical needs of those suffering from RSA. This lack of focus to date is negligible as it has consistently been shown that traumatic experiences have spiritual impacts (Ben-Ezra et al., 2010; Courtois, 2017; Doyle, 2009; Leo et al., 2021). It has also been shown that when traumatic experiences have spiritual elements, the impact on the victim's spiritual selves is even more devastating (Cockayne et al., 2020; Panchuk, 2018; Prusak & Schab, 2022; Swindle, 2017).

Existing research has also emphasized the significant role that religion and spirituality can play in post-traumatic growth (Allen et al., 2017; Gardner, 2022; Park et al., 2017; Yazici et al., 2021; Zeligman et al., 2020). Yet, professionals often neglect to explore and incorporate spiritual topics even when religious duress or spiritual crises are noted (Wilmshurst et al., 2022). As we continue to learn of the pervasiveness of RSAs and the impacts of these violations on all aspects of victims' lives, especially on their spiritual selves and religious experiences post-trauma, not addressing spiritual issues in their therapeutic process is a disservice. There is a need to explore the therapeutic journeys of victims of RSA to identify what is effective and how, or if, spiritual elements are being addressed to provide whole-person care to victims of this unique betrayal. Such a focus is imperative to identify or develop evidence-based treatments for this particular population.

The present study will address these gaps in research by exploring the subjective experiences of those victimized in adulthood by spiritual leaders and what they identify as being therapeutically effective and vital to their healing process. The findings of this study will add to the current body of research by providing adult RSA victims a voice and identifying themes related to symptoms experienced as a result of the abuse and elements of their therapeutic process. Further, it will provide practical implications for needed modifications to current treatment modalities or toward identifying alternative treatment options to aid in healing this all too prevalent phenomenon.

Summary

Judith Herman (1992) states that “traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life.” This assertion sparked a plethora of research validating just how ordinary of an occurrence traumatic events such as acts of abuse are and the plethora of ways they interfere with victims’ everyday functioning. Shupe’s theory of clergy malfeasance furthers Herman’s claim, contending that traumatic events are ordinary and should be expected, even in the context of the church.

While the church has an identified purpose, focused on the well-being, spiritual development, and overall growth of its members, one cannot deny that as a social institution, it is vulnerable to abuses of power that have lasting effects on victims. Unfortunately, it has taken the sexual abuse scandal of the Catholic Church, books about narcissistic pastors, and media coverage about financial exploitation to raise awareness of these evils. Yet, even with the proliferation of research rising on the heels of mainstream media, there are still victims whose experiences were silenced and unacknowledged and who continue to be blamed for their abuses. RSAs are unfortunately all too common and deeply damaging. Therefore, continued study is warranted to offer victims a voice and make every effort to provide thorough and effective means of approaching their healing processes.

CHAPTER 2: LITERATURE REVIEW

Overview

With nine out of ten Americans believing in a “higher power” (Pew Research Center, 2018), it is understandable that researchers across multiple disciplines have pursued an understanding of the relationship between religion or spirituality (R/S) and various aspects of the human experience. The general conclusion is that people’s religious worldview influences most aspects of their lives, including their moral judgments, decisions concerning their health, how they cope with adversity, and how they find meaning in their very existence (Aloysius, 2020; Borisova et al., 2021; Lewis Hall & Hill, 2019; Shaikh, 2018). Consequently, the integration of R/S in the physical and mental healthcare systems has been advocated, with many asserting that “whole-person care,” which considers a person’s spiritual health in addition to their physical and emotional well-being, supports more robust outcomes (Liefbroer et al., 2019; Matise et al., 2018; Peteet et al., 2019).

The code of ethics for organizations such as the American Counseling Association (2014) reflects a commitment toward whole-person care. It discourages discrimination on the basis of religious or spiritual beliefs and encourages assessment, and therefore inclusion, of R/S in counseling (Sections C.5., E.8.). Further, the Association for Spiritual, Ethical and Religious Values in Counseling (ASERVIC) issued a set of competencies to support clinicians in addressing R/S issues in counseling (Hull et al., 2016). These guidelines encourage counselors to respond to clients’ discussions about their religious experiences with acceptance and sensitivity. In addition, since approximately 41% of individuals rely heavily on their religious beliefs to determine

what is right or wrong (Pew Research Center, 2015), incorporation of such principles in clinical settings can provide an effective tool for guiding clients' decisions.

However, what happens when the *wrong* being evaluated involves messages taught and experiences that occur within religious institutions themselves? What happens when the practices and experiences found to have protective and advantageous impacts are misused or are abusive, having deleterious effects on their adherents? Within the past few decades, there has been a proliferation of research naming, describing, and characterizing traumatic R/S experiences. While much of this research has been in reaction to the sexual abuse scandal of the Catholic Church, more recent investigations clarify that RSA is not uniquely a Catholic issue but rather occurs in various religious institutions (Oakley et al., 2018; Rashid & Barron, 2019). Further, research on the abuses within the Catholic Church has primarily focused on children victimized by priests and even more on the experience of boys (Dressing et al., 2019, 2021; McPhillips, 2018a; McPhillips et al., 2022). However, the recent emergence of the #MeToo and related #ChurchToo movements have supported increased awareness that adults also experience clergy-perpetrated abuses; yet, their victimization is considerably under-acknowledged (Ambrose & Alexander, 2019; Colwell & Johnson, 2020; Pooler & Barros-Lane, 2022). In fact, aside from children, women are particularly vulnerable to abuses perpetrated by religious leaders and are often the targets of abuses of authority by religious leaders (Bromley & Cress, 2000; Jacobs, 2000; Keul, 2022).

Furthermore, the emphasis on the sexual abuse of children in extant literature can be misleading as RSAs are not always sexual and are also not always intentional. Nevertheless, it has consistently been shown that regardless of the characteristics of the

abuse or population impacted, adverse R/S experiences always lead to immense suffering, affecting every aspect of a person's being. This makes the traumatic impacts of abusive R/S experiences an issue that warrants scientific and theological attention.

Description of Search Strategy

The search strategy for the current project involved utilizing the Liberty University Online Library to locate peer-reviewed articles. Databases used to support the research and development of this project included EBSCO QuickSearch, JSTOR, and ProQuest Central. Google Scholar was also used to find open-access articles. Keyword searches were employed using terms extrapolated from the research topic and questions. For example, the keywords used in the preliminary search included: religious abuse, spiritual abuse, and religious trauma. Related concepts and terms identified from relevant articles during the preliminary search were then used to expand the search. This added to the search terms such as: clergy-perpetrated abuse, clergy abuse, clergy sexual abuse, abuse of power, betrayal trauma, #ChurchToo, CSMAA or clergy sexual misconduct against adults, and CPSAA or clergy-perpetrated sexual abuse of adults. These terms were then used to construct Boolean search phrases with variations to ensure exhaustive search results. Phrase searching using quotation marks around the identified terms was also used to support the relevance of search results.

In addition to searching databases by keywords, reference lists of relevant articles were used to identify related sources. Next, citation searches were conducted to locate articles cited by other authors to confirm ideas and extend knowledge of specific concepts and theories.

Following the preliminary search, delimitations were used to focus on the population of interest. This included adding the terms “adult” and “adult women” to Boolean searches. The search was further limited to peer-reviewed articles published in the last five years (2017 – 2022), and results that contained the full-text article.

Biblical research was conducted using OpenBible.info to engage in a topical study of scriptures related to abuse, leadership, and power. These terms were extrapolated from the theoretical lens guiding the current research project. Brief discussions of these topics were reviewed using GotQuestions.org, a database of articles related to various biblical questions. Additional databases used to support the research and development of this project from a biblical perspective included EBSCO QuickSearch and Atla Religion Database with AtlaSerials Plus.

Review of Literature

The term *religious/spiritual abuse* appears to be paradoxical. Empirical research on religion often focuses on the benefits of a religious or spiritual worldview, including how it is a protective factor, buffering people from the negative outcomes of adverse life experiences (Ilyashenko et al., 2021; Pertek, 2022; Williams et al., 2021). Further, the social support obtained from involvement in religious institutions positively correlates with various health-related outcomes and emotional well-being (Braganza et al., 2022; Holt et al., 2018; Homan & Hollenberger, 2021; Mpofu, 2018). In addition, when religious individuals experience internal conflicts, duress, or strain related to sacred matters, their R/S has also served as a solution to their distress by providing an

interpretive framework through which they can make meaning of their experiences (Ano et al., 2017; Wilt et al., 2019; Zarzycka et al., 2020).

While various aspects of a person's religious experience often serve as a solution for many tribulations experienced in life, there is a growing body of research acknowledging that there are times when these same factors are used in a manner that causes considerable harm. These dynamics, acts, and experiences are referred to as acts of RSA. Currently, there is no agreed-upon definition for RSA; however, many researchers have tried to categorize specific acts that can be classified as such. This feat has not been without challenges. Some of the same inconsistencies that plague religious studies have also impacted the ability to define the phenomena of RSA.

Defining Religious/Spiritual Abuse (RSA)

With the recognition of the psychology of religion as a formal discipline, researchers faced the challenges of defining religion and identifying ways to assess its presentation in people's lives (Wulff, 2019). Part of the challenge in defining religion relates to differentiating religion from spirituality. Both terms have been inconsistently defined, at times used interchangeably and other times used to describe distinct concepts (Khalsa et al., 2020; Lalani, 2020; Mishra et al., 2017). Some argue that the two concepts are interrelated, with one leading to or enhancing the development of the other (Carey, 2018; Van Niekerk, 2018). Others assert that while most people are both religious and spiritual or neither, it is possible to be one and not the other (D. Saunders et al., 2020; Simmons, 2021; Van Niekerk, 2018). When distinctions are made, *religion* or *religiousness* is typically used to describe institutional, doctrinal, and social characteristics or outward expressions or practices. On the other hand, *spirituality* is often

described as a broader experience, capturing the “sensed,” subjective experience and quest for the sacred (Gschwandtner, 2021; Lalani, 2020; Steinhäuser et al., 2017; Weathers, 2019).

The challenges defining religion and spirituality and inconsistencies in their operationalization extend to the nascent research on RSA. The same patterns of inconsistencies are observed. Some bodies of literature distinguish *religious abuse* from *spiritual abuse*, while others use the concepts interchangeably. For example, Swindle (2017) acknowledges the interchangeability of religious and spiritual abuse, opting to use the term “religious abuse” to refer to the phenomenon of interest. She takes a broad approach to operationalization, stating that any experience in a religious setting that the victim would classify as abusive should be acknowledged as an experience of religious abuse.

On the other hand, one of the most exhaustive uses of the term “spiritual abuse” in literature was by Johnson and Van Vonderen (2005) in their discussion of the abuse of power and tactics of coercive control in Christian churches. They defined *spiritual abuse* as “the mistreatment of a person who is in need of help, support or greater spiritual empowerment, with the result of weakening, undermining or decreasing that person’s spiritual empowerment” (p. 20). They further elaborate that spiritual abuse involves “words and actions that tear down another, or attack or weaken a person’s standing as a Christian” (p. 23) for self-gratification or to promote one’s position or beliefs. This definition emphasizes the internal, less observable, spiritual aspects of the experience (e.g., “spiritual standing” and “standing as a Christian”). Hence, the label “spiritual” rather than “religious” seems appropriate. Similarly, *spiritual abuse* has also been defined

as “A hijacking of the most intimate dimension of the human being: his relationship to the transcendence” (Janssens & Corre, 2017, as cited in Demasure, 2022).

Finally, in defining adverse religious experiences, others opt to capture the multifaceted and often interconnectedness of religion and spirituality. The term *religious/spiritual abuse* (RSA) reflects the phenomenon’s complexity. This complex construct or conceptual combination captures the external and subjective aspects of the abusive experience. In summation, RSA is “difficult to put into words.” However, Oakley and Humphreys (2019) assert that RSA needs to be well-defined “to avoid the term losing its meaning and becoming a ‘catch all’ which prevents the church from bringing genuine, loving, and much-needed challenge to it” (p. 18). Such a definition must attempt to capture the various aspects of the phenomenon. As this project aims to explore the complexity of this concept, the term religious/spiritual abuse (RSA) will be used for the duration of this paper. This usage is to respectfully acknowledge that abuses occurring in religious contexts take on several forms, some of which relate to doctrinal and institutional elements (religious) and others that target the core of a person’s being and their sense of spiritual self (spiritual).

Existing literature also reflects irregularities in the operationalization of RSA. Broadly speaking, RSA refers to mental, physical, sexual, emotional, and financial exploitations within religious contexts. However, many researchers focus on only one of these facets. This is particularly notable in research focused on the abuses occurring in the Catholic Church. While concentrated attention on these egregious offenses is merited, this narrow focus can give the false impression that RSA is only sexual in nature. It can also imply that RSAs are only at the hands of priests. However, Swindle’s (2017)

delineation of RSA by categories related to perpetration highlights that clerics are not solely responsible for harm in religious environments. She asserts that abuse can also be perpetrated by religious groups and by others in the lives of victims who use religious concepts and elements as a means of control or negligence.

Similarly, Bottoms et al. (2004) identify three domains of RSA. First, they note circumstances where abusers maintain that God encourages or sanctions their behaviors. These circumstances often involve using religious texts to promote or justify acts of abuse. For example, in some instances of child abuse, the scripture stating “sparing the rod” indicates hatred toward one’s child or admonishing parents to not withhold discipline (*NIB*, 1978/2011, Prov. 13:24) is misinterpreted and read outside of the larger narrative of God’s love and grace and used to justify corporal punishment. Similarly, scriptures like Ephesians 5:22 commanding wives to “submit” to their husbands “as to the Lord” are used by abusers to rationalize domestic violence, doing an injustice to the text by interpreting and using it outside of its literary context. The other two domains detailed by Bottoms et al. (2004) mirror categories noted by Swindle (2017). They include abuses that occurred in religious settings (i.e., places of religious gathering) and those perpetrated by religious leaders, regardless of the setting or type of abuse.

Sexual Violations

As previously stated, research on the clergy sexual abuse scandal in the Catholic Church has brought significant awareness to the issue of sexual abuse within religious contexts. Such violations validate Jude’s concerns about those who would creep into the church unnoticed, perverting God’s grace to practice sexual pleasures (*NIB*, 1978/2011 Jude 4). A 2020 report revealed that 2,982 new allegations of sexual abuse were made

against priests and other church personnel in the 2018-2019 audit year. This was three times the previous audit year (Crary, 2020). Further, a survey of pastors indicated that 37% of pastors across Christian denominations admitted to having engaged in inappropriate sexual behavior with a member of their church (Thoburn et al., 2011). Moreover, while existing literature primarily focuses on children, leaving adult victimization greatly under-studied, research indicates that sexual harassment and exploitation are significant areas of vulnerability, particularly for women. Literature suggests that most victims of clergy-perpetrated sexual abuse (CPSA) are women, who are more likely to be sexually violated in their local congregation than in their places of employment (Flynn, 2008; Kennedy, 2003; Pooler & Frey, 2017). This problem is not a contemporary issue. There is documentation of sexual abuses by religious leaders in the medieval church, noting concern about power imbalances in sexual relationships between Roman Catholic clerics and lay members of the church (Shupe, 1995, 1998b). Furthermore, efforts to quantify this phenomenon have led to estimations that four times as many Catholic priests violated their professional boundaries by engaging in some form of sexual activity with adult women than minors. This approximation places women at the highest risk of R/S-related sexual victimization (Sipe, 1994, as cited in de Weger & Death, 2018). In the largest nationwide study of clergy sexual misconduct against adults, Chaves and Garland (2009) estimate that over 3% of women who regularly attend religious services have experienced sexual advances by a leader within their congregation.

While it is easier to identify specific violations as being abusive when perpetrated against minors, it can be more challenging identifying abuses among the adult population.

In general, nonconsensual sexual experiences (NSEs) are often not recognized or identified as sexual abuse, even though they involve coercion, force, abuses of power, and exploitation (Kilimnik & Meston, 2019). Labeling these acts as abusive can be even more challenging when involving elements of the sacred or when the perpetrator is the shepherd of one's soul. As trust is at the core of covenantal relationships, such as that between clergy and parishioners (Bromley & Cress, 2000), congregants can find it difficult to reconcile their beliefs concerning their leader (or the office the individual is holding) and occurrences of abuse (Garland & Argueta, 2011). Instead, the dominant narrative regarding sexual activities between clergy and adult congregants is that it is a consensual affair (de Weger, 2022b; de Weger & Death, 2018; Garland, 2006; Pooler & Frey, 2017). Women, in particular, are often labeled as being "seductive," which induces self-blame (Kennedy, 2003). Further, their connection and spiritual dependency on their perpetrator can support a perceived obligation to protect them and the church's reputation. In addition, fear of social impacts (e.g., isolation, dis-membership) has been found to impact disclosure (Bogen et al., 2022; Lusky-Weisrose et al., 2021; Royal Commission into Institutional Responses to Child Sexual Abuse, 2017) which may also hinder proper identification of the experience as being abusive.

Despite the challenges of identifying and properly labeling sexual violations of adults in religious contexts, existing research identifies specific patterns that characterize clergy-perpetrated sexual abuse of adults (CPSAA). These patterns involve elements of coercion, manipulation, exploitation, and misuse of sacred texts/passages of Scripture or messaging through religious teachings (Oakley et al., 2018). While coercion, manipulation, and exploitation are often conflated, and misuse of religiousness is often

discussed within the context of one of the former three concepts, they represent experiences that are distinct yet often overlapping. For example, the use of coercion involves persuading or pressuring victims to acquiesce to unwanted sexual acts through the use of lies, promises, and verbal threats or blackmail (e.g., to defame the victim or share privileged details about the victim's private life) (Garrido-Macías et al., 2022; S. G. Smith et al., 2017). It leaves victims feeling as though they have no choice. Research indicates that coercion is a central element of RSA. In a study assessing people's understanding of spiritual abuse, all participants indicated coercion as a defining feature of RSA (Oakley et al., 2018). Victims finding themselves restrained by coercive control describe experiences of rape, intercourse involving penetration, sexual harassment, fondling, inappropriate touch, or sexually suggestive comments and jokes (de Weger, 2022b; Garland & Argueta, 2010). Some reported acquiescing to demands without question, believing their leader would curse them and "offer them to Satan" if they resisted (Sibanda & Humbe, 2020).

Acts of manipulation differ from coercion in that it is less threatening and involves influencing via deception or taking advantage of or inducing specific emotional states to meet one's own needs (Landa et al., 2019; Noggle, 2020). It is often considered more subtle than coercion, yet just as dangerous. Victims are lied to, given false promises, misled, and fed information to induce false assumptions and self-deception. Their emotions (i.e., fear, sympathy, gratitude), needs, and weaknesses are played upon, amplified, or minimized to benefit the religious leader. These tactics skew the victim's perspective, eventually seeing the sexual advances and violations in a manner advantageous to the religious leader. De Weger (2022b) asserts that religious leaders

often use “‘spiritual’ persuasion to remold an abusive event into one ‘approved by God’.” Potential victims are told they are “chosen” or “special,” grooming them for the abuse (Cashwell & Swindle, 2018). One victim described spiritual readings “chosen specially for her” and left for her daily by her pastor, which led to him asking her to meet with him for “spiritual direction” (Garland, 2013). Gifts often induce feelings of happiness and gratitude in potential victims, and because they hold religious significance, they are difficult to resist. This allows the perpetrator to take advantage of the person’s emotional state, eventually communicating, albeit subtly, an expectation of some form of reciprocity. Victims have described subsequent private meetings where religious leaders may share personal details about their lives, such as problems in their marriage, further playing on the individual’s emotions. Comments and behaviors often become increasingly sexual, intermingled with contrite expressions, further confusing the victim (Garland, 2013; Garland & Argueta, 2010, 2011). This pattern mirrors those identified in the literature concerning the grooming and sexual abuse of children. For example, in examining contextual characteristics of alleged abuses of children in religious environments, Denney et al. (2018) found that most sexual offenses occurred inside the church and most often in the religious leader’s office (38.9%) under the guise of special instruction. Other studies have detailed similar findings, asserting that the use of such locations allowed repeated access and isolation (Sakurai, 2018; Winters et al., 2022).

Exploitation refers to occurrences where religious leaders use the vulnerabilities of their followers against them. Meyer (2021a) asserts that even the obedience of followers, which is entrenched in most religious contexts (yet, not without variance in its interpretation), can be exploited. However, while there has been little focus on adult

vulnerability to exploitation in religious contexts in the US, detailed accounts of such experiences can be found among non-US populations. For instance, the combination of vulnerability in the form of poverty, lack of access to resources, and unique emphasis on spiritism among citizens in countries like Zimbabwe and Nigeria and the positional power of “prophets” or religious leaders in those countries have been found to illustrate conditions ripe for exploitation. Research details accounts of religious leaders demanding sex from followers for “blessings” (Sibanda, 2018). For example, Agazu (2016) exposed the experiences of female church members who sought help from “men of God” for various ailments. The healing offered by religious leaders involved exorcisms requiring the “anointing” of their genitalia. “Spiritual transactions” such as “free sex...for seven days” were also prescribed, with one victim reporting the prophet anointed “her breasts and private part with oil.” The prophet called the repeated sexual assault of his victim “holy sex” and brainwashed her to believe that if she told anyone of the sacred ritual, she would die. In these cases, desperation enhances the risk of abuse of power in any form (e.g., wealth, spiritual capital). Victims may even initiate sexual contact, believing it is integral to their salvation (Hopkins, 1998, as cited in Garland, 2006) or that their healing was conditioned on obedience to these demands (Landa et al., 2019).

While these cases seem extreme, they are very real for many adults exploited in religious contexts. Yet they are not meant to overshadow the common and less noticeable incidences of exploitation occurring daily in religious institutions. These experiences may not be illegal, but for the person seeking spiritual counsel, spiritual advisement, or discipleship whose needs are acknowledged and validated yet placing them on a path leading to sexual violation, they are just as unhealthy and damaging. For example, it has

been suggested that most RSA occurs in the context of pastoral care or counseling (Leimgruber, 2022). This is most thoroughly illustrated in research from locations like the UK or Australia, where there has been a concerted effort to expose vulnerability and advocate for policies that safeguard adults seeking pastoral care (Oakley et al., 2018; Royal Commission into Institutional Responses to Child Sexual Abuse, 2017).

Finally, when people think of RSA in any form, they often think of patterns involving the use of religious texts, divine rationales, or spiritual concepts to enact, enable, or justify the abuse. Oakley (2018) explains that such tactics, when used to control another, are features of RSA distinguishable from all other forms of abuse. Spiritual threats, as described above, are often accompanied by the misuse of Scripture and are used both to violate victims and cover up the abuse. Victims involved in sexual violations and already experiencing confusion are also gripped with spiritual anguish thinking they will be cursed by God or “spiritually damned” if they disclose their abuse. God is often conflated with the abuser, and victims believe that telling puts them at war with their religious leader and God (Chowdhury et al., 2021). Some religious leaders express this publicly when disclosures are made. Such was the case when four men filed a lawsuit alleging experiences of sexual exploitation after seeking spiritual mentorship from a well-known mega-church bishop. They reported experiences of unwanted “kissing, massaging, masturbating, oral sexual contact, sexual touching, and other sexual acts.” In denying their claims, Bishop Eddie Long publicly used biblical narratives, stating, “I feel like David against Goliath. But I’ve got five rocks, and I haven’t thrown one yet” (Chipumuro, 2014; Spaulding, 2018). Using this well-known story from the Bible implied that the bishop was David, God’s chosen, and the victims were Goliath, an

enemy of God's people who publicly mocked them and sought to destroy them. In this respect, the perpetrator was using religious text to elicit support from fellow believers, inviting them to join him in what was actually the revictimization of these men.

On the other hand, perpetrators may use similar tactics to lead their victims to believe that God is watching and assessing their obedience. Abusers may claim that lack of compliance is unacceptable to God and makes one a bad Christian (Oakley et al., 2018). For example, in discussing the religious trauma caused by clergy-related sexual violence, Tobin (2019) records the experience of a victim who describes being made to recite prayers acknowledging God's worthiness while being raped by "God's representative." Her pastor used Scripture to justify the abuse.

Finally, in consideration of the previously discussed domains of RSA, R/S-related sexual abuse is not only perpetrated by clergy but abuses have been perpetrated against leaders by their counterparts. For example, Ford and Glimps (2019) found systemic and cultural patterns of male dominance contributed to the objectification and perpetration of sexual violence against African nuns by the priests and bishops they work alongside. Similarly, Argentinian nuns have reported similar violations expressing that they "constantly felt scared" due to warnings and threats following their disclosure (Calatrava, 2022). These women, who assert being called to their appointment by God, faced threats of expulsion or having to leave their congregations for safety. The experiences of these nuns have sparked a new movement, #NunsToo, initiated by a former nun, RSA victim, and theologian Doris Wagner Reisinger (Meyer, 2021b). From the various patterns discussed, it is undeniable that R/S-related sexual abuse is a significant problem primarily

affecting women but also impacting people across religious orientations, ages, and any other demographic grouping.

Authoritarian Experiences (Narcissistic Leadership)

Regarding RSA, less has been written about authoritarian experiences in religious contexts. This involves the excessive use of authority to establish and brandish power over congregants (Shupe, 2020). Research exploring this aspect of RSA has primarily focused on religious leaders' personality characteristics or leadership styles. For example, Ward (2011) looked at the subjective experience of RSA for six individuals who had previously belonged to Christian churches. He compared their experiences to those of domestic violence victims or employees who experienced bullying in their workplace, with accounts of being disregarded, yelled at, bullied, threatened, criticized, or controlled through excessive monitoring. The toxic leadership style that facilitates these experiences is often referred to as *narcissistic leadership*.

As pastors are people, they can have the same undesirable personality traits as those in the general population. Although some may assert otherwise, pastors were also born in sin; therefore, they can have inflated views of themselves and be blinded to the fact that they demonstrate behaviors unbecoming of spiritual leadership. Patterns of self-centeredness and grandiose thinking of oneself that would now be conceptualized as traits of narcissism are captured in the biblical description of pride (Proverbs 6:16-19). God not only “opposes the proud” (*NIB*, 1978/2011, James 4:6), but Christ Himself stated that “everyone who exalts himself will be humbled” (Luke 14:11). Yet, pastors and religious leaders who exhibit narcissistic tendencies exhibit such characteristics. Some patterns characteristic of narcissistic personality disorder (NPD) include an elevated sense of self,

lack of empathy, an excessive need for admiration, a sense of entitlement, arrogance, envy, and exploitativeness (American Psychiatric Association, 2022). In general, connection to an individual who is narcissistic or who exhibits these personality traits can be a psychologically and emotionally abusive experience. Consequently, family members and loved ones of narcissistic individuals are often viewed as victims of domestic violence (Howard, 2019).

Studies examining the association of various interpersonal behaviors with narcissism find inclinations for intense and prolonged bouts of rage, poor anger control, vengefulness, low self-control, and antagonistic predispositions (Czarna et al., 2021; Du et al., 2022; Fatfouta et al., 2022; Wright et al., 2017). Further, narcissists are overconfident and see themselves as “perfect” with little need for improvement, often exaggerating their knowledge or experience (Dunaetz et al., 2018). Narcissists also lack loyalty to others. They are more likely to have extramarital affairs and pressure others into sexual relationships (Castronova & Wilson, 2018; Howard, 2019; Hughes et al., 2020; Lamarche & Seery, 2019). These behavioral patterns can be particularly dangerous for someone in a leadership position, as people are attracted to them, often seeking them for direction (Dunaetz et al., 2018). Consequently, with others that answer to or desire to answer to them, narcissistic leaders have people who are easy targets for their behaviors.

Narcissistic pastors and religious leaders, including those who are subclinical or demonstrate narcissistic traits but have not been officially diagnosed, are no exception. They, too, can cause immense harm to individual victims, the congregation as a whole, and others exposed to their behavior via various platforms (e.g., televised services and conferences). Though rarely studied, Puls (2022) categorized toxic and narcissistic clergy

into two categories: overt and covert narcissists. Both types of narcissists need to be in total control. Yet, covert narcissists are introverted and less braggadocios than their counterparts. However, according to Puls (2022), these leaders are emotionally fragile, often projecting blame and consequent punishment on others when they feel threatened. These pastors and leaders present as friendly; however, they see themselves as victims, suffering “as Christ” with ungrateful followers and incompetent staff.

On the other hand, overt narcissists are extroverted. They are charming, exhibit high energy, and are intelligent, having lots to offer the religious institutions they are a part of. It is traits such as these that many congregants find attractive and that compel them to join local ministries (DeGroat, 2020; Dunaetz et al., 2018; Lee, 2022). However, this attractive trait is later seen through clearer eyes as pride and behaviors driven by arrogance, grow increasingly destructive as the leader gains popularity, influence, and often monetary gain (Langberg, 2020). Conflict is inescapable as the flip side of the coin for overt narcissists is that while charismatic, they are openly hostile. For example, charismatic leaders see themselves and demand that others see them as representatives of God, carrying out His will and therefore are above reproach (Jacobs, 2000). They increasingly demand devotion and loyalty from their followers.

Narcissistic leaders are disproportionately men, and they thrive in environments that uphold a reverence for authority (DeGroat, 2020; Leary & Ashman, 2018). Relatedly, Jacobs (2000) asserts that charismatic leaders in the contemporary church exercise authority and entitlement reflective of Christian patriarchy. Hence, she suggests that patriarchal structures and male dominance are the starting point for studying abuses in the context of the church. Jacobs also asserts that women are particularly vulnerable to toxic charismatic leadership due to the tendency of women to be objectified and sexualized, viewed as

something the leader is entitled to, something to be possessed. Narcissistic pastors will use their spiritual authority to not only abuse but silence and subjugate women. They herald and promote traditional gender roles that uphold the submission and subordination of women (DeGroat, 2020). Further, overtly narcissistic leaders see no wrong in pressuring people into sexual relationships or making other demands on their followers. They feel they are entitled to use others in any manner that benefits them and that their acts are justified.

The Bible holds immense power, and congregants describing their experiences of authoritarian abuse in the church report the use of Scripture to “beat [them] over the head” (Oakley & Humphreys, 2019). In a podcast hosted by Christianity Today about the growth and eventual destruction of the mega-church Mars Hill, former followers described their experience with the “cussing pastor” Mark Driscoll. The podcast featured audio footage from workshops Driscoll led. In it, he verbally attacked and mocked men whom he felt lacked “biblical masculinity,” commenting on their style of worship (Cosper, 2021, 28:21). He was combative, arguing with members of the audience, using slurs, and promoting stereotypes. Other guests on the podcast discussed the mistreatment of people who disagreed with him. In addition, a former congregant recalled attending a meeting where Driscoll was “blazing mad.” She reported feeling intimidated by his rage, which she described as, unlike anything she had ever experienced. She reported being “accused of heresy” for expressing her opinion when asked about the challenges of her work experience in the church and subsequently being let go from her position before being subliminally humiliated from the pulpit (43:09). Further, YouTube is full of videos showing pastors yelling at their congregants, demeaning people publicly, and verbally attacking members of their churches for not giving them gifts. These humiliations, criticisms, abrupt mood swings, and other emotionally damaging behaviors are the hallmarks of following overtly narcissistic religious leaders. They use their

position of power to bolster their reputation and conceal their weaknesses rather than serve the people God placed in their care (DeGroat, 2020; McKnight & Barringer, 2020).

Financial Exploitation (Religious Affinity Fraud)

Financial exploitation is a lesser studied but often publicly ridiculed type of RSA. The dearth of scientific literature is no reflection of the prevalence of this phenomenon. While efforts to protect the reputation of the church or religious leader, lack of proper bookkeeping, and infrequent legal involvement have led to difficulties accurately determining its prevalence, estimates are that one in three churches are impacted by embezzlement, with an approximate \$59 billion in losses (L. A. Crockett, 2018; Silliman, 2022). Further, the problem appears to be worsening. The evangelical insurance company, Brotherhood Mutual (2019), projects \$80 billion in losses related to religious fraud by 2025. Others estimate figures as high as \$170 billion by 2050 (Silliman, 2022). However, these are not faceless numbers. There are individual and collective impacts. Theft within churches and religious-based organizations leaves people void of their life savings. Beneficiaries are left without the inheritances that may have been rightfully theirs. Churches are forced to close, and the institutions', donors', or fundraisers' reputations are forever disgraced.

Like other forms of abuse, financial abuses are underreported by churches, with roughly 27% not disclosing financial fraud and 80% of all cases of embezzlement kept private (L. A. Crockett, 2018; Silliman, 2022). Awareness of the scale of these abuses comes from coverage in mainstream media, typically following the outbreak of a scandal. However, despite the lack of timely and scholarly attention, existing research details factors that appear to place religious institutions at particular risk for financial exploitation. First, the inherent value of trust that most religious institutions are rooted in

appears to contribute to their vulnerability (L. A. Crockett, 2018; Kirby, 2020). Religious institutions are referred to as “benevolent institutions” (Shupe, 1998a), “high trust environments” (Pan et al., 2022), and “institutions of public trust.” These identifiers reflect the fact that congregants enter their local church with expectations of goodwill. There is a “trusted hierarchy” where followers are taught and encouraged to believe in their leader’s good intentions and wise judgment (Shupe, 1998a). Believers expect their leaders to take head to Scripture denouncing greed at the expense of the flock (*NIB*, 1978/2011, Ezek. 34:2-3). Consequently, they do not see the abuse coming and exhibit difficulty believing it has occurred even after disclosures are made or awareness is publicized. This trust and esteem of religious leaders provide opportunities for abuses to go undetected and continue to cause widespread damage, often for extended periods (Redmond, 2020).

Second, religious institutions are more vulnerable to financial abuse due to the interconnectedness among their members. Another term often used to describe financial abuse in the church context is *affinity fraud*. This form of financial exploitation relies on the connection, shared experiences, values, and beliefs among members of specific religious, cultural, or professional groups. These affinities make victims more trusting of the abuser, who is also typically a member of the group, claiming to hold the same religious beliefs, and consequently viewed as reliable and legitimate (Bosley & Knorr, 2018; Reurink, 2019; Shupe, 2020). It is worth noting that in religious contexts, financial exploitation can be committed by any individual who is part of a church or religious-based organization and has access to commit such fraud. However, the level of authority and lack of accountability among religious leaders such as priests, pastors, deacons, and

ministers makes them the more likely perpetrator (Fikizolo, 2019; Kirby, 2020; Redmond, 2020).

Third, elderly populations have the highest participation rate compared to individuals in other age groups and receive the majority of their support from the church (Kaplan & Berkman, 2021; Pew Research Center, 2018). However, they are also typically more at risk for religious affinity fraud, contributing to the prevalence of such abuses in religious environments. The elderly population is often targeted for various types of financial exploitation. In general, they are swindled out of upward of \$3 billion each year, with each victim suffering an average of \$34,200 in losses (Rubin, 2022). Yet, at a time when they are likely most dependent on their church families, this population is most susceptible to financial exploitation in their local congregation and is often victimized and robbed of all that they own. Garden (2022) shares the narrative of Mae, who fell prey to financial abuse by two leaders in her church at a time when she was physically and mentally fragile. They met with her secretly, without her power of attorney present. They then changed her will to redirect the largest portion of her estate to the church instead of her family. They also forwarded \$20,000 to organizations where one of the individuals served on the board. This allowed him to be rewarded with honors and be promoted to president the following year.

Other populations at risk for religious-based financial abuse are those in the African-American community (Benson & Kennedy, 2019; Suttington, 2018). For many African Americans, church membership is their primary source of social capital, making the church a vital component of their support networks (Cosby, 2020; Nguyen et al., 2019; E. H. Thompson et al., 2020). In addition, collectivity and social trust are

considered common characteristics within marginalized groups due to the advantages they offer for survival (Unsalver et al., 2021). However, these same factors that have been imperative to the survival of minority populations also place them at risk for affinity fraud. Therefore, with a history steeped in oppression and continued experiences of systemic injustices that maintain their marginalization, African-Americans' vulnerability makes them prime targets for exploitation (Murrell et al., 2019, 2020).

In addition to identifying risk factors, existing literature details specific patterns of financial abuse found within religious institutions and organizations. These include but are not limited to embezzlement and investment scams (Shupe, 1998a). Embezzlement is one of the most common and involves acts of corruption, where trusted individuals misuse their influence to scheme fellow congregants. It also involves asset misappropriation, where funds are directly transferred from the church or religious organization to personal accounts or toward purchasing personal property for the perpetrator. Assets are also misappropriated when church resources are used for personal purposes, often outside congregants' awareness or under deceptive justifications. Lastly, embezzlement is also enacted through engaging in financial statement fraud. This involves altering figures to hide expenditures or reflect misleading revenue calculations (L. A. Crockett, 2018; Kirby, 2020).

Some of the most common embezzlement tactics involve writing unauthorized checks or stealing from money collected weekly in religious services (Treadwell, 2020). While all cases of embezzlement may not reach the amounts exposed in scandals, they ultimately involve members of the religious group prioritizing their personal needs (and wants) above the needs of their fellow congregants or followers. Misappropriated funds

are used to pay off debts, meet basic needs (i.e., shelter, food, clothing), purchase luxury items, and fund untoward activities (e.g., extramarital affairs and gambling). To reduce cognitive dissonance or guilt, perpetrators often rationalize their actions by dehumanizing or denying the victims, convincing themselves that their crimes are victimless (Mintchik & Riley, 2019).

On the other hand, investment scams not only target members of local congregations but also use the church's reputation to solicit financial backing and willing patrons. Victims tend to be married white men and fall within a high socioeconomic status. Profiling of victims indicates that as many of them approached retirement age, they were more likely to be tempted to engage in ventures that others considered unreasonable, requiring high investments and promising returns that were too good to be true (Deliema et al., 2019). This inclination increased their risk for unscrupulous practices. Such was the case with pastor Aubrey Lee Price who used his position and reputation in the church to serve as a financial advisor for his congregants and their loved ones. He eventually purchased a bank which was used along with the church to steal over \$70 million from unsuspecting investors, causing many of them to lose everything (Price, 2022).

Hermeneutic and Homiletical Abuse

A review of Church history emphasizes the role of the preacher in the life of the religious adherent, stressing their significance to an individual's spiritual formation. Snook (2019) asserts that the world has become biblically illiterate; however, history shows this is not a new trend and, in some ways, was orchestrated by religious leaders. In the early stages of the church, biblical manuscripts (before their official canonization)

were spread to emerging churches. Bibles were not mass-produced at this point; therefore, manuscripts were handwritten in Latin and Greek, which were not the languages most citizens spoke. Further, most people, other than the rich, could not read. In addition to these barriers, Bibles were expensive, further limiting access. Eventually, leaders of the Catholic Church determined that their parishioners did not need to read the Scripture for themselves and legally banned translating or independently owning the Bible (Fincham, 2020; François, 2018; Sorko-Ram, 2020; Toubert, 2018). Therefore, historically the church was marked by significant issues of access to God's word and reliance on religious leaders for learning about God, His character, and His will.

These same patterns have been observed in marginalized or oppressed populations. For instance, traditionally, in the African American community, the educated were preachers, relied on for dissemination of information in addition to spiritual guidance (Snook, 2019). This stemmed from dynamics originating in slavery, where support for literacy among the enslaved was only granted to rectify their "want of [Christian] education." Select people were taught to read Scripture so they could evangelize to fellow enslaved people, granting them a position of power among the utterly powerless (Jones, 2018; M. J. Smith, 2017).

Hence, the function of those who preach and teach the Word of God comes with much responsibility. Research indicates that sermons and religious teachings are two primary ways followers learn religious language, including how they talk or think about God (White, 2021). They are *belief-forming practices* that stimulate religious thoughts and feelings in congregants while instilling an awareness of God through narratives, proclamations, and other utterances (Immink, 2019). From these belief-forming practices,

people's image and concept of God are developed, modified, or completely changed (Cofnas, 2018; Goldman, 2022; Heland-Kurzak, 2019).

Essentially, one's concept of God is what is taught to them, while their image of God is based on lived experiences (Colpitts & Yarhouse, 2019). In many religious institutions, God's love and forgiving nature are emphasized. However, in others, He is portrayed as wrathful, vengeful, and chastising (DeBono et al., 2017; Evey & Steinman, 2022). Further, some churches present God as supportive and "near," while others paint the picture of a distant God. Research has shown that religious teachings and church culture significantly impact people's concept and image of God (Hall & Fujikawa, 2013). For example, more orthodox churches tend to experience God as judgmental and punitive compared to their unorthodox counterparts, who perceive God as being supportive (Eurelings-Bontekoe et al., 2005; Schaap-Jonker et al., 2002). While it may seem a matter of preference, how God is talked about from the pulpit directly affects people's mood, self-esteem, mental health, overall life satisfaction, behavior, and understanding of life events. Further, one's God concept colors every other aspect of their religious experience (Bonhag & Upenieks, 2021; Bradshaw, 2019; P. Y. Kim, 2021; Stulp et al., 2019; Van Tongeren et al., 2019). Therefore, it can determine whether people's religious experience is enriching and positive or toxic and causes spiritual struggles or even trauma (Currier et al., 2022; Exline et al., 2021; Prusak & Schab, 2022).

In addition, the propensity of bias implies that the one delivering religious messages has a significant responsibility to engage in rigorous study. This is imperative to ensure their interpretations are aligned with the larger biblical narrative and to minimize the influence of personal opinions and agendas in delivering God's word. In the

forward of the seminal work *Rightly Dividing the Word*, Larkin (1921) states, “the book does not contain the opinions of the Author, nor quotations from other writers, but is based solely on the Scriptures...” However, what happens when this is not the case? Throughout this literature review, there has been discussion of the use and misuse of Scripture to enact or justify abuse. However, there are also times when the teaching and preaching that occurs regularly from the pulpit creates an erroneous, skewed, or one-sided conception of God. There are times when this is intentional when religious leaders use the pulpit to teach “man-made ideas as commands from God” (*New Living Translation*, 1996/2015, Mark 7:7). However, other times toxic teaching is due to a lack of revelation, inadequate study, or the insertion and over-emphasis of the opinions or agendas of the one delivering God’s word. Christians hold that “faith comes by hearing” (*NIB*, 1978/2011, Rom. 10:17). Therefore, *what* is heard directly impacts a person’s faith, what they believe to be true about God, and consequently, the framework on and through which they orchestrate and understand every facet of their lives.

It must be noted that every human being has a proclivity for erroneous interpretation. While the Bible is inerrant, human beings are not. Every person holds biases that impact their understanding. Brown (2021) states, “every reader has an *interpretive location* that influences his or her understanding of the biblical text” (p. 53). This *interpretive location* includes the social, cultural, and theological traditions that form the interpreter’s background and color their hermeneutic relativity or choices when engaging with Scripture and subsequent beliefs (Ma & van Brakel, 2018). Some scholars discuss specific cognitive biases that may skew one’s interpretation. For instance, confirmation bias or the tendency to be selective in the exploration or interpretation of

information may impact processes of exegesis whereby preachers (or anyone studying the Bible) may consciously or unconsciously approach biblical study to confirm their preexisting understandings. Others may exalt their judgments above those of others (false consensus effect), assuming that they hold common and appropriate while those of others are deviant. When reading Scripture, this bias may cause people to assume that the writers also share their beliefs, thoughts, judgments, and priorities, which impacts what they lift from the text.

Further, in-group biases refer to people's tendency to favor those in their group. Hence, they may only consider those who belong to their religious group or denomination as reputable resources, limiting their knowledge base and minimizing opportunities to challenge previously held beliefs. On the other hand, the cognitive bias referred to as functional fixedness relates to a person demonstrating difficulty acknowledging that things typically used in one manner may also be used to perform other functions. This affects biblical interpretation because people may struggle to recognize or apply biblical concepts to current issues. Finally, when interpreting Scripture, some may be inclined to consider specific interpretations or statements as being valid purely because they have heard it before (Illusory Truth Effect) (Chalmers, 2016; Gomroki et al., 2021; Perry & McElroy, 2020).

Accordingly, not making efforts to mitigate biases may lead to teachings that are not only skewed but violent. Evidence of the deleterious effects of specific conceptualizations of God can be seen in research on the religious experience of some members of the LGBTQ+ community. The language used to discuss and address members of this population have been antagonistic and often referred to as religiously

based microaggressions (Lomash et al., 2019; McCormick & Krieger, 2020; Newman et al., 2018; Woodford et al., 2021). Some individuals describe experiences of rejection, shaming, condemnation, ex-communication, stigmatization, and even being “outed” by religious leaders and fellow congregants (J. E. Crockett et al., 2018; Gandy et al., 2021; Lockett et al., 2022; Super & Jacobson, 2011). They report feeling like “God doesn’t like [them],” or praying for ill-treatment to stop and feeling like “nobody is listening.” Others from the LGBTQ+ community expressed feeling that because of their sexuality, they had no connection with God and did not belong to Him because of comments made, messages taught, and treatment experienced by members of their faith communities (Okrey Anderson & McGuire, 2021). Plat et al. (2021) found that sexual minority individuals were less likely to consider themselves religious or report religious behaviors (e.g., engaging in prayer, attending religious services, and Bible reading) due to punitive religious beliefs and perceptions of God as being judgmental.

Religiously based microaggressions also have the potential to become outwrit hostile. For example, the Westboro Baptist Church in Topeka, Kansas, has become notorious for its proclamation of being the “heralds of an angry God.” Its members picket funerals, express antisemitic sentiments, and vehemently opposes homosexuality. The URL for their church website is <https://www.godhatesfags.com>, via which signs, hyperlinked with Scriptures, can be found expressing praises to God for tragedies like 9/11 and the Ebola outbreak and declaring God as being “your enemy” (Westboro Baptist Church, 2022). Publicized sermons, teachings, and blog posts present God as punishing and vindictive, sending cancer, COVID-19, and other calamities as divine punishment (Gray, 2020; Östling, 2021). The belief-forming practices from ministries such as this

encourage a concept of God that is skewed and distorted, presenting Him and His followers as consciously and intentionally abusive.

Contextualization of Traumatic Religious Experiences

With so many forms of injury occurring within religious environments, it can be challenging to contextualize the phenomena of abusive R/S experiences. Difficulties with contextualization lead to problems naming experiences, which has a trickle-down effect as the inability to name a phenomenon impedes healing efforts and creates confusion surrounding appropriate consequences. For instance, sins against God can be forgiven, and reconciliation sought, whereas crimes demand justice (Zollner, 2019). While there is no consensus in contextualization, research on RSAs has typically categorized these acts as sin, misconduct, abuse, or crimes. However, this writer would like to suggest that most important is contextualizing these experiences as traumatic events.

Naming the Experience as Sin, Misconduct, Abuse, or as a Crime

The most obvious way of understanding mistreatment within the church is in the context of sin. Broadly defined, sin refers to moral evils or deliberate acts committed by humans that violate the will of God. Christian communities view sin as acts of defiance against God's divine commands and as expressions of hatred toward God (Poduri, 2022). Therefore, a contextualization of RSA as sin considers how abusive acts violate God's commands for religious leaders to live "above reproach," be "self-controlled," "not violent" or "quarrelsome" (*NIB*, 1978/2011, 1 Tim. 3:1-3). However, the danger in conceptualizing RSAs as sin is that while studies have found that the majority (99%) of reported misconduct falls in the category of sin (de Weger, 2016), such a classification

may oversimplify the experiences of victims, minimizing their serious nature and disallowing the possibility of seeking retribution (de Weger, 2022b; Gomez, 2021).

On the other hand, classifying abusive experiences as *misconduct* or *malfeasance* focuses on people's unique expectations of the clergy. On a basic level are expectations of good intentions toward others and an obligation to safeguard their followers. Clergy malfeasance involves a violation of these expectations or an "elite deviance," involving both illegal and unethical actions engaged in by those in positions of authority for their own advantage or for the benefit of the organization they are a part of (Bromley & Cress, 2000; Shupe, 1998b, 2007, 2017, 2020). Literature examining RSAs as acts of malfeasance typically focuses on the vocational role of clerics, viewing sexual violations, financial exploitations, verbal abuses, and other acts of maltreatment as acts of professional misconduct. This categorization highlights the power disparity between "the professional" and "client," acknowledging any sexual interaction (including those viewed as consensual) or harmful verbal or physical acts as an act of malfeasance or violation of professional boundaries (de Weger & Death, 2018; Garland & Argueta, 2011; Kleiven, 2018b).

Abuse is generally defined as behaviors that are "cruel, violent, demeaning, or invasive" (American Psychological Association, 2022a). However, while it is generally accepted that adults are abuse victims in various contexts, in institutional settings such as the church, the assumption is often made that to classify as an abusive experience, the victim must demonstrate some observable vulnerability. However, there have been concerted efforts to name experiences of sexual malfeasance, financial exploitation, and other misconduct against adults by religious leaders as abuses. For example, in discussing

CPSA of adult women, Flynn (2008) stressed that formulating these experiences as abuse places the blame on the cleric. She reasons that this conceptualization eschews flawed beliefs that women, or adult victims, are deviant or seductive and that they are at fault for the sins of the religious leader.

While existing research rarely labels traumatic R/S experiences of adults as abuse, even less frequently are they labeled as a crime. Typically, defining RSAs as crimes infers there has been a violation of legal codes. However, aside from financial fraud, which involves the recognizable illegal act of theft, and criminal (forced) rape, other forms of RSA often fall within a gray area concerning criminality. Further, RSAs are typically not disclosed or reported to legal and social services due to patterns of secrecy, cover-ups, and the respect attributed to the perpetrator's role. For example, in discussing clergy malfeasance, Stacey et al. (2000) found that of the respondents who indicated experiencing sexual, emotional, or physical abuse by a religious leader, only 23% of them reported the abuse to religious authorities and a mere 11% made reports to civil authorities.

Naming the Experience as Traumatic

Along with the need for progress in legally recognizing the seriousness of RSAs, thorough acknowledgment of its impacts on victims demands attention. It is only through such acknowledgment that healing can commence. As with all other forms of abuse, adverse R/S experiences are traumatic, leading to a cascade of undeniable psychological, social, and even physical impacts. Further, the connection of the divine to the abuses means there are also distinct spiritual impacts. While all traumatic experiences do not lead to a diagnosis of post-traumatic stress disorder (PTSD), naming the experience as

traumatic highlights the deleterious effects, long-term scars, and life-changing impacts of abusive R/S experiences.

Psychological impacts

One area of significant impact for traumatic R/S experiences is the effects of these abuses on the victim's psychological health. Psychological health involves a state of mental well-being that allows people to face everyday stressors and function as they work toward the achievement of personal, occupational, or social goals (WHO, 2022).

Nonetheless, one's psychological health is impacted throughout life by individual, social, situational, and environmental factors, which can either foster well-being or undermine it. Experiences of abuse in any form interfere with people's capacity to cope. However, religion and spirituality play such a significant role in people's lives that when their experiences do not match their beliefs, it becomes existentially threatening and consequently elicit cognitive dissonance (Van Tongeren et al., 2021). Still, the psychological impacts of RSAs go far beyond the unpleasant or uncomfortable feelings and heightened arousal characteristic of cognitive dissonance. Victims described the experience as leading to a loss of their sense of self or the murder of their souls (Clites, 2019; McPhillips, 2018b; Panchuk, 2018).

Consequences of clergy-perpetrated sexual misconduct detailed in empirical articles exhibit consistent findings of depression, shame, and feelings of helplessness (Johnston, 2021; McGraw et al., 2019). Discoveries from qualitative studies coincide with this assertion. Women sexually abused by clergy have reported severe shame and guilt, often intensifying following disclosure (Flynn, 2008; Kennedy, 2003). Like other victims of sexual coercion, victims of CPSAA also report significant anxiety and

engagement in compulsive behaviors such as skin picking, hair pulling, excessive sexual activity, over-eating, and substance abuse (de Weger, 2022b; Kamminga, 2018; Maryn & Dover, 2022; Pooler & Barros-Lane, 2022; Rai & Rai, 2020; Tarzia et al., 2017). Further, Crocker (2021) specifically explored the symptomology of those who reported traumatic R/S experiences among the LGBTQ+ and found that approximately 80% of the participants held mental health diagnoses that they believed were associated with RSA. This included diagnoses of depression, anxiety, obsessive-compulsive disorder, and PTSD.

Existing literature has not captured the psychological impacts of other forms of R/S-related abuse; however, literature outlining the harm caused by financial fraud and narcissistic abuse can offer insights into the experiences of those suffering similar impairments in religious contexts. For example, an exploration of reports related to psychological distress and quality of life from victims of financial fraud found a positive relationship with higher mental health challenges reported the more significant the impact of the economic abuse. Similar to those violated sexually, victims of economic abuse described the experience as “soul-destroying” and reported symptoms of sadness, anger, anxiety, and shame (Sarriá et al., 2019). Many met the diagnostic criteria for generalized anxiety disorder and major depressive disorder. They also reported nightmares, intense anger, loss of self-esteem, pervasive distrust, and an “emotional devastation...too intense to be able to describe in words” (Button & Cross, 2017; Cross, 2018; Freshman, 2012; Glodstein et al., 2010, p. 6). Most enlightening was that victims reported the most notable psychological impact when there was a relationship between themselves and the offender (Borwell et al., 2022). It can be argued that when that relationship is with someone who

is relied on spiritually and in whom people place their utmost trust, the betrayal must cause emotional distress that is unlike that experienced by any other fraud victim.

On the other hand, literature detailing the impacts of narcissistic abuse demonstrates impacts so significant that they are often distinctly categorized as “narcissistic victim syndrome” (Kostyanaya, 2020). For example, those who have suffered narcissistic abuse report constant self-doubt, confusion, and disorientation (Howard, 2019). In addition, there were reports of inappropriate guilt, negative affect, low self-esteem, and deep-rooted insecurity that impaired people’s ability to function. Moreover, using similar language as other abuse victims, those suffering from narcissistic abuse are often referred to as “lost souls” (Nevicka et al., 2018).

Social impacts

Socially, victims of traumatic R/S experiences tend to be incredibly isolated. This is especially true in cases involving sexual violation where isolation is experienced as a means of perpetration, silencing, or an outcome of disclosure. Many victims express fear of rejection from their church families and loved ones who may be affiliated in some way with the religious institution (Doyle, 2009; Prusak & Schab, 2022). These fears are not unfounded; victims of RSA are often met with anger and shunning from other leaders in their church as well as other members of the congregation. They report being threatened, alienated, publicly humiliated, and openly blamed, leaving them with no one to support them in their healing process. For example, 40% of respondents to an internet-based survey on experiences of women sexually abused by clergy as adults indicated having to leave their congregation following the abuse due to discomfort, blame, and lack of support (Pooler & Barros-Lane, 2022). Furthermore, the experience of being violated

impairs many victims' ability to trust and connect, leading to significant relational impairments (de Weger, 2022b; Easton et al., 2019; Flynn, 2008; Isely et al., 2008).

These social injuries are not exclusive to those who have experienced CPSAA. Research on fraud victims demonstrates similar findings. For example, the stress and strains caused by financial losses and the discovery of secrets related to being defrauded contributed to significant relational problems and disruptions in families (Button & Cross, 2017; Cross, 2018). In addition, those who suffered narcissistic abuse also reported experiences of isolation. This is often due to patterns of triangulation where the perpetrator involves others in their abuses by spreading lies and engaging them in criticisms of the victim (Howard, 2019; Kostyanaya, 2020).

Trauma

Understandably, abusive R/S experiences defy people's expectations, making them traumatic and leading to trauma symptoms. While there are many definitions of *trauma*, it can be understood as "a psychological, emotional response to an event or an experience that is deeply distressing or disturbing" (Rosen, 2018). In addition, many describing trauma add that it is an emotional response that often persists long after the traumatic experience.

PTSD is a mental health diagnosis that results from experiencing traumatic events. While not every victim experiencing trauma meets the diagnostic criteria for PTSD, many of them present with the symptoms ascribed to this diagnosis. PTSD symptoms are often grouped into four categories: intrusive symptoms, avoidance, alterations in arousal or reactivity, and cognition or mood-related symptoms (American Psychiatric Association, 2022; National Institute for Mental Health, 2020). Victims of

RSA report symptoms that fall within all four categories. For example, 92% of the women interviewed by Flynn (2008) described uncontrollable fluctuations in their emotions that were difficult to manage following experiences of CPSAA. Sixty-eight percent reported difficulty focusing, and 14 of the 25 women expressed hypervigilance or constant fear about their safety.

Similarly, financial abuse has been associated with an increased risk of PTSD, among several other psychological challenges (Acierno et al., 2019; S. L. Jackson, 2022). Further, regarding narcissistic victims, patterns of avoidance, difficulty planning for the future, sleep disturbances, changes in appetite, feeling detached, flashbacks, hopelessness, hypervigilance, somatic complaints, and suicidal ideations have all been identified as symptoms experienced related to the abuse (Louis de Cannonville, 2019). All of which are identified as trauma symptoms.

Complex Trauma

While trauma can be debilitating, many victims of abusive R/S experiences experience repeated violations (Shupe, 2020). For these occurrences, a conceptualization of trauma that highlights the damaging effects of prolonged or continual abuse is necessary. Researchers have long argued for such a distinct diagnostic category. However, in the absence of one, informally, the term *complex trauma* is used as an umbrella term that accounts for psychological, physical, or sexual harm that occurs over a long period, such as in cases of torture, intimate partner violence, child abuse, or sex trafficking (Crocker, 2021; J. D. Ford & Courtois, 2020; Van Nieuwenhove & Meganck, 2019). Further, Judith Herman (1992) suggested another diagnostic category named *Complex Postraumatic Stress Disorder* with criteria such as a person having experiences

of “subjection to totalitarian control” (p. 121). However, while cult involvement is often viewed within this conceptualization, there is a lack of research, particularly related to adult victims, categorizing RSAs in mainstream churches as such.

Despite this oversight, victims of RSAs, especially those involving sexual, verbal, and emotional abuses, often suffer multiple instances or persistent violations (de Weger, 2022b; Leimgruber, 2022). For example, in his study of sexual misconduct of adults by clergy in the Roman Catholic Church, de Weger (2016) found that most of his participants (61%) reported multiple incidences of abuse that often extended over lengthy periods.

Betrayal Trauma

The concept of *betrayal trauma*, as posited by Freyd, is of particular interest to understanding the impacts of abuses occurring in religious contexts. She defines *betrayal trauma* as the outcome of experiences where “the people or institutions on which a person depends for survival significantly violate that person’s trust or well-being” (Freyd, 2009). Freyd asserts that such violations often influence how victims process and remember their experiences. As a result, victims often forget or ignore the betrayal because their dependency on these people or entities makes it advantageous for them to do so. Bogen et al. (2022) call this “betrayal blindness,” where people’s need to maintain essential relationships makes them “unaware” of their experiences.

While initially, the concept was used to describe the sequelae following abuses in childhood, especially at the hand of caregivers, many researchers have made efforts to highlight the pervasive effects of harm within the contexts of various institutions, including religious settings. It has been suggested that clergy-perpetrated sexual abuses

are analogous to experiences of incest due to the degree of betrayal trauma (Donoso, 2017; Kleiven, 2018a; Maxwell, 2017; L. A. Thompson, 2020). In the existing literature, many researchers describe the challenges of victims in acknowledging that they had been harmed by someone they trusted and relied on spiritually (de Weger & Death, 2018; Pooler & Barros-Lane, 2022; Swindle, 2017; L. A. Thompson, 2020). Unfortunately, unique to RSAs is the fact that God is often associated with the abuse. Victims feel harmed by their religious leader or institution and by God himself (Doyle, 2009, 2011; Farrell et al., 2010; Panchuk, 2018). They often express intense feelings of betrayal and mistrust in both the clergy and God (Flynn, 2008; Isely et al., 2008; McGraw et al., 2019).

Spiritual Impacts

Many researchers have focused on the unique spiritual impacts of RSAs. They assert that more than any other form of abuse, those occurring within religious contexts often lead to adverse effects on the victim's religious beliefs and practices (Prusak & Schab, 2022). As a result, there is a shattering of the spiritual self (Panchuk, 2018). Victims report changes in their relationship with God; declines in involvement with their local churches; experiences of discomfort with religious rituals, symbols, and practices; and changes in their perceptions of God (Blakemore et al., 2017; Ellis et al., 2022; Isely et al., 2008; Tobin, 2019).

Further, the terms "religious struggles" or "religious duress" have come to be used in literature to express faith-related conflicts arising from RSAs (Pargament & Exline, 2022; Zarzycka et al., 2020). For example, Spraitz and Bowen (2021) describe the fear or duress that interferes with victims' ability to separate from abusive religious

leaders and even intensify their respect for them. Victims describe feeling paralyzed by fear and numb during sexual violations, in disbelief that a representative of God could engage in such acts. They have reported consequent struggles in relationships with others, themselves, and God (Easton et al., 2019; Maxwell, 2017; McGraw et al., 2019). For other victims of RSAs, their religious struggles cause them to alter their belief systems. Research findings indicate that trauma either increases or decreases people's previously held religious beliefs (Ben-Ezra et al., 2010; Falsetti et al., 2003; Kosarkova et al., 2020; Leo et al., 2021; Park et al., 2017). Further, the need to reevaluate core beliefs often leads to depressive symptoms and negative thinking about all aspects of an individual's life (Kaufman et al., 2018).

When involving a traumatic religious experience, victims often perceive God as distant, unloving, and angry (Kam, 2018; Kucharska, 2018; Walker, Courtois, et al., 2015; Walker, McGregor, et al., 2015). Further, church teachings emphasizing God's displeasure or focusing on one particular sin have led victims to view God as having negative thoughts about them, making them distance themselves further (Cockayne et al., 2020). Fundamentally, following religious trauma, the victim's experience of God ceases to be transcendent but instead is grounded in the lived experiences of abuse, hence becoming humanly oriented (Flynn, 2008). This, coupled with distrust and feelings of isolation, often leads people to leave the church altogether, which is a significant loss and can be traumatizing in and of itself (Cashwell & Swindle, 2018; Cockayne et al., 2020; Lee, 2022; Walker, Courtois, et al., 2015).

Religious/Spiritual Trauma.

While there are few references, *religious* or *spiritual trauma* has been used in research to refer to the pervasive adverse sequelae resulting from toxic religious teachings, beliefs, and experiences (McPhillips, 2018b; Panchuk, 2018; Stone, 2013). Doyle (2009, 2011) clusters these symptoms as involving: (a) changes in attitudes toward priests or clergy, which are often characterized by a shift from respect to anger; (b) changes in attitude about the Church due to feelings of betrayal; (c) a sense of despair from the loss of God; (d) experiences of “toxic guilt,” and (e) experience “immobilizing fear,” and a loss of spiritual security.

The radical changes in the religious experiences of those abused by clergy often find it difficult to put their experiences into words. They may also find it challenging to relate to victims of other forms of abuse. This is likely because while many people experience trauma due to acute or sudden events, most experiences of religious trauma are from gradual prolonged exposure to messages or behaviors that are detrimental to their psychological well-being (Pooler & Frey, 2017; Stone, 2013). They may have attended churches for years where God was presented negatively or where a pastor was verbally aggressive toward congregants. Downie (2022) contends that some congregants experience toxic indoctrination patterns that breed chronic shame. She proposes that this “chronic Christian shame” is at the root of R/S trauma and is induced in congregants through condemnation and false teachings. These tactics are used to control congregants and enforce expectations of conformity and submission to authority. Members of abusive churches described feeling like they are “suffocating” or like a “giant weight” is crushing them (J. Johnson, 2018). Consequently, sufferers of R/S trauma are often “religiously

incapacitated.” Religious symbols and practices become triggers, causing reactivity or avoidance, including the abandonment of faith (Panchuk, 2018).

Treating R/S Trauma

While there are distinct aspects to the experience and impacts of adverse religious experiences (whether they involve sexual abuse, financial exploitation, or are related to dogmatic teaching), treatment is typically unexceptional. There has been minimal focus on treating R/S trauma; however, psychotherapy is identified as the primary resource beneficial to people’s healing process (Pooler & Barros-Lane, 2022). This finding stands even though R/S trauma or the conscious connection of religious experiences to many victims’ clinical presentation is often not what drew them to therapy. Instead, through counseling, the experiences often come to be recognized as abuse (Stone, 2013).

There is an overall paucity of research looking at the therapeutic experiences of trauma victims. However, findings from qualitative studies suggest that victims report new insights, changed perspectives and increased ability to contextualize their experiences of trauma following attending psychotherapy. They also report alterations in their sense of self, feeling in control of their lives, and feelings of empowerment following psychotherapy (Boterhoven de Haan et al., 2021). Others have reported feeling safe and supported by the therapist. They described ways therapy supported them in describing, understanding, and fully experiencing their emotions, making meaning of their experiences, advocating for their own needs, and feeling more comfortable talking about their traumatic experience (May et al., 2022; Stige et al., 2013). Finally, while victims acknowledge challenges in processing trauma, they typically report that

psychotherapy provides them with new resources and guidance in using previous resources to support their recovery (Stige et al., 2019).

Yet, although there are clear advantages, many who have experienced trauma, religious struggles, and symptoms that could be conceptualized as religious trauma, note that therapists were hesitant, if not aversive, to address the spiritual nature of their experience in counseling (Harris et al., 2016; Wilmschurst et al., 2022). In other cases, the therapist's countertransference experiences have been found to impact the victim's treatment. For example, personal discomfort, reactions to abusive religious experiences, or perceived ineptness to address the presenting issues may influence interventions chosen by the therapist or whether spiritual issues are addressed at all (Matisse et al., 2018; Park et al., 2017; Verbeck et al., 2015). Therefore, therapists treating individuals experiencing R/S trauma often rely on research and interventions used to treat trauma in general rather than those considering the unique concerns specific to trauma caused by abuses perpetrated by religious leaders (Farrell et al., 2010; Shea, 2008).

It is worth noting that some therapeutic modalities used to address trauma and other clinical issues have been adapted or utilized to acknowledge religious struggles and draw on spiritual resources for healing. For example, cognitive behavioral therapy is commonly used to treat various mental health issues, including trauma (Pagel, 2021; Paintain & Cassidy, 2018; Watkins et al., 2018). Further, religious cognitive behavioral therapy (R-CBT) has been found to be as effective as conventional cognitive behavioral therapy (C-CBT) in addressing anxiety and depression and improving a client's overall quality of life. For religious individuals, it was also found to be a more appealing option in the initial stages of therapy (Ramos et al., 2018; Tulbure et al., 2018). The

effectiveness of R-CBT is consistent, independent of the religiousness of the therapist. However, it has been found that a lack of awareness of religious adaptations of C-CBT or knowledge about implementation prevents many therapists from using it in therapeutic settings (de Abreu Costa & Moreira-Almeida, 2022).

Eye Movement Desensitization and Reprocessing (EMDR) is another modality consistently found to be effective in treating acute trauma and PTSD (Calancie et al., 2018; Shapiro, 2018; Valiente-Gómez et al., 2017; Wilson et al., 2018). It is also successful in treating anxiety-related disorders (Faretta & Dal Farra, 2019; Rodriguez de Behrends, 2021) and supporting changes in emotional experiencing, distorted cognitions or beliefs, and maladaptive behaviors (Balbo et al., 2019; Laliotis & Shapiro, 2022). However, Farrell et al. (2010) found that the traditional model did not account for the unique symptoms experienced by victims of religious abuse, such as anxiety and distress specifically related to issues surrounding religious beliefs, faith crises, and existential fears. Therefore, they developed an alternative protocol that accounted for these symptoms, including cognitive interweaves to address distorted beliefs that may impact the victim's ability to move forward in processing their source of distress. However, there has been a lack of studies validating its effectiveness, perhaps due to the overall discomfort of therapists in addressing spiritual issues in counseling sessions. Despite these advances in adapting therapeutic interventions to account for R/S struggles and trauma, there continues to be the need for research explicitly describing what clients who experience religious trauma find beneficial in their healing processes (Downie, 2022; Swindle, 2017). This is particularly true for women, at the highest risk of malfeasance by

religious leaders and entering therapy with similar power dynamics and expectations of benevolence that placed them at risk in the first place.

Summary

The immoralities outlined in Scripture have become increasingly evident in contemporary society. The vices warned against in Scripture are now prevalent among those trusted most, the leaders appointed to care for the souls of God's people. Pastors and other religious leaders who are encouraged to be humble (*NIB*, 1978/2011, Matt. 23:10-12, Luke 14:11, Phil. 2:3) instead place their lustful desires, greed, and aspirations for power and control above those they are meant to serve. Instead of living "above reproach," being respectable, and exercising self-control (1 Tim.3:1-2), their lack of constraint has brought criticism and incrimination upon the Church. Further, instead of heeding advice to be gentle, not engaging in quarrels, or loving money (1 Tim. 3:3), religious leaders have made headlines for being contentious, emotionally abusive, and for swindling the people of God from all of their life savings.

While the phenomenon of trauma is not new and can be traced to biblical times, *religious trauma* has only recently gained traction. However, in a relatively short period, research has detailed the characteristics and lasting impacts of various forms of violation conducted by religious leaders. This body of literature has consistently shown that when the religious elite abuse and to exploit their congregants, the sense of betrayal and conflation of God with the abuse leads to immense suffering. Moreover, this suffering often remains for long periods, damaging every domain of the victim's life. Nevertheless, despite the significant focus given to the phenomenon of RSA, scholarly works are still

scratching the surface in exploring the experiences of specific populations and barely so on interventions that address the unique characteristics of RSA.

CHAPTER 3: RESEARCH METHOD

Overview

The prevalence of RSA and the subsequent adverse effects makes this issue a problem that demands attention. Guidelines, policies, and laws exist to protect children from abuses in various contexts, and significant efforts have been put forth to buffer children from the adverse effects of childhood trauma (Dallam et al., 2021; Magruder et al., 2017; Mathews, 2019). However, the same efforts have not been put forth for adults. The risks that this presents for people, especially in religious contexts built on tenets of trust, are immense, leading to a call to take a broader look at adult vulnerability and initiate policies to safeguard adults in faith contexts (Oakley et al., 2016, 2018; Oakley & Humphreys, 2018). Moreover, while there has been some recognition of RSAs of adults, most of the research is anecdotal. Therefore, there remains a lack of understanding regarding experiences of RSA among adults, particularly regarding what they constitute as effective in their therapeutic journeys. Consequently, additional research has been called for to support an understanding of the unique impacts of this form of abuse and to develop ways to address them clinically (Barnes, 2020; Bogen et al., 2022; Ellis et al., 2022).

This chapter describes and explains the methodology and study procedures used to address the gaps in research and calls for additional study into the phenomenon of interest. The current study used a phenomenological approach, focused on understanding others' lived experiences of a phenomenon (Peoples, 2021). Phenomenological study condenses individuals' experiences of a phenomenon to a universal essence or description of commonalities (Creswell & Poth, 2018). Given the sensitivity and scarcity

of research on the phenomenon of interest, it was assumed that this approach would be particularly beneficial. Below are details and justifications related to the research design, sampling methods, study procedures, information regarding the interviewing process, instrumentation and delimitations, assumptions, and study limitations.

Research Questions

- RQ 1: How do women who have experienced abuse by a Christian religious leader and completed therapy for it describe what led them to seek therapy?
- RQ 2: How do women who have experienced abuse by a Christian religious leader and completed therapy for it describe their therapeutic/healing processes?
- RQ 3: How do women who have experienced abuse by a Christian religious leader and completed therapy for it describe what they found helpful/not helpful or effective/ineffective in their treatment/healing processes?
- RQ 4: How do women who have experienced abuse by a Christian religious leader and completed therapy for it describe factors influencing their treatment/healing processes?

Research Design

In qualitative research, the voice of the participant(s) is of central importance. Therefore, rather than contriving environments or situations to test particular hypotheses, researchers use this method to study participants in their natural environments to

understand their worldview instead of quantifying responses or gathering data regarding predetermined, concrete realities (Azungah, 2018; Mehrad & Zangeneh, 2019). This particular methodology is beneficial when there is a need to identify intangible information, such as an individual's subjective experience, or when existing research or theories do not adequately capture the complexity of the phenomenon of interest. Relatedly, this methodology empowers potential participants, allowing them to share their stories without the power dynamics typically present in the researcher-participant relationship (Creswell & Poth, 2018).

A phenomenological design achieves the larger aims of qualitative research by focusing on the phenomenon's essence or what is common about the participants' experiences. This research design answers the question, "what is it like to experience a certain phenomenon?" (Creswell & Poth, 2018; B. Cypress, 2018). By posing this question to multiple people, the researcher can gain a general understanding of a particular experience (Peoples, 2021). Moreover, while there are two primary approaches to phenomenological research, the present study was guided by Husserl's transcendental phenomenology. His philosophical perspective focuses on the essential elements of people's lived experiences and is built on two foundational assumptions. The first assumption is that experiences make sense to those living them and do not require interpretation or theorizing. Second, the meaning or "logic" of one's experience is inherent and a property of the actual experience, not something "constructed by an outside observer" (Beyer, 2020). Notably applied in phenomenological research is Husserl's method of *epoché* or "bracketing." This method involves researchers setting aside their personal experiences and beliefs as much as possible to gain a fresh

perspective of the phenomenon from the perspective of the subjects (Beyer, 2020; Creswell & Poth, 2018). Moustakas referred to this as “a conscious process of identification and subsequent quarantine of naturally occurring thought patterns” (Sheehan, 2014).

A phenomenological qualitative approach was used for this research project as the overall goal was exploratory in nature. The gap in current research elaborating on the subjective experiences of RSA among adult women, and especially focusing on their treatment experiences, warranted such an exploration. Furthermore, a qualitative approach to studying RSA and the treatment of RSA allowed the flexibility needed to understand its impacts more fully without limiting the responses of the participants. This allowed detailed descriptions of the participants’ subjective reality to be obtained rather than deductive or speculative claims made (Peoples, 2021). Further, using a transcendental phenomenological approach also prevented the data collected from being influenced by my previous knowledge, ideas, experiences, beliefs, and biases. Consequently, themes surrounding the therapeutic needs and process for treating RSA were constructed from the data, offering a wealth of information on this under-studied phenomenon.

Participants

All decisions regarding participant selection should be made considering the larger aims of a study. This includes deciding who should be considered for participation, recruitment locations and strategies, and sample size determinations. As this project was explorative and aimed to obtain an in-depth understanding of the essence of RSA rather

than the extent of the experience, a probability sampling approach in which participants were randomly chosen would not have been appropriate. Instead, a non-probability approach was used as it relied on my judgment regarding who could provide the information necessary to answer the research questions and overall objectives of the study (Etikan & Bala, 2017).

Non-probability approaches are particularly helpful when studying populations that are typically hard to reach or whose members are unknown, leaving no sampling frame (Berndt, 2020). For example, women who experienced RSA by clergy in their adulthood are a significantly understudied population representing a distinct subset within the population of abuse victims (de Weger & Death, 2018; Flynn, 2008; Kennedy, 2009). In addition, they are often afraid of their disclosure's negative consequences, making them difficult to identify (Bogen et al., 2022; Prusak & Schab, 2022). Therefore, this population could be categorized as a hidden or hard-to-reach population, making non-probability sampling an appropriate and proposed approach.

Among the non-probability sampling methods, purposive sampling is most often used in qualitative research as participants are not chosen randomly but in accordance with expectations regarding their ability to represent the population or phenomenon of interest. It involves selecting participants who are knowledgeable of or have experienced the phenomenon and are available, able, and willing to share their experience articulately and expressively (Etikan & Bala, 2017; Fernandez, 2017). Further, this approach focuses on those most likely to provide the information sought by identifying select cases (Campbell et al., 2020).

Various strategies are used within a purposive sampling approach, two of which were used for the current project. First, in phenomenological research, all participants must have experienced the phenomenon of interest. Therefore, criterion sampling is often used with this research design and was used for the current project. This sampling technique allowed me to identify cases where all participants met specific criteria, such as having experienced the phenomenon of interest (Moser & Korstjens, 2018). The inclusion criteria for this study included the following:

- The participant was abused by a Christian religious leader in adulthood (\geq 18 years of age). This could include sexual violations, financial exploitation, authoritarian experiences, and/or hermeneutic and homiletical abuses.
- The participant was an English-speaking female.
- The participant had completed psychotherapy in which symptomology related to the abuse was addressed.

Further, exclusion criteria are often used to maintain ethical standards and protect potential participants. Accordingly, for this study, participants were excluded if they were ever a psychotherapy client of mine or had any therapeutic interactions with me. In addition, exclusion criteria also ensure that the sample is appropriate for addressing the research questions. Therefore, standards were used to ensure the collected data detailed experiences of RSA rather than generally negative experiences. If a participant met the eligibility criteria (e.g., was an English-speaking female abused by a religious leader in adulthood and completed psychotherapy in which they addressed symptoms related to the abuse), yet during the interview, details of the experience did not meet the foci of the

study (e.g., sexual violation(s), financial exploitation, authoritarian leadership, toxic use or weaponization of Scripture), their data was not included in the analysis or findings of the study.

Second, snowball sampling is a strategy that is particularly helpful for hard-to-recruit populations. It involves using current networks (e.g., potential or identified participants or relevant existing contacts) to identify additional potential participants (Parker & Scott, 2019). This strategy was used due to its benefit of providing a point of entry to vulnerable populations (Naderifar et al., 2017). Recruitment was continued until saturation of themes was met.

Regarding where recruitment took place, phenomenological research utilizes sites that are dedicated to people who have experienced the phenomenon being studied. Further, it is helpful when working with vulnerable populations, such as abuse victims, that gatekeepers are used to gain access to potential participants. Access through individuals who are part of the identified population aids in creating trust between the researcher and potential participants (Creswell & Poth, 2018; García et al., 2017). Accordingly, snowball sampling through social media has been found to be an effective, time-saving, easily accessible, and economical way to recruit participants, especially those belonging to marginalized or hard-to-reach populations (Gelinass et al., 2017; J. Jackson, 2022; Leighton et al., 2021; Russomanno et al., 2019; Sanchez et al., 2020). In addition, locations that already meet the needs of individuals who may meet a study's inclusion criteria have also been identified as effective recruitment sites (García et al., 2017). Therefore, social media groups and traditional support groups for “survivors” or “victims” of religious abuse were used to promote this research project and recruit

potential participants. Social media group administrators were contacted via private messaging and asked for permission to recruit through their social media group or site (see Appendix A). A social media posting, including contact information, was shared with them to post on their respective group pages (see Appendix D). Similarly, support group facilitators who focus on RSA were contacted via email and asked for permission to recruit among their group members (see Appendix A). Attached to the email was a flyer to share with those interested in participating (see Appendix C).

The topic of sample sizes in qualitative research is fraught with controversy and contention. There is debate surrounding whether sample sizes can be determined a priori, as well as what it means to meet data saturation when working with *thick* data. Unlike with quantitative data, power analyses and computations cannot be used to determine the minimum number of participants required. As the aim of qualitative research is to reveal the essential elements of an experience, sample sizes are determined according to their capacity to support saturation or the point at which no additional codes, themes, or concepts emerge (Creswell & Poth, 2018; van Rijnsoever, 2017). Researchers must ensure that the sample is small enough to manage the large amount of data gathered and large enough that adequate information is gathered to provide an in-depth understanding of the experience (Vasileiou et al., 2018). This can be done by either engaging in exhaustive interviews of a single individual or by conducting fairly lengthy open-ended interviews with multiple individuals capturing as much as possible about the experience.

Considering this, many have suggested appropriate ranges of participants to engage in qualitative research based on the project size. These guidelines consider what will allow researchers to obtain quality data given the internal (e.g., skills) and external

(e.g., time, money) resources available to them. For example, Terry et al. (2017) provided sample size recommendations based on student project types (e.g., undergraduate, master's, or professional doctorate projects). Accordingly, following Terry and colleagues' sample size recommendations, a criterion-based purposive sample of 6-15 women who have experienced RSA in their adulthood and who have completed psychotherapy for the treatment of symptoms related to the phenomenon of interest was the aim of this study.

Study Procedures

The recruitment flyer sent to social media group administrators or support group facilitators contained information about the purpose of the study and contact information for those interested in participating or who had additional questions. For the convenience of potential participants, multiple contact options were provided. This included a phone line used exclusively for research purposes, my email address, and a link to a web form where inquiry or interest in the study could be indicated and contact information provided (see Appendix E).

When participants were identified by social media group administrators, support group administrators, or via snowball sampling, I contacted them by phone or email (see Appendix B). When interest was indicated, participants were pre-screened over the phone or through written confirmation via email to determine eligibility for participation (see Appendix F). Consent was obtained from eligible individuals (see Appendix G) before scheduling them for a one-on-one interview.

I recorded and transcribed all interviews verbatim using a transcription protocol adapted from Mack and colleagues (2005) and followed their instructions for transcribing, reviewing, and proofreading interview data. The transcriptions included any pertinent contextual details, nonverbal sounds (e.g., laughing, background noises), and descriptions of facial expressions or nonverbal gestures. However, all sensitive information, including incidental mention of others' names, names of religious organizations, or other locations that may have compromised the participant's or another person's identity, were removed and replaced with a generic descriptor (e.g., "church").

Procedures Aimed at Protecting Participants

Due to the sensitive nature of the research topic, considerable effort was taken to protect potential participants from the point of recruitment through the completion of the study. This included following ethically compliant informed consent protocols and suggestions offered in existing literature for conducting trauma-informed research. First, considerable effort was given to assuring transparency throughout all contact with potential participants. They were informed of the purpose and focus of the study in all recruitment materials and communications related to recruitment (see Appendices A, B, C, and E). Second, a non-clinical, virtual setting was used for the interview. Participants were allowed not to show their faces during the video call even though audio-only recordings were being conducted. Offering choice and a non-clinical setting have been found to increase comfort and perceived safety and support participants' sense of agency (Alessi & Kahn, 2022; Elliott et al., 2005; Isobel, 2021). Third, before the interview, participants were alerted of potential activities (i.e., note-taking, checking questions) that may be disruptive to ensure they knew what to expect during the interview. They were

informed of their right to pause or withdraw consent to the interview at any point or elicit my support in grounding or utilizing relaxation techniques.

In addition, Isobel (2021) describes essential considerations for trauma-informed interviewing in qualitative research. First, aligned with these suggestions, the semi-structured interview protocol (see Appendix H) was bounded on the front end with questions to build rapport with the participant. This has been found to help participants feel comfortable and build trust and safety (Alessi & Kahn, 2022). Second, distress or discomfort was assessed throughout the interview, paying attention to possible signs of dissociation (e.g., fixed stare, changes in tone), deflection, or disengagement. When distress was observed, it was acknowledged and responded to with a focus on safety and promotion of agency. This included asking if the participant wanted to take a break, if it was okay to continue, and offering support in grounding.

At the end of the interview, the participant was allowed to offer additional thoughts. This has been found to address people's need to please the researcher due to inherent power dynamics and allow participants to feel in control of what information is included (Levenson, 2017). Further, careful attention was paid to ensure that participants were not revictimized. As the interviews had the potential to be emotionally distressing, information was available for participants regarding ways they could access free mental health support if triggered (see Appendix J). Finally, participants were thanked for their participation, and it was reiterated how the data will be used and what will happen with their data during and following data analysis.

Aside from measures taken in direct contact with participants, procedures were taken to protect data obtained from them. For instance, all data related to the study were

maintained on a secure computer drive that only I had access to. Pseudonyms were used in lieu of the participant's name on all interview notes and on all computer files to protect the participant's identity. Finally, all raw data will be deleted three years after successfully defending the study.

Self-Care

During qualitative research with trauma victims, researchers not only hear and hold space for sensitive information shared by participants but are also immersed in the data during analysis. They are repeatedly listening to recordings and re-reading transcripts, which may trigger their own past experiences of trauma or elicit distressing emotions. This leads to a risk of vicarious trauma on the researcher's part (Isobel, 2021). Further, it is possible that emotions experienced by the researcher during data collection may intrude on their interactions with participants. Therefore, researchers engaged in qualitative study with trauma victims should commit to ongoing self-reflection and self-care throughout the research process (Alessi & Kahn, 2022; Dickson-Swift, 2022). Accordingly, I was considerate of the number of interviews scheduled for a particular day and took breaks between interviews to engage in personal grounding and to refocus. In addition, a peer support group of private practice clinicians I was already involved in was used for ongoing emotional care.

Instrumentation and Measurement

The instrumentation used was a semi-structured interview protocol (see Appendix H) I developed for the purposes of this study. It included open-ended questions aimed at best understanding the phenomenon being studied, as is typical in qualitative research

(Mack et al., 2005). Careful attention was taken to develop questions that would not limit the responses of potential participants and that would capture information not covered in extant literature to contribute substantial knowledge to the field (Roberts, 2020).

Further, questions included in the interview protocol were chosen as they were closely aligned with the larger research questions: a) How do women who have experienced abuse by a Christian leader and completed therapy for it describe what led them to seek therapy? b) How do women who have experienced abuse by a Christian leader and completed therapy for it describe their therapeutic/healing processes? c) How do women who have experienced abuse by a Christian leader and completed therapy for it describe what they found helpful/not helpful or effective/ineffective in their treatment/healing processes? d) How do women who have experienced abuse by a Christian leader and completed therapy for it describe factors influencing their treatment/healing processes?

The interview protocol followed the model of Brinkmann and Kvale (2015; as cited in Creswell & Poth, 2018) and was bounded on the front end by questions inviting participants to openly discuss the impacts of their experience(s) of RSA. Themes used as starting points for capturing the experiences of the participants included: 1) the participant's religious background; 2) their therapeutic history (e.g., reason and focus for seeking therapy, length of therapy experience); and 3) the participant's experiences of therapy (e.g., what they found helpful, what did they find disappointing, unaddressed needs, outcomes). The interview protocol was bounded at the end with remarks thanking the participants for their time spent engaging in the interview and their willingness to share their experiences. The semi-structured interview protocol was reviewed and

evaluated for relevance, biased or leading wording, and clarity to increase the study's credibility (J. L. Johnson et al., 2020; Mack et al., 2005; Roberts, 2020).

Morse and colleagues (2002) advise against the use of post hoc evaluation and advocate for the consideration of verification strategies throughout each step of qualitative research. The preliminary review of the proposed semi-structured interview protocol is one practice utilized by the researcher to ensure rigor and quality early in the research process. Rigor in qualitative research refers to the thoroughness and acuity of the research process and the “trustworthiness” of the study's findings (B. S. Cypress, 2017; Morse et al., 2002). These are necessary considerations in all research. However, the structured design, prescribed strategies, and strict objectivity supporting the validity and reliability of a study's findings in quantitative research vary significantly from the more flexible methodologies used in qualitative research (Mays & Pope, 2020). Accordingly, many have offered alternative terminology as *qualitative equivalents* or parallels to quantitative approaches to ensure rigorous research (Creswell & Poth, 2018).

While there are many different perspectives and terms offered to reference “validity” and “reliability” in qualitative research, I highlight the suggestions of Guba (1981). In identifying criteria that address the trustworthiness of findings in naturalistic inquiry, he proposed the notion of trustworthiness as an alternative to the concepts of validity and reliability. Lincoln and Guba (1985) expound on this, offering four criteria for judging trustworthiness:

- *Credibility* is complementary to internal validity and refers to “confidence in the ‘truth’ of findings.”

- *Transferability* relates to the concept of external validity or generalizability and describes the applicability of the findings in other contexts.
- *Dependability* parallels reliability, indicating the consistent repeatability of the findings of a study if conducted on the same or other respondents who have experienced the phenomenon of interest.
- *Confirmability* refers to objectivity or the degree to which the study's findings are shaped by the participants rather than the researcher's biases, motivations, and interests. (Lincoln & Guba, 1985, p. 218)

An alternative to the concept of *trustworthiness* is the concept of *validation*, which Creswell and Poth (2018) describe as efforts to assess the 'accuracy' of a study's findings from the *lens* or perspective of the one determining the study's credibility. Creswell and Miller (2000) identify common strategies for establishing validation, categorizing them according to the lenses of the researcher, the participant, and the reader or reviewer. Creswell and Poth suggest engaging in at least two of these procedures to achieve validity or confidence in the truth of the study's findings.

In addition to the preliminary review of the interview protocol, the following verification strategies were used for the current study. First, two experts in religious trauma conducted an additional review of the interview questions to verify that the study was investigating what it purported to be researching. Based on their feedback, questions were re-worded to avoid leading participants to suggested answers or to prevent the reflection of assumptions on my part. Changes were also made to make questions more specific. For example, instead of asking, "Can you describe your experience in therapy?" I asked, "When you began to recognize your experiences with the religious leader as

abuse, how did this shift or impact your experience in therapy?” Second, Husserl’s concept of bracketing posits that a researcher should set aside personal biases, thoughts, and experiences by being aware of their background, values, beliefs, and stance and how their position can impact data collection and analysis. This examination process is referred to as reflexivity and is a suggested strategy to support validity in qualitative research (Dodgson, 2019; Olmos-Vega et al., 2022). Consistent with this, I maintained a reflexive journal detailing the following:

- relevant background information (e.g., personal religious affiliation, occupation),
- personal values and beliefs,
- decisions made throughout the data collection process and feelings about those decisions,
- emotions arising at any point in data collection and analysis,
- thoughts while making meaning of the collected data, and
- other procedural notes (“The Essential Guide to Coding Qualitative Data,” n.d.).

Third, to support the credibility of research findings from the lens of the participants, they were engaged through prolonged engagement. This included obtaining consent to contact each individual a second time for follow-up questions, if necessary, outside the exhaustive initial interview. Finally, *thick* descriptive data (e.g., direct quotes) was collected to create *verisimilitude* or the feeling of “being there” for prospective readers. Creswell and Miller (2000) assert that thick, rich descriptions establish credibility as they transport readers, allowing them to feel part of the experience.

Further, the iterative nature of qualitative research provided systematic checks throughout the interviewing process to ensure that the collected data corresponded with the study's aims and concepts of interest.

Data Analysis

Data analysis in qualitative research involves all decisions concerning how data is managed and organized, how ideas progress and are captured, processes of classification and coding, how themes are developed, the formation and assessment of interpretations, and how data is represented (Creswell & Poth, 2018). Creswell and Poth assert that these decisions are captured within three strategies of analysis: 1) preparation and organization of the data, 2) using coding to initiate the reduction of the data into themes, and 3) representation of the data. However, all of these decisions are guided by the method of analysis, which is determined by the overarching goals and questions of the study.

The six most common qualitative data analysis methods include content analysis, narrative analysis, discourse analysis, thematic analysis, grounded theory, and interpretative phenomenological analysis (IPA) (Lester et al., 2020; Warren, 2020). As the current study was explorative, aiming to identify patterns and themes regarding people's subjective experience in therapy related to RSA, the data analysis strategy was thematic analysis (TA). TA is proper when the goal is to understand experiences and thoughts across a dataset, identifying commonalities and shared meaning (Kiger & Varpio, 2020). While TA is often discussed as a singular method, Braun and colleagues (Braun & Clarke, 2021a) suggest it is a family of methods falling within three categories: coding reliability approaches, reflexive approaches, and codebook approaches. A

reflexive approach (*reflexive thematic analysis or RTA*) was used to allow me to derive themes from codes and highlight shared meanings through an engagement with the data. This approach placed me as a resource, active in the process of interpretation and consequently in the production of knowledge (Braun & Clarke, 2019; Byrne, 2022).

To analyze the data, I used Braun and Clark's (2012, 2021b) six-phase process of thematic analysis (see Table 1), which included guidelines for transcribing, coding, and analyzing data.

Table 1

Phases of Thematic Analysis

Phase	Description of the process
1. Familiarization	Transcribing data, reading and re-reading interview transcripts, noting down initial codes
2. Generating Initial Codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for Themes	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing Themes	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.
5. Defining and Naming Themes	Ongoing analysis to refine the specifics of each theme, and the overall story of the analysis tells, generating clear definitions and names for each theme.
6. Producing the Report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

Note. Braun and Clarke's (2006) phases of thematic analysis.

Data Transcription

Qualitative data comes in many forms. These include field notes, interview transcripts, audio or video recordings, documents, images, visuals, and possibly survey responses (Creswell & Poth, 2018; Walliman, 2018). This presents a unique consideration when it comes to data analysis. Rather than quantifying numerical values, careful attention must be paid to making meaning of textual data and assuring that it reflects the voice of the subjects rather than the opinions of the researcher. Braun and Clark assert that the first phase of RTA involves familiarizing oneself with the data. This is done by listening to any recordings of the interviews before transcribing them and then reading and re-reading the data multiple times, making notes in the form of annotations and commentary to highlight potential points of interest.

I transcribed all interview recordings verbatim following Mack and colleagues (2005) suggestions for transcribing, reviewing, and proofreading interview data (see Appendix I). These guidelines supported efficient and consistent processing of the data.

Data Coding

The second phase of RTA involves the process of coding. The codes generated in this phase later became themes. Therefore, careful attention was paid to systematically review the data, giving equal consideration to each data item and identifying portions that were informative and relevant to the research questions. Succinct descriptions or interpretive labels (codes) were assigned to relevant pieces of information. Codes were evaluated throughout ongoing familiarization with the data to assure relevancy and avoid double-coding or overlaps in the data. This process was conducted using Atlas.ti to store the transcripts and support the tracking of the evolution of codes, including decisions regarding which were kept and which were discarded. Atlas.ti's artificial intelligence

capabilities were not utilized for coding the raw data. All coding was done manually using the software for efficiency in coding and theme development.

Data Analysis

The third phase of RTA involves shifting from coding to generating initial themes. Braun and Clark (2021b) suggest initially developing provisional themes that “highlight the active role of the researcher.” They underscore that themes will not *just emerge* but are constructed by reviewing the coded data and identifying similarities and overlaps between the codes. In analyzing data for the current study, I repeatedly reviewed the dataset, looking for clusters of information relevant to the research questions and narrowing down codes and the development of themes until precise themes are revealed. Thematic mapping was used to focus on specific themes and visualize ways the data clustered together to indicate patterns, trends, or similarities.

Phase four of RTA involves reviewing potential themes and checking them against data extracts to determine if the identified themes “work” with the data. Braun and Clarke (2012) identify questions to ask oneself in this phase to support this process. The questions that were used to guide this phase of analysis included:

- Is this a theme or just a code?
- Does the theme provide useful information about the dataset and research questions (quality)?
- Does the theme have boundaries (what does it include and exclude)?
- Does adequate data support the theme (is it thin or thick)?
- Is the theme coherent (Are the data too diverse and wide-ranging)? (p. 65)

Phase five of RTA involves using clear statements that define or name the themes or the essence of the phenomena. Extracts of data were used in this phase to analyze, present, and tell the story of each theme and vividly illustrate the analytic point of the researcher (see Table 2). The final phase of RTA involves reporting the research and will not be discussed here.

Delimitations, Assumptions, and Limitations

This study was deliberately bounded to study women abused by religious leaders in their adulthood. This choice was made due to the proven vulnerability of women to traumatic R/S experiences and the emphasis in existing research exclaiming the need to highlight this vulnerability (de Weger, 2020, 2022b; de Weger & Death, 2018; Garland, 2013). The current study also exclusively focused on Christian institutions. This delimitation was decided upon as existing research primarily focuses on abuses in the Catholic Church, minimizing or even ignoring the widespread violations occurring in other mainstream Christian congregations (Olasky et al., 2018; Pradere et al., 2019; Rashid & Barron, 2019).

There were also several assumptions made in the chosen method of data collection. First, it was assumed that a phenomenological approach was the most appropriate method of exploring the impacts and treatment of RSA. Second, it was assumed that participants would demonstrate an understanding of the questions they were asked, be honest in their responses, and be comfortable in reflecting on their therapeutic journey and discussing their experiences. Third, participants were expected to be able to acknowledge their experience as being abusive to achieve the aims of the study.

Therefore, it was assumed that through proper screening, the selected participants would have previously done so at some point in their therapeutic journey. Finally, concerning data analysis, it was assumed that the conceptualized themes would reflect the participants' experiences.

The scope and methodology of this study also supported certain limitations. First, the scope of the study involved sensitive topics that could have involved disclosures of illegal acts. Consequently, participants were made aware (and provided consent) that disclosing details involving illegal activities would require mandated reporting to the appropriate authorities. The sensitive nature of interview questions and awareness of mandated reporting protocols could have limited what participants felt comfortable sharing and compromised their honesty. In addition, participants could have censored information about their experiences.

A second limitation of the study is its reliance on awareness and acknowledgment of the experience as being abusive and the participant's ability to reflect on their therapeutic journey. Existing research indicates that those who experience abuse in adulthood have described confusion and uncertainty about the meaning of sexualized interactions with abusive leaders (Garland & Argueta, 2010). Furthermore, clergy sexual misconduct against adults is often labeled as consensual or an affair, which may present challenges to acknowledgment on the victim's part. Moreover, feelings of shame and patterns of self-blame may prevent women from disclosing their experiences in a therapeutic setting. These factors, coupled with participants needing to meet the inclusion criteria, inherently posed limitations regarding who ultimately was interviewed and, consequently, what stories were heard.

Finally, a third limitation of this study's methodology is the inability to generalize its findings. The method of collecting data in phenomenological research is in-depth interviews with a small sample of people. This allowed me to gather detailed information about the subjective experience of research participants, which supports a depth of understanding. Therefore, due to the small sample size, the findings of this study are not generalizable to a larger population (Queirós et al., 2017).

Summary

In summary, while this study had inherent limitations and may not represent all victims of traumatic R/S experiences, generalizability is not the primary aim. Hence, the chosen methodology still has clear benefits. The phenomenological approach enables the collection of rich information that answers the call for attention to the phenomena of interest among a population identified as particularly vulnerable, adult female victims. In addition, it provides a means of initiating further discussion that can be expanded to additional populations and Christian subcultures.

CHAPTER 4: RESULTS

Overview

This study aimed to describe the impacts of RSA on women abused by religious leaders in adulthood, explore their treatment experiences, and describe effective elements of the healing journeys for this unique traumatic experience amongst this population. I used a semi-structured interview to examine four central research questions and RTA to analyze the data. The themes generated from this analysis, organized by the relative research question, are detailed in the following section. Table 3 provides an overview of these themes and the number of participants contributing to each theme. I constructed four themes to conceptualize the data related to the first research question, which explored how women abused by a Christian religious leader in adulthood and who completed therapy for it described what led them to seek therapy. These themes are: seeking understanding and validation, seeking self-awareness and reconnection with self, seeking safety, and seeking stability and relief. This section explores the motives and symptoms that catalyzed the therapeutic journeys of RSA victims.

The second research question explored how women abused by a Christian religious leader in adulthood and who completed therapy for it described their therapeutic or healing process. The two themes constructed to conceptualize the data related to this research question are: healing as a journey, not a destination, and avenues of support-seeking. This section describes RSA victims' continuous and complex therapeutic experiences and the various avenues they accessed for support throughout their healing journeys.

The three themes constructed to conceptualize the third research question, which explored how women abused by a Christian religious leader in adulthood and who completed therapy for it, described what they found helpful and effective or unhelpful and ineffective are: formal and informal relationships that aid or thwart healing, “cookie cutter” therapy or trauma recovery that considers the unique impacts of RSA, and personal spirituality. This section describes the social, spiritual, and therapeutic resources and strategies that have been useful, as well as those that have negatively impacted people’s healing.

Finally, this chapter will end with a discussion of the two themes conceptualizing the data related to the fourth research question, which explored factors influencing the treatment or healing processes of women abused by a Christian religious leader in adulthood and who completed therapy for it. These themes are: promoters of post-traumatic growth and factors that thwart, hinder, or complicate healing. This section explores internal and external factors that impact the effectiveness and helpfulness of the resources available to participants or therapeutic strategies employed for their recovery.

Descriptive Results

An invitation to participate in the study was posted on Facebook (see Appendix D) and Instagram and was shared with four Facebook groups for survivors of RSA. Also, per snowball sampling strategies, permission was granted when requests were made to share the Facebook post with other known survivors or advocates on the social media platform. In addition, four traditional support groups that service survivors of RSA were emailed information concerning the study (see Appendix A) and a flyer to share with

their participants (see Appendix C). A total of 29 people responded, indicating interest in participating in the study, with 11 completing the semi-structured interview. Two of the 18 people who did not move forward to the interviewing phase were determined to be ineligible during the phone or email screening. Two of the remaining 16 people signed consent forms; however, one woman indicated ongoing struggles due to remaining in her abusive environment and expressed fear of engaging, and the second woman did not respond to attempts to schedule the interview after signing the consent form. The remaining 14 women were unresponsive to initial or follow-up efforts to contact them following their inquiry and expressed interest in participating.

All 11 participants met the inclusion criteria of being an English-speaking woman who was abused (sexual violations, financial exploitation, authoritarian experiences, and/or hermeneutic and homiletical abuses) by a Christian religious leader in adulthood and who had completed psychotherapy in which symptomology related to the abuse was addressed. Pseudonyms are used throughout this chapter to maintain the anonymity of the participants. I carefully ensured that the pseudonyms did not reflect the names of any of the participants or anyone named during the interviewing phase.

Study Findings

Research Question 1: How do women who have experienced abuse by a Christian leader and completed therapy for it describe what led them to seek therapy?

The thematic map below provides a visualization of the four themes and related sub-themes for the first research question.

Figure 1*Thematic Map for Research Question #1****Seeking Understanding and Validation***

Participants described the catalyst for their therapeutic experience in relation to their needs at the time of intake, as well as the effects of the adverse religious experiences on their lives. Participants discussed the need to understand, name, and validate their experience(s) and how it impacted them.

Disillusionment, Confusion, and Difficulty Labeling the Experience.

All 11 women described experiencing disillusionment or difficulties reconciling RSA with their expectations or initial experiences in the church as a whole or specifically with religious leaders. They expressed confusion, often leading to challenges labeling

their experiences as abuse. As an example of this, Rebecca described the disillusionment as like being “invited to this gorgeous banquet, and you can see the table from far off. And there’s just this gorgeous food that’s just lavish and mouthwatering and [then] getting to the table, and it’s all made from salt.” Loretta also illustrated the disillusionment caused by the abuses she suffered. She discussed the safety she felt in the church when she was a child attending services with her parents and reported feeling “that’s been taken from me.” She described ways the abuse, gaslighting, and victim-blaming made her question herself, stating, “... it took me a long time, several years, after coming out of that for me to start to say no, they were wrong. I’ve been abused.”

This insight of recognizing their experience as being those of abuse often came through therapeutic engagement. Many participants reported entering therapy not knowing or being “resistant” to acknowledge that they suffered abuse. They sought treatment with the need to name their experience, often with the assumption that something was “wrong” with them. However, through therapy, they learned that they had experienced RSA. They were introduced to the idea that nothing was wrong with them, but rather, they were experiencing trauma responses or symptoms directly resulting from adverse religious experiences.

Difficulty Connecting to and Relating to others.

While participants noted social consequences as one of the many impacts of RSA, it was also one of the reasons they sought therapy. Feeling “misunderstood,” “like an outsider,” and like “the wrong one” when in the presence of others was noted to cause significant distress for RSA victims. Difficulty belonging to communities outside of the abusive environments they had left or were contemplating leaving was identified, as well

as feeling they could not relate to others who had not had similar experiences. Seven out of the 11 participants expressed entering therapy and pursuing other means of support, which will be discussed later in this chapter, needing someone willing to listen to them and convey an understanding and validation of their experience(s) of RSA.

Self-Doubt

A recurring underlying theme in participants' descriptions of what led them to seek therapy was self-doubt. This includes questioning the validity of their experiences as well as "holding firm," "still believing everything," or "clinging" to beliefs and practices because of assumptions that it was their lack of faith, insufficient spiritual practices, or disconnection from God that was causing their distress. Multiple participants described faith, religious traditions, and trust in religious leaders as being "everything" and that on which "all the other stuff was built." For instance, Jenna expressed "really wanting it to be true" and finding ways to justify her experiences and deny her feelings out of a "need" to believe that everything she had built her life upon was not false and "bizarre." She discussed using therapy to process her experience, which allowed her to "look at it and say, well, that was trauma," even though going into therapy, she had been unable to do so.

Seeking Self-Awareness and Reconnection with Self

A noteworthy theme in participants' accounts of RSA was its impact on their sense of self. Participants described elements of control, abuses of power, and patterns of devaluation as contributors to a disconnection with the self as a whole and with the self as an emotional and spiritual being. These impairments were noted to cause challenges in

acknowledging that they were victims of RSA, labeling their internal experiences, and identifying their needs.

Impairments to Self-Awareness and Self-Concept.

All 11 women described ways their experiences of RSA had contributed to them seeing themselves as “broken,” “wrong,” “unworthy,” “bad,” or “not good enough,” to name a few. These negative cognitions demonstrated an internalization of their experiences and an acceptance of and inability to challenge the labels placed on them by abusive leaders or unsupportive communities backing those leaders. They also describe a lack of cognizance of their needs, desires, strengths, and even spiritual gifts or purpose. Their religious experiences often involved explicit expectations, standards, and rules, with their only communicated purpose as being obedient followers. This was demonstrated by Crystal, who stated, “You don’t reflect on anything. It was like, this is the rule, and that’s what you do...not like reflecting on how does this make me feel or you know...there’s no room for nuance or anything like that.” She further reports entering therapy unable to pinpoint what was going on with her nor being able to identify therapeutic goals or needs. Similarly, Stacey expressed being an adult who didn’t even know what she enjoyed, including “what kind of colors” or “what furniture” she liked.

Affective Impairments.

In addition to this lack of self-awareness, Stacey also discussed how “not being invited to have feelings unless they were positive” impacted her ability to identify, label, and experience emotions. This is illustrative of alexithymia, also called emotional blindness due to its characteristics of inability to identify, express, and describe feelings, which was reported by six women. Others described feeling “paralyzed,” “numb,”

“emotionally handicapped,” or being in an “emotional wheelchair.” They reported seeking therapy needing assistance developing an emotional self before they could initiate emotional expression and processing.

Spiritual Impairments.

While the wounds of RSA were not only spiritual, all of the participants expressed deep spiritual wounds, which, for some, were first broached in therapy. Questioning upheld truths, experiencing changes in beliefs, and facing toxic God concepts while experiencing distrust in the church, spiritual insecurity, and being triggered by religious practices necessitated support from someone other than the religious leaders themselves. For some participants seeking support from religious leaders, psychotherapy was also sought to help them conceptualize their experience outside the framework within which the abuses occurred. There were also participants, like Annie, who expressed having “no spirituality” at all. She reported feeling “50/50” about her faith at one point; however, after multiple incidences of RSA feeling “completely robbed” of her spirit. This is similar to other women who reported subsequent deconversion or transitioning to atheism and relying on therapy to support them with this transition without feelings of guilt. I will provide more detail surrounding therapeutic support in deconstruction, reconstruction, or deconversion later in this chapter.

Seeking Safety

Pervasive patterns of lack of sensed safety were described by women who had experienced RSA. Participants reported attending therapy due to feeling stuck in “freeze mode” or constantly triggered and needing a place where they felt safe enough to initiate healing.

Impaired Trust.

Ten of the 11 women noted impaired trust in themselves, others, and the church as a whole. The world is often perceived as unsafe for those navigating within, leaving, or attempting to survive outside the church. Due to the gendered nature of many of the abuses described, distrust of men became prominent in any environment. Further, as religious leaders were often viewed “as gods” who “could do no wrong” and who knew more than lay members, the distrust resulting from RSA also extended to anyone in an “expert” role, including therapists. Participants described apprehension when entering therapy, and one participant reported terminating therapy at one point due to seeing counseling as “a risk” and not being willing to “risk being hurt by another professional.”

Trauma Response.

Distrust was common among RSA survivors, as were other response patterns. One participant reported dissociation, while others described “shutting down” or “freezing” when things remind them of the abuse(s) or when trying to make decisions post-RSA. Participants also communicated feeling on edge, anticipating additional abuse, and having, as Loretta described, “red flags going off all over the place.” Even after leaving abusive environments, some participants described only being able to focus on survival due to incessant thoughts and triggers reminding them of the abuse.

Seeking Stability and Relief

Soul Murder.

While not expressed by the majority of participants, the terms “murder(ed)” and “killed” were used repeatedly by 3 of the women. They powerfully conveyed feeling like “everything was killed” or like they had been murdered by religious leaders and

institutions and had lost their entire lives. Their accounts highlight the pervasive and complex impacts of RSA, emphasizing the total destruction of their social networks, spirituality, trust, and sense of self, that, when viewed in silos, does not capture the breadth of the devastation. While not as explicitly stated, other participants described the ruins left behind after RSA and expressed seeking therapy for “stillness” after the abuses had shattered their foundation.

Utter Disorientation.

This shattering of their foundation left survivors feeling disoriented and lost. Like Jenna, who expressed “not knowing how to exist” and felt she had no value and could not live or be human without the church. Others echoed this, describing the centrality of their religiosity to their lives and reporting difficulty being present in the here and now due to intrusive thoughts and continuous reexamination of past experiences. This also kept some from leaving toxic religious environments. One example is Valerie, who discussed how the “fusion” of faith and community made it “really hard to step away.” Therapy for some of these women was something stable when all that was familiar was now being questioned and renegotiated.

Trigger Response and Avoidance of the Sacred.

In addition to realizing that they had suffered abuse and were experiencing religious trauma, participants described struggling with incessant triggers and engaging in significant avoidance of religious institutions, practices, and other reminders of their violations. For instance, Susan recalled deciding, “I need to go to counseling because I’m getting really triggered by this, and I need to figure it out because... I don’t have to heal, but there are ways that can make living more manageable.” She and other participants

describe difficulties being in religious environments, hearing sermons and “religious language,” being unable to engage in practices such as scripture reading and prayer, and reduced engagement or outright avoidance of communal practices such as attending church services or study groups. They reported experiencing anxiety, panic attacks, physical reactions (e.g., nausea), intense emotions, and being flooded with intrusive thoughts that made it difficult to reengage with the church or maintain any personal spiritual practices.

Deterioration of Mental Health and Daily Functioning.

Panic attacks and anxiety were not the only indications of mental deterioration that participants described. Those interviewed also described immense suffering and emotional dysregulation that often interfered with their daily functioning. As indicated earlier, participants relayed experiencing dissociation and other trauma reactions. Some reported being diagnosed with PTSD, CPTSD, anxiety disorders, and depression. They discussed how the deterioration of their mental health and the significant distrust in others impacted their relationships, including those outside the church and every other domain of their lives. Three participants detailed significant occupational impairments, including difficulties focusing at work, resulting in voluntary and involuntary furloughs for two women and the other qualifying for disability and being deemed unable to work. The latter described constant fear and anticipation of additional sexual harassment and assaults that support an inability to concentrate on anything other than “surviving and protecting” herself. The noted mental health conditions and the ongoing efforts to avoid people, places, and things that remind the women of their abuses made the traumatic events a constant part of their daily lives. Difficulty coping with these impacts led to

suicidal ideations or attempts for two of the participants. The women described receiving official diagnoses in therapy, validation of their sufferings, and support in learning how to manage their symptoms.

Guilt, Toxic Shame, and Moral Injury.

In addition to their direct experiences of abuse, seven of the women discussed impacts related to indirect experiences of abuse or awareness and witnessing the abuse of others in various levels of severity, including incidences that rose to the level of scandals that gained public attention. Participants described seeking therapy to address, reduce, and gain relief from intense feelings of guilt and toxic shame. Some women expressed seeking treatment because they felt “haunted” by what they witnessed. Loretta used the term “moral injury,” which she learned in therapy, to explain the distress she was experiencing due to violating her own sense of morality and consciousness when she witnessed the abuses of others and couldn’t prevent it. In some cases, these symptoms of secondary trauma only presented following the therapeutic support in labeling the experience as RSA. Before this awareness, the witnessed events were normalized and justified. However, two participants described ways the indirect abuses served as the catalyst for the reexamination of their own experiences and served as the impetus for their acknowledgment that they were, in fact, victims of RSA.

Seeking Guidance, Backing, and Assistance

Seeking understanding and validation, self-awareness, safety, and relief were some reasons women who had experienced RSA reported as leading them to seek therapy. However, others discussed ways their experiences left them needing more practical and hands-on support. While the processing of RSAs is imperative, and

identification of effective strategies to support processing is necessary, many participants noted the need for, and often the absence of (both in therapy and in the church) more practical support in navigating healing and recovery.

Social Impairments.

The social impacts of RSA have been illustrated throughout this chapter. However, whether it is because of the perceived inability of others to understand them, the deep-rooted distrust, or the loss of their social networks when leaving abusive environments (or being forced out), participants often described feeling “alone” and “unsupported” and like it was them “against the world.” As discussed earlier, impaired self-concepts also made many of the women interviewed feel flawed around others, making it challenging to be in healthier environments. Loretta exemplified this when discussing being in a new church environment that she acknowledges is healthier than previous churches where abuses had occurred. She stated, “It’s very hard to feel like you’re part of the experience happening around you when you have to have all of these walls and protections up.” For these women, therapy was not only a safe and validating environment but often where they turned for guidance and practical support in developing safer relationships or identifying their needs to support them being and belonging in healthy environments. For example, Susan discussed a letter her therapist gave her to provide others explicitly requesting that they not criticize her and giving her permission to cut unhealthy people from her life. She expressed it was the first time someone had backed her. Other women described similar ways therapy was instrumental in boundary implementation—not only in learning such skills but also with the therapist, initiating sessions with loved ones walking through the process alongside them.

Inhibited Decision Making and Critical Thinking.

Participants who indicated abuses occurring in high-control religious environments or who reported spoken and unspoken rules of not questioning religious leaders not only described the lack of self-awareness and the disconnection from self discussed earlier in this chapter but also reported ways these impairments contributed to constraints in their ability to make decisions for themselves or engage in critical thinking. They expressed not having their own opinions, even about their experiences. Crystal illustrated this when describing beginning therapy and being asked about her therapeutic focus and needs. She stated,

“Because I was in a state where I was just told what to do, I didn’t have to think for myself for such a long time, that it was like, wait, I need to make decisions... I don’t know about that.”

Others described a perceived need for permission to engage in critical thinking, which often came from their therapist inviting and expressing that it was okay for them to do so.

Not Knowing How to Navigate Moving On and Feeling Deprived of a Future.

Inhibited decision-making and critical thinking, loss of a social network, and the utter disorientation caused by RSA, create unique challenges in navigating moving forward. Coinciding with this concept of “soul murder,” participants described feeling robbed of “normal” lives and deprived of a future. Such as Annie, who asserted, “They didn’t really murder me. They kill you in a different sense. They kill you from all the things that could be...you can’t concentrate on the future; you can’t establish goals.”

This sensed deprivation was extensive. Participants described beliefs or fears that they would never experience healthy relationships and connections, express spirituality in

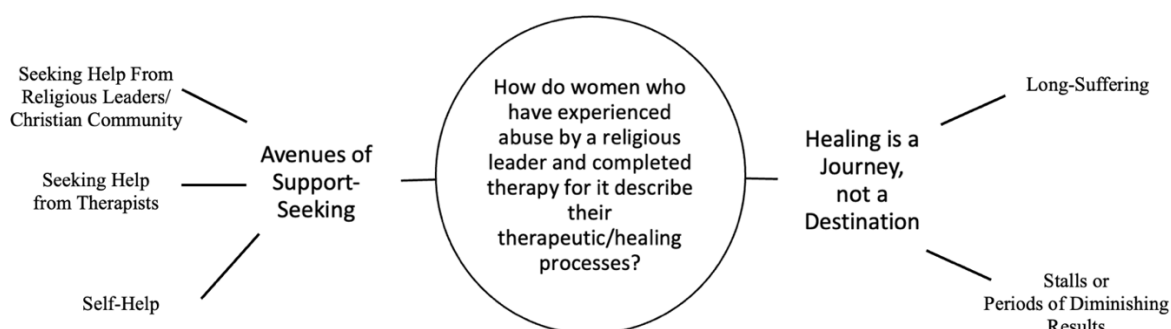
a nourishing and authentic way, or thrive. They entered therapy for guidance and assistance in envisioning a future and actively working toward having lives that were seemingly more accessible to those who had not experienced RSA.

Research Question 2: How do women who have experienced abuse by a Christian leader and completed therapy for it describe their therapeutic/healing processes?

The thematic map below provides a visualization of the two themes and related sub-themes for the second research question.

Figure 2

Thematic Map for Research Question #2



Healing is a Journey, Not a Destination

The healing and therapeutic process that participants described was complex and anything but linear. Participants indicated ongoing healing that often appeared to stall.

Long-Suffering.

Ten of the 11 participants described ways that their experiences of RSA continue to impact them, often after years of therapy. To give you an idea, throughout the interview, Faye repeatedly indicated, “I’m still processing that,” or “I’m still trying to figure that out.” While not stated as explicit, other participants noted ongoing social

disconnects, continued reliance on psychotropic medication to manage symptoms, lingering fears, and persisting triggers. Generational impacts were also revealed, with five women reporting disconnects with their children, enduring guilt about what their children witnessed or directly experienced, or the effect of the experiences on their children's faith.

Stalls or Periods of Diminishing Results.

While one of the criteria for the study was that participants must have “completed” therapy, which will be clarified and discussed in the subsequent chapter, this was not indicative of cessation of impacts nor the need for continual therapeutic or other support. It was also not suggestive of the absence of using varying therapeutic strategies or seeking various avenues of support. Instead, there appeared to be ebbs and flows in healing, including periods where therapy seemed not to be helping or therapeutic tools that were once helpful “stopped working.” Five of the women emphasized that there were phases to their healing. Nine women specified seeing multiple therapists throughout their therapeutic journey, often prompted by experiences of “diminishing results.”

Avenues of Support Seeking

As alluded to in the previous section, the healing process of the women interviewed often involved seeking support from multiple people or places.

Seeking Help From Religious Leaders/Christian Community.

One avenue of support the participants sought involved turning to religious leaders or other members of their religious communities. This was particularly true when women were still involved in the church where abuses were occurring (often before identifying it as abuse), considering a new religious institution to escape the abuses, when

encouraged by another member in their community, or due to challenges accessing resources or other avenues for support, which will be discussed later in this chapter.

Women who described this as part of their journey discussed ways that this was helpful and ways it thwarted their progress. This will be expounded upon later in this chapter.

Seeking Help From Therapists.

As expected, due to the criteria for this study, all of the women described their therapeutic journey as involving psychotherapy. Just as those seeking support from religious leaders and communities named benefits and challenges, they expressed similar sentiments regarding therapists. However, in general, all of the participants identified a need, at some point in their journey, to obtain support from an individual trained to address the challenges they were facing in a way that was not solely spiritual.

Self-Help.

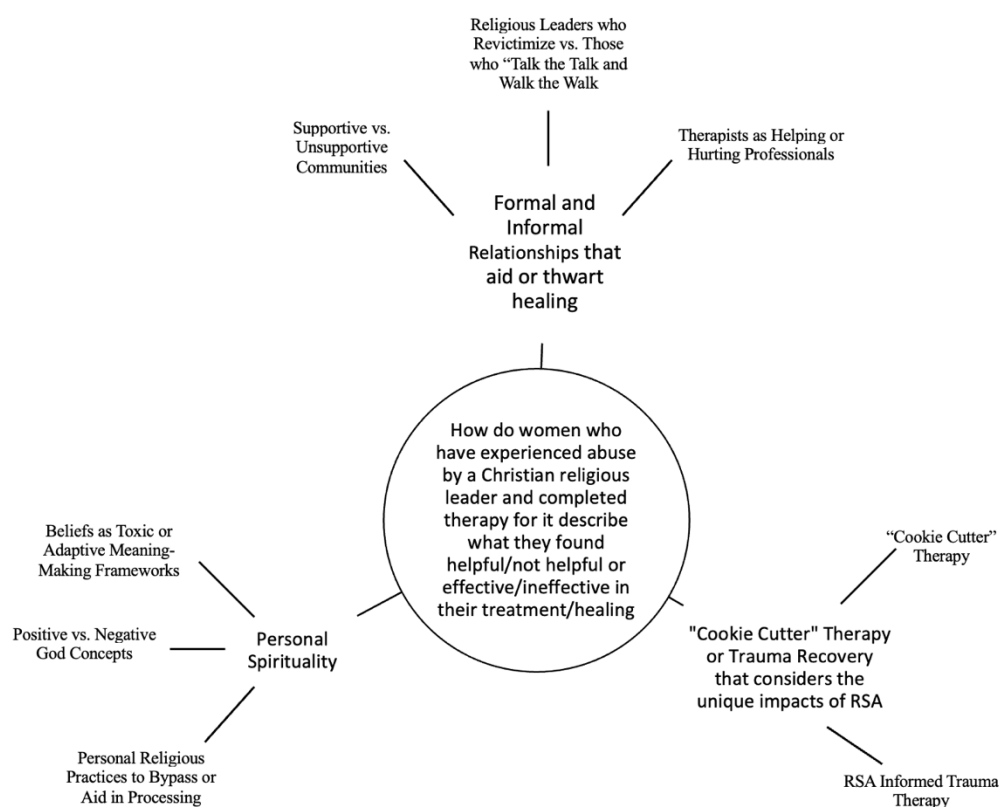
In addition to seeking support from religious leaders or communities and therapists, self-help efforts were noted as a significant aspect of the healing journeys of the participants. These efforts involved reading materials that validated and helped them better understand their experiences or turning to social media for support, connection, assistance in labeling their experience, as an avenue to express themselves, and for resources to manage symptoms. Participants reported self-help efforts as an avenue sought in lieu of and concurrent with other supports.

Research Question 3: How do women who have experienced abuse by a Christian leader and completed therapy for it describe what they found helpful/not helpful or effective/ineffective in their treatment/healing processes?

The thematic map below provides a visualization of the three themes and related sub-themes for the third research question.

Figure 3

Thematic Map for Research Question #3



Formal and Informal Relationships that aid or thwart healing

As previously discussed, social impairments are one of the many consequences of RSA. Further, regardless of the avenue pursued for support, they all involve interactions with others. Participants discussed the “risk” of connecting with others and how efforts to connect aided and thwarted their therapeutic or healing journeys.

Supportive vs. Unsupportive Communities.

Whether it be seeking help from church members or other friends and family, participants discussed ways that this was both helpful and unhelpful. Multiple women reported church members who were “unsupportive” or who “did not know how to help.” One example was Crystal, who described her experience when turning to her church family when she was “really struggling.” She stated,

“I guess I felt alone there, even though, like they were kind of trying to help me, as much as they could...they just didn’t know how. I think this is maybe a common thing with church people. They just think, ‘Oh we’ll pray for you,’ and then that’s good enough, but they don’t know how to just be empathetic humans and just be like, ‘Hey, I’ll just talk to you and listen to you or just sit here with you or whatever.’”

On the other hand, participants like Lillie described her experience in a healthier religious environment, reporting being in a “whole community now of people who get it.”

Many participants expressed developing a community through social media and, as described earlier, relying on that as a means of support. Take Jenna, who recalled spending “an embarrassing amount of time on Facebook,” where she met other victims and “trauma-bonded” with women who remain her friends and are vital to her ongoing recovery. This was noted to be particularly beneficial due to the loss of social support networks when escaping abusive religious environments.

Religious Leaders Who Revictimize vs. Those Who “Talk the Talk and Walk the Walk.”

Six participants detailed ways interactions with non-abusive religious leaders have been instrumental in their healing, with two expressing that it has been the “most

important part.” For example, Faye described how she “blossomed” after transitioning to another religious environment, which she labeled “a safe place.”

Alternatively, many women described patterns of transitioning from church to church, looking for the safety referred to by Faye, but instead being revictimized or treated in ways that “was more painful than the abuse.” Participants described how labels and stigma followed them, impacting how they were perceived and how others interacted with them. Susan portrayed this as similar to having a limp, making it easier for subsequent religious leaders to minimize or deny the pain they were causing and discredit disclosures of current abuse by blaming it on past abuse.

Therapists as Helping or Hurting Professionals.

Like religious leaders, therapists’ handling of RSA victims was described as helpful and harmful. Participants reported feeling “shamed,” “set back,” “criticized,” “manipulated,” and “ghosted” by therapists. They described how these experiences were unhelpful and detrimental to their healing, often exacerbating symptoms and reinforcing negative self-concepts.

In contrast, other accounts of therapy (some by the same participant describing a different experience) involved reports of therapists who were “great,” “really, really good,” “amazing,” “patient,” “compassionate,” and “empathetic.” These narratives involved therapists providing validation, tools to support regulation, guidance to external resources, and often a “non-judgmental” and “safe” space where participants could speak about their experiences.

“Cookie Cutter” Therapy or Trauma Recovery that considers the unique impacts of RSA

Aside from the rapport that was (or was not) developed between the participant and their therapist, the approach to therapy was also discussed by the women concerning their benefit or obstruction to healing.

“Cookie Cutter” Therapy.

A few participants discussed therapeutic approaches that felt “robotic,” “impersonal,” and “dispassionate.” To illustrate, Rebecca described it as “a crusty process” that had “no life in it” and as an “outline” that just involved hitting “the points.” Similarly, Loretta mentioned how the lack of consideration about how her experiences with RSA specifically impacted her contributed to unrealistic expectations that ultimately led her to look for another therapist.

RSA Informed Trauma Recovery.

While many participants acknowledged difficulties finding therapists with awareness, personal experience, or training related to RSA, those with RSA-informed therapists acknowledged ways this increased their comfort and reduced feelings of shame. One participant reported completing therapy feeling she had made significant progress and then seeking a therapist trained in “spiritual trauma” to address residual impacts and focusing on “the specifics” of what she had experienced.

Personal Spirituality

Another factor participants identified as being either helpful or unhelpful in their treatment and healing process was their personal spirituality. In some cases, this aided in their healing or as discussed later, buffered them against more deleterious impacts. In other cases, the women’s spirituality kept them stuck or presented challenges to their recovery.

Beliefs as Toxic or Adaptive Meaning, Making Frameworks.

One dynamic of many of the adverse religious experiences described by women involved toxic belief systems that often enabled or contributed to the continuation of the abuses they suffered. For instance, Valerie mentioned the emphasis on “worm theology” in her religious organization, which postulates and prescribes self-loathing, contributed to ongoing struggles long after her leaving.

“I believe that Jesus is the only way, but being now with people who really, truly believe that Jesus treasures them and that we’re precious in his sight, I still have a hard time holding on to it. I can grasp it, but I can’t hold on to it.”

Others expounded on ways that the belief that God loved them and “wouldn’t let go” of them provided a framework through which they saw the abuses. Lillie highlighted this by ascribing what she experienced and witnessed as tactics of Satan to do “everything he can to keep us from God.” While this didn’t diffuse the responsibility from the abusers, this belief allowed Lillie to maintain her faith until she found a non-abusive leader and a safer church that she attributes to her healing.

Positive vs. Negative God Concepts.

Another prominent aspect of participants’ personal spirituality that either aided or impeded their healing was their concept of God. Many participants described viewing God as punishing. This conceptualization was often due to how God was presented as part of the abuse but was also described as a result of it or as being reinforced by the women’s direct experiences. They feared being “cast into hell” if they questioned teachings, challenged leaders, or made “one misstep.” Others described a conflation of God with the abuse, fearing Him and believing he was “watching” them and would tell

leaders about their disobedience. Ellen described incessant self-doubt. She thought she had “dishonored” God and that He didn’t honor her because she spoke up about abuses she suffered in her home.

On the other hand, positive God concepts were identified as aiding healing, such as the belief that God is “loving,” “a safe refuge,” and working for them. Women discussed ways these views of God gave them strength, helped them “dismantle” problematic beliefs, and gave them faith that they could overcome their experiences. For example, Stacey described how her view of God encouraged her to question the manipulations and misinterpretations of Scripture that were part of her abuse, stating, “I think God’s completely fine with us trying to sort out what is actually true.”

Personal Religious Practices to Bypass or Aid in Processing.

Finally, religious practices were another aspect of personal spirituality that was found to be helpful or detrimental to healing. Some women reported using Scripture reading to combat negative thinking, aiding in their recovery. For example, Susan described reading the book of Job “over and over again” and applying God’s proclamation of him being blameless to herself. This practice affirmed that the abuses she suffered were not her fault. Conversely, others reported excessively reading specific passages of the Bible in an effort to “fix” themselves. Religious leaders or even therapists sometimes encouraged this compulsive practice, which further contributed to internalization and perceptions of wrongdoing. For example, Ellen reported repeated urging from her therapist to find “chew Scriptures” and being pressured to read her Bible “four to five times a day.” This forced spiritual practice proved counterproductive, making Ellen feel “overwhelmed” and more disconnected from God. Similarly, prayer

was described as an integral part of some of the women’s healing, while for others, it was a means of avoiding dealing with the issues they were facing. Placing the problem “in God’s hands” allowed them to bypass making difficult decisions or facing hard truths.

Research Question 4: How do women who have experienced abuse by a Christian leader and completed therapy for it describe factors influencing their treatment/healing processes?

The thematic map below provides a visualization of the two themes and related sub-themes for the fourth research question.

Figure 4

Thematic Map for Research Question #4



Promoters of Post-Traumatic Growth

The accounts shared by the participants provided insights into factors that positively influenced their healing, protecting them from more detrimental impacts.

Personal Spirituality.

In the previous section, I categorized personal spirituality as an identified factor for what participants found helpful or unhelpful in their healing. However, in the women who reported intact faith, positive concepts of God, and engagement in religious practices (often revised or “reconstructed” as part of their healing), their spirituality was not only

identified as helpful to their recovery but imperative to their growth post abuse. As an example, in discussing the process of “developing” her “own strength and confidence” as she healed from the abuses she suffered, Lillie expressed, “It took me years, and I don’t have no explanation, except it was God.” Ellen provided another illustration. She described how engagement in life groups at her new church, where she reads Scripture for herself and asks questions, makes her feel like she finally has a voice.

A prominent topic in the women’s narratives was how their unaffected or reconstructed faith contributes to them giving back to other victims or their compulsion to fight back. Nine of the women shared such accounts. For example, Susan described seeing herself as a “partner with God.” Similarly, Valerie explained how the time she took to develop a healthy concept of God as loving allows her to give spiritual direction to others. Stacey also added to this subtheme, reporting ways she takes advantage of opportunities to challenge abusive practices and work collaboratively with other women at her church to “reach the broken.”

Validation and Empathic Support.

These efforts to collaborate with other survivors of RSA or give back to victims demonstrate the need for and cognizance of the importance of validation and empathic support to healing. This was evident in the support they provided to others and in considering their own journeys. The women repeatedly mentioned social media as the primary place where they found “belonging” and met others who had similar experiences and who “got it.” Further, empathy and validation were also noted to be two primary factors contributing to the good rapport between the participants and the therapists that positively impacted their healing and post-traumatic growth.

Validation from Religious Community.

While participants mainly discussed the impacts of inadequate or complete lack of support from their religious communities, when asked if there was anything they wanted to share or emphasize as the interview was concluding, multiple women underscored the need for the church to be more supportive and assertive in acknowledging and addressing RSA. For those who had such support, like Ellen, who expressed appreciation for an elder and his wife whom she felt “saw” and “validated” her experiences, there was accreditation to them for the participants’ ability to recognize that they weren’t the problem and had done nothing to warrant the abuses they suffered.

Factors That Thwart, Hinder, or Complicate Healing

Just as factors were pinpointed as being protective and promoting post-traumatic growth, there were also elements named by participants as impeding or presenting additional hurdles to their healing.

Personal Vulnerability.

Eleven women mentioned personal vulnerabilities that often complicated their healing. For example, ten women affirmed, and one woman expressed suspicion of childhood trauma. Experiences of RSA often triggered these traumas or required processing and therapeutic focus alongside addressing the impacts of RSAs. It was also reported that leaders’ awareness of these childhood experiences contributed to stigmatization, which added to the women’s self-doubt and confusion.

Women also reported personal losses (e.g., miscarriages, death of loved ones), divorces, marital problems, domestic violence, and other personal crises that they experienced simultaneous to their experiences of RSA. These factors made it challenging

to leave toxic environments due to the fear of not having support during tough times. It also made it difficult to recognize if their feelings and other symptoms were related to the abuses or other calamities.

Positional Vulnerability.

In addition to personal vulnerabilities, participants attributed positional susceptibilities to complications in healing. Misogynistic beliefs and consequent patterns of gender inequality coupled with general hierarchical dynamics in the church were foremost in women's descriptions of their experiences of abuse. This contributed to self-doubt, low self-concept, internalization, and self-blame, which many women described as making it hard to label their experiences as abuse and acknowledge their need for help. Positional vulnerabilities also added to participants' fear of retribution and other consequences. Some participants admitted to "shutting down" or "just going along with things" for years before acknowledging their experiences had adverse impacts and needed addressing.

Difficulties Accessing Resources.

Another complication to healing uncovered in the interviews was challenges in accessing resources. The high-controlled environments where many of the abuses occurred often involved controlling information or limiting the resources people could access. Jenna highlighted how anything not promoted or written by the church she belonged to was labeled "anti-church." Correspondingly, Ellen talked about efforts to restrict her by asserting books she was reading to support her healing was "offensive" to God. Moreover, Susan and others described measures of their organizations to dictate the therapists they were allowed to see. In addition to these imposed limitations, many

women mentioned overall challenges to accessing resources geared explicitly to victims of RSA, especially on a local level.

Inadequate, Ill-Equipped, and Non-Existent Support.

Challenges in accessing resources, whether due to impositions or scarcities, were just part of the reason women generally reported a lack of support. The loss of social networks discussed earlier and the perception that some churches and therapists were untrained and ill-equipped to support their healing adequately were also repeatedly cited as factors that thwarted healing. Five of the participants described moving to escape abusive environments or start over. However, leaving toxic churches also meant leaving behind their communities and did not guarantee access to the resources they would need to facilitate their healing. Four women noted how hard it was to find people who “even knew what spiritual abuse was.” Annie reported moving from her hometown out of the belief that her life would be better and “to get away from all of that stuff that happened.” However, she suffered additional abuse in her new community, adding to her distrust and isolating her even more, blocking a resource critical to healing.

Revictimization by Formal Supports.

Annie’s experience of running from one abusive experience into another was common among the interviewed victims of RSA. Women described experiences of complex trauma resulting from various violations by multiple religious leaders. They also reported feeling “violated again” by patterns of minimization, “gaslighting,” and stigmatization following disclosures of abuse.

Religious leaders were not the only formal supports noted to have revictimized the participants. Seven women indicated feelings of shame or experiences in which they

were “hounded,” “manipulated,” and “triggered” by therapists. Women also depicted therapists who rushed the healing process, with two women being called “resistant” when they weren’t making progress or challenged approaches to their healing. These efforts to control the therapeutic process rather than consider the client’s individual needs reinforced elements of verbal and emotional abuse that the women had suffered from religious leaders.

Summary

This chapter reflects on the accounts of the 11 women who participated in this research. The first set of themes highlighted the challenges posed by experiences of RSA in participants’ daily functioning and overall well-being, as well as the indicated needs that called for therapeutic intervention. However, starting therapy was often merely the beginning of the women’s journeys. Also described was the healing process itself, characterized as being a long-term commitment and just as complex as the impacts of the abuse, requiring various avenues of support to address ongoing needs.

In addition, the roles of social support, religious leaders, therapists, therapeutic approach, and elements of personal spirituality were also reflected upon concerning how they help or negatively impact the healing process. Finally, the chapter concluded with a discussion of factors that influenced the healing process, either promoting healing or thwarting the effectiveness of the abovementioned factors.

CHAPTER 5: DISCUSSION

Overview

This study aimed to describe the impacts of RSA on women abused by religious leaders in adulthood, explore their treatment experiences, and describe effective elements of the healing journeys for this unique traumatic experience amongst this population.

Four research questions guided the study: 1) How do women who have experienced abuse by a Christian leader and completed therapy for it describe what led them to seek treatment? 2) How do women who have experienced abuse by a Christian leader and completed therapy for it describe their therapeutic/healing processes? 3) How do women who have experienced abuse by a Christian leader and completed therapy for it describe what they found helpful/not helpful or effective/ineffective in their treatment/healing processes? 4) How do women who have experienced abuse by a Christian leader and completed therapy for it describe factors influencing their treatment/healing processes?

This chapter will discuss how the themes generated in relation to each research question coincide with existing research expounded upon in the literature review (Chapter Two). Limitations of this study will also be discussed, with directions for future research suggested and recommendations made for practical application.

Summary of Findings

Research Question 1: How do women who have experienced abuse by a religious leader and completed therapy for it describe what led them to seek therapy?

The women interviewed provided much insight into the impetus for their therapeutic journey. The findings indicate that there was no single reason for seeking

therapy but rather a variety of underlying motivations and emotional, social, spiritual, and psychological impacts, all highlighting the intricacy of RSA's effects on these women's lives. For instance, the disillusionment and confusion resulting from their experiences caused many women to struggle to label their experiences as "abusive" and doubt their own realities. This contributed to feeling misunderstood and experiencing difficulties relating to others. Hence, some women sought therapy needing clarity and validation, unable to conceptualize or arrive at an understanding of their experiences on their own.

In addition, a notable impact of RSA was the erosion of the participants' sense of self. Women described high-control religious environments where they were told what to think, feel, and do. Consequently, there was a significant impairment in their capacity to perform these essential functions independently. Participants described a resulting disconnect from their emotional and spiritual selves or a complete lack of awareness of who they were versus who they had been conditioned to see themselves as. Further, many of the women described their concept of themselves upon entering therapy negatively and often illustrative of a defectiveness schema. Therefore, therapy was sought out of a need to reconnect with themselves or learn and understand themselves outside of the framework in which their abuses had occurred.

The need for safety was another identified impetus for seeking therapy. The majority of the women described pervasive distrust. Abuses at the hands of religious leaders led to women questioning if they could trust anyone, including themselves. This appeared to support intense hypervigilance and even expectations of further harm "at any time." Therefore, many women pursued therapy needing a safe space, hoping, albeit sometimes skeptically, that they would find it in a trained professional. Further, the

extensiveness of the impacts of RSA made daily living difficult, sacred spaces and practices triggering, and every aspect of some participants' lives completely upended. Therefore, therapy provided hope of stability and relief and a less triggering environment where the women could start to process their traumatic experiences.

Finally, many women discussed experiences where they were targeted, attacked, and blamed for the abuses. They were isolated, struggling to make decisions for themselves, and significantly enfeebled in their self-capacities. Participants reported being used to feeling like everyone was against them and entering therapy desiring and needing someone who would have their back, be on their side, and assist them in making some of the difficult decisions necessary to "move on."

Research Question 2: How do women who have experienced abuse by a religious leader and completed therapy for it describe their therapeutic/healing processes?

The aforementioned therapeutic motivations and impacts of RSA are indicative of the complexity of the healing process for survivors. Throughout the women's interviews, the metaphor of a journey was evoked. These journeys involved enduring struggles for almost all of the women. Some women reported ongoing and long-term therapeutic commitment to address continued issues, while others shared other avenues and tools used to support continued healing. Women also described periods where they felt their recovery was arrested either due to the limitations of their therapist or inadequacies of the resources available to them.

Research Question 3: How do women who have experienced abuse by a religious leader and completed therapy for it describe what they found helpful/not helpful or effective/ineffective in their treatment/healing processes?

The study's findings suggest that when it came to what participants found helpful or not to their healing, key elements either worked for or against the recovery process. For one, formal and informal relationships had the capacity to initiate and promote healing or cause further harm. Many participants emphasized social media's role in finding supportive and affirming networks and allowing them to explore connections safely. Social media allowed many women to benefit from groups while remaining connected on the outskirts until they felt safe enough to be more visible. They could stay anonymous on virtual platforms, which for many women was necessary due to legal threats against them and fear of additional attacks. However, at times, other connections proved to be wounding. Many women's loved ones, church leadership, and congregants who remained in the abusive environment often demonstrated allegiance to the church or the offender, which was detrimental to the women's well-being. Devoted adherents often pressured the participants to conform, denied their experiences as abusive or harmful, and sometimes served as "henchmen" committed to upholding and promoting obedience to beliefs, practices, and the religious leaders themselves despite their toxicity. A noteworthy pattern that emerged was the role of other women in keeping their peers compliant. Experiences of misogyny and gender biases were prominent, contributing to women viewing themselves as "less than" or "weaker" than their male counterparts. Women were also indoctrinated to believe that their connection to God depended on men, whether their religious leader or their spouses. Consequently, participants described being labeled, ostracized, and "ratted out" by other women they turned to for support.

While this study involved a particular interest in the therapeutic process of participants' healing, the findings suggest that engagement in psychotherapy was not

always beneficial to the women's recovery. There were many recounts of therapists who were not RSA-informed or even trauma-informed. This hindered participants from getting their needs for understanding and validation of their experiences met. As therapy was often the first place that some of the women came to label their experience as being abusive and their impacts as a trauma response, when therapists did not use a trauma or RSA lens to address the therapeutic needs, participants felt further misunderstood, which often resulted in increased self-blame.

Aside from the role of social connections and the therapeutic approach, the individual's spirituality was also found to encourage or thwart healing. The spiritual impacts of RSA were undeniable; however, for those interviewed, it did not always result in a denouncement of faith. Nine of the women described some form of deconstruction of past convictions. For the majority of these women, this also led to a reconstruction of healthier beliefs that were adaptive and allowed them to make meaning of their experiences. Participants also described modifications to their concept of God and personalizing or developing practices that nurtured and reinforced the changes in their spiritual lives. On the other hand, findings indicate the desperation experienced by some of the participants to deny seeing their experiences as abuse meant they often held on to beliefs and practices that were toxic or remained connected to individuals who were loyal to the offender and church rather than invested in their healing, thus impeding their recovery.

Research Question 4: How do women who have experienced abuse by a religious leader and completed therapy for it describe factors influencing their treatment/healing processes?

This study's findings also revealed factors that upheld or undermined the abovementioned elements involved in participants' recovery. For example, personal spirituality benefited healing and undergirded other healing agents. For some of the women, while there was an acknowledgment of the need for spiritual healing, their spirituality itself was non-negotiable. Therefore, it continued to be the framework encompassing all aspects of their recovery. This was noted to be essential for many women who expressed that therapy that avoided or minimized their spiritual needs was not an option. Further, several women described ways they fight back, help other survivors, and actively work towards "reclaiming" the church. Some women described this as a calling, expressing it gives them purpose and aids in post-traumatic growth.

Findings also highlight the importance of validation from the religious community and other supports. In interviewing the women, it was apparent how critical it was for them to be heard. Many acknowledged a fear of participating but willingness because of the recognized need to raise awareness. They stressed that healing from RSA starts with its recognition. Participants emphasized the need for confession and repentance, not just for the sins enacted against them, but from the church as a whole for its state and how far it has fallen from God's intended purpose. This validation or corroboration of their and others' experiences was expressed as being imperative to healing.

In contrast, the study also elucidated how personal and positional vulnerabilities put the women at a greater risk for RSA and hindered their healing. Almost all of the participants had experienced childhood trauma. In addition, many of the participants had experienced RSA in multiple churches. These experiences often made them more vulnerable and easier for religious leaders and others to induce self-blame or use

gaslighting to provoke self-doubt. It also contributed to the development of defectiveness schemas in which participants felt they were damaged or wrong, therefore normalizing or justifying the ill-treatment. Unfortunately, past traumas were not the only vulnerabilities mentioned. It was evident in the participants' narratives that being a woman often put them at risk, deprived them of their voice, and contributed to a lack of self-awareness and identity outside of the church and independent of men. Initiating healing without an awareness or connection to one's feelings, needs, or desires made recovery more challenging for many of the women interviewed.

Further, social networking, which has been repeatedly discussed as an area of impact and a factor that either promotes or hinders the healing process, was also found to influence other factors related to recovery. Participants indicated the overall lack of awareness of RSA, particularly among adults, as contributing to the scarcity of resources, making transitioning from abusive environments more challenging. It also supported the mishandling of victims by other religious leaders and therapists when victims were seeking assistance.

Discussion of Findings

This study focused on the lived experiences of adult women victimized by Christian leaders in their adulthood. I sought to shed light on the far-reaching impacts of this phenomenon on an understudied population and better appreciate factors associated with their healing. The findings suggest that while RSA uniquely impacts each victim, similarities across their experiences highlight devastation in a person's relationship with themselves, others, and society. The women's accounts yielded rich data that supports

and adds to existing literature concerning RSA and the anecdotal research used to understand this phenomenon better.

Research has shown that abuse by religious authorities has psychological, social, and spiritual impacts that are often long-standing and incapacitating in many ways. The existential threat when one is betrayed by someone they entrust with their soul has been found to shatter coping capacities and lead to mental health challenges such as depression, anxiety, PTSD, and CPTSD (Crocker, 2021; de Weger, 2016, 2022b; McGraw et al., 2019). Research has also suggested that this phenomenon's psychological threat exists regardless of the victim's age. The present study validates these findings. All 11 women described the deterioration of their mental health, with nine identifying clinical diagnoses, including PTSD, CPTSD, anxiety, depression, and dual diagnoses with substance abuse, eating disorders, and sexual dysfunctions. Emotional dysregulation, as described by over 90% of Flynn's (2008) participants, was also noted by participants in this study, with many reporting difficulties identifying, expressing, and managing their emotions. In addition, suicidal ideations were reported and attributed to the significant impact of RSA on some women's self-worth, self-esteem, and overall self-concept. This discovery coincides with research that shows how patterns of criticism, judgment, and aggressive tendencies of narcissistic or toxic leaders impact the self-evaluations and self-concept of their followers (Nevicka et al., 2018).

The immense impact of RSA on a person's sense of self and self-awareness was found to have a trickle-down effect, influencing the daily functioning of the participants' lives through impairments to decision-making and an overall disconnection from their emotional, relational, and aspirational selves. Easton's (2019) study on the damages of

betrayal trauma on child victims of CPSA highlights similar effects, underscoring the underdevelopment of self-identity in child victims and ways that this thwarted maturity impacted them in the areas of goals setting, self-concept, sexuality, interpersonally, and in spiritual development. Demasure (2022) suggests that this “loss of self” is a consequence of all forms of RSA, as abusive leaders expect victims to relinquish their reason, will, and distinctiveness, “disposing of themselves” to the inclinations of their leader.

The findings of this study also suggest that this loss of self and impaired self-awareness contributed to many women struggling to label their experiences as abuse, even when they were aware that it was causing them harm. Women described years of belonging to high-control environments, marked by patterns of control of people’s thinking, actions, and feelings. Participants reported fear of or actual experiences of penalties when strict rules or expectations were unmet. In her qualitative study on the lived experiences of those experiencing religious abuse, Paula Swindle (2017) used the theme “Rules Prioritized Over People/Devalued” to describe the expectation of adherence to religious rules, often at the expense of their own needs and feelings. The devaluation expressed by her participants mirrored those of this study. The participant’s narratives illustrated ways this devaluation showed up in therapy sessions. They conveyed entering the therapeutic and healing process with confusion surrounding “what was wrong,” resisting or not even being able to fathom labeling it as abuse. This is consistent with Freyd’s (2009) betrayal trauma theory, which asserts that when individuals are violated by someone they trust and depend upon, their ability to recall, process, and describe their experience is compromised. Other researchers also describe such difficulties in

acknowledging abuse when it occurs at the hands of religious leaders (Bottoms et al., 2015; Pargament et al., 2008; Swindle, 2017).

The wide-ranging, deep-rooted, and ongoing losses associated with RSA supported the coining and usage of the term “soul murder” in existing literature (Clites, 2019; McPhillips, 2018b; Panchuk, 2018). I heard variations of this term in the accounts of three women in the present study. Multiple participants described their faith, beliefs, religious practices, and church communities as being “everything” to them. Their faith touched every area of their lives, which means that when toxic, it also wounded every area of their lives. This left many women feeling like they had been “killed.” These accounts illustrate the long-term suffering and consequent ongoing needs characteristic of the participants’ healing journeys.

This study’s findings aligned with existing research but added additional insights to the present body of literature. For example, existing research typically explores one specific type of RSA (e.g., clergy-perpetrated sexual abuse); however, this study found that many of the survivors experienced multiple forms of RSA (e.g., sexual advances and verbally abusive tactics) and that the impact of the “layering” of these experiences complicated their symptomology and therapeutic needs. The present study also found impacts related to indirect experiences or awareness of abuses of other congregants either through direct observations or word of mouth. While media coverage of church scandals can sensationalize these incidents, rarely is there discussion or academic inquiry into the secondary trauma and moral injury described in this study as consequences of membership in churches where these related violations occur.

This study's focus on the therapeutic needs and elements positively and negatively attributed to survivors' recovery are also additions to existing knowledge in this area of research. Researchers have identified specific therapeutic modalities such as EMDR, R-CBT, and C-CBT (Farrell et al., 2010; Ramos et al., 2018; Tulbure et al., 2018) that are effective in treating religious trauma. These and other therapeutic strategies, such as somatic therapy, inner-child healing, emotional freedom technique (EFT), attachment theory, assertiveness training, psychoeducation (e.g., about trauma, RSA), support with boundary implementation, emotional awareness, and regulation, trigger maintenance were explicitly named by participants and identified as being helpful and supportive of healing. However, the present study found that the effectiveness of these strategies was influenced by other factors, such as incorporating spiritual elements into the sessions, the therapist's competency, and the client's therapeutic readiness (including prior processing of past traumas and degree of impairment in self-awareness). Further, as it was described in multiple interviews, it is worth drawing attention to a therapist's propensity for harm and revictimization. Therapeutic competence was not just about their awareness of or training in RSA but also their recognition and careful attention to their own biases, whether pro or anti-religion. Participants described leaving therapy sessions with increased shame, feeling misunderstood, and guilt for their decisions concerning staying or leaving their church. Regardless of the therapeutic modality employed, therapists who impose their views and feelings on clients are not only providing ineffective assistance but also violating the ethical codes of most fields, causing harm rather than ameliorating it.

Another contribution of the present study is its insight into the interplay of personal and positional vulnerability in the risk for and experience of victimization for women in Christian settings. These factors have been discussed in previous research; however, they are usually explored anecdotally or theoretically in research on RSA. However, in the present study, underlying the women's narratives of emotional, verbal, sexual, and spiritually-oriented abuses were misogynistic beliefs and attitudes accompanied by teachings and rules that kept the women in a place of positional vulnerability. Further, leaders used stigma related to disclosed childhood trauma or previous experiences of RSA to paint women as hysterical, overly sensitive, and as "seeing abuse everywhere." These narratives were used to corroborate teachings regarding women being the "weaker sex," hence, needing men or authority figures to label their experiences for them. The internalization of these beliefs appeared to contribute to self-doubt and the women's distrust in themselves and their ability to navigate moving forward independently.

Implications

Researchers and mental health professionals have consistently emphasized the need for evidence-based practices prioritizing trauma-informed and, more recently, gender-responsive care. This emphasis is due to an acknowledgment of the prevalence of trauma and the role that gender plays in the risk and lived experience of trauma. Further, DePrince and Freyd (2002) posit that women are more vulnerable to an intersection of betrayal and trauma as they experience more betrayal traumas than men and are correspondingly more at risk for PTSD and dissociative disorders. The present study

validates the need to consider the intersectionality of gender and trauma, specifically regarding RSA-related betrayal trauma, as it has implications for both clinical and religious settings.

In therapeutic environments, women's vulnerability to betrayal trauma, particularly relating to RSA, should be considered at every point of contact with a client from initial contact to discharge. The American Counseling Association's (2014) *Code of Ethics* advises counselors to use assessment techniques that evaluate the effects of religion, spirituality, and gender (among other factors) on clients. In response, the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) provides guidelines for mental health professionals to increase their competency in recognizing and sensitively assessing ways religion contributes to an individual's well-being, presenting complaints, and clinical presentation or symptomology (Hull et al., 2016). However, while the suggestions offered are an adequate first step at increasing competency and comfort in discussing religious or spiritual issues in therapeutic environments, they fall short of guiding clinical supervisors and counselors in assessing for RSA. Moreover, they do not address the increased risk of RSA among women and how it should factor into assessment or clinical practices. It has become standard practice to assess for trauma due to the plethora of research demonstrating its impact on people's physical, emotional, relational, and even spiritual health. However, this study has validated the need for developing a screening tool to support clinicians in evaluating for risk or experience of RSA specifically and an instrument for assessing and identifying the nature, extent, and areas of impact when risk or presence of RSA has been determined. Further, the findings of this study also highlight that RSA significantly contributes to

changes in faith and religious beliefs throughout the recovery process. Therefore, the assessment of the client's spirituality, the centrality of religion, and the role of religious figures and practices should be re-evaluated repeatedly throughout the course of therapy.

The connection between gender and betrayal trauma in the form of the undeniable prevalence of adverse religious experiences and resultant trauma within Christian communities also demands attention from within. Women are the majority in most Christian churches. Further, women report belief in God and religious importance at higher rates than men. They also describe more frequent spiritual practices (e.g., church attendance, prayer, Scripture reading) (Pew Research Center, 2017). Yet, their devotion has become a weapon in many Christian churches. The women in this study discussed the centrality of religion in their lives, yet they also described feeling betrayed not just by the religious leaders but by God and the beliefs they held so dear. Thought leaders have long advocated for a trauma theology that accounts for human suffering, with some theologians going as far as calling out the specific need to address RSA from a theological perspective. Participants repeatedly emphasized the need for and importance of backing from the church, both globally and locally, and a need for sensitivity and informed care in shepherding survivors who find themselves part of one's flock. In the instances where this occurred, participants heralded the benefits, often accrediting their progress to healthy religious leaders and churches encountered following leaving toxic environments, more than therapeutic involvement. The process of deconstruction, and at times reconstruction, may be supported by therapists but also often necessitate healthy and safe religious environments to promote or facilitate spiritual healing.

In addition, the findings of this study highlight the importance of realistic expectations regarding recovery from RSA, both for the client and the counselor. Like healing from other forms of trauma, RSA recovery is complex and often long-lasting. This should be expected and normalized with care taken to ensure that the language used when working with clients does not imply otherwise. For instance, the study's criteria stipulated that participants must have "completed psychotherapy" where symptoms related to RSA were addressed. This stipulation may have been unrealistic in how it was originally conceptualized as the findings of this study demonstrated that engagement in therapy was often in phases in which some issues were "resolved" to some extent, yet women frequently found themselves re-engaging in treatment due to new triggers, to process new insights, or to support newly arising needs as the women integrated their trauma narratives into new pursuits and experiences.

Moreover, the findings suggest that the women's recovery frequently involved other forms of support besides therapy. Hence, when working with victims of RSA, therapists should expect the need for active support in connecting their clients to additional avenues of support. This could involve assisting with developing support networks, including increasing their awareness of the benefits of using social media to connect with other survivors. It could also involve collaborative work between therapists and safe religious organizations. For example, desiring clients may benefit from therapists assisting them with connecting with RSA-informed faith communities, as the findings of this study show both were often accessed as instrumental avenues of support.

Finally, when providing therapeutic support to victims of RSA, it is critical that counselors gently guide clients in contextualizing their experiences as trauma (vs. sin),

even when, legally, a crime has not occurred. The findings suggest that difficulties labeling adverse experiences are both a consequence of the abuses suffered and a hindrance to therapeutic progress. Participants acknowledged that lack of insight supported patterns of self-blame and perceived obligation to “cling” or hold on to toxic beliefs and remain part of unhealthy environments, creating a cycle of revictimization and increased risk for CPTSD. They also indicated seeking therapy both for support in coping with the impacts of RSA and for validation and assistance in understanding their experience, including the naming of it. Hence, therapists play a vital role in providing the empathic support necessary to aid survivors in contextualizing their lived experiences and in relief from related symptomology. Kennedy (2009) asserts that this renaming or labeling of the experience is critical to mental health restoration.

Limitations

While the current study addresses a significant gap and adds to existing literature, it has notable limitations. First, a qualitative methodology was chosen as it allowed me to explore an under-researched population and subject matter. The focus was on gathering rich data from a small number of participants rather than quantifiable data from a larger sample. While this allowed participants to share their narratives without the confines of pre-determined responses, it also meant that the themes constructed from their answers are not generalizable. Second, criterion sampling was used to ensure that participants met the criteria for the study. The criteria used clarified the scope of the research and defined its boundaries. While this added to the validity and credibility of the results, it also inherently meant that the experiences of individuals who do not identify as female, who were not abused in adulthood, or whose abuse occurred in non-Christian contexts were

not heard. This means the identified themes may not represent the therapeutic experiences of other RSA victims.

Third, discussing RSA can be an emotionally taxing experience, even for individuals who have been through therapy to address its impacts. Therefore, it is possible that participants censored or modified narratives to avoid emotional distress. Participants may have also focused on specific experiences at the expense of others, which means there are aspects of their journeys that may have yet to be captured.

Finally, my position as a Christian and a practicing therapist was a strength and a limitation to this study. I made a concerted effort to bracket my thoughts, beliefs, and experiences in participant interactions and data analysis. However, my positionality still served as a lens through which I heard participants' narratives, impacting my conceptualization of shared experiences. For example, in constructing themes, I generated preliminary codes that reflected trauma recovery phases postulated by Judith Herman (1992). This was likely due to my educational background and personal therapeutic approach rather than accurately capturing the expressions of the participants. When I discovered this, I re-examined the raw data for codes that were not as influenced by my personal biases.

Recommendations for Future Research

While this study fills gaps identified in existing research, the need for continued study remains. For one, the focus of the current study did not necessitate the collection of demographic data. The decision was made prior to data collection not to collect such information to support increased comfort, sensed safety, and help participants feel they

could trust in the research's confidentiality given the topic's sensitive nature. Future research should look at differences in experiences of RSA and its treatment based on demographic differences such as denominational affiliation. Information concerning religious affiliation was arbitrarily collected but not assessed formally in connection to the abuses described. A focused study of these factors may add to our understanding of specific doctrines or practices that influence or support experiences of RSA.

Second, as previously stated, themes related to specific phases of trauma recovery were inferred from the raw data of the present study. However, through continued analysis, the decision was made not to utilize these themes to represent the participants' narratives. Future research should examine and detail the differences and similarities between RSA-informed trauma recovery and traditional trauma recovery. This aligns with existing efforts to modify specific treatment models and approaches to account for the particular needs of RSA survivors (e.g., RSA-informed EMDR, R-CBT).

Third, participants' accounts illustrated that women often sought support from multiple therapists throughout their healing journeys. Some women saw both secular and faith-based therapists, while others saw one or the other. In some cases, the participant's journey was initiated by mandates from religious leaders, and whom they received support from was dictated by the religious organization. In other cases, women expressed distrust in faith-based therapists due to experiences of RSA and consequently only accessed support from secular counselors. However, when organizing the data, patterns related to the number (and type) of therapists seen were unclear. As it was not the primary focus of the present study and was not mentioned in relation to the four central questions guiding this research, I decided not to follow up with participants for clarity.

However, future research should examine the influence of the number and type of therapists on RSA survivor's healing journeys and therapeutic progress.

Summary

The current study adds to existing research, provides implications for clinical and theological focus, and sheds light on additional gaps for future research. The wealth of information garnered from the accounts of the study's participants has shed light on what led them to seek therapy, their impressions of their therapeutic process, what they found helpful, and what influenced their healing journeys. The study's findings have shown that RSA leads to emotional, psychological, social, and spiritual impacts that are extensive and generally characteristic of betrayal trauma but also unique in that it involves sacred elements. This complexity supports a multifaceted recovery, often involving the necessity of multiple avenues of support and a holistic approach. Moreover, as many RSA survivors lose everything when escaping unhealthy religious environments, they are alone and vulnerable when starting their healing journeys. Hence, sensitivity and competency in helping professionals are imperative to prevent revictimization.

The present study was initiated as an answer to the call of previous researchers to advance the study of the phenomenon of RSA; however, it also ends with a complementary invitation. While research on RSA, especially among adult populations, is still nascent, it has already heightened our awareness of the prevalence of RSA and the enduring suffering and traumatic nature of the impacts it has on people's lives. Therapists working with clients who have experienced RSA play a critical role in their healing, and as this study has shown, they can help or harm. Therefore, additional work must be done

to provide comprehensive guidelines for clinical practice from intake to discharge when working with victims of RSA. Similarly, an ongoing concerted effort is warranted in developing a theological response, not just to trauma but specifically to religious trauma. People are bleeding out in the church and sometimes have to decide to abandon their faith to save their lives. This ought not to be so. Toxic religion may be the problem, but participants of this study have expressed that healthy religion is a solution. The call to action for theological attention, doctrinal support, polity modifications, and prioritization of people's souls over rules does not just come from me as a recommendation for further research but from the women who shared their stories for this study.

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Table 2*Sample of Constructed Themes, Descriptions and Quotes*

Themes	Descriptions	Sub-Themes	Extracted Quote
RQ1: How do women who have experienced abuse by a religious leader and completed therapy for it describe what led them to seek therapy?			
Seeking Understanding and Validation	Seeking therapy due to difficulties understanding and labeling their experience, questioning their experience and feeling like others are unable to understand what they have gone through	Inhibited Decisions-Making and Critical Thinking	“Well, I think too for me because I was in a state where I was just so like told what to do, didn't have to think for myself for such a long time that it was like, wait, I need to make decisions like I don't know about that.” (Crystal)
RQ2: How do women who have experienced abuse by a religious leader and completed therapy for it describe their therapeutic/healing processes?			
Healing is a Journey, not a Destination	The long-term struggles experienced that complicates the healing journey and makes it an ongoing process.	Long-Suffering	“Because I'm just reeling, like what happened? What happened? Like so many bad things have happened so fast for so many years that I'm like, playing catch up on things that happened years ago.” (Stacey)

Themes	Descriptions	Sub-Themes	Extracted Quote
RQ3: How do women who have experienced abuse by a Christian religious leader and completed therapy for it describe what they found helpful/not helpful or effective/ineffective in their treatment/healing processes?			
Formal and Informal Relationships that aid or thwart healing	The role that both informal and formal relationships play in the healing process.	Supportive vs. Unsupportive Communities	“I reached out to a lot of Facebook sites and groups and got support that way. I mean now, years down the road, I've got friends, mostly out of the church, but I have some that are in the church. But at the time, it was just grasping and a lot of it came from social media, like finding a belonging was on social media.” (Jenna)
RQ4: How do women who have experienced abuse by a religious leader and completed therapy for it describe factors influencing their treatment/healing processes?			
Promoters of Post Traumatic Growth	Factors identified that were believed to buffer the impacts of R/S abuse or facilitate healing to that they felt were needed in order to facilitate healing.	Personal Spirituality	“I think because for me it really was a safe refuge. And it was like somebody has to...everybody around here is crazy...something's gotta be solid for me. And so that's what it was. My faith was very solid.” (Valerie)

Note. This table demonstrates a sample of the constructed themes, their descriptions, sub-themes, and related extracted quotes. It is illustrative of the process taken to analyze, present, and tell the story for each theme.

Table 3*Overview of Themes and Sub-Themes*

Themes	Sub-Themes	<i>n</i> of participants contributing (N = 11)
<i>RQ1: How do women who have experienced abuse by a Christian leader and completed therapy for it describe what led them to seek therapy?</i>		
Seeking Understanding and Validation	Disillusionment, Confusion and Difficulty Labeling the Experience	11
	Difficulty Connecting to and Relating to Others	5
	Self-Doubt	9
Seeking Self-Awareness and Reconnection with Self	Impairments to Self-Awareness and Self-Concept	11
	Affective Impairments	6
	Spiritual Impairments	11
Seeking Safety	Impaired Trust	10
	Trauma Response	9
Seeking Stability and Relief	Soul Murder	3
	Utter Disorientation	7
	Trigger Response and Avoidance of the Sacred	9
	Deterioration of mental health and daily functioning	11
	Guilt, Toxic Shame and Moral Injury	9
Seeking Guidance, Backing, and Assistance	Social Impairments	10
	Inhibited Decision Making and Critical Thinking	7
	Not Knowing How to Navigate Moving on	5

Themes	Sub-Themes	<i>n</i> of participants contributing (N = 11)
<i>RQ2: How do women who have experienced abuse by a Christian leader and completed therapy for it describe their therapeutic/healing processes?</i>		
Healing is a Journey, not a Destination	Long-Suffering	10
	Stalls or Periods of Diminishing Results	6
Avenues of Support Seeking	Seeking Help From Religious Leaders/Christian Community	7
	Seeking Help From Therapists	11
	Self-Help	10
<i>RQ3: How do women who have experienced abuse by a Christian leader and completed therapy for it describe what they found helpful/not helpful or effective/ineffective in their treatment/healing processes?</i>		
Formal and Informal Relationships that aid or thwart healing	Supportive vs. Unsupportive Communities	8
	Religious Leaders Who Revictimize vs. Those Who “Talk the Talk and Walk the Walk.”	5
	Therapists as Helping or Hurting Professionals	7
“Cookie Cutter” Therapy or Trauma Recovery that considers the unique impacts of RSA	“Cookie Cutter” Therapy	4
	RSA Informed Trauma Recovery	4
Personal Spirituality	Beliefs as Toxic or Adaptive Meaning-Making Frameworks	5
	Positive vs. Negative God Concepts	7
	Personal Religious Practices to Bypass or Aid in Processing	5

Themes	Sub-Themes	<i>n</i> of participants contributing (N = 11)
<i>RQ4: How do women who have experienced abuse by a Christian leader and completed therapy for it describe factors influencing their treatment/healing processes?</i>		
Promoters of Post Traumatic Growth	Personal Spirituality	8
	Validation and Empathic Support	8
	Validation from Religious Community	5
Factors that Thwart, Hinder, or Complicate Healing	Personal Vulnerability	11
	Positional Vulnerability	8
	Difficulties Accessing Resources	4
	Inadequate, Ill-Equipped, and Non-Existent Support	10
	Revictimization by Formal Supports	11

APPENDIX A: PERMISSION REQUEST SCRIPT

This was used to message social media group administrators, support group facilitators, or referred contacts to share information about the study to potential participants.

Email or Private Message Script

Hello [*Recipient*],

As a graduate student in the Psychology Department, School of Behavioral Health at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The title of my research project is *Bruised by Their Transgressions: A Phenomenological Study of Healing From Traumatic Religious Experiences*. The purpose of the study is to understand and describe the unique impacts of abusive religious or spiritual experiences in adulthood and what people have found helpful in their processes of healing.

I am writing to request your permission to [*utilize your social media group to post or provide members of your support group with*] an invitation to participate in my research study. As the [*administrator/facilitator*], I would rely on you as someone your membership trusts, to provide the invitation in order to alleviate people feeling pressured in any way or misrepresenting myself as a co-survivor.

Participants will be asked to contact me to schedule an interview. They will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

Thank you for considering my request. If you have any questions or choose to grant permission, please respond by email to [REDACTED]

Sincerely,

Sharron Riley-Seymour
Doctoral Candidate
Liberty University

APPENDIX B: RECRUITMENT SCRIPTS FOR POTENTIAL PARTICIPANTS

Phone Script

Hello, my name is Sharron Riley-Seymour and I'm a doctoral student at Liberty University. I am contacting you because [*your name was shared with me for/you indicated interest in*] a study I am conducting. The goal of this study is to understand the unique impacts of abusive religious or spiritual experiences and what people have found helpful in their processes of healing. The study will involve a 60-90 minute video-recorded virtual interview or audio-recorded phone interview and a possible follow-up interview (30-60 minutes) which will also be video/audio recorded. Both interviews will be completely confidential. If you are interested, you can contact me for more information and an initial phone screen to determine if you meet the criteria for the study. I can be reached at [REDACTED].

Email Script

Hello [*Recipient*]:

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to understand and describe the unique impacts of abusive religious or spiritual experiences in adulthood and what people have found helpful in their processes of healing, and I am writing to invite eligible participants to join my study.

Participants must be an English-speaking female who experienced religious/spiritual abuse by a Christian religious leader in adulthood and completed psychotherapy where symptoms related to that experience were addressed. Participants, if willing, will be asked to participate in a 60-90 minute video-recorded virtual interview or audio-recorded phone interview and be available for possible follow-up questions (30-60 minutes) which will also be video/audio recorded. Participation will be completely confidential, and no personal, identifying information will be shared with anyone other than myself.

To be screened for participation, please contact me at [REDACTED] or by using the inquiry request form at <https://forms.gle/ZC9kQg2nikU8ft2J7>.

A consent document will be provided following the screening. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it prior to the time of the interview.

Sincerely,

Sharron Riley-Seymour
Doctoral Candidate
Liberty University

APPENDIX C: RECRUITMENT FLYER



Liberty University

**Bruised by Their Transgressions:
A Phenomenological Study of Healing From
Traumatic Religious Experiences**

**PARTICIPANTS
NEEDED!**

This research is to better understand the impact of religious or spiritual abuse and learn what those who have experienced it found helpful when addressing these issues in therapy.

**TO BE ELIGIBLE,
PARTICIPANTS MUST:**

- be an English-speaking female
- have experienced sexual violation, financial exploitation, authoritarian/domineering leadership, or toxic teachings by a Christian leader, in adulthood (≥ 18 years of age)
- have completed psychotherapy where symptoms/issues related to these experiences were addressed.

PARTICIPATION INVOLVES

- A confidential 30-60 minute audio recorded virtual or phone interview
- Possible 30-60 minute follow-up interview.

**WANT MORE
INFORMATION
OR
INTERESTED IN
PARTICIPATING?**

You can contact
Sharron Riley-Seymour, a
Doctoral Student in the
Psychology Department at
Liberty University

☎ 

✉ 

🌐 <https://forms.gle/ZC9kQg2nikU8ft2J7>

*A consent document will
be provided following a
brief phone screening.*



APPENDIX D: SOCIAL MEDIA POSTING



ATTENTION [NAME OF GROUP] MEMBERS: I am conducting research as part of the requirements for a doctoral degree at Liberty University. The purpose of my research is to better understand the impact of religious or spiritual abuse and learn what those who have experienced it found helpful when addressing these issues in therapy. To participate, you must be an English-speaking female who experienced religious/spiritual abuse by a Christian religious leader in your adulthood (18 years of age or older) and completed psychotherapy where symptoms related to that experience were addressed. Participants will be asked to take part in a 60-90 minute audio or video recorded virtual or phone-based interview and a possible 30-60 minute follow-up interview that will also be recorded. If you would like to participate and meet the study criteria, please contact me at [REDACTED] or complete my inquiry form at <https://forms.gle/ZC9kQg2nikU8ft2J7>. A consent document will be emailed to you after you are screened for eligibility to participate in the study.

APPENDIX E: INQUIRY FORM

Religious Abuse Study Inquiry and Interest

Thank you for your interest in this research project. Please be informed that completing the contact form below does not guarantee eligibility for participation and is not a statement of agreement to participate. Upon completion of the form, you will be contacted by the principal investigator to provide additional information and/or ask you a few questions to determine your eligibility for this particular research project.

WHAT IS THE STUDY ABOUT?

The purpose of this study is to better understand the impact of religious or spiritual abuse and learn what those who have experienced it found helpful when addressing these issues in therapy.

WHO CAN PARTICIPATE?

English-speaking females who

- have experienced sexual violation, financial exploitation, authoritarian/domineering leadership, or toxic teachings by a Christian leader, in adulthood (≥ 18 years of age) and,
- have completed psychotherapy where symptoms/issues related to these experiences were addressed.

WHAT CAN YOU EXPECT?

- A confidential 30-60 minute audio recorded virtual or phone interview
- Possible 30-60 minute follow-up interview.

Interested? Please complete the form below to be contacted by the researcher, Sharron Riley-Seymour

Date:*

Full Name: *

Email Address:

Phone Number*

Okay to leave a voicemail?*

☐ Yes

☐ No

Preferred Method of Contact*

☐ Phone call

☐ Email

☐ No preference, phone or email

Interest:*

☐ More information

☐ Potential participant

Submit

APPENDIX F: INITIAL PHONE SCREEN SCRIPT

Interviewee: _____ Interview #: _____

Date: _____ Time: _____

Hello [Ms./Mr. ____]. Before we get started, may I call you by your first name or how would you prefer I address you. [Preferred name] thank you for calling to find out more about my study. This call should take no more than 15 minutes. Before you decide to participate in this study, it is important that you understand that I am a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctoral degree. I have no group affiliation, and no one is paying me to conduct this research.

The purpose of my research is to understand and describe the unique impacts of abusive religious or spiritual experiences in adulthood and what people have found helpful in their processes of healing. The study will involve one to two interviews which will be completely confidential. The first interview will be between 60-90 minutes and in it I will ask you about your experience and how it affected you as well as questions about your experience in therapy. The second interview will be between 30-60 minutes for follow-up questions or clarity if needed.

As part of the study, I am asking individuals interested in participating in the study to answer some basic screening questions. Do you think you would be interested in participating in this study?

{If No:} Thank you very much for calling.

{If Yes:} Before enrolling individuals in this study, I need to determine if you are eligible. The questions I will ask next are strictly for the purpose of determining if you are eligible for the study. Remember your participation is voluntary; you do not have to answer these questions. Do I have your permission to ask you these questions?

{If No:} Thank you very much for calling.

{If Yes:}

- ☐ Are you English speaking? _____
- ☐ Do you identify as female? _____
- ☐ Have you experienced negative, harmful or abusive interactions in a Christian church, organization or by a Christian religious leader? _____
- ☐ Were you over the age of 18 when you had this experience? _____
- ☐ Have you completed psychotherapy in which symptoms or issues related to these experiences were addressed? _____

Thank you very much for your willingness to answer those questions.

{If “No” to one or more questions:} Unfortunately, to be eligible for this particular study, you will have needed to answer yes to all of the questions asked. I appreciate you

taking the time to call and your willingness to add to our understanding of the experience of religious or spiritual abuse.

{If “Yes” to all questions:} Thank you for answering the questions. You are eligible to participate in the interview study in exploring the impacts and treatment of people who have experienced religious or spiritual abuse.

If you are interested, I can send you more information and consent documents for the study and we can schedule your first interview today. The interview will only be between 60-90 minutes and will take place virtually. There are no right or wrong answers to the questions I will ask, it will just be an opportunity for you to help me understand your experiences more fully.

Are you interested in participant in the study?

{If No:} Thank you very much for calling. I sincerely appreciate the time you took to talk with me today.

{If Yes:} Perfect! Can we schedule your interview now?

Thank you for agreeing to participate in this study. I will send you information regarding how to meet with me for the virtual interview. Again, my name is Sharron Riley-Seymour and you can feel free to contact me at any point before the interview if you have any questions or concerns. I can be reached at 860-840-7816 or srileyseymour@liberty.edu.

In the event the potential client asks clarifying questions, the following criteria will be shared.

The criteria for qualifying as having experienced religious/spiritual abuse are:

- experienced sexual contact with a religious leader (e.g., unwanted advances, fondling, groping, unwanted or distressing jokes/comments, intercourse, rape, unwanted exposure, sexual requests, an affair)
- experienced financial exploitation by a religious leader (e.g., requests for money, money collected under deceptive premises, money stolen from a religious institution to which one belongs)
- experienced authoritarian leadership (e.g., being yelled at, degraded, humiliated, devalued, criticized, controlled)
- experienced toxic use or weaponization of Scripture (e.g., excessive focus on God’s anger or wrath, being denied individual reading/studying/interpretation of Scripture, using religious teachings/messages to cause harm or oppress)

Religious leaders include:

- ordained and unordained leaders
- those who have a position of authority over others within a religious environment.
- examples include but may not be limited to bishops, pastors, priests, elders, ministers, deacons, and religious educators

APPENDIX G: INFORMED CONSENT FORM

Title of the Project: Bruised by Their Transgressions: A Phenomenological Study of Healing From Traumatic Religious Experiences

Principal Investigator: Sharron Riley-Seymour, Doctoral Candidate, Department of Psychology, School of Behavioral Sciences, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be an English-speaking female who experienced religious/spiritual abuse by a Christian religious leader in adulthood and completed psychotherapy where symptoms related to that experience were addressed. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to understand and describe the unique impacts of abusive religious or spiritual experiences in adulthood and what people have found helpful in their processes of healing.

The findings of this study will help the voices of those who have had this experience be heard and provide them with an opportunity to have an active role in how these experiences are approached in therapeutic settings.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Engage in 60-90 minute video-recorded virtual interview or audio-recorded phone interview.
2. Be available for possible follow-up questions (30-60 minutes) which will also be video/audio recorded.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include contributing to a better understanding of the experiences of adults who have experienced religious/spiritual abuse and working toward an effective means of treating the unique impacts it causes.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The risks involved in this study may include emotional discomfort created from discussing your experience of abuse. To reduce risk, I will monitor participants for discomfort or distress and discontinue the interview if needed. Information will also be provided regarding free mental health support.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities.

How will personal information be protected?

The records of this study will be kept private, and all data obtained from the responses will be stored anonymously and confidentially. This means while I will be able to connect your interview responses to you as a participant, instead a pseudonym will be used in all notes and when saving data. Interviews will be virtual and conducted in a location where others will not easily overhear the conversation.

Data, including recordings will be stored securely on a password locked computer, and only I will have access. While data collected from you may be shared with members of my doctoral committee, they will not receive any identifying information connected to this data. The data collected may also be used for future presentations; however, in any presentation or published report, I will not include any information that will make it possible to identify a participant. All data will be deleted after three years.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Sharron Riley-Seymour. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED]. You may also contact the researcher's faculty chair, Jamie Clark, at [REDACTED].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record/video-record me as part of my participation in this study.

Printed Subject Name

Signature & Date

APPENDIX H: SEMI-STRUCTURED INTERVIEW PROTOCOL

Participant ID: _____ Interview #: _____

Date: _____ Time: _____

Before the interview:

- Make sure recorder is working if interview is face-to-face
- Make sure screen-recording function is working if interview is virtual

Introduction to Interview

Hello [use preferred name], as a reminder my name is Sharron Riley-Seymour and I'm a doctoral student at Liberty University. It's nice to meet you today. Before we start, I want to make sure that you have information to contact me at any point in this process in the event that you have questions or concerns. After completing all of my interviews, I will delete your contact information to assure your anonymity. However, you should feel free to utilize this contact information in the event that you would like to reach out to me at any point after this interview. *[Provide contact information on screen and allow time for transcription and offer to email it]*

Thank you for your interest participating in this study. We will spend between 60-90 minutes together today. However, I may need to contact you for a second, follow-up interview at a later point. The purpose of this research study is to gain a better understanding of the impacts of religious or spiritual abuse on people who have these experiences in adulthood and to explore what is helpful in the process of healing. Today, I will be asking you questions about your experience, and I want you to be as open and honest as possible. Our conversation is just an exploration so there are no right or wrong answers. While we are talking there may be moments where I need to write a note to myself regarding something I may need to revisit or stop to check my questions to keep myself on track. I want you to know this in advance; so that I do not have to interrupt you to explain my actions. Please also be aware that your comfort is of utmost importance to me. Emotions are welcomed; however, if at any time you feel upset or uncomfortable, please feel free to let me know. If you wish to take a break or end our interview at any time, please feel free to do so. If you desire my support with any breathing exercises or helping you feel emotionally safe using grounding techniques while we are talking, I can provide that support as well.

Thank you again for participating in this study.

Start the recording device/feature

1. Can you share with me what your religious background was?

2. Was your religious background affiliated with any specific denomination?
3. Follow-up question: what was the denomination of the church were you a part of?
4. How involved would you say you were in the church?
5. What was your experience like? Would you say your experience was positive?
6. At what point did your experience in the church become negative or harmful?
7. Can you share a little bit more about what made it negative or harmful?
8. How did you respond emotionally to this event?
9. What did you think about this event(s) as it was happening?
10. Did you recognize your experience as abusive when it was occurring?
11. **If not**, at what point did you come to acknowledge your experience as abuse?
12. **If so**, what was that experience like, knowing that your abuse was occurring by someone you relied on for spiritual guidance?
13. Looking back, how do you see this experience(s) impacting you in the way you saw yourself, related to others, and interacted with the world?
14. When the abuse(s) occurred, did you feel a sense of support from others in your life or religious figures?
15. What were you experiencing that made you decide to enter therapy?
16. Did you see a single therapist, or more than one to address your concerns?
17. Did you know that the issues you were having were because of your experiences with the religious leader(s)?
18. **If not**, what helped you connect the problems you came to therapy for with your experiences with the religious leader(s)?
19. **If so**, what was it about your problems that made you so sure it was related to your experiences with the religious leader(s)?
20. Did you have any past experiences of verbal, physical, or sexual abuse or trauma not related to the abuse you suffered by the religious leader(s)?

21. **If so**, when did these other abuses occur?
22. **Follow-up:** Were the past experiences of abuse triggered in any way by the experience of abuse by the religious leader?
23. When you began to recognize your experiences with the religious leader as abuse, how did this shift or impact your experience in therapy?
24. Can you describe your overall experience in therapy?
25. Did your therapist(s) directly address spiritual issues?
26. **If not**, is that something you believe, looking back, that you would have found helpful?
27. **If so**, in what ways did you find it helpful that your therapist directly addressed spiritual issues?
28. What were the most helpful aspects of therapy as you healed from abuse perpetrated by a religious leader?
29. Are there any disappointments in your experiences with therapy related to this issue?
30. Are there any issues you wished your therapist would have addressed?
31. About how long would you say you were in therapy addressing problems related to your experience of R/S abuse?
32. Do you feel your therapeutic experience has been an important factor in healing?
33. **If not**, why not?
34. **If so**, in what ways?
35. What were some of the differences you observed in yourself following therapy?
36. Were there other factors that have influenced your healing process?

37. Is there anything else that you think is important to know about your experience of abuse by a religious leader or your journey of healing?

Termination of the interview

Thank you so much for taking the time to discuss your experiences with me today and for your willingness to help me understand what you have gone through and your healing journey. I mentioned earlier that I may need to contact you again, would it be okay for me to do so if I have any follow-up questions or need for clarification? You also have my contact information, please feel free to reach out at any time if you have questions. I will also ask, if you know any others who have had their own experiences who may be eligible to pass my information on to them. I would be honored to hear their stories as well to make sure there I am capturing as much as I can about the impacts of form of abuse and these best ways to help people who have experienced it.

APPENDIX I: TRANSCRIPTION INSTRUCTIONS

(Mack et al., 2005)

Transcribe all tapes verbatim (that is, word-for-word, exactly as words were spoken).

Indicate all nonverbal or background sounds in parentheses. This includes laughter, sighs, coughs, clapping, snapping of fingers, pen clicking, car horn, birds, etc. For example: (short sharp laugh), (group laughter), or (police siren in background).

Do not “clean up” the transcript by removing foul language, slang, grammatical errors, or mis- used words or concepts.

Transcribe any mispronounced words exactly as the interviewer or participant pronounced them.

If a transcribed mispronunciation risks causing problems with the reader’s comprehension of the text, use the following convention: [/word as it would correctly be pronounced/]. (For translation, mispronunciations will be ignored and only the correct translation will be provided.) For example: I thought that was pretty pacific [/specific/], but they disagreed.

Standardize the spelling of key words, blended or compound words, common phrases, and identifiers across all interview and focus group transcripts.

Transcribe both standard contractions (e.g., contractions of the following words: is, am, are, had, have, would, or not) **and nonstandard contractions** (e.g., betcha, cuz, ‘em, gimme, gotta, hafta, kinda, lotta, oughta, sorta, wanna, coulda, couldn’tve, couldna, woulda, wouldn’tve, wouldna, shoulda, shouldn’tve, or shouldna).

Transcribe all fillers, sounds that are not standard words but that do express some meaning. For example: hm, huh, mm, mhm, uh huh, um, mkay, yeah, yuhuh, nah huh, ugh, whoa, uh oh, ah, or ahah.

Transcribe repeated words or phrases.

I went to the clinic to see, to see the nurse.

Transcribe truncated words (words that are cut off) as the audible sound followed by a hyphen. For example: He wen- he went and did what I told him he shouldn’tve.

Unclear Speech

Indicate tape segments that are difficult to hear or understand on the transcript. For words or short sentences, use [inaudible segment]. For example: The process of

identifying missing words in a tape-recorded interview of poor quality is [inaudible segment].

For lengthy segments that are difficult to hear or understand, or when there is silence because no one is talking, record this information in square brackets. Also provide a time estimate for the information that could not be transcribed. For example: [Inaudible: 2 minutes of interview missing]

Overlapping Speech

Indicate overlapping speech (when multiple participants are speaking at the same time) that is difficult to separate and assign to individual speakers by typing [cross talk]. Resume transcription with the first speech that can be attributed to an individual.

Pauses

Mark brief pauses with periods or ellipses (. . .). Brief pauses are breaks in speech lasting two to three seconds. They often occur between statements or when the speaker trails off at the end of a statement. For example: Sometimes, a participant briefly loses . . . a train of thought or . . . pauses after making a poignant remark. Other times, they end their statements with a clause such as but then . . .

Mark pauses longer than 3 seconds by typing (long pause). For example: Sometimes the individual may require additional time to construct a response. (long pause) Other times, he or she is waiting for additional instructions or probes.

Questionable Accuracy

Indicate that a word or phrase may not be accurate by typing the questionable word between question marks and parentheses. For example:

##LL004_1##

I went over to the ?(clinic)? to meet with the nurse to talk about joining up for the study.

Sensitive Information

When an individual uses his or her own name during the discussion, replace the name with the appropriate Participant ID. For example:

##LL008_2##

My family always tells me, “LL008_2, think about things before you open your mouth.”

#LL008_4##

Hey LL008_2, don’t feel bad; I hear the same thing from mine all the time.

If an individual uses the names of people, locations, organizations, etc., identify them by typing an equal sign (=) immediately before and after the sensitive information. For example:

##LL001_1##

We went over to = John Doe's= house last night and we ended up going to = O'Malley's Bar = over on =22nd Street= and spending the entire night talking about the very same thing.

Proofreading and Reviewing for Accuracy

Proofread (read through for errors) and check the accuracy of all transcripts against the audio- tape, then revise the transcript computer file accordingly. Check each transcript while listening to the tape three times before submitting it.

Check transcripts for accuracy. If the transcriptionist is not the same person who led the inter- view or focus group, then the interviewer or focus group moderator who did lead the session must also check every transcript for accuracy against the tape.

Removal of Sensitive Information

Replace sensitive information in the transcript with generic descriptive phrases enclosed within brackets. Sensitive information includes incidental mention of names of individuals, organizations, or locations that may compromise the identity of the participant or another person, such as a family member, friend, partner/spouse, coworker, doctor, study staff, clinic, hospital, social service agency, public figure, religious leader, entertainer, print media, restaurant, educational facility, or place of employment. The use of generic descriptions for names, places, groups, and organizations permits analysts to retain important contextual information while protecting the identity of the individual, place, or group.

Transcriptionists will have already identified sensitive information in the transcript by enclosing it within equal signs (=). To locate these easily, do a "search" for equal signs (=) in the text file. However, it is important for the interviewer or focus group moderator also to review the entire transcript in order to catch any sensitive information that the transcriptionist may have missed. For example:

[counselor's name omitted]

[name of local AIDS service organization omitted]

APPENDIX J: MENTAL HEALTH RESOURCES

RAINN (Rape, Abuse & Incest National Network): National Sexual Assault Hotline

Phone: 1-800-656-4673

Online Chat Line: <https://hotline.rainn.org/online>

Hotline for Male Survivors: <https://1in6.org/helpline/>

7-Cups

A free 24/7 online chat with volunteer caring listeners who provide free emotional support.

<https://www.7cups.com/>

Crisis Text Line

Free 24/7 support from a trained crisis counselor.

<https://www.crisistextline.org/>

Text HOME to 741741 to connect with a volunteer Crisis Counselor

US National Suicide Prevention Lifeline

1-800-273-TALK (1-800-273-8255)